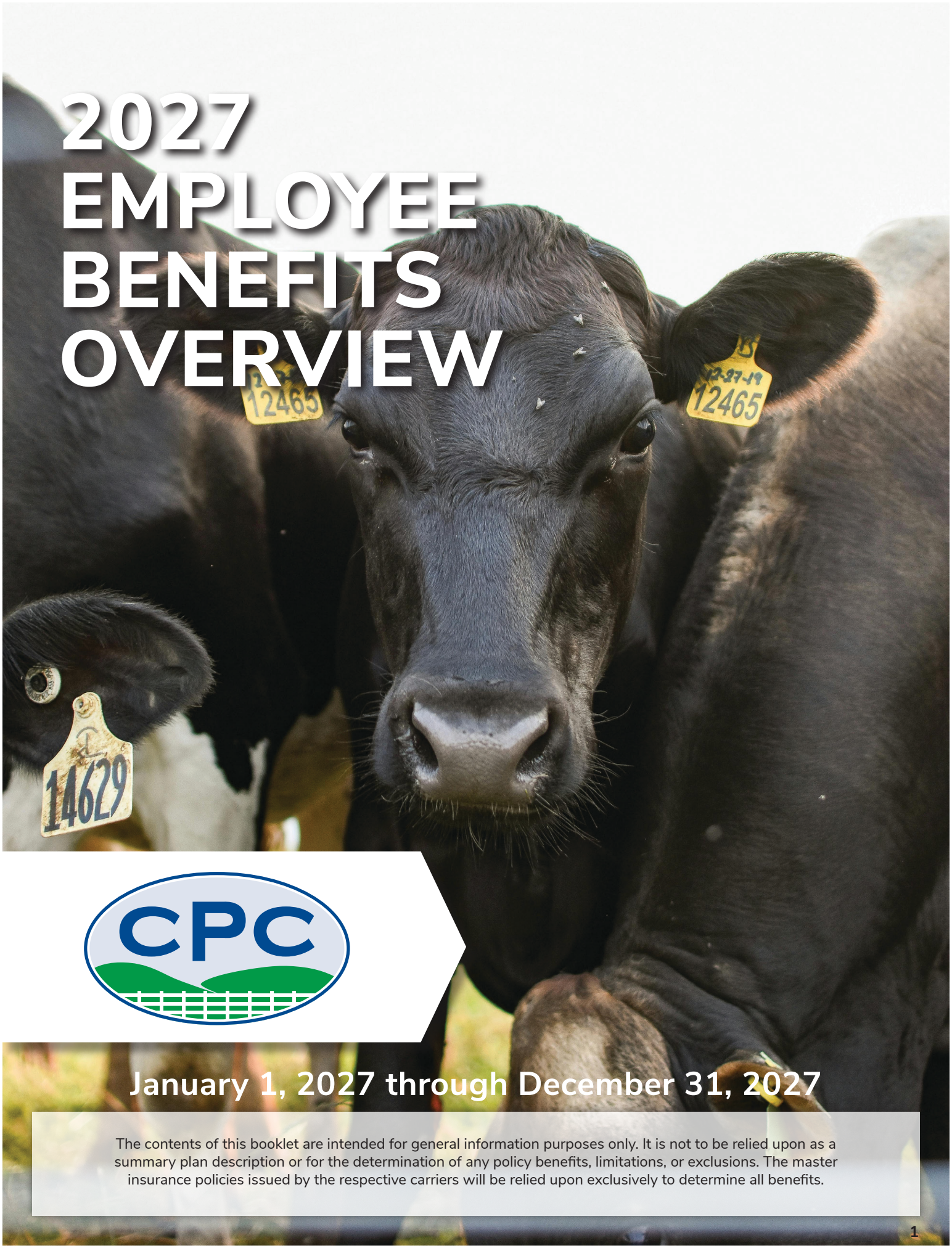
2027 EMPLOYEE BENEFITS OVERVIEW



CPC

January 1, 2027 through December 31, 2027

The contents of this booklet are intended for general information purposes only. It is not to be relied upon as a summary plan description or for the determination of any policy benefits, limitations, or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.

The health of our employees is a priority, and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carrier's Summary of Benefits and Coverage (SBC) or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

Eligibility & Change in Family Status

Benefits are effective on the first of the month following 30 days of employment and coverage is available for you, your spouse, and/or dependent child(ren). Dependent child(ren) are eligible for coverage up to age 26 for medical, dental and vision benefits.

