2027 EMPLOYEE BENEFITS OVERVIEW



TARTER®

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.



Open Enrollment

TARTER®

OPEN ENROLLMENT
YOUR 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.

To ensure your benefit elections are accurate and processed correctly, enrollment will be completed exclusively by phone through our dedicated Benefits Call Center. A trained benefits representative will guide you step-by-step, enter your elections for you, and answer any questions of you can self-enroll online by following the instructions below.

Benefits are effective January 1st, 2027

Benefit Website

GoToSMBO.com
SEE MY BENEFITS ONLINE
A KEELER & ASSOCIATES CO

PHONE ENROLLMENT

Enrolling is as easy as 1-2-3.

1. Review benefits material.
2. When ready to enroll, phone the Call Center.
3. Our enroller will enroll you directly over the phone.
   If possible please be in front of the computer or smart device.

833-267-8699

Monday - Friday
6:00am - 4:00pm MST | 8:am - 6:00pm EST

TARTER®

EMPLOYEE BENEFITS OVERVIEW

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 carriers' 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.

2027 Open Enrollment Highlights

- Active Enrollment - everyone must make elections even if you are selecting the same benefits.
- Note that employer HSA contributions will be towards HDHP/HSA plan #1 ONLY and be made on a weekly basis.
- Updated HSA contributions for HDHP/HSA Plan #1 $600 for employee only, $1,500 for employee spouse/child(ren), and $3,000 for family.
- HDHP/HSA Plan #1 Annual Deducible changing to $4,000/$8,000.
- Supplemental Life Enrollment Opportunity
- HDHP/HSA Plan #1 Maximum Out of Pocket changing to $5,000/$10,000.
- HDHP/HSA Plan #2 Annual Deducible changing to $4,000/$8,000.
- Dental Annual Maximum and Orthodontia are both $1,500 and there is no age limit for orthodontics.
- STD - Tarter will pay 50% of your premium.
- LTD - will now be completely voluntary and the employee will cover the full premium cost.
- Tobacco / Nicotine Surcharge
- Spousal Carve Out

Eligibility & Change in Family Status

Benefits are effective on the day following 60 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, HSA 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 Benefits Department 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).

Supplemental Life Enrollment Opportunity

During Open Enrollment, you are eligible to increase your current supplemental life election by one or two increments of $10,000. Any amount exceeding the Guaranteed Issue amount of $250,000 will require Evidence of Insurability (EOI).

SPOUSAL CARVE OUT

Please note, spouses who qualify for health coverage through their employer must enroll in that coverage. If an employee chooses to enroll their spouse in the Tarter Gate Company health plan, and the spouse has health coverage available through their employer, the employee will be required to pay an additional $125 per month. If your spouse does not have access to other health coverage, they are permitted to enroll in the Tarter Gate Company health plan. Employees may enroll in their spouse's health plan if their spouse's employer allows them to do so.

TOBACCO / NICOTINE SURCHARGE

The Tarter Gate Company requires team members to attest to being a tobacco or non-nicotine user to qualify for the monthly premium incentive. For the purposes of this policy, tobacco or nicotine user means the use of one or more covered products during the six months preceding the date of annual certification. Employees who use nicotine products which includes, but not limited to, cigarettes, cigars and pipes, chewing tobacco, snuff and other smokeless tobacco, electronic cigarettes, vaping products, nicotine pouches, and other products containing tobacco or nicotine that are used for recreational purposes will be assessed an additional $100 monthly premium to their health premium. Therefore, we must allow a Reasonable Alternate Standard for obtaining the incentive for any individual who is unable to meet the initial standard. If you have any questions on how to meet the Reasonable Alternative Standard, as it relates to being nicotine-free, please contact the Human Resources team.

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. **Anthem** is our health insurance carrier. The chart below is a summary of the medical coverage options available to you..

