COMPASS HEALTH, INC.

2025 BENEFITS GUIDE

WELCOME

Welcome To Your 2025 Benefits Guide!

At Compass Health, our employees are our most valuable assets. We are committed to providing a comprehensive employee benefits program to help everyone stay healthy, feel secure, and maintain a quality work-life balance.

This guide is intended to provide a high-level summary of your benefits. To see plan documents, please reach out to a member of your HR team.

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Information provided for illustrative purposes. For more detailed information, please refer to your summary plan document available by contacting Human Resources. In the case of a discrepancy, the actual plan documents will prevail.

ENROLLMENT FAQS

If I change my mind, can I switch plans or add a dependent after Open Enrollment is over?

Once Open Enrollment has ended, employees will only be able to make benefit changes if they experience a qualifying life event. (Please note that post-tax deductions can be canceled at any time.)

Qualifying life events include:

- Marriage, divorce, annulment or legal separation
- Start or termination of a domestic partner relationship
- Birth or adoption of a child
- Loss of eligibility for a dependent (e.g., child reaches age 26)
- Loss of other health coverage (e.g., spouse's employer-provided coverage)

If you experience a qualifying life event, you must notify Human Resources within 30 days of the qualifying life event to make applicable benefit changes. To make these changes, simply log in to your Paylocity Benefits Portal, choose a life event option from the homepage, and follow the instruction for enrolling or canceling coverage.

WHEN ARE YOU ELIGIBLE?

To be eligible to receive benefits, you must be an employee regularly scheduled to work 30 or more hours per week, excluding temporary and seasonal employees.

New hires are eligible the first of the month following two months of employment.

COVERAGE COSTS - PER PAY PERIOD

MEDICAL

	CLASSIC PPO	PPO HIA+	PPO HSA
Employee Only	$145.00	$145.00	$44.00
Employee & Spouse	$770.00	$685.00	$394.50
Employee & Child(ren)	$448.50	$448.50	$140.50
Family	$1,104.00	$1,065.00	$575.00

DENTAL

	HIGH PLAN	LOW PLAN
Employee Only	$22.36	$13.26
Employee + 1	$46.17	$39.68
Family	$79.07	$58.45

VISION

Employee Only	$3.48
Employee + 1	$5.41
Employee + Family	$8.58

MEDICAL

Classic PPO Plan

Your employer offers medical insurance to protect the health of you and your family. It covers medical expenses such as visits to the doctor's office, emergency care, and prescription drugs. It's important to have a medical plan that meets your needs and the needs of your family.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.anthem.com/ca.

	CLASSIC PPO 750/30/60/20	
	In-Network	**Out-of-Network**
Deductible *(Indiv./Fam)*	$750/$2,250	$2,000/$6,000
Coinsurance	20%*	50%*
Out-of-Pocket Max (Indiv./Fam)	$4,000/$8,000	$15,000/$30,000
Physician Visits		
Primary Care	$30	50%*
Routine Preventive	$0	50%*
Specialist	$60	50%*
LiveHealth	$0	N/A
Hospital Services		
Physician Services	20%*	50%*
Inpatient Hospitalization	$250 + 20%*	50%*
Outpatient Surgery	20%*	50%*
Basic Outpatient Diagnostics	20%*	50%*
Urgent Care Visit	$30	50%*
Emergency Room Visit	$250 + 20%*	Covered as In-Network
Retail Prescriptions		
Rx Deductible	$200 person / $600 family *(does not apply to Tier 1 drugs)*	$200 person / $600 family *(does not apply to Tier 1 drugs)*
Tier 1 / Tier 2 / Tier 3 / Tier 4	$20 / $35* / $70* / 30% to max $150*	50% up to $250 per Rx*
Mail Order Prescriptions		
Tier 1 / Tier 2 / Tier 3 / Tier 4	$20 / $70* / $140* / 30% to max $150*	Not Covered

*After the deductible

CLASSIC PPO	Employee Cost Per Pay Period*
Employee Only	$145.00
Employee & Spouse	$770.00
Employee & Child(ren)	$448.50
Family	$1,104.00

*24 pay periods

MEDICAL

PPO HIA+

The PPO HIA+ plan is a health incentive based medical plan which includes a health incentive account. You can use this account to help you pay for eligible medical expenses. Unused amounts roll over year-to-year and reset annually on January 1. Initial HIA allocation are prorated based off calendar year enrollment.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.anthem.com/ca.

