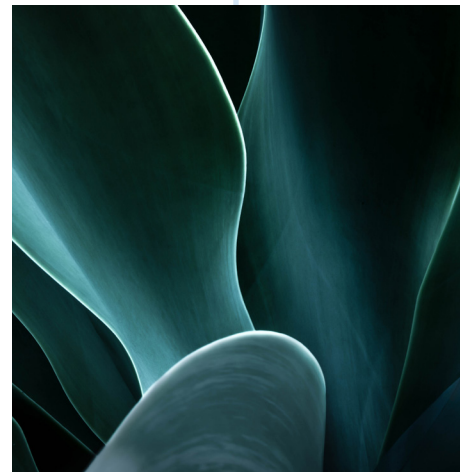


BENEFITS GUIDE



20
24



Pacesetter Health appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) in Employee Navigator.

Here's where to find ...

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Contacts

Medical plan

Meritain

Customer service: 800.925.2272
Website: meritain.com

Prescription services

SmithRx

Serve You DirectRx: 800.759.3203
Website: mysmithrx.com

HSA and FSA

Wex

Customer service: 866.451.3399
Website: wexinc.com

Dental

Principal

Customer service: 800.247.4695
Website: principal.com/dentist

Vision

Principal

Customer service: 800.877.7195
Website: principal.com

Life and AD&D

Principal

Customer service: 800.245.1522
Website: principal.com

Short- and long-term disability

Principal

Customer service: 800.245.1522
Website: principal.com

Critical illness and accident

Principal

Customer service: 800.245.1522
Website: principal.com

Employee assistance program

Principal Core/Magellan Healthcare

Customer service: 800.450.1327
Website: magellanascend.com

Basic insurance terms

Coinsurance: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

Copay: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

Deductible: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

Embedded Deductible: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

Explanation of Benefits (EOB): An EOB is 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.

Individual mandate: Federal healthcare reform mandates most U.S. citizens have health insurance for themselves and their dependents. Pacesetter Health helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week.

In-Network vs. Out-of-Network: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

Out-of-Pocket Maximum: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

Preventive Care: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

Reasonable and customary: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

Enroll in benefits

If you want health benefits in 2024 for yourself or your family, you must enroll in one of the plan options during the annual enrollment period. If you need to add or remove coverage for yourself or your dependents after the enrollment period you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

Important

If you want medical, dental or vision benefits coverage in 2024, you must enroll in or waive each plan option. If you do not make a benefits election during open enrollment, you will be defaulted to NO COVERAGE for 2024.

Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time from yours



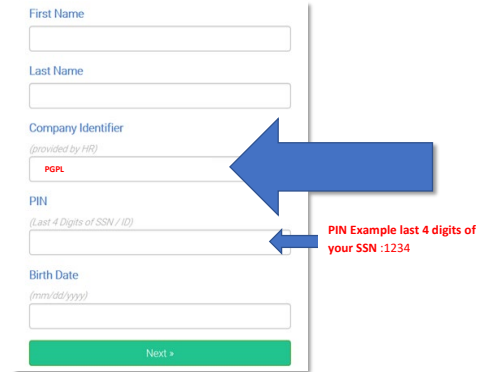
Registering on Employee Navigator

Registering on Employee Navigator for your employee benefits enrollment is quick and easy!

Step 1: Navigate to the registration site: employeenavigator.com/benefits/account/register.

Step 2: Complete the new user registration information. Your information **MUST MATCH** what is in Employee Navigator. If you have trouble registering, reach out to HR for assistance.

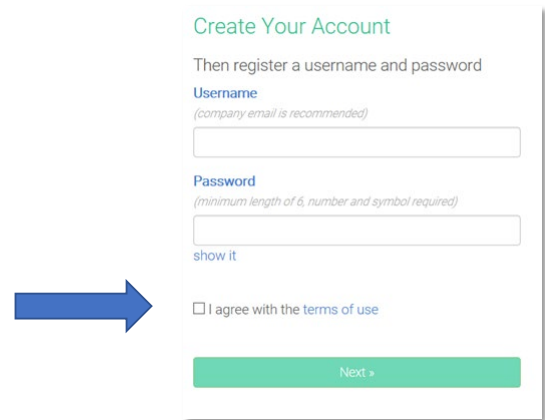
- The company identifier (case sensitive) is: PGPL.



