Brightpoint 2026 Benefits Guide

Brightpoint

Strong Families · Thriving Children

WE'VE GOT YOU COVERED

Brightpoint is proud to offer a comprehensive benefits package for you and your family. This program is designed to take great care of you when you need it. Make sure to explore your options to help you make the selections that best meet your needs. Employees are eligible for benefits on the first day of the month following 30 days of employment.

Enrollment Checklist:

- ❑ Read about your benefits
- ❑ Discuss the options with your family
- ❑ Decide which benefits are best for you
- ❑ Enroll

Benefits to choose from:

- ❑ Medical
- ❑ Dental
- ❑ Vision
- ❑ Voluntary Life & AD&D
- ❑ Accident
- ❑ Critical Illness
- ❑ Hospital Indemnity
- ❑ Health Savings Account
- ❑ Flexible Spending Account
- ❑ Commuter Benefits

Benefits paid for by Brightpoint

- ❑ Basic Life
- ❑ Short Term Disability
- ❑ Long Term Disability
- ❑ Employee Assistance Program

Visit www.brightpointbenefits.com for additional information and plan summaries.

This Benefits Guide provides highlights of the benefits package offered to eligible employees and their dependents. It does not provide every detail, limit or exclusion. While every effort has been made to ensure its accuracy, if there is ever a conflict between the information in this guide and the applicable plan document, plan certificate or Summary of Benefits and Coverage (SBC), the applicable document or summary will govern. Brightpoint reserves the right to amend or terminate any benefit plan at any time.

KEY CONTACTS FOR YOUR BENEFITS

PLAN	CARRIER	FOR HELP WITH	WEBSTIE	PHONE
Medical	BlueCross BlueShield of Illinois Policy #: 251746 PK2845 251746 PI4759 251746 0MD399	• Finding network providers • Managing claims • Coverage questions	www.BCBSIL.com	800-828-3116
Pharmacy	CVS/Caremark	• Finding network pharmacies • Managing claims • Coverage questions	www.caremark.com	866-818-6911
Medical Virtual Visits	MDLive	• Virtual care for minor illness	www.mdlive.com/bcbsil	888-676-4204
Mental Health Virtual Visits	Mental Health Complete	• Virtual Mental Health visits	www.teladoc.com	800-835-2362
Dental	Delta Dental Policy #: 11706	• Finding network dentists • Managing dental claims • Coverage questions	www.deltadentalil.com	800-323-1743
Vision	VSP Policy #: 40158159	• Finding network providers • Vision claims • Coverage questions	www.vsp.com	800-877-7195
Life and AD&D, Disability, Accident, Critical Illness, Hospital Indemnity	BlueCross BlueShield of Illinois Policy #: VF028789	• Managing claims • Coverage questions	http://www.bcbsil.com/ancillary/employees	800-367-6401
Flexible Spending Account (FSA)	Benefit Resource, Inc. (Bri)	• Questions about FSA Accounts	www.BenefitResource.com	800-473-9595
Pet Insurance	Nationwide	• Quotes for Pet insurance	https://benefits.petinsurance.com/brightpoint	
LegalShield & IDTheft	LegalShield	• Legal Assistance • ID Theft protection	membersupport@legalshieldcorp.com	888-807-0407
Employee Assistance Program (EAP)	Corporate Counseling Associates	• Resources for work/life assistance • Counseling	www.ccainc.com	800-833-8707
Working Advantage	Working Advantage	• Employee Perks and Discounts	https://mybrightpoint.savings.workingadvantage.com	800-565-3712

ELIGIBILITY

Who is eligible?

All employees regularly scheduled to work 30 or more hours per week are eligible for benefits. You can also enroll your eligible dependents for medical, dental, vision, and voluntary life plans. This includes your legally married spouse, and eligible children as follows:

- Natural and adopted children, or children placed with you for adoption
- Children for whom you have legal custody or foster children
- A surcharge of $50 per pay period will be added to your medical plan contribution if your spouse is currently employed and eligible for health coverage through their employer and you elect to cover your spouse on a Brightpoint health plan instead.
- To enroll your spouse or domestic partner, complete the Spouse Group Coverage Certification.