HIA+ ALLOCATIONS

$500 INDIVID.
$1,000 FAMILY

	PPO HIA+ 1000/30/20	
	In-Network	**Out-of-Network**
Deductible *(Indiv./Fam)*	$1,000/$2,000	$3,000/$6,000
Coinsurance	20%*	40%*
Out-of-Pocket Max (Indiv./Fam)	$3,000/$6,000	$9,000/$18,000
Physician Visits		
Primary Care	$30	40%*
Routine Preventive	$0	40%*
Specialist	$30	40%*
LiveHealth	$0	N/A
Hospital Services		
Physician Services	20%*	40%*
Inpatient Hospitalization	20%*	40%*
Outpatient Surgery	20%*	40%*
Basic Outpatient Diagnostics	20%*	40%*
Urgent Care Visit	$30	40%*
Emergency Room Visit	20%*	Covered as In-Network
Retail Prescriptions		
Tier 1 (a)(b) / Tier 2 / Tier 3 / Tier 4	$5(a), $15(b) / $40 / $60 / 30% to max $250	40% up to $250 per Rx*
Mail Order Prescriptions		
Tier 1 (a)(b) / Tier 2 / Tier 3 / Tier 4	$10(a), $30(b) / $100 / $150 / 30% to max $250	Not Covered

***After the deductible**

PPO HIA+	Employee Cost Per Pay Period*
Employee Only	$145.00
Employee & Spouse	$685.00
Employee & Child(ren)	$448.50
Family	$1,065.00

**24 pay periods*

MEDICAL

How the HIA+ Plan Works

Accessing healthcare and paying for it can be easier with Anthem's preferred provider organization (PPO) HIA Plus plan. This flexible health plan comes with a prefunded health incentive account (HIA) that helps you pay for your out-of-pocket health expenses.

A flexible PPO plan means you can visit any doctor, hospital, or pharmacy in Anthem's provider network, and the plan will pay for covered expenses automatically using available funds from your HIA account.

Funding Your HIA+ Incentive Account

When you enroll in the PPO HIA Plus plan, Anthem funds your incentive account in two ways:

1. **If enrolled on the effective date of the plan, you receive an amount equal to 50% of your plan's annual deductible.**
2. **During the plan year, you can earn rewards when you take part in healthy activities.**

Using Your Incentive Account

When you go to an in-network doctor, simply present your Anthem PPO HIA Plus member ID card. A claim will automatically be filed for you, and the cost of your care or treatment will be deducted from your available HIA funds. Keep in mind, you'll usually pay less when you use care providers in the plan's network.

For prescriptions, you'll pay out of pocket at the pharmacy.

Once you meet your annual deductible, your coverage kicks in, and you'll pay only the copay and/or coinsurance, up to your plan's annual out-of-pocket maximum. Once you meet your annual out-of-pocket maximum, the plan pays 100% of the cost of your covered services and prescriptions, up to the allowed amount. *(See your Plan Summary for details.)*

HIA FUNDS CAN BE USED FOR...

- *Coinsurance*
- *Deductible Payments*
- *Urgent & Emergency Care* *(Except for copayment)*
- *Hospital Visits*
- *Prescription Drugs* *(Except for copayment)*
- *Lab Tests*

MEDICAL

Anthem Blue Cross

PPO HSA

Protect the health of you and your family. This plan covers medical expenses such as visits to the doctor's office, emergency care, and prescription drugs. It's important to have a medical plan that meets your needs and the needs of your family.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.anthem.com/ca.

COMPASS WILL CONTRIBUTE UP TO
$500/YEAR
INTO AN ACTIVE HSA ACCOUNT

	PPO HSA/H 2000/3300/4000 20/40	
	In-Network	**Out-of-Network**
Deductible *Individual*	$2,000	$6,000
Deductible *Individual in Family Tier*	$3,300	$6,000
Deductible *Family*	$4,000	$12,000
Coinsurance	20%*	40%*
Out-of-Pocket Max *Individual*	$4,000	$12,000
Out-of-Pocket Max *Individual in Family Tier*	$4,000	$12,000
Out-of-Pocket Max *Family*	$8,000	$24,000
Physician Visits		
Primary Care	20%*	40%*
Routine Preventive	$0	40%*
Specialist	20%*	40%*
LiveHealth	$0*	N/A
Hospital Services		
Physician Services	20%*	40%*
Inpatient Hospitalization	20%*	40%*
Outpatient Surgery	20%*	40%*
Basic Outpatient Diagnostics	20%*	40%*
Urgent Care Visit	20%*	40%*
Emergency Room Visit	20%*	Covered as In-Network
Retail Prescriptions		
Rx Deductible	Subject to medical deductible	Subject to medical deductible
Tier 1 (a)(b) / Tier 2 / Tier 3 / Tier 4	$5(a)*, $15(b)* / $40* / $60* / 30% to max $250*	40% & up to $250 per Rx*
Mail Order Prescriptions		
Tier 1 (a)(b) / Tier 2 / Tier 3 / Tier 4	$12.50(a)*, $37.50(b)* / $120* / $180* / 30% to max $250*	Not Covered