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

Anthem

In-Network Benefits / Member Cost Share	Blue Access Network PPO Plan	Blue Access Network HDHP/HSA Plan #1	Blue Access Network HDHP/HSA Plan #2
HSA Employer Contribution *(paid at the end of each week)	N/A	$600 / $1,500 / $3,000*	N/A
Calendar Year Annual Deductible (Indiv / Family)	$3,000 Individual $6,000 Family	$4,000 Individual $8,000 Family	$4,000 Individual $8,000 Family
Coinsurance (Plan / Member)	70% / 30%	80% / 20%	80% / 20%
Medical Maximum Out-of-Pocket[1]	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family
Aggregate or Embedded Accumulators	Embedded	Embedded	Embedded
Benefit Overview[3]			
Primary Care Office Visit	$30 Copay	Deductible then 20%	Deductible then 20%
Specialist Office Visit	$50 Copay	Deductible then 20%	Deductible then 20%
Preventive Care	No Charge	No Charge	No Charge
Telemedicine - Anthem LiveHealth Online	No Charge	No Charge	No Charge
Emergency Room	$250 Copay, then 30%	Deductible then 20%	Deductible then 20%
Urgent Care Center	$75 Copay	Deductible then 20%	Deductible then 20%
Inpatient Facility Services	Deductible then 30%	Deductible then 20%	Deductible then 20%
Outpatient Services	Deductible then 30%	Deductible then 20%	Deductible then 20%
Rx Copays	$15 / $40 / $60	Deductible then 20%	Deductible then 20%
Mail Order Rx Copays	$15 / $80 / $240	Deductible then 20%	Deductible then 20%
Specialty Rx Copays	25% Coinsurance	Deductible then 20%	Deductible then 20%
Medical Payroll Deductions - 52 Pay Periods	**PPO Plan**	**HDHP Plan #1**	**HDHP Plan #2**
Employee	$41.54	$36.69	$26.08
Employee + Spouse	$121.15	$98.77	$76.15
Employee + Child(ren)	$86.54	$68.77	$42.69
Family	$178.85	$140.31	$98.08

1. Maximum Out-of-Pocket includes all copays, coinsurance, and deductibles when applicable for fully ACA compliant plans.
2. An Embedded Deductible means that no single person on a family planwill have to pay a Deductible higher than the Individual amount.
3. For a complete listing of covered services, see the carrier's Certificate of Coverage or plan document.
Please note the summary above is for In-Network benefits only.

Please note, the Annual Deductible is based on a Calendar Year and will reset on January 1st of each year.

PPO vs. HDHP (HSA) Medical Plans…What is the Difference?

The information below provides key definitions and a review of how PPO and High Deductible Health Plans HDHP (HSA) function. All 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.
- **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.

BluMine Health Care Center

- Tarter offers an on-site care clinic to all active employees, full or part-time
- Primary care services are offered at no cost to employees
- Certain in-stock medications available at no charge
- Specialist referrals available

Located inside the ETC Building at Tarter Gate

10739 South US 127
Dunnville, KY 42528

Phone: (606) 787-3405

Hours of Operation:

Monday-Thursday:

8:00 AM - 5:30 PM
(closed 12:30 PM - 1:00 PM for lunch)

Friday:

8:00 AM - Noon

BluMine HEALTH

Anthem LiveHealth ONLINE

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

LiveHealth Online 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 a visit with the LiveHealth Online Primary Care doctor if you are enrolled in the PPO or HSA medical plans. Note: Costs could vary for Specialist visits.

Behavioral Health Services are offered, 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.

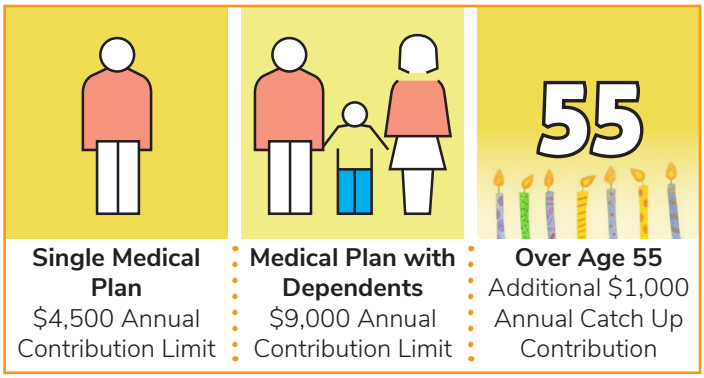
Visit Livehealthonline.com or download the app.

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Health Savings Account (HSA)

If you elect a 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.

Employer HSA contributions will be made on a weekly basis. Employer Contributions are ONLY for the HDHP/ HSA Plan #1.



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



We have chosen BMS as the administrator for Health Savings Accounts. When you enroll in the HDHP/HSA Plan #1, a Health Savings Account (HSA) will be opened for you to receive contributions from both Tarter and any additional contributions you choose to make, and a debit card will be mailed to address on file. If you enroll in Plan #2, the HSA will be employee-funded only. An account will be opened for you, and a debit card will be mailed to the address on file. Your debit card can be used as soon as funds are available in the account and unused funds will roll over for future use.

Employer Contributions are ONLY for the HDHP/HSA Plan #1 and are paid on a weekly basis.