When does coverage begin?

New employees have a waiting period before coverage begins. You are eligible for coverage the first of the month following 30 days of employment. New hires must enroll in benefits within 30 days of their eligibility date. If you miss the 30-day deadline, you will need to wait until the next open enrollment to enroll, unless you have a "Qualifying Life Event."

When can you make a change?

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option, you are bound to that choice for the entire plan year unless you experience a "Qualifying Life Event." Please notify the HR team within 30 days of the event.

What are some examples of qualifying events?

- Changes in employment status
- Changes in legal marital status
- Change in number of dependents
- Take an unpaid leave of absence
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee resulting in the current carrier option not being available

For more information about qualifying events, go to https://www.healthcare.gov/glossary/qualifying-life-event/.

MEDICAL: KEY TERMS

This glossary was created to help you better understand the different terms used by health plans when describing coverage and costs.

Allowed amount—The amount the plan pays for covered services is based on the "allowed amount" as determined by the insurance company.

Balance Billing—When an out-of-network provider charges more than the allowable amount or discounted fee, you may be billed for the difference. PPO providers do NOT balance bill you for amounts over the allowable amount.

Coinsurance—Your share of the cost of health services provided to you.

Copays or Copayments—A set dollar amount that you pay for a covered health care service.

Covered Services—Health care services that will be paid for, in part or in full, by a medical plan.

Deductible—The amount of money you are required to pay each plan year for health care services before your health plan starts paying a portion of the medical bill. In most plans, the deductible for in-network and out-of-network (non-preferred) providers is separate.

Emergency care—Medical care that is needed immediately to save your life or to prevent serious harm to your health.

Explanation of Benefits (EOB)—After you've visited a doctor, clinic or hospital, you will receive an EOB from your health plan administrator that tells you what portion of the provider's charges are eligible for benefits and explains what's covered. If the service is declined, the EOB will include the reason(s) and appeal information. If your provider is part of a network, you will also see the calculated discount.

In-Network—A group of health care providers and facilities that form an affiliation and contract as a group with a health plan to offer negotiated rates and savings discounts.

Out-of-Pocket Limits—Health care expenses paid by you in the form of copays, coinsurance and deductibles. Charges that are not covered by the insurance plan, are not medically necessary, or are billed by a non-network provider and are over the allowed amount are not included in the out-of-pocket maximum.

Out-of-Network or Non-PPO—Health care providers and facilities who are not under contract with a health plan to provide discounted fees.

Preferred Provider Organization (PPO) —A network of medical providers that contracts with an insurer to provide services at pre-negotiated, discounted fees.

Preventive Care—Medical care that focuses on healthy behavior and includes services that help prevent health problems and allow you to manage risk factors. This includes health education, immunizations, early disease detection, health evaluations, and routine care and exams.

Flexible Spending Account (FSA) – An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Guarantee Issue – A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. If you elect coverage that is greater than the guarantee issue amount, you must submit an EOI to the insurance carrier before approval and receiving coverage amount.

Health Savings Account (HSA) – An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