We have adopted an IRS-sponsored Section 125 Plan
that allows premiums for medical, dental, vision insurance, contributions to FSA accounts and certain supplemental policies to be deducted from your paycheck on a pre-tax basis. Under Section 125, changes to pre-tax benefits can be made ONLY during the Open Enrollment period, unless you or a qualified dependent experience a change in family status (Qualifying Event).
Examples of Qualifying Events include:

- Marriage, divorce, or legal separation.
- Birth, adoption or placement of a child for adoption.
- Death of a covered individual.
- Loss of benefit coverage (for you or a dependent).

It is your responsibility to notify Human Resources within 30 days of a Qualifying Event if you want to add or remove a dependent from your benefit plans. The effective date of the change will be the same date of the event (e.g., birth of child, or the date of your marriage).

revive

Care that fits your life

24/7 urgent care and free prescriptions, without delays, confusion, or extra costs.

Urgent Care

Skip the waiting room and connect with care that meets you where you are.

- **24/7 Access Nationwide:** Board-certified doctors, anytime, anywhere in the U.S.
- **Fast Response:** 94% of members see a provider within 20 minutes.
- **One Seamless Visit:** Diagnosis, treatment, and prescriptions at once.
- **No Out-of-Pocket Costs:** No claims or copays.

Pharmacy

Medications made simple, and free.

- **Free Home Delivery:** 1,000+ daily prescriptions delivered to your door.
- **Retail Pickup:** 70+ urgent care medications at 70,000+ retail pharmacies.
- **Pharmacy Discount Card:** Added savings at retail.

Members on an HDHP have access to 500+ preventive medications through free home delivery.

Getting started is easy

Scan, then enter your enrollment code and email

CPCRevive

Questions? 1-888-220-6650
membersupport@revive.health

Medical Benefits

Your medical coverage is designed to promote good health and protect you and your family from major financial hardships in the event of illness or injury. UMR is your health insurance carrier using the **UnitedHealthcare network.** The chart below is a summary of the medical coverage.

Each health plan offered has unique features. You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you.

Medical Benefits Summary

In-Network Benefits	UHC PPO Option 1	UHC PPO Option 2	UHC PPO Option 3	UHC HSA Option 4
Calendar Year Annual Medical Deductible	$5,000 individual $10,000 family	$3,000 individual $6,000 family	$750 individual $1,500 family	$3,500 individual $7,000 family
Coinsurance (Plan / Member)	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Medical Maximum Out-of-pocket (includes deductible, coinsurance, Medical copays & Rx copays)	$6,600 individual $13,200 family	$6,600 individual $13,200 family	$3,000 individual $6,000 family	$6,600 individual $13,200 family
Aggregated or Embedded Accumulators	Embedded	Embedded	Embedded	Embedded
Benefit Overview	**Member Cost Share**			
Primary Care Office Visit	$25 Copay	$30 Copay	$20 Copay	Deductible then 20%
Specialist Office Visit	$50 Copay	$50 Copay	$20 Copay	Deductible then 20%
Preventive Care	No Charge	No Charge	No Charge	No Charge
TeleMedicine - UnitedHealthcare Teledoc	$25 Copay	$30 Copay	$20 Copay	Max $49 toward Deductible
Emergency Room	$250 Copay + 20%	$250 Copay + 20%	$250 Copay +20%	Deductible then 20%
Urgent Care Center*	$75 Copay	$75 Copay	$75 Copay	Deductible then 20%
Inpatient Facility Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Outpatient Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Rx Copays*	$10 / $35 / $70	$10 / $30 / $60	$10 / $30 / $60	Once Deductible is Met: $10 / $35 / $60
Medical Payroll Deductions - 52 Pay Periods	**PPO Option 1**	**PPO Option 2**	**PPO Option 3**	**HSA Option 4**
Employee	$15.00	$57.46	$90.46	$0.00
Employee + Spouse	$188.08	$200.77	$259.62	$169.62
Employee + Child(ren)	$155.77	$163.38	$215.31	$139.62
Family	$293.61	$305.28	$387.38	$267.19

The above references in-network benefits only; for out-of-network benefits see full summary of benefits. The benefits outlined here are for illustrative purposes only. The carrier's master policy will be relied upon exclusively in determining benefit reimbursement.