*After the deductible

PPO HSA	Employee Cost Per Pay Period*
Employee Only	$44.00
Employee & Spouse	$394.50
Employee & Child(ren)	$140.50
Family	$575.00

*24 pay periods

WELLBEING SOLUTIONS

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best.

When you complete any of the employer-sponsored activities listed below, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of $700.

EARN UP TO $700 IN REWARDS

For more information and to redeem rewards, visit anthem.com/ca and go to *My Health Dashboard*.

Activity Type	Activities	Reward Amount
Preventive care	Have an annual preventive wellness exam or well woman exam with your doctor	$20
	Get an annual cholesterol test	$5
	Have a colorectal cancer screening (ages 45 and older)	$25
	Have a routine mammogram (women ages 40 to 74)	$25
	Have an annual eye exam	$20
	Get an annual flu shot	$10
Condition management programs	Condition Care: Work one on one with your health coach and earn rewards for participating in and completing the program	Up to $225 ($90/$135)
	Building Healthy Families: Support is available through the Sydney Health app wherever you are in your family planning process, such as trying to conceive or raising your toddler	$125 ($30/$35/$30/$30)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward	$60
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward	$60
Digital & wellness activities	Log in to your Anthem account	$5
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to $20 *($4 per action plan)*
	Track your steps	Up to $60 *($2 per 50,000 steps tracked)*
	Complete Well-being Coach digital daily check-ins	Up to $20 *($4 per milestone)*
	Update your contact information	$15

anthem.com/ca/register

DOWNLOAD THE SYDNEY HEALTH APP

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards
- Check your plan progress
- Fill prescriptions

HEALTH SAVINGS ACCOUNT

WEX Bank & Paylocity

The Health Savings Account (HSA) is an ***individually*** owned account that lets you set aside money on a pre-tax basis (which lowers your taxable income) to pay for qualified medical, dental and vision expenses.

You can use the funds in an HSA at any time to pay for qualified medical expenses, or you can save the money for future expenses. You own the account and the money is yours to use now or save and grow. The money rolls over from year to year and you never lose or forfeit the balance.

You may open and contribute to an HSA ***only*** if you are enrolled in a qualified High Deductible Health Plan (HDHP) and meet other qualifications.

	2025 IRS Max Contribution
Individual	$4,300
Family	$8,550
Catch-up for ages 55+	$1,000

Max contributions include the up to $500 contribution made by Compass Health to your active HSA account each year.

YOUR HSA TAX BENEFITS

Contributions are Tax-Free

Interest and Other Earnings on Contributions are Tax-Free

Amounts Distributed From Qualified Expenses are Tax-Free

FLEXIBLE SPENDING ACCOUNT

Paylocity

A Flexible Spending Account (FSA) is an employer owned account that lets you set aside pre-tax dollars (which lowers your taxable income) to pay for eligible out-of-pocket expenses. There are three types of FSAs:

1. **Healthcare FSA –** Can be used to pay eligible medical, dental, orthodontia and vision expenses
2. **Limited Purpose FSA –** Can be used in tandem with an HSA to pay eligible dental, orthodontia and vision expenses
3. **Dependent Care –** Can be used to pay eligible expenses for childcare, eldercare or care for a disabled dependent so you and your spouse can work or attend school full time.

Type	2025 Max Contributions
Healthcare FSA	$2,000
Limited Purpose FSA	$2,000
Dependent Care FSA	$5,000

2025 IRS MAXIMUM CONTRIBUTION

Health Care FSA
$2,000

Limited Purpose FSA
$2,000

Dependent Care FSA
$5,000

DENTAL

Dental Plan

Dental insurance offers coverage for preventive care like routine exams, cleanings, and X-rays as well as basic and major services like fillings, extractions, root canals and crowns.

Keep in mind that your costs will generally be lower if you choose an in-network dentist. To find an in-network dentist, please visit www.anthem.com/ca.