MEDICAL - $1,000 PPO PLAN OVERVIEW

PLAN FEATURES	IN-NETWORK (PPO) (What you pay)	OUT-OF-NETWORK (What you pay)
Deductible		
Individual Family	$1,000 $2,000	$2,000 $6,000
Out-of-Pocket (including deductible)		
Individual Family	$3,500 $7,000	$8,150 $20,000
Office Visit – Primary Care	$30	30% after deductible
Office Visit – Specialist	$40	30% after deductible
Virtual Visit Mental Health	Virtual visits through MDLive $10 Mental Health Complete No Cost through Teladoc	
Diagnostic Test	20% after deductible	30% after deductible
Emergency Room	$300 copay (waived if admitted)	$300 copay (waived if admitted)
Urgent Care	$50 copay	30% after deductible
Inpatient Facility Fee	$250 + 20% after deductible	$300 + 30% after deductible
Prescription Drugs Through CVS / Caremark **Retail** (Generic/Preferred/Non-Preferred) 30-Day Supply **Mail Order** (Generic/Preferred/Non-Preferred) 90-Day Supply	**Generic** Retail: $10 Mail order $25 **Preferred Brand** Retail: 35% coinsurance: minimum $25, maximum $100 Mail order 35% coinsurance: minimum: $62.50, maximum $250 **Non-Preferred Brand** Retail: 50% coinsurance: minimum $50, maximum $125 Mail Order: 50% coinsurance: minimum $125, maximum $312.50 **Specialty 20% Coinsurance**	For out of network drug provider, retail claims will reject at pharmacy. You can submit receipts as a paper claim, which will be reimbursed at the contracted rate less the applicable cost share or deductible.

Contributions	Per Pay Period	Monthly
Employee	$164.26	$355.91
Employee + Spouse	$271.27	$587.74
Employee + Child(ren)	$261.24	$566.02
Family	$342.44	$741.96

MEDICAL – PPO BLUE CHOICE SELECT (BCS – NARROW NETWORK) Illinois Residents Only

PLAN FEATURES	IN-NETWORK (BCS) (What you pay)	OUT-OF-NETWORK (What you pay)
Deductible		
Individual Family	$2,000 $4,000	$4,000 $12,000
Out-of-Pocket (including deductible)		
Individual Family	$7,000 $14,000	$16,300 $40,000
Office Visit – Primary Care	$40	30% after deductible
Office Visit – Specialist	$60	30% after deductible
Virtual Visits Mental Health	Virtual visits through MDLive $10 Mental Health Complete No Cost through Teladoc	
Diagnostic Test	20% after deductible	30% after deductible
Emergency Room	$400 Copay waived if admitted	$400 Copay waived if admitted
Urgent Care	$50 Copay	30% after deductible
Inpatient Facility Fee	$500 + 20% after deductible	30% after deductible
Prescription Drugs Through CVS / Caremark **Retail** (Generic/Preferred/Non-Preferred) 30-Day Supply **Mail Order** (Generic/Preferred/Non-Preferred) 90-Day Supply	**Generic** Retail: $10 Mail order $25 **Preferred Brand** Retail: 35% coinsurance: minimum $25, maximum $100 Mail order 35% coinsurance: minimum: $62.50, maximum $250 **Non-Preferred Brand** Retail: 50% coinsurance: minimum $50, maximum $125 Mail Order: 50% coinsurance: minimum $125, maximum $312.50 **Specialty 20% Coinsurance**	For out of network drug provider, retail claims will reject at pharmacy. You can submit receipts as a paper claim, which will be reimbursed at the contracted rate less the applicable cost share or deductible.

Contributions	Per Pay Period	Monthly
Employee	$64.98	$140.79
Employee + Spouse	$122.19	$264.74
Employee + Child(ren)	$109.31	$236.84
Family	$178.68	$387.13

MEDICAL – HSA PLAN OVERVIEW

PLAN FEATURES	IN-NETWORK (PPO) (What you pay)	OUT-OF-NETWORK (What you pay)
Deductible		
Individual Family	$3,400 $6,800	$5,000 $10,000
Out-of-Pocket (including deductible)		
Individual Family	$5,000 $10,000	$10,000 $20,000
Office Visit – Primary Care	10% after deductible	40% after deductible
Office Visit – Specialist	10% after deductible	40% after deductible
Virtual Visit Mental Health	Virtual Visit through MDLive $49 Mental Health Virtual Visit no cost to enrolled members through Teladoc	
Diagnostic Test	10% after deductible	40% after deductible
Emergency Room	10% after deductible	10% after deductible
Urgent Care	10% after deductible	40% after deductible
Inpatient Facility Fee	10% after deductible	40% after deductible
Prescription Drugs Through CVS / Caremark Retail (Generic/Preferred/Non-Preferred) 30-Day Supply Mail Order (Generic/Preferred/Non-Preferred) 90-Day Supply	10% after deductible Some maintenance drugs are now covered at 100%	For out of network drug provider, retail claims will reject at pharmacy. You can submit receipts as a paper claim, which will be reimbursed at the contracted rate less the applicable cost share or deductible.