The registration form includes the following fields: First Name, Last Name, Company Identifier (with a red box around 'PGPL' and a blue arrow pointing to it), PIN (with a red note 'PIN Example last 4 digits of your SSN :1234' and a blue arrow pointing to the field), and Birth Date. A green 'Next >' button is at the bottom.

Step 3: Follow the on-screen instructions to create a unique username and password.

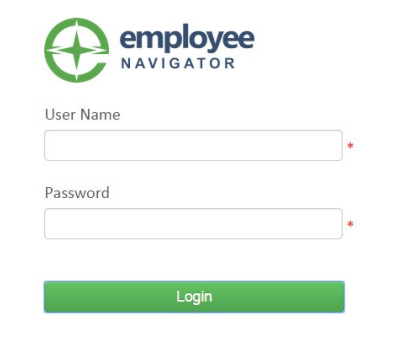
- You must agree to the “terms of use” to register.



The 'Create Your Account' form prompts the user to register a username and password. It includes fields for Username (with a note 'company email is recommended') and Password (with a note 'minimum length of 6, number and symbol required'). There is a 'show it' link for the password field, a checkbox for 'I agree with the terms of use', and a green 'Next >' button. A blue arrow points to the checkbox.

Step 4: You're in! Don't forget your username and password!

To log in again, just return to employeenavigator.com/benefits/account/login.



The login form features the Employee Navigator logo at the top. It has fields for 'User Name' and 'Password', both with red asterisks indicating required fields. A green 'Login' button is at the bottom.

Eligibility

Open enrollment is your opportunity to elect coverage in Pacesetter Health's benefit plans. All elections made during this period will be effective January 1, 2024.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30+ hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following 30 days from your hire date.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse, who is not eligible for coverage under their employer's health plan. This includes your legal spouse or domestic partner (same sex).
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.



Medical tools and resources

Meritain | meritain.com | 800.925.2272

Meritain administers our comprehensive medical plan, and its network offers exceptional access to in-network providers and deep discounts on services, resulting in lower costs for our employees and our plan. It is highly recommended you verify that all associated providers are participating in the Aetna Choice POS II provider network. This includes not only your doctor but also anesthesiologists, lab facilities, etc. This helps to avoid incurring any unexpected out-of-network charges and ensures cost-effective use of your health plan.

Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the Meritain Health Member Portal. When you log in, you'll find everything you need to know about your benefits — from eligibility to enrollment to what's covered. It's another way we're working with you to help you get the most from your benefits — so you can live a life that's balanced and informed.

Important plan contacts

- Meritain Health Customer Service 800.925.2272 (meritain.com)
- The Aetna Choice POS II provider network 800.343.3140 (aetna.com/docfind/custom/mymeritain)
- Precertification: Meritain Health Medical Management 800.242.1199
- Support for chronic conditions: Meritain Health Disease Management 888.610.0089



Medical and prescription benefits at a glance

Medical	Gold HDHP w/ HSA	Platinum HDHP w/ HSA	Platinum POS
Deductible			
Employee only	\$5,000	\$3,200	\$3,000
Family	\$10,000	\$6,400	\$6,000
Coinsurance			
	80%	90%	90%
Out-of-pocket maximum			
Employee only	\$7,050	\$4,000	\$6,000
Family	\$14,100	\$8,000	\$12,000
Office visit			
PCP	20% after deductible	10% after deductible	\$25 copay
Specialist	20% after deductible	10% after deductible	\$50 copay
Urgent care	20% after deductible	10% after deductible	\$75 copay
Emergency room	20% after deductible	10% after deductible	\$300 copay
Inpatient care	20% after deductible	10% after deductible	10% after deductible
Outpatient care	20% after deductible	10% after deductible	10% after deductible
Prescription drugs		Employee pays	
Retail (30-day supply)			
Tier 1 — generics	20% after deductible	10% after deductible	\$10 copay
Tier 2 — preferred	20% after deductible	10% after deductible	\$40 copay
Tier 3 — nonpreferred	20% after deductible	10% after deductible	\$80 copay
Tier 4 — specialty	20% after deductible	10% after deductible	\$250 copay
Mail order (90-day supply)			
Tier 1 — generics	20% after deductible	10% after deductible	\$25 copay
Tier 2 — preferred	20% after deductible	10% after deductible	\$100 copay
Tier 3 — nonpreferred	20% after deductible	10% after deductible	\$200 copay
Tier 4 — specialty	Not covered	Not covered	Not covered

