EMPLOYEE BENEFITS

2026 PLAN YEAR

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BENEFITS DIRECTORY

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MEDICAL UNITED HEALTHCARE **Policy #1617342** **Network:** CHOICE PLUS PPO		www.myUHC.com Claims Address: PO BOX 31394 SALT LAKE CITY, UT 84131
OPTUM RX	888-290-5416	Claims Address: PO BOX 650540 DALLAS, TX 75265
DENTAL Principal **Policy #: 1103033** **Network:** Principal Plan Dental Network	1-800-986-3343	711 High St. Des Moines, IA 50392 www.Principal.com
VISION Principal **Policy #: 1103033** **Network:** VSP	1-800-986-3343	www.vsp.com
LIFE & Vol LTD Principal **Policy #: 1103033**	1-800-986-3343	711 High St. Des Moines, IA 50392 www.Principal.com

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This summary is not an insurance contract. This summary was compiled by employees of CuatroBenefits LLC. Changes, omissions, or oversights are possible. Please refer to the actual carrier policy for a full description of benefits.

WELCOME

The Neos Consulting Group benefit program you receive while you are an employee of our company is administered by CuatroBenefits LLC Our dedicated Account Executive is Kayla Fanning. Please contact our Account Executive for any escalated or urgent issues.

Your benefit enrollment is very important. We utilize Ease as our benefits portal. Please review the following guidelines to assist you in submitting the appropriate enrollment and documentation to enroll in the benefit plans offered. Timely submission will ensure coverage for you and your family members. We urge you to keep this handbook and refer to it when you have questions about your benefits. Should you have any questions or need assistance, please contact your HR Department. Benefit information is stored year-round in Ease both on the web and via the smartphone app.

Obtaining Services before you get your Benefit ID Cards

If you change medical plans/carriers during open enrollment or you are a new hire who does not submit their enrollment in a timely manner, you may not receive your ID card prior to the effective date of your benefits. Until you receive your ID card, you may have to pay for services in full and get reimbursed by the carriers after you have your enrollment information. Be sure to save all your receipts and contact your HR Department for more information on how to file carrier claims manually for reimbursement.

PLAN ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible to enroll in the insurance benefits provided by Neos Consulting Group. Employees regarded as part-time or temporary are not eligible for benefits.

Benefits are effective on the first of the month following your full-time date of hire.

Enrollment is not automatic. Participation cannot begin without completion of the required enrollment via **Ease** online. Please use Google Chrome for best results.

IF YOU ARE A NEW EMPLOYEE:

You are required to complete enrollment within 30 days of your date of hire to ensure that you are enrolled in a timely manner and have access to the benefits on the first day they are effective.

IF YOU ARE A CURRENT EMPLOYEE:

You may begin, stop, or change your coverage elections as a result of a qualified life status change as defined by Section 125 of the Internal Revenue Code and allowed by this plan. Medical plan changes are **NOT** allowed until the next open enrollment period without a qualifying life status change. See the “Qualifying Life Events” section for a complete list.

DEPENDENT ELIGIBILITY

You can enroll dependents on applicable benefit plans. Eligible dependents include:

- Your legal spouse
- Your domestic partner (must complete notarized Affidavit of Domestic Partnership)
- A child under the plan limiting age (26 for medical)
    - *Child* means a natural child, a stepchild, an adopted child, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, or any combination of those factors.
- Any child of any age who is medically certified as Disabled and dependent on the parent
- A child of your child who is your Dependent for federal income tax purposes at the time application for coverage is made
- A child not listed above whose primary residence is your household and to whom you are legal guardian or related by blood or marriage, and who is dependent upon you for more than one-half of their support as defined by the US Internal Revenue Code.