Contributions	Per Pay Period	Monthly
Employee	$81.22	$175.98
Employee + Spouse	$152.74	$330.94
Employee + Child(ren)	$136.65	$296.08
Family	$223.34	$483.91

MEDICAL – HEALTH SAVINGS ACCOUNT (HSA)

How does a Health Savings Account (HSA) work?

An HSA is a savings account that is created for the main purpose of setting aside money to pay for medical expenses. Here are some reasons it is better than using your typical bank savings account:

1. Your contributions to the bank account are made pre-tax, which lowers how much you pay in taxes
2. You can earn interest and other investment income. The money earned grows tax free
3. When you use the money in the HSA for qualified medical, dental, and vision expenses, you don't pay any taxes on the money

The account is owned by you which means that it is fully portable. If you leave Brightpoint, the account and funds are yours to keep. HSA funds roll-over from year to year, and there is no use-it or lose-it provision.

Can anyone open and contribute to an HSA?

In order to make contributions to an HSA, you must meet the following criteria:

- You must be enrolled in a qualified High Deductible Health Plan (HDHP)
- You cannot be covered by any other first dollar health insurance for services other than preventive services (first dollar means that the insurance will pay on claims before the deductible has been met such as the cost paid by insurance after a member pays a copay)
- You cannot be enrolled in any part of Medicare
- You cannot be claimed as a dependent on someone else's tax return

What is a qualified health care expense?

- Medical care and services
- Dental
- Vision
- COBRA continuation coverage
- Expenses can be for yourself, your spouse, or your dependent children, even if they are not covered on your HDHP

For more information visit www.IRS.gov, publication 502.

Contribution limits	Employee Only	Employee + 1 or more
2026 IRS limit	$4,400	$8,750
Brightpoint Annual Contribution	$750	$1,500
Maximum Employee Contribution	$3,650	$7,250
Catch up Contribution (Age 55 & Older)	$1,000	$1,000

MEDICAL - GENERAL INFORMATION

FINDING A DOCTOR:

1. Go to https://www.bcbsil.com/
2. Select Find Care
3. Select Find a Doctor or Hospital
4. Select Search for Doctors as a Guest
5. Type in your zip code
6. Select Employer Plan
7. Select Illinois
8. Select your plan according to the plans below
9. Search for your provider

NETWORKS:

- **$1,000 PPO –** Participating Provider Organization [PPO]
- **PPO Blue Choice Select (Narrow Network) –** Blue Choice Select PPO [BCS]
- **HSA –** Participating Provider Organization [PPO]

Manufacturer Copay Cards

What Are Manufacturer Copay Cards?

- Financial assistance programs from drug manufacturers to reduce **out-of-pocket costs** for **brand-name** medications.
- They work like **coupons** you present at the pharmacy when filling a prescription.

How They Work

- The **manufacturer pays part or all** of the patient's copay at the pharmacy.
- Cards are **specific to certain brand-name drugs** and cannot be used for generics. Not all drugs qualify.
- Each card has **limits** — on total savings, number of uses, or duration (e.g., per month or per year).

How to Get One

You can:

- Visit the **drug manufacturer's website** for copay savings programs.
- Ask your **pharmacist or healthcare provider**.
- Search databases such as **NeedyMeds.org**

MEMBER REWARDS

Member Rewards helps you save money!

Did you know the same medical procedure can vary widely in price, even in-network? When you shop with Member Rewards, you can save on your out-of-pocket costs and earn cash rewards. This program is administered by Zelis, previously by Sapphire Digital, and included in your company's health plan benefits, offered through Blue Cross and Blue Shield of Illinois.

It is quick and easy to shop with Member Rewards:

Step 1: Find and select a reward eligible location for your procedure.

Step 2: Get the procedure at your chosen reward eligible location.