Employee Only = $600 annual
Employee/Child & Employee/Spouse = $1,500 annual
Family = $3;000 annual

BMS LLC
BENEFIT MARKETING SOLUTIONS LLC

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.

Where to Go for Care: Understanding Your Options

Choosing the right setting saves you time and money. Start green when you can.



BluMine Health Center (On-Site Care Clinic)

Tarter's on-site care clinic for active employees.

BEST FOR
- Preventive care and wellness visits
- Minor illnesses (cold, flu, sore throat)
- General health maintenance
- Certain in-stock medications
- Specialist referrals

COST
- **ALL medical plans**: No cost to employees

ADVANTAGES
- Primary care services at no charge
- Certain in-stock medications at no charge
- Available to all active employees, full or part-time

ETC Building at Tarter Gate • 10739 South US 127 • Dunnville, KY 42528

Anthem LiveHealth Online (Telemedicine)

Access to board-certified doctors via computer or phone.

BEST FOR
- General health concerns
- Minor illnesses (cold, flu)
- Skin issues (rash, infections)

COST
- **PPO Plan**: No copay
- **HDHP/HSA #1**: No charge
- **HDHP/HSA #2**: No charge

ADVANTAGES
- Convenient access from home
- No travel or parking hassles
- Virtual access for routine care
- Lower risk of infection

Primary Care / Specialist Provider

Ongoing, personalized care and chronic condition management.

BEST FOR
- Routine check-ups or follow-up appointments
- Common illnesses and mild infections
- Managing chronic conditions / coordination with specialists

COST
- **PPO Plan**: $30 copay (PCP)
- **PPO Plan**: $50 copay (Specialist)
- **HDHP/HSA #1**: Deductible then 20%
- **HDHP/HSA #2**: Deductible then 20%

ADVANTAGES
- Established provider relationship
- Best for routine or ongoing care
- Lower cost than Urgent Care or ER

Urgent Care

For non-life-threatening issues that require quick attention.

BEST FOR
- Minor injuries (sprains, strains, cuts)
- Common illnesses (flu, cold, sore throat)
- Mild infections (ear, UTI)

COST
- **PPO**: $75 copay
- **HDHP/HSA #1:** Deductible then 20%
- **HDHP/HSA #2:** Deductible then 20%

ADVANTAGES
- Walk-in availability
- Extended hours, including evenings/weekends
- Lower cost than an ER visit

Emergency Room (ER)

For serious, life-threatening medical emergencies.

BEST FOR
- Life-threatening symptoms
- Severe injuries or trauma
- Serious illness, severe pain or poisoning

COST
- **PPO**: $250 copay, then 30%
- **HDHP/HSA #1**: Deductible then 20%
- **HDHP/HSA #2**: Deductible then 20%

ADVANTAGES
- 24/7/365 access
- Walk-in, no appointment needed
- Fully equipped for major emergencies

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.

Dental Rollover

If at least one covered service is applied toward your annual maximum in a benefit period and the total benefit paid does not exceed $600 in that benefit period, 25% or up to $300 will carry over to the next benefit period's annual maximum. This carryover amount will accumulate from one benefit period to the next, but will not exceed $1,200.

Amplifon Hearing Aid Discount

You have access to a hearing health care program brought to you by Delta Dental and Amplifon Hearing Health Care. Amplifon provides custom hearing solutions that best fits your lifestyle and budget from one of 10 manufacturers. Amplifon also provides one year of free follow-up care, two years of free batteries, and a three-year warranty! You are covered by a risk-free 60-day trial with a 100% money-back guarantee. Also, if you find the same product at a lower price, Amplifon will not only match that price, but beat it by 5%!

For more information and to find a provider call Amplifon at **1-888-832-1867**. Amplifon will help you schedule an appointment and make sure the discount is applied!

amplifon

Dental Benefits Summary

DELTA DENTAL®

In-Network Benefits / Member Cost Share	Delta Dental PPO Plus Premier
Calendar Year Annual Deductible	$0 Individual $0 Family
Dental Annual Maximum (Excludes Ortho Services)	$1,500
Orthodontia Lifetime Maximum (Per Member)	$1,500
Benefits Overview[1]	
Preventive & Diagnostic	0%
Simple Extractions	20%
Basic Restorative	20%
Endodontics	50%
Periodontics	50%
Major Restorative	50%
Prosthodontics	50%
Orthodontics	50%
Orthodontics Age Limit	No Age limit
Dependent Age	To Age 26
Dental Payroll Deductions - 52 Pay Periods	
Employee	$4.42
Employee + Spouse	$9.56
Employee + Child(ren)	$12.78
Family	$17.40

1. For a complete listing of covered services, see the carrier's Certificate of Coverage or plan document. Please note the summary above is for In-Network benefits only.