INELIGIBLE DEPENDENTS:

Please review the eligibility requirements described above. Any ineligible dependents must be removed from your coverage as soon as they become ineligible. Here are examples of some ineligible dependents:

- Anyone who is not your legal spouse or child as defined above
- Dependents no longer covered by a court order
- Dependent child(ren) with coverage available through another employer group

QUALIFYING LIFE EVENTS

You have **30 days** from the date of any qualified life status change to notify your HR Department and complete any applicable changes via Ease. If you do not make your eligible changes during the 30-day change period, your changes **CANNOT** be made until the next Annual Open Enrollment period. The list below includes some common examples of qualified life events:

- Marriage
- New baby – coverage will be effective as of the date of birth
- Divorce
- Employment status change – part-time to full-time
- Loss or gain of other coverage – coverage will be effective on the first of the month following the last day of your previous coverage
- Child turns age 26

United Healthcare

MEDICAL INSURANCE

When visiting a facility or physician that is in-network you will have significantly lower costs than an out of network facility or physician. For a more detailed explanation of your benefits, including out of network benefits, refer to the additional carrier information found online via Ease and the United Healthcare portal.

In-Network Benefits	UHC Level Funded	UHC Level Funded	UHC Level Funded
Plan Name	P1000i8022	P2000i8022	P3000i7021
Plan Type	PPO Copay	PPO Copay	PPO Copay
Network Name	Choice Plus	Choice Plus	Choice Plus
Metallic Tier	N/A	N/A	N/A
Ind. Deductible (In/Out)	**$1,000 / $2,000**	**$2,000 / $4,000**	**$3,000 / $6,000**
Fam. Deductible (In/Out)	**$2,000 / $4,000**	**$4,000 / $8,000**	**$6,000 / $12,000**
Coins - Carrier (In/Out)	80% / 50%	80% / 50%	70% / 50%
Ind. OOP Max (In/Out)	$3,000 / $8,000	$4,000 / $10,000	$8,150 / $16,300
Fam OOP Max (In/Out)	$6,000 / $16,000	$8,000 / $20,000	$16,300 / $32,600
PCP CoPay (In)	**$0 <19 / $25**	**$0 <19 / $25**	**$0 <19 / $25**
Specialist CoPay (In)	**$75**	**$75**	**$75**
Telehealth (In)	Healthiest You - $0	Healthiest You - $0	Healthiest You - $0
Lab and X-ray (In)	$0	$0	$0
Advanced Imaging (In)	20% after ded	20% after ded	30% after ded
Rx Drug Card (In)	**$10 / $35 / $75 / $250**	**$10 / $35 / $75 / $250**	**$10 / $35 / $75 / $250**
Specialty Med (In)	$10 / $35 / $75 / $250	$10 / $35 / $75 / $250	$10 / $150 / $350 / $500
Mail Order (In)	2.5x	2.5x	2.5x
Urgent Care (In)	$50	$50	$50
ER (In/Out)	$300 + 20% after ded	$300 + 20% after ded	$300 + 30% after ded
Inpatient Hosp. (In)	F - 20% after ded / P - 20% after ded	F - 20% after ded / P - 20% after ded	F - 30% after ded / P - 30% after ded
Outpatient Surgery (In)	F - 20% after ded / P - $75	F - 20% after ded / P - $75	F - 30% after ded / P - $75

WAIVING MEDICAL COVERAGE

You may decide that you do not want medical coverage with us. In the event that you waive coverage, you cannot enroll in this health plan unless you experience a qualifying life status change or during the next open enrollment period

TRANSITIONING TO THE PLAN

If you are moving from another carrier, you will need to notify your doctors and pharmacy of your new carrier as well as policy and ID number. Please ensure that your doctors are in the new carrier network and that your prescriptions are on the formulary list. See the carrier website for more information. You will receive an ID card in the mail in 7-10 business days after implementation is complete. Please look out for that via mail as they come in a small, easy to miss envelope!

PAYING FOR YOUR MEDICAL BENEFITS

Your employer makes a significant investment in your medical benefits. Medical deductions are based on your effective date and any retroactive changes will be collected from the next available paycheck. Please see Ease for plan pricing. Please be sure to regularly review your payroll deductions to ensure accuracy.

Registration on carrier website:

We highly recommend that you register as a member with all carriers to gain access to additional benefit information as well as perks for being a member. You will need to have your ID card handy when registering.