Medical and prescription biweekly employee payroll contributions

Effective January 1, 2024

	Gold HDHP with HSA*	Platinum HDHP with HSA	Platinum POS
Employee	\$71.13	\$134.89	\$166.78
Employee + spouse	\$295.58	\$392.42	\$416.94
Employee + child(ren)	\$285.24	\$367.89	\$392.42
Employee + family	\$539.58	\$637.68	\$686.73

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.

Prescription drug coverage

SmithRX | smithrx.com | 844.454.5201

SmithRx is your prescription benefit provider. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions. Please present your prescription card along with your prescription to your pharmacy.

You save money when you use generic drugs. Generics offer the same ingredients as brand-name drugs at the same level of quality and safety. Always ask your doctor if a generic is available for your condition. To locate an in-network pharmacy, find the cost of a drug or get questions answered, contact SmithRx at 844.454.5201.

Using your mail order home delivery benefit

Taking advantage of your home delivery benefit may enable you to receive up to a 90-day supply of your maintenance medication(s) at a discounted price through Serve You DirectRx. Just ask your physician to write a new prescription to Serve You DirectRx for home delivery. To enroll with Serve You DirectRx, please follow the steps below:

- E-prescribe or fax: Have your doctor electronically prescribe or fax your prescription to 866.494.0364.
- Phone: Call Serve You DirectRx Pharmacy at 800.759.3203 to create your member account and provide billing and shipping information.

You may create and access your member profile on Serve You's website only after your prescriptions have been received by Serve You. You can access the member portal via this URL:

serve-you-rx.com/ezrefillrx.

Online tools at mysmithrx.com

Secure online connection, protecting your confidentiality and providing:

- Drug formulary
- Real-time benefit information
- View and download pharmacy claims.
- Download claim reimbursement, prior authorization request, specialty pharmacy enrollment and mail-order forms.

Health savings account (HSA)

WEX | wexinc.com | 866.451.3399

Tax-
favored
account

A health savings account (HSA) is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

Tax savings: You contribute pretax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

Reduced out-of-pocket costs: You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. The HSA funds you use can help you meet your plan's annual deductible.

A long-term investment that stays with you: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

The opportunity for long-term savings: Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket

If you enroll in a high-deductible health plan, you can open an HSA.

If you enroll in the Gold HDHP, Pacesetter will match your HSA contribution up to \$200 per year.

health expenses. You can even save HSA dollars to use after you retire.

IMPORTANT! How much you can deposit into an HSA in 2024

These limits apply even for participants entering the plan midyear.* Prior-year contributions may be made through April 15 of the following year.

	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual	\$4,150	\$5,150 (includes \$1,000 "catch-up" contribution)
Family	\$8,300	\$9,300 (includes \$1,000 "catch-up" contribution)

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.



How to access/make contributions to your HSA

Once your account is open, you can access it via [wexinc.com](https://www.wexinc.com). You'll set up your payroll contributions during open enrollment. You can make contribution changes at any time during the year through Wex. Note that it may take between one and two payroll periods for an HSA change to be processed.

More details about health savings accounts

The HSA is administered by Wex. Pacesetter Health pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

You'll notice two separate line items on your paycheck when you participate in the HDHP with HSA option — one for your employee contributions for the HDHP and one for your pretax contributions to the HSA.