Step 3: Receive a cash reward by check, which will be mailed directly to your home, after your claim is paid and the location is verified as reward eligible.

How it works

Compare Prices

Have Procedure

Earn Cash

To get started, call a Benefits Value Advisor at the number on the back of your health plan ID card. Or shop online with Provider Finder® by visiting **bcbsil.com**, register or log in and select "Find Care."

BENEFIT VALUE ADVISOR (BVA)

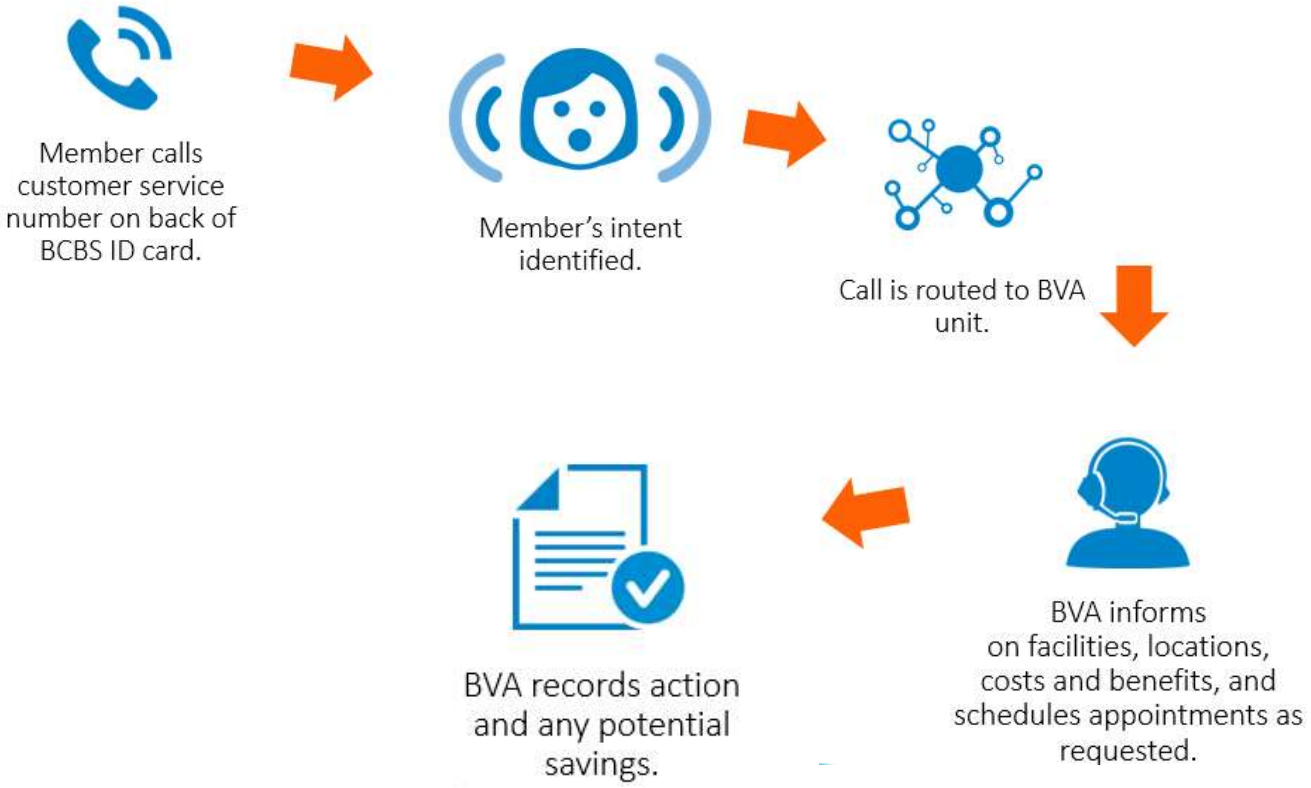
What is a BVA?