Vision Benefits

We are pleased to provide access to a comprehensive vision program through **VSP's nationwide Choice Network.** The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact VSP (contact information is on the back of this guide). A brief description of benefits is provided below.

Vision Benefits Summary

In-Network Benefits / Member Cost Share[1]	VSP Choice 150
Copays	
Exams	$10 Copay
Retinal Imaging	Up to $39
Lens Coverage	
Single Vision Lenses	$10 Copay
Lined Bifocal Lenses	$10 Copay
Lined Trifocal Lenses	$10 Copay
Frames	$150 Retail allowance then 20% off remaining balance
Contact Lenses (In lieu of glasses)	
Fitting Fee	Up to $60
Elective	$150 Retail allowance
Disposable	$150 Retail allowance
Service Frequency	
Exams	12 Months
Lenses	12 Months
Frames	24 Months
Vision Payroll Deductions - 52 Pay Periods	
Employee	$1.60
Employee + One	$2.81
Family	$4.62

1) For a complete listing of covered services, see the carrier's Certificate of Coverage or plan document. Please note the summary above is for In-Network benefits only.





PROTECT YOUR EYES

Every day, you can take simple steps to keep your eyes healthy. Use these tips to protect your eyes from things that can harm them:

- **Wear sunglasses.** Protect your eyes from the sun by wearing sunglasses - even on cloudy days. Be sure to look for sunglasses that block 99 to 100 percent of both UVA and UVB radiation.
- **Wear protective eyewear.** Safety glasses and goggles are designed to protect your eyes during certain activities, like playing sports, doing construction work, or making home repairs. You can buy them from most eye care providers and some sporting goods stores. Get tips to protect your kids' eyes when they play sports
- **Give your eyes a rest.** Looking at a computer for a long time can tire out your eyes. Rest your eyes by taking a break every 20 minutes to look at something about 20 feet away for 20 seconds.
- **If you wear contacts, take steps to prevent eye infections.** Always wash your hands before you put your contact lenses in or take them out. Be sure to disinfect your contact lenses and replace them regularly.

National Eye Institute
www.nei.nih.gov

Employer-Paid Group Life and AD&D*

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. **Basic life insurance is employer-paid.** This policy also includes an Accidental Death & Dismemberment (AD&D) benefit. AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered "double indemnity" which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit. Your policy may include benefit reductions based on specific ages, so please refer to the carriers' policy for details.

Your basic life insurance policy is equal to $25,000.

*Age reductions apply. See plan certificate.

Voluntary Life and AD&D*

You may also purchase additional life insurance for you, your spouse and child(ren) that would pay in addition to the basic group life policy we provide. Premiums are based on your age and the amount of insurance you want to purchase. The full Guarantee Issue amount below is **available upon initial eligibility.** Guarantee issue means no medical questions are required to obtain coverage. Your policy may include benefit reductions based on specific ages, so please refer to the carriers' policy for details. will require Evidence of Insurability (EOI). **During Open Enrollment, you are eligible to increase your current supplemental life election by one or two increments of $10,000. Any amount exceeding the Guaranteed Issue amount of $250,000.**

	Employee	Spouse	Child(ren)
Voluntary Life and AD&D Increments	$10,000	$5,000	Birth to 14 days: $500 14 days to 26: $5,000 and $10,000
Minimum Amount	$10,000	$5,000	$5,000
Guarantee Issue Amount	$250,000	$50,000	$10,000
Maximum Amount	$500,000	$250,000	$10,000

***Voluntary life election of employee is often required to enroll spouse/child(ren) in additional coverage. Contact Payroll & Benefits with questions.**

***Age reductions apply. See Plan Certificate.**

Hospital Indemnity

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. Indemnity Medical insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you!

Voluntary Disability

Tarter Gate Company pays 50% of the cost of your Short Term Disability Plan.

Disability benefits are designed to provide income replacement in case you are unable to work due to an illness or injury. Short-Term Disability lasts for a specified amount of time and if you are still unable to return to work beyond that time, Long-Term Disability would begin, subject to the policy limitations outlined below.

Voluntary Disability Benefits Summary		
	Short-Term	**Long-Term**
Benefits begin after	7 days	90 days
Duration	12 weeks	Lesser of 5 years or to age 70
Amount of income protection	60%	60%
Maximum Amount	$2,000 week	$10,000 month

Note: Pre-existing limitations apply for any claims filed within the first 12 months of the policy.