***Refer to information on the Revive program for access to urgent care and many maintenance medications. Participation in the Revive program can significantly reduce or eliminate your out-of-pocket costs shown here. Details on page 2.**

PPO vs. HDHP (HSA) Medical Plans

The information below provides key definitions and a review of how PPO and High Deductible Health Plans HDHP (HSA) function. Both plans cover the same network of providers and the same services but how you pay for your share of expenses is handled differently. The benefit summary grid outlines your out-of-pocket expenses and the benefit period specific to your plan.

PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- **Deductible:** When you use services such as MRIs, CT scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible**.
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after meeting your deductible.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay during a benefit period and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum out-of-pocket is met, services are covered in full by the plan for the entire family until the end of the benefit period.

HDHP (HSA) MEDICAL PLAN

- **Copays:** Generally, HDHPs plans do not feature copays for medical or pharmacy services. Instead, you are responsible for the full claim amount, after the carrier has applied all applicable discounts, and the entire claim will be applied toward your deductible.

  If your HDHP (HSA) medical plan includes copays for office visits or prescriptions, these copays are applicable once the deductible is satisfied.
- **Deductible:** Your HDHP (HSA) medical plan's full deductible must be met before your plan begins to pay. **Your deductible applies to all out-of-pocket medical and prescription expenses.** You cannot use manufacturer copay assistance cards if you are covered under the HDHP (HSA) medical plan.
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay during a benefit period and includes all deductible, copays, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum out-of-pocket is met, services are paid in full by the plan for the entire family until the end of the benefit period.

Virtual Visits

See a doctor 24/7 on your smartphone, tablet, or computer.

United Healthcare's Teladoc is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

There is no cost for an online doctor visit on your PPO medical plan and less than a retail clinic visit on your HSA medical plan.

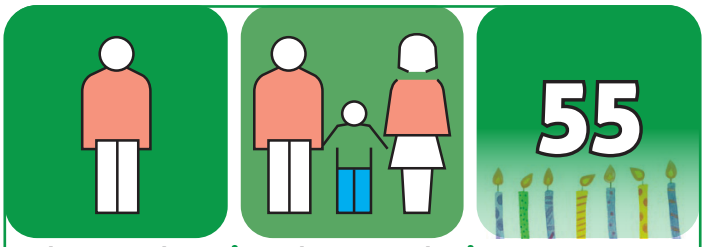
Behavioral Health Services are also available by appointment for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma and other non-emergency behavioral health concerns.

To get started, visit **Teladoc.com**
or call **1-800-835-2362**

TELADOC UnitedHealthcare

Health Savings Account (HSA)

If you elect the HDHP (HSA) Medical Plan, you may be eligible to contribute money into a Health Savings Account (HSA). **This is a personal bank account designed to allow you to save pre-tax dollars for current and future medical expenses. Money in this account is always yours, and unused funds roll over year after year, providing savings for future medical expenses.** Even though there is no limit to the amount of money you can accumulate in your account, there are annual contribution limits set each year by the IRS. The contribution limits are based on who you are covering under your medical plan. The contribution limits for January 1st – December 31st are as follows and are subject to change, per IRS regulations.



Single Medical Plan	Medical Plan with Dependents	Over Age 55
$4,500 Annual Contribution Limit	$9,000 Annual Contribution Limit	Additional $1,000 Annual Catch Up Contribution

HSA
HEALTH SAVINGS ACCOUNT

OPTUM Bank℠

We have chosen **Optum Bank** as the administrator for Health Savings Accounts. Upon initial election of the HSA Medical Plan, a Health Savings Account will automatically be opened for you and a debit card will be mailed to the address on file. Upon receipt, you must activate your card as instructed. Your debit card can be used as soon as funds are available in the account.



H$A
FREQUENTLY ASKED QUESTIONS

What expenses are covered?

- Out-of-pocket expenses for medical, dental, vision, pharmacy, and over-the-counter medical items. For a complete listing of covered items, please visit your HSA plan administrator's website.

Who is eligible to contribute to a Health Savings Account?

- **You are eligible** if you have enrolled in an HSA eligible medical plan and you **do not** have PPO coverage in addition to your HSA Medical Plan.
- **You are NOT eligible** for a Health Savings Account if you (or your spouse) contribute to a General-Purpose Flexible Spending Account (FSA) and
- **You are NOT eligible** for a Health Savings Account if you are enrolled in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare.

Who can I use the funds for?

- You can pay for qualified expenses for yourself, your spouse, and dependent children, even if they are not covered on your insurance plans.
- If your Domestic Partner meets the IRS qualifications to be considered a taxable dependent, you can use your HSA funds for his/her qualified expenses.

Can I change my contributions throughout the year?