	HIGH PLAN		LOW PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible *(Indiv./Family)*	$50/$150	$50/$150	$50/$150	$50/$150
Type I - Preventative Services	100%	100%	100%	100%
Type II - Basic Services	80%	80%	80%	80%
Type III - Major Services	50%	50%	50%	50%
Type IV - Ortho Services	50%	50%	Not covered	Not covered
Ortho Lifetime Max *(Adult/ Child)*	$3,500	$3,500	Not covered	Not covered
Annual Max Benefit per Person	$2,500	$2,500	$2,000	$2,000
Claim Payment Basis	Negotiated Fee	80% UCR	Negotiated Fee	80% UCR

*The 1-year waiting period to access orthodontia services has been removed from the **High Plan**.*

Pretreatment Estimate: Submission of a dental treatment plan to the insurance company PRIOR to the onset of non-emergency dental work is highly recommended. The carrier will provide both member and provider with a report of covered benefits and costs.

	HIGH PLAN	LOW PLAN
	Employee Cost Per Pay Period*	Employee Cost Per Pay Period*
Employee Only	$22.36	$13.26
Employee + 1	$46.17	$39.68
Family	$79.07	$58.45

**24 pay periods*

SAMPLE PROCEDURES PER CLASSIFICATION

TYPE 1

Routine Exam
Cleaning
X-Rays
Fluoride for Children
Sealants
Space Maintainers

TYPE 2

Root Canal
Denture Repair
Simple Extractions

TYPE 3

Onlays
Crowns
Complete and Partial Dentures

VISION

Vision Plan

Vision insurance offers coverage for the routine care of your eyes and may provide coverage for eyeglasses and contact lenses. Your plan will pay for these services based upon the schedule below. Be sure to check your plan certificate for details.

Keep in mind that your costs will generally be lower if you choose an in-network eye-doctor. To find an in-network eye-doctor, please visit www.vsp.com.

	In-Network (VSP Choice)	Out-of-Network
Single	$25	Up to $70 allowance
Bifocal	$25	Up to $50 allowance
Trifocal	$25	Up to $65 allowance
Frames	Up to $130 allowance	Up to $70 allowance
Contact Lenses	Up to $130 allowance	Up to $105 allowance
Vision Exam Copay	$10	Up to $45 allowance
Frequency		
Exam	12	12
Lenses	12	12
Frames	24	24
Contacts	In lieu of glasses	In lieu of glasses
Dependent Age Limit	26	26

	Employee Cost Per Pay Period*
Employee Only	$3.48
Employee + 1	$5.41
Employee + Family	$8.58

**24 pay periods*

Added Feature: *VSP Lightcare*

$25 copay / $130 allowance / Every 24 months for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.

Basic Life and AD&D

Basic Group Life and Accidental Death and Dismemberment (AD&D) coverage is a 100% employer-paid benefit, provided at no cost to you. The basic life benefit will be paid to your beneficiaries in the event of your death. The AD&D benefit will be paid in the event of an injury resulting from a covered accident.

Benefits	
Life Benefit	$10,000
AD&D Benefit	$10,000
Benefit Reduction	35% at age 65; 50% at age 70

Includes Employee Assistance Program! Your EAP comes with 24/7 telephone counseling for a wide range of personal, family and work issues and up to 3 face-to-face counseling sessions per issue.

- Visit Mutualofomaha.com/eap or call 800-316-2796

Voluntary Life and AD&D

For additional protection, employees may purchase Voluntary Life and AD&D insurance for themselves, a spouse/domestic partner or dependents through Mutual of Omaha. In order to purchase coverage for your eligible dependents, the employee must also have Voluntary Life coverage. At first eligibility, coverage can be purchased up to the guaranteed issued amounts without medical questions. After first eligibility, guaranteed issue is not available and you will be required to complete a health statement. Please refer to the Mutual of Omaha benefits summary within Paylocity for additional details and costs of coverage.

	Employee	Spouse	Child(ren)
Benefit Max	$200,000 *(Can select in increments of $25k)*	$25,000 *(Can select in increments of $5k)*	$10,000
Guaranteed Issue	10x annual salary up to $200,000	100% of employee's benefit, up to $25,000	$10,000

View rates for Voluntary Life and AD&D in Paylocity

ACCIDENT

Anthem Blue Cross

You have the option to purchase accident insurance, which helps to protect your finances after an accident. You are paid a lump sum if you have a covered injury and can use the money to help pay out-of-pocket medical costs or everyday expenses.