With BlueCross BlueShield of Illinois, you will have access to a Benefits Value Advisor (BVA). A BVA is a specially trained customer service champion that uses proprietary data and tools to deliver information to members like you about provider quality and estimated costs, so that you can make thoughtful health care decisions before receiving care.

A Benefits Value Advisor Can:

- Help compare costs at different providers near you
- Help you schedule your appointment
- Help with pre-certification
- Tell you about online educational tools

New Call Requirement: Call or go online to the BVA to avoid a $100 fee before having non-emergency MRIs or CT Scans.



PROVIDER FINDER AND MEMBER REWARDS

Member Rewards combined with Provider Finder gives you the power to compare costs for medical services and get estimates for more than 1,700 procedures, treatments and tests. Plus, Member Rewards pays you cash when you use any eligible location for your procedure or service. It's BlueCross BlueShield's way of saying "thanks" for choosing high-quality, lower-cost health care options.

To access Member Rewards:

1. Login to www.bcbsil.com or call the number on the back of ID Card.
2. Click My Health.
3. Click Find Care.
4. Click Medical.
5. Click Find a Doctor or Hospital.
6. Search for a reward eligible procedure.
7. Compare the cost, location, and Member Rewards cash available.
8. Schedule your appointment.
9. After your appointment, receive your check in the mail within 60 days.

Compare providers online or by calling **before your visit**.

Schedule your appointment or call us at the number on the back of your member ID card.

Earn your reward after you've gone to your appointment.

*Rewards can take up to 60 days post appointment date

Well onTarget®

Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

The Fitness Program* gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**
- *

Base	Core	Power	Elite	Pro	Signature	Premier
$19/mo	$29/mo	$39/mo	$129/mo	$159/mo	$199/mo	$239/mo
3500+ Standard Gyms†	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available)†			
$19 enrollment fee						
Digital Content Only: Video and Live Stream ($10/mo)						

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your family at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.

  Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine Discounts on a Variety of Products and Services through Choices by WholeHealth Living**: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Wherever you are in your health journey, Choices by WholeHealth Living can support your health goals. You may gain access to this program when you join the Well onTarget Fitness Program.***
- **Blue Points℠:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for a gift for yourself or someone else.****
- **Web Resources:** You can go online to find fitness locations and track your visits.
- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

To join, call 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas is that of independent contractors.

***WholeHealth Living Choices is not available in Montana and Oklahoma.

Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

****Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

No endorsements, representations or warranties are made regarding third-party vendors and the products and services offered by them.

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas,
Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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VIRTUAL VISITS – MDLive

Access board-certified doctors 24 hours a day, seven days a week. You can either speak to a doctor immediately or schedule an appointment based on your availability. Doctors can be accessed via telephone, online video, or mobile app. Digital prescriptions can be sent to the pharmacy of your choice.

A few examples of conditions that can be treated virtually are:

- Allergies
- Asthma
- Sinus infections
- Cold
- Flu
- Ear problems
- Behavioral health
- Therapy

Here is how you can access your telemedicine services:

Website – Mdlive.com/bcbsil
Mobile App – download the MDLive Telehealth app in your Google Play or Apple App Store
Telephone – 888-676-4204
To Register you will need to provide your first and last name, date of birth, and BCBSIL member ID number found on your ID card.

It is important to note that virtual visits refer to visits through MDLive. Your doctor could also schedule visits virtually, but the cost would be different.

Teladoc Chronic Care Management

Teladoc HEALTH

Your path to better health

Personalized support at no cost to you.

New

Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

New

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

New

•Diabetes Prevention program

•Take your first step toward a healthier tomorrow, and reduce your risk of type 2 diabetes. With the Diabetes Prevention program, you'll get access to a team of •expert coaches, a library of online lessons and a smart scale— at no cost to you.

•**Program includes**:

- Expert coaches to help with diet, nutrition, activity and more
- A smart scale that syncs to the app and web portal
- An all-in-one app to track weight, activity and food

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Visit **TeladocHealth.com/Smile/HEALTH-IL or call 800-835-2362**
and use registration code: HEALTH-IL.