- Yes. You are not required to encounter a qualifying event to adjust your HSA contribution amount. Contact HR for more details and limitations on when changes to HSA contributions deducted through payroll should be reported.

What if I move to a PPO medical plan next year?

- Once funds are deposited into the HSA, the account can be used to pay for qualified expenses **tax-free**, even if you are no longer covered by an HSA eligible medical plan. Please note, additional funds cannot be contributed into the account if you are not enrolled in an HSA-eligible medical plan.

What if I incur more expenses than I have funds available in my account?

- If you do not have sufficient HSA funds to pay for an eligible expense, you will need to issue payment by some other means. However, as funds accumulate in your HSA, you can reimburse yourself for those expenses provided the account was open on or before the date the expense was incurred. You will be required to provide the receipt(s) showing proof of payment.

Dental Benefits

Delta Dental Plan allows you access to two dental network options that are both considered **In-Network:** the PPO Network and the Premier Network. PPO and Premier Network providers agree to contracted amounts for their services, which prevents the provider from balance billing you for any amount that is discounted by Delta Dental.

To confirm if your provider participates with either the PPO or Premier Networks, you may contact Delta Dental (the contact information is provided on the back of this guide).

Which network is better? The PPO Network offers the deepest negotiated discounts, which results in more savings to you. The Premier Network includes more providers, but the discounts are not as deep as the PPO Network.

If you choose an out-of-network provider, Delta Dental pays for dental services, but since this is not a contracted provider, you may be subject to paying additional money over what Delta Dental has paid. This is called balanced billing.

The Purpose of Dental Coverage

Dental insurance is designed to help you offset the cost of your dental care and to help you maintain good overall oral health. That's why we focus on preventive care to catch signs and symptoms of dental disease early. This could reduce the chance that you will need more complex treatment later.

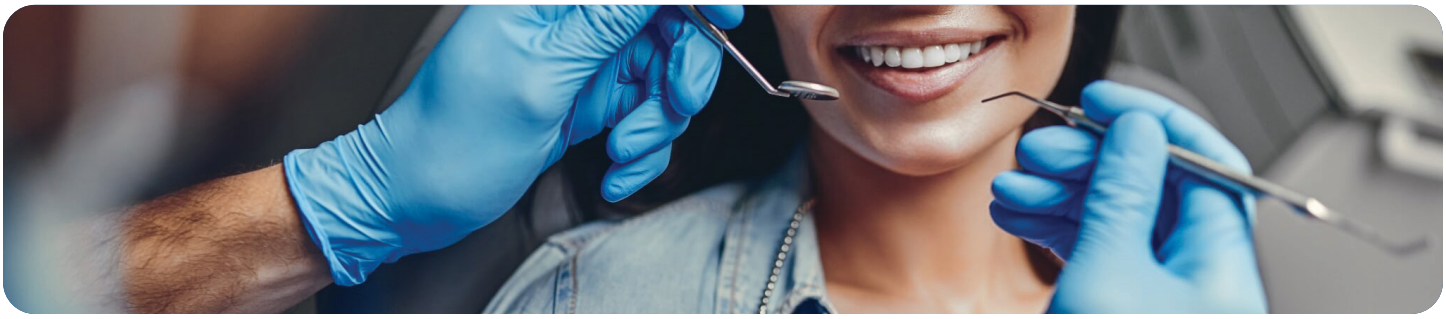
If an issue does arise, dental insurance will usually help cover a portion of the treatment cost, so you don't have to pay the full bill yourself. This combination of preventive services covered at 100% and lower out-of-pocket costs makes dental insurance a valuable benefit.

Dental Benefits Summary

DELTA DENTAL®

Dental Benefits	Core Plan PPO Network	PPO Buy Up Plan PPO+Premier Networks
Calendar Year Annual Dental Deductible	$0 individual $0 family	$0 individual $0 family
Dental Maximum Benefit per Year (per member)	$1,000	$1,000
Orthodontia Lifetime Max (per dependent)	$1,000	$1,000
Covered Services	**Member Cost Share**	
	In- Network	**PPO / Premier**
Diagnostic & Preventive - Periodontic Oral Exam - Teeth Cleanings (prophylaxis) - Sealants - Bitewing & Intraoral X-rays,	0%	0%
Basic Services ***(deductible applies)*** - Amalgam (silver-colored) Filling - Front composite (tooth-colored) Filling - Back Composite Filling, Covered as Composites - Simple Extractions	50%	50%
Major Services ***(deductible applies)*** - Major Restorative - Endodontics - Periodontics - Oral Surgery - Crowns - Implants - Prosthodontic Services	50%	50%
Orthodontic Services -Braces	50%	50%
Orthodontic Age Limit	Dependent children to the end of the month of age 19	