Distributions

- HSA distributions are tax-free if they are used to pay for qualified medical expenses.
 - Qualified medical, dental and vision expenses not covered by insurance.
 - Qualified long-term care services and long-term care insurance.
 - Continuation of coverage required by federal law (i.e., COBRA).
 - Health insurance for the unemployed
 - Medicare expenses (but not Medigap)
 - Retiree health expenses for individuals age 65 or older
- Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals age 65 or older.

*If you make the full-year contribution based upon your status as of December 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through December 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.

**You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible.

Flexible spending account (FSA)

WEX | wexinc.com | 866.451.3399

A great way to plan ahead and save money over the course of a year is to participate in a flexible spending account (FSA). An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

Pacesetter Health offers two types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

Healthcare flexible spending account

Tax-
favored
account

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

Wex allows you to skip the pen and paper. Wex automatically passes medical, pharmacy, dental and vision claims to your FSA, thereby eliminating the need for you to submit a manual claim form. You pay your copay or out-of-pocket expense directly to your healthcare provider, who in turn will initiate the claim. Wex initiates a direct deposit or sends you a check from your FSA to reimburse you for your eligible out-of-pocket expense. You do not have to complete any paperwork.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our plan.



Dependent care flexible spending account

Tax-
favored
account

Dependent care FSAs allow you to set aside money pretax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full time. You must contribute money through payroll deduction to your dependent care FSA before you can spend it.

During open enrollment, you must decide how much to set aside for this account in 2024. You may contribute up to \$5,000, or up to \$2,500 if you are married and file separate tax returns.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

The maximum contribution in 2024 for the healthcare flexible spending account is \$3,200 per household. The maximum contribution in 2024 for the dependent care flexible spending account is \$5,000 or up to \$2,500 if you are married and file separate tax returns. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. Our plans have a 2 1/2 month grace period to allow you additional time to incur claims and use your FSA funds to pay for these expenses.

If you are contributing to an HSA through Pacesetter Health or through your spouse's plan, you are not eligible to participate in the healthcare FSA. However, you are still eligible to participate in dependent care FSA.

Dental

Principal | principal.com | 800.247.4695

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Principal

View covered services, claim status or your account balance; find a dentist; update your information; and much more at principal.com.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Visit principal.com/dentist to find a dentist or call 800.247.4695.

	In-network	Out-of-network
Deductible		
Employee only	\$50	\$50
Family	\$150	\$150
Annual maximum	\$1,000	\$1,000
Diagnostic and preventive		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	80%	50%
Major		
Crowns, jackets, dentures, bridge implants	50%	50%
Orthodontia		
	Not covered	

Dental biweekly employee payroll contributions

Effective January 1, 2024

	Biweekly contribution
Employee	\$10.63
Employee + spouse	\$20.82
Employee + child(ren)	\$25.73
Family	\$37.72

- You can elect the principal dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to principal.com.

Vision

Principal | principal.com | 800.877.7195

Principal’s vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network	Out-of-network
Exam	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
		(reimbursed)
Exam	\$10 copay	\$45 max.
Materials copay	\$25	
Lenses		
Single vision	\$25	\$30 max.
Bifocal	\$25	\$50 max.
Trifocal	\$25	\$65 max.
Lenticular	\$25	\$100 max.
Contact lenses		
Elective	\$150 max.	\$105 max.
Medically necessary	\$0 after \$25 copay	\$210 max.
Frames		
Standard frames	\$150 max. + 20% off balance	\$70 max.

Vision employee biweekly payroll contributions

Effective January 1, 2024

	Biweekly contribution
Employee	\$4.24
Employee + spouse	\$7.91
Employee + child(ren)	\$8.44
Family	\$12.96

- You can elect the Principal vision plan regardless of whether you are enrolled in the medical or dental plan.
- Visit vsp.com or call 800.877.7195 to locate VSP doctors close to you — or to see if your current eye care professional is in the VSP network.

Group term life and AD&D

Principal | principal.com | 800.245.1522

Pacesetter Health’s comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and accidental death and dismemberment (AD&D) coverage are provided automatically at no cost to you upon employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount. Pacesetter Health also provides a basic dependent life benefit for your spouse and child(ren) at no cost.