VIRTUAL VISITS – Teladoc Mental Health

Teladoc Health

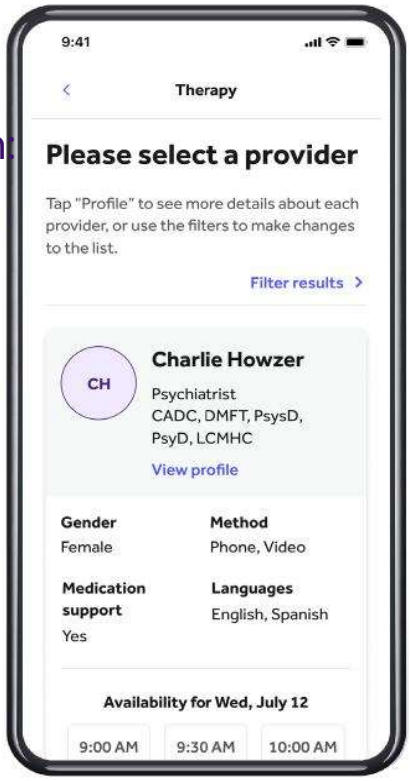
Mental Health care

Confidential therapy
on your terms

Teladoc HEALTH | Brightpoint Strong Families · Thriving Children

Your mental health is as important as your physical health.
Teladoc Health's licensed therapists can help with:

- Anxiety
- Depression
- Marital issues
- Stress
- Grief
- And more



Talk to a therapist 7 days a week by phone or video from wherever you are most comfortable.

How it works:

Step 1: Download the app or go online to register or log in
Step 2: Complete a brief mental health questionnaire
Step 3: Schedule an appointment with the therapist who best fits your needs

Learn more today

Visit Teladoc.com

Call 1-800-TELADOC (800-835-2362) Download the app

Maven

MAVEN

24/7 virtual health support for you and your family included with Medical plan enrollment

Meet Maven, the personal health platform made to help you and your loved ones navigate:

- Fertility & Family Building
- Maternity & Newborn Care
- Parenting & Pediatrics
- Menopause & Midlife Health

For today's needs

• Answers day or night

Get 24/7 support from a personal care team

• Unlimited video visits

Connect with 850+ award-winning specialists

• Helpful resources

Learn from experts through articles, videos, & classes

And tomorrow's goals

Fertility guidance for faster results

Pregnancy health and wellness

Newborn care

Parenting support from specialists

Menopause and midlife health support

Your membership is fully covered by your employer.

Sign up at http://mavenclinic.com/join/benefit

Download on the App Store

GET IT ON Google Play

DENTAL – HIGH PLAN

PLAN FEATURES	IN-NETWORK PPO or Premier	OUT-OF-NETWORK*
Annual Maximum	$2,000	$2,000
Annual Deductible Individual Family	 $50 $150	 $50 $150
Preventive Services (Exams, cleanings, x-rays, fluoride up to age 19, emergency exams and palliative treatment)	100%	100%*
Basic Services (Fillings, posterior composites, non-surgical Periodontic, simple extractions, endodontics)	90%	90%*
Major Services (Veneers, tissue conditioning, crowns, onlays, partial and full dentures, bridges, implants)	60%	60%*
Orthodontic Services Lifetime Maximum Age Limits	50% $2,000 Up to age 19	50%* $2,000 Up to age 19

*You are responsible for charges exceeding the out-of-network limits set for each benefit. This is known as balance billing.

Contributions	Per Pay Period	Monthly
Employee	$9.63	$20.86
Employee + Spouse	$13.70	$29.68
Employee + Child(ren)	$17.57	$38.06
Family	$25.64	$55.56

DENTAL – LOW PLAN

PLAN FEATURES	IN-NETWORK PPO or Premier	OUT-OF-NETWORK*
Annual Maximum	$1,500	$1,500
Annual Deductible Individual Family	 $50 $150	 $50 $150
Preventive Services (Exams, cleanings, x-rays, fluoride up to age 19, emergency exams and palliative treatment)	100%	100%*
Basic Services (Fillings, posterior composites, non-surgical Periodontic, simple extractions, endodontics)	80%	80%*
Major Services (Veneers, tissue conditioning, crowns, onlays, partial and full dentures, bridges, implants)	50%	50%*
Orthodontic Services Lifetime Maximum Age Limits	50% $1,000 Up to age 19	50%* $1,000 Up to age 19

*You are responsible for charges exceeding the out-of-network limits set for each benefit. This is known as balance billing.