Dental Payroll Deductions - 52 Pay Periods	Core Plan	PPO Buy Up Plan
Employee	$4.98	$5.98
Employee + Spouse	$10.46	$12.56
Employee + Child(ren)	$11.50	$13.80
Family	$17.18	$20.62



Voluntary Vision Benefits

We are pleased to provide access to a comprehensive vision program through **Delta Dental using the VSP network of providers.** The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network

Provider, go to www.VSP.com. A brief description of benefits is provided below.

Vision Benefits Summary

DELTA DENTAL® VSP™

In-Network Benefits / Member Cost Shares	Delta Vision 130
Copays	
Exams	$10 Copay
Lens Coverage	
Single Vision Lens	$25 Copay
Lined Bifocal Lenses	$25 Copay
Lined Trifocal Lenses	$25 Copay
Frames	$130 retail allowance
Contact Lenses (In lieu of glasses)	
Elective	$130 retail allowance; $60 fitting fee
Disposable	
Medically Necessary	No Charge
Service Frequenc	
Exam	12 Months
Lenses	12 Months
Frames	24 Months
Vision Payroll Deductions - 52 Pay Periods	
Employee	$1.45
Employee + Spouse	$2.91
Employee + Child(ren)	$3.11
Family	$4.97



Voluntary Supplemental Plans

Medical related supplemental plans are designed to help cover out-of-pocket costs associated with medical care. These special policies, offered through Star Robbins & Company, provide needed financial support during unexpected life events which impact your ability to earn a paycheck. Supplemental benefits pay directly to you to help cover everyday expenses, such as a mortgage, car payments or groceries so you can focus on getting well.

Cancer Coverage

Cancer Coverage is perhaps the most popular of these medical related supplemental plans.

The American Cancer Society reports “1 in every 3 women and 1 in every 2 men” will have a cancer diagnosis.

Accident Coverage

There are activities that you or your family do on a daily basis that may lead to an accident or injury. Injuries can happen while playing sports, traveling and even at work. Allstate’s Group Accident plan pays benefits for expenses associated with an accident and can help protect hard-earned savings should an on-or-off the job, accidental injury occur.

Universal Life

Universal Life allows policy owners to modify the amount and frequency of premium payments as long as there is sufficient cash value in the policy to cover monthly deductions. Universal Life also contains a cash value in addition to a death benefit. This coverage is flexible to meet your needs and budget and is available for you, your spouse and child(ren).

STAR ROBBINS & COMPANY

Disability Benefits

The financial consequences of not being able to work due to a disabling accident or illness can be devastating. CPC Carolina recognizes this risk and is pleased to offer Short-Term Disability coverage on a voluntary basis. Full-time employees working 20 or more hours per week are eligible after 60 days of employment. You choose your monthly benefit amount and pay the cost of coverage.

Disability Benefits Summary Voluntary Short-Term Disability	
Benefits begin after	**7 days**
Duration	**6 months**
Amout of income protection	**60%**
Maximum amount	**$5,000 / month**

CONTACT INFORMATION

General Information	CPC	Human Resources Phone: 270-618-6455 Employee Resources email: Teamsupport@cpcfeeds.com
Benefit Enrollment & Education Firm	GoToSMBO SEE MY BENEFITS ONLINE A KEELER & ASSOCIATES CO	Call Center: M-F 7-5 CST 1-877-282-0808 www.cpc-benefits.com
Medical / Pharmacy Benefits	UMR UnitedHealthcare	Customer Service: See phone number listed on your medical ID card. www.umr.com
Virtual Urgent Care / Pharmacy Program	revive	Concierge Support 1-888-220-6650 www.member.myrevive.health/
Dental Benefits	DELTA DENTAL	Customer Service: 1-800-955-2030 www.deltadentalky.com
Vision Benefits	DELTA DENTAL VSP	Customer Service: 1-800-877-7195 www.VSP.com
Worksite Voluntary Supplemental Plans	STAR ROBBINS & COMPANY	SRC Customer Care and Call Center 1-606-878-2775
Additional Assistance **Claims, Billing, & Enrollment Resolution** **Benefit Planning Firm**	BimGroup	April Satterly Client Service Concierge Phone: 859-255-9455 ext. 1127 Email: support@bimgroup.us

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