Lincoln will look back 3 months from the effective date of the plan and can exclude anything for which you consulted with a physician, received treatment or took prescribed drugs. Exclusions will only apply for the first 12 months of the plan.

Voluntary Worksite Benefit Offerings

Voluntary benefits are designed to provide additional protection for you and your family. These benefits work in concert with your core benefits (medical, dental, and vision). All voluntary products listed below can be payroll deducted. For some products, there may be a specified amount of time during the policy where a pre-existing illness may not be covered. Please refer to benefit brochures for detailed information.

CRITICAL ILLNESS

Critical illness will pay a lump sum at diagnosis of certain serious illnesses such as heart attack, stroke, cancer, Alzheimer's, and many others.

ACCIDENT INSURANCE

Accident Assistance through Lincoln Accident coverage offers peace of mind when an accident or injury occurs. The coverage can provide cash to cover unexpected expenses.

Lincoln offers these additional benefits at no cost to you:

Lincoln TravelConnect

Emergencies can happen while traveling on vacation or company business, but help is available with **Lincoln TravelConnect**. TravelConnect can assist with:

- Emergency travel arrangements
- Assistance with lost or stolen documents; ID recovery assistance
- Language translation services
- Evacuation coordination for an emergency security or political event or natural disaster.

For more information go to
mysearchlightportal.com
and enter your group ID: **LFGTravel123**

LifeKeys Services

- You can save money on shopping and entertainment through LifeKeys
- Access tools on topics such as legal support, budgeting, estate planning
- Get protection against Identity theft
- Access free on-line Will preparation tools

To access LifeKeys services visit
GuidanceResources.com

Registration ID: **Lifekeys**
or call **855-891-3684**

EmployeeConnect Assistance Program

Just when you think you have life figured out, along comes a challenge. But whether those challenges are big or small, **Lincoln's EmployeeConnect Assistance Program** is available to help you and your family find solutions to many of life's challenges and restore your peace of mind.

- Up to 5 face to face visits per person, per issue, per year with 24/7 access.
- In-person consultations with network lawyers (1 free 30-minute consultation/issue and 25% off subsequent meetings).
- Information/referrals on family matters such as child and elder care, pet care, moving, college planning and more.

Contact: GuidanceResources.com
User Name: **LFGSupport**
Password: **LFGSupport1**

or call **888-628-4824**

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FMLA

If you need time off for your own or a loved one's health, the last thing you want to worry about is whether you'll still have your job when you're ready to return. That's why the Family and Medical Leave Act (FMLA) is important. Here are key facts to know:

How FMLA works

FMLA allows you to take unpaid, job-protected time off to:

- Care for your own or a family member's serious health condition
- Bond with a newborn, adopted, or foster child
- Care for an injured or ill covered service member
- Manage qualifying issues that may arise when your spouse, child, parent, or next of kin is called to active military duty

Effective October 1, 2025, Lincoln Financial began administering all FMLA leave requests.

Go to LincolnFinancial.com or call 888-408-7300 to start and submit your claim.

You will need company code: LF1832TAR

Scan the QR for more information.

CONTACT INFORMATION

General Information	TARTER®	Benefits Department Phone: 606-787-3360 Email: kim.long@tarterusa.com
Medical / Pharmacy Benefits	Anthem	Customer Service: 1-888-650-4047 www.anthem.com
Enrollment Assistance	GoToSMBO.com SEE MY BENEFITS ONLINE A KEELER & ASSOCIATES CO	See My Benefits Online (SMBO) 1-833-267-8699 Monday - Friday 8:00am - 6:00pm EST
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
Employer-Paid Group Life and AD&D Benefits **Voluntary Life and AD&D Benefits** **Voluntary Disability** **Voluntary Worksite Benefits** **Employee Assistance Program**	Lincoln Financial℠	Customer Service: 1-888-408-7300 EAP: 1-888-628-4824 Life & Disability: LincolnFinancial.com EAP: Guidanceresources.com User Name: LFGSupport Password: LFGSupport1
LifeKeys Services	Lincoln Financial℠	Customer Service: 1-800-423-2765 Guidanceresources.com Registration ID: Lifekeys
FMLA Administration		Customer Service: 1-888-408-7300 LincolnFinancial.com Company Code: LF1832TAR
Health Savings Account (HSA) Administrator	BMS LLC	Customer Service: 1-800-919-2674 www.bmsllc.net
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

The benefits overview is intended for summary purposes only. It is not to be relied upon 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.