1. Visit www.myuhc.com
2. Select “Login ”
3. Select “Register”
4. Flow through each screen to register

PRESCRIPTION DRUG INFORMATION

For more information on how prescription drugs are covered, please visit UHC.com and navigate as a member to the United Healthcare Rx info and United Healthcare Specialty Pharmacy. You can also obtain information about prescription coverage through logging in once you’re registered. Reach out to Kayla Fanning if you need a pdf list of approved prescriptions. Please keep in mind that every carrier changes their Rx allowable list on an annual or semi-annual basis to keep up with the ever-changing market for drugs. Talk to your provider and reach out to Kayla with any issues or questions.

VOLUNTARY DENTAL INSURANCE

All eligible employees have the option to enroll in the comprehensive dental plan offered through Principal Financial Group. This benefit is a voluntary benefit and paid 100% by the employee. You are responsible for all employee and dependent cost through payroll deductions.

All members should register with Principal.com to download temporary ID's, search for providers, and verify benefits.

	Dental Plan Your Cost at In-Network Providers
NETWORK	Dent al Connect
DEDUCTIBLE (Calendar Year)	
Individual	$50
Family	$150
SERVICES	
Preventive *Routine exams, cleanings (2 per year), fluoride, x-rays*	0% (Deductible Waived)
Basic *Fillings, extractions, oral surgery, endodontics, periodontics*	20%
Major *Crown, bridges, dentures*	50%
ORTHODONTIA	
All Members	None
WAITING PERIODS	
	None
MAXIMUMS (Calendar Year)	
Preventive, Basic, Major	$1,500 per member
Orthodontia:	None
Out of Network Reimbursement	90th

PPO Dental Plan

A PPO plan allows the member to see in and out of network providers. This would be a good plan to choose if you do not want to change your current dentist even if they are not in the carrier network. In-network benefits are paid on a percentage basis and an annual deductible will apply. Once you have reached the stated annual maximum, the dental carrier will not pay out any more for claims for that member.

Registration on carrier website:

We highly recommend that you register as a member with all carriers to gain access to additional benefit information as well as perks for being a member. You will need to have your ID card handy when registering.

1. Visit www.principal.com
2. Select "Log-In/Register"
3. Select "Register"

FILING A CLAIM

If you are using an in-network dentist, they will file all claims on your behalf. Out of network providers may require you to submit claims for processing. See your HR Department for claim forms.

FINDING A PROVIDER

Please visit the Principal website at https://c3.go2dental.com/member/dental_search/provsel.cgi to find a list of providers in your area. You will need to use the network names listed on the Benefits Directory page for the corresponding plan while performing the search to create the most accurate list.

Principal℠

VOLUNTARY VISION INSURANCE

Principal Financial will serve as the vision insurance provider for this plan year. This benefit is a voluntary benefit and paid 100% by the employee. You are responsible for all employee and dependent cost through payroll deductions. This plan will allow you to improve your health through a comprehensive eye exam, while saving you money on your eye care purchases.

	In-Network
Network	Access Vision
Exam	$10 Copay
Contact Lens Options: *Standard fit and follow-up*	Covered Up to $130
Frames	$130 allowance; 20% off balance
Standard Plastic Lenses: *Single Vision* *Bifocal* *Trifocal*	 $25 Co pay $25 Co pay $25 Co pay
Contact Lenses *Disposable*	*Contacts are in-lieu of glasses* $130 Allowance
Laser Vision Correction *LASIK or PRK*	Discounts apply
Frequency *Exam* *Frames* *Lenses or Contacts*	 Once every 12 months Once every 12 months Once every 12 months

FINDING A PROVIDER

Please visit the Principal's VSP network website at www.vsp.com to find a list of providers in your area. You will need to use the network name listed on the Benefits Directory page for the corresponding plan while performing the search to create the most accurate list.

LIFE & AD&D INSURANCE

Neos Consulting Group will provide all full-time employees with a $50,000 Basic Life and Accidental Death & Dismemberment for the employee at no cost. Members are responsible for updating beneficiary information in Ease and will not be asked to do this if you have a qualifying life event. Please use Ease to access the Beneficiary form.