Group term life and AD&D	100% paid by the employer
Employee	\$20,000

Age reduction schedule

- Ages 65 to 69: Benefit decrease to 65% of original benefit.
- Ages 70+: Benefit decrease to 50%.

Here are some helpful terms.

Imputed income: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. The value of dependent life coverage paid for by your employer is also taxable. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

Age reduction: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

Portability and conversion: Portability and conversion are available if your employment with Pacesetter Health ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.



Voluntary life and AD&D

Principal | principal.com | 800.245.1522

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Coverage	Available benefit	Guaranteed amount
Employee \$10,000 increments	\$10,000 to \$500,000	<70 \$150,000 70+ \$10,000
Spouse \$5,000 increments	\$5,000 to \$100,000 (cannot exceed 50% of employee coverage)	<70 \$30,000 70+ \$10,000
Dependent child(ren) \$15,000	Birth to 14 days: \$1,000 14 days to 26 years: \$5,000 or \$10,000	N/A

Spouse rates will be determined by the employee age.

Voluntary life insurance rates per \$5,000		
Age	Non-smoker	Smoker
29 and under	\$0.250	\$0.425
30-34	\$0.290	\$0.495
35-39	\$0.455	\$0.780
40-44	\$0.690	\$1.175
45-49	\$1.055	\$1.800
50-54	\$1.730	\$2.960
55-59	\$2.780	\$4.755
60-64	\$4.250	\$7.255
65-69	\$7.215	\$12.345
70+	\$12.955	\$22.160

Children: \$5,000 coverage/\$1.00 per month; \$10,000 coverage/\$2.00 per month

If the rate is \$0.780 per \$5,000 and an enrollee elects \$100,000 in coverage, the monthly premium will be \$15.60.

$$\begin{array}{r}
 \frac{\$ 0.780}{\text{Plan rate (determined by age)}} \quad \times \quad \frac{20}{\text{Coverage per } \$5,000} \quad = \quad \frac{\$15.60}{\text{Monthly premium}}
 \end{array}$$