Benefits	
Emergency Services	$200 - $1,500
Accident Follow-up	$25 - $400
Fractures	$480 - $6,000
Hospital Confinement	$1,500 Admit / $300 Daily

Monthly Cost	
Employee Only	$9.46
Employee & Spouse	$15.07
Employee & Child(ren)	$16.01
Family	$25.17

LEARN MORE

Scan or click on the QR code to learn more about accident coverage

CRITICAL ILLNESS

Anthem Blue Cross

You have the option to purchase critical illness insurance, which provides a fixed, lump-sum benefit upon the diagnosis of a serious illness like heart attack, stroke, or cancer. Benefits are paid directly to you and may be used for any reason from deductibles and prescriptions to travel expenses, childcare or other everyday expenses.

Monthly Cost by Age for $10,000				
Age	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
18-24	$6.71	$13.26	$11.59	$18.94
25-29	$7.77	$15.29	$12.65	$20.97
30-34	$8.46	$16.69	$13.34	$22.37
35-39	$9.82	$19.39	$14.70	$25.07
40-44	$12.19	$24.22	$17.07	$29.90
45-49	$16.31	$32.78	$21.19	$38.46
50-54	$20.97	$42.53	$25.85	$48.21
55-59	$27.42	$56.09	$32.30	$61.77
60-64	$38.86	$75.80	$41.74	$81.48
65-69	$48.21	$99.03	$53.09	$104.71
70-74	$63.63	$130.79	$68.51	$136.47
75-79	$84.94	$173.94	$89.82	$179.62
80-84	$99.92	$204.24	$104.80	$209.92

HOSPITAL INDEMNITY

Anthem Blue Cross

You have the option to purchase hospital indemnity insurance, which pays you benefits while you are confined to a hospital. This type of coverage is helpful because it covers your out-of-pocket expenses not covered by your medical plan.

Benefits	
Hospital First Day Benefit	$1,000
Hospital Confinement - Daily *(Max 15 days)*	$100
Intensive Care Confinement - Daily *(Max 1 day)*	$1,000

Monthly Cost	
Employee Only	$17.28
Employee & Spouse	$35.99
Employee & Child(ren)	$26.56
Family	$46.54

Scan or click the QR to learn more about critical illness and hospital indemnity coverages

KNOW YOUR TERMS

Coinsurance
The percentage of total costs you pay out-of-pocket for covered expenses after you meet the deductible.

Copay (Copayment)
The set fee you have to pay out-of-pocket for certain services, such as a doctor's office visit or prescription drug.

Deductible
The amount you pay out-of-pocket before the health plan will start to pay its share of covered expenses.

Network
The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use preferred providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the in-network providers offer.

Out-of-Pocket Maximum
The most you pay each year out-of-pocket for covered expenses. Once you have reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Employee Contribution
The amount you pay for your insurance coverage.

Preventative Care Services
Visits, treatments, etc. you receive to help you stay healthy (rather than when you are sick or injured). Preventative care services include annual physicals, wellness screenings, and well-baby care.

Explanation of Benefits (EOB)
A statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

Summary of Benefits and Coverage (SBC)
Mandated by health care reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

Over the Counter (OTC) Medications
Medications made available without a prescription.

CONTACTS

Medical
Anthem Blue Cross
Group #: 279964
800-888-8288
www.anthem.com/ca

Dental
Anthem Blue Cross
Group #: 279964
877-567-1804
www.anthem.com/ca

Vision
VSP
Group #: 30061381
800-877-7195
www.vsp.com

Life
Mutual of Omaha
Group #: G000AVHT
800-655-5142
www.mutualofomaha.com

Employee Assistance Program
Mutual of Omaha
800-316-2796
www.mutualofomaha.com/eap

Accident
Anthem Blue Cross
Group #: 279964
800-888-8288
www.anthem.com/ca

Critical Illness
Anthem Blue Cross
Group #: 279964
800-888-8288
www.anthem.com/ca

Hospital Indemnity
Anthem Blue Cross
Group #: 279964
800-888-8288
www.anthem.com/ca

HSA-Health Savings Account
WEX Bank
800-631-3539
batinfo@paylocity.com

FSA-Flexible Savings Account
Paylocity
800-631-3539
batinfo@paylocity.com

Benefits Broker
Morris & Garritano
Advocate Services
855-662-1029
AdvocateServices@morrisgarritano.com