EMPLOYER PAID TERM LIFE & AD&D	
Term Life Insurance/ Accidental Death & Dismemberment (AD&D) **Full-Time Employees**	**$50,000**
Guarantee Issue **Full-Time Employees**	**$50,000**
Age Reduction Schedule	**25% at age 65; additional 25% at age 70**

Voluntary Long-Term Disability

Think of long-term disability as *paycheck* insurance. Group LTD is a cheaper way to obtain this benefit compared to an individual plan, but the *monthly* maximum benefit (60% of your paycheck) caps at **$6,000**. This lasts up to age 65 should anyone experience a long-term disability that qualifies with Principal. Rates are based on income and your age; the Ease portal does the math for us. You pay for this post-tax so that benefits pay out tax-free.

LOW COST GENERICS PROGRAMS

Many pharmacies have established their own discounted generics programs to help individuals save money on generic prescriptions. These programs are not associated with your medical insurance benefits so you would **NOT** show the pharmacy your insurance card when using these programs. Due to the fact that a claim is not being submitted to your medical carrier, you do not get deductible credit for any purchased prescriptions but the lower cost of these drugs is often less than the listed copays on the medical plans.

Below is a brief summary of some of the programs for the major pharmacy providers. Be sure to check with your pharmacy to see what programs they offer if they are not listed below.

H-E-B www.heb.com/pharmacy $4, $8 or $12 for 30-day Supply $10, $20 or $30 for 90-day Supply	Walmart Sam's Club www.walmart.com/pharmacy $4 for 30-day Supply $10 for 90-day Supply
COSTCO WHOLESALE www.costco.com Member Prescription Program Offers a discount on all branded and generic prescription medications	TARGET www.target.com/pharmacy/generics $4 for 30-day Supply $10 for 90-day Supply
	Walgreens AT THE CORNER OF HAPPY & HEALTHY™ www.walgreens.com/pharmacy 30-day Supply: $5(tier 1) $10(tier 2) $15 (tier 3) 90-day Supply: $10 (tier 1)$20 (tier 2) $30 (tier 3) **$20 Individual/$35 Family Membership Fee**

healthiestyou

With the HealthiestYou app, you can:

See a doctor 24/7
Talk to a licensed doctor by phone or video from anywhere.

Save money
Find and pick up the lowest-cost prescriptions in your area.

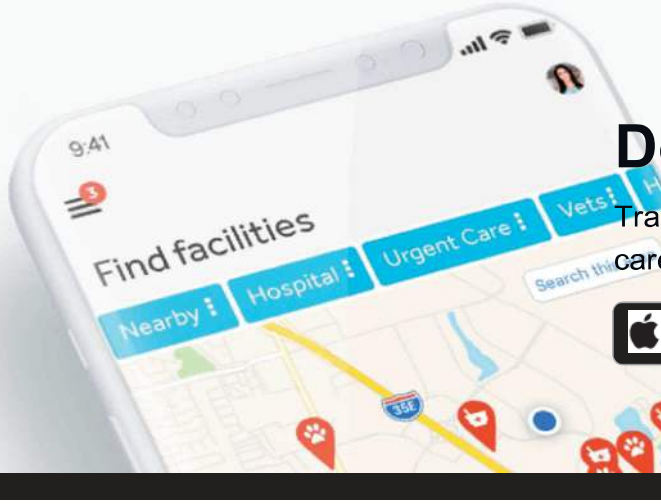
Search for a provider
Find a doctor, dentist, or other providers near you.

Expert Medical Opinion
Get a second opinion from leading experts on more-serious conditions.

Compare prices
Compare cash vs. insurance pricing for common procedures.

Connect your insurance
Find your insurance carrier for up to-date coverage, deductible tracking, and more.

*Your benefits may vary based on the plan selected by your employer.



Download the app

Travel. Work. Home. Wherever you go, access to care is a tap away.

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