Short-term disability

Principal | principal.com | 800.245.1522

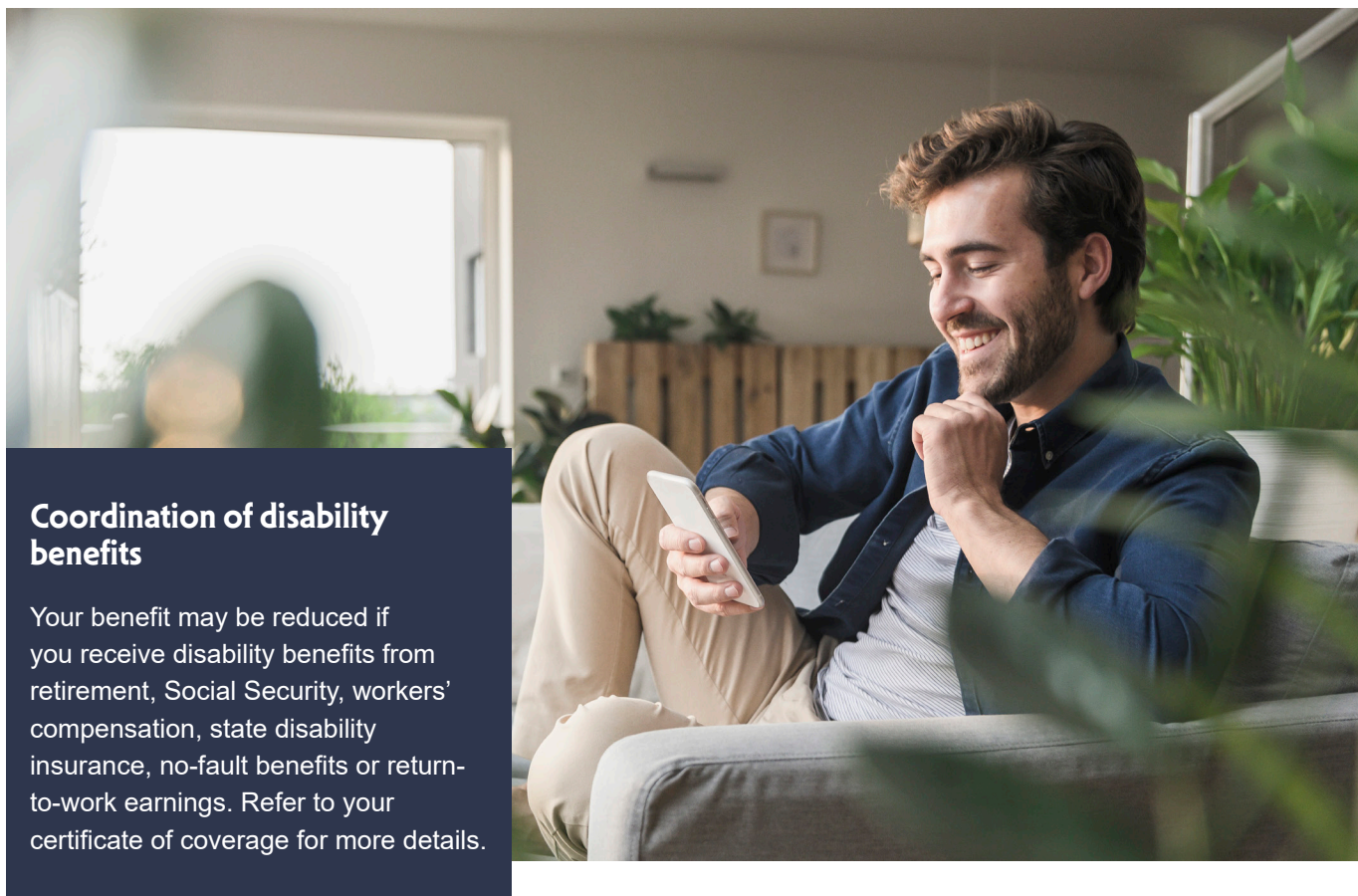
Pacesetter Health offers a voluntary short-term disability (STD) plan by Principal to provide financial assistance in case you become disabled or are unable to work.

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. These benefits are paid during the first 12 weeks of injury or illness.

Long-term disability

The Pacesetter Health voluntary long-term disability (LTD) plan is available to eligible full-time employees the first of the month following 30 days of employment. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

If you become totally disabled, you will receive a portion of your base salary monthly, after you have satisfied the 90-day waiting period for benefits. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.



Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

Critical illness and accident

Principal | principal.com | 800.245.1522

Critical illness and accident rates can be found in Employee Navigator.

Critical illness insurance

Pacesetter Health offers critical illness insurance through Principal which supplements major medical coverage by helping employees pay the direct and indirect costs associated with a critical illness or event. Some of the conditions covered under this program include cancer, heart attack, stroke, Alzheimer's, kidney failure and paralysis. This coverage also includes an annual health screening benefit. Benefits are paid tax-free in a lump sum ranging from \$5,000 to \$50,000 to be used at your discretion. Child coverage is included at 25% with your employee election, and you also have the option of electing spouse coverage. New hires can elect up to the guaranteed issue amount without completing medical underwriting. If you do not enroll when you are first eligible, you will need to complete evidence of insurability if you choose to add coverage at a later date.

Accident insurance

The accident insurance through Principal is designed to supplement major medical coverage by paying specific benefit amounts for expenses resulting from injuries or accidents. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse and/or your child(ren).



Employee assistance program

Principal | MagellanAscend.com | 800.450.1327

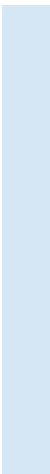
We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. Principal's EAP, provided by Magellan Healthcare, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things:

- LifeMart Discount Center, with savings on a variety of products and services.
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain.
- Health and wellness articles, guides, webinars and podcasts.
- Online assistance with elder care, child care and other family life resources.
- Help with teen and adolescent issues, including eating disorders and relationships.
- Tips on parenting and grandparenting.
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources.*
- Ongoing personal coaching sessions with scheduled telephonic appointments.

*You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