Contributions	Per Pay Period	Monthly
Employee	$8.76	$18.98
Employee + Spouse	$12.47	$27.02
Employee + Child(ren)	$15.26	$33.07
Family	$22.65	$49.08

VISION – HIGH PLAN

PLAN FEATURES	IN NETWORK (WHAT YOU PAY)	OUT OF NETWORK (WHAT YOU PAY)
Network Name	VSP Choice	
Exam	$10 copayment	$45 max allowance
Frame Allowance	$130 allowance + 20% off balance $150 allowance for Featured Frame brands	$70 max allowance
Standard Plastic Lenses **Single** **Bi-focal** **Tri-focal**	$25 copayment	$30 allowance $50 allowance $65 allowance
Contact Lenses Allowance	$140 allowance	$105 max allowance
Laser Vision Correction	Discounts available	
Frequency **Examination** **Lenses** **Frames** **Contact Lenses**	 Every 12 months Every 12 months Every 12 months Every 12 months	

Contributions	Per Pay Period	Monthly
Employee	$3.81	$8.25
Employee + Spouse	$6.10	$13.21
Employee + Child(ren)	$6.22	$13.48
Family	$10.03	$21.74

VISION – LOW PLAN

PLAN FEATURES	IN NETWORK (WHAT YOU PAY)	OUT OF NETWORK (WHAT YOU PAY)
Network Name	VSP Choice	
Exam	$10 copayment	$45 max allowance
Frame Allowance	$130 allowance + 20% off balance $150 allowance for Featured Frame brands	$70 max allowance
Standard Plastic Lenses **Single** **Bi-focal** **Tri-focal**	$25 copayment	$30 allowance $50 allowance $65 allowance
Contact Lenses Allowance	$140 allowance	$105 max allowance
Laser Vision Correction	Discounts available	
Frequency **Examination** **Lenses** **Frames** **Contact Lenses**	 Every 12 months Every 12 months Every 24 months Every 12 months	

Contributions	Per Pay Period	Monthly
Employee	$2.79	$6.04
Employee + Spouse	$4.46	$9.66
Employee + Child(ren)	$4.56	$9.87
Family	$7.34	$15.90

LIFE INSURANCE

Basic Life Insurance – BCBSIL (Employer paid)

Base Life & AD&D	Guarantee Issue: The lesser of $375,000 or 2 x Annual Earnings
Maximum Benefit	$750,000
Age Reduction Schedule	Reduce by 35% at age 65, to 45% at age 70, to 30% at age 75, and 20% at age 80, terminate at retirement

Voluntary Life Insurance - BCBSIL (Employer paid)

Employee Coverage Options	1-4x Annual Earnings Guarantee Issue: The lesser of $300,000 or 3 x Annual Earnings
Spouse Coverage Options	$5,000 - $50,000 $5,000 increments Guarantee Issue: $25,000 Not to exceed 50% of the employee amount
Dependent Child(ren) Options	Age 15 days to 6 months: $5,000 Age 6 months to 26 years: $5,000 or $10,000
Age Reduction Schedule	Reduce by 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80

Important! Evidence of Insurability is required by the insurance company for voluntary life amounts above the "guaranteed issue" amount. If you did not enroll when you were initially hired, you are considered a "late entrant" and will be required to complete an Evidence of Insurability (EOI) form and receive approval for requested coverages. Please see HR for information about the EOI form.

Age Band	Employee & Spouse Rates per $1,000
<30	$0.069
30-34	$0.08
35-39	$0.10
40-44	$0.158
45-49	$0.329
50-54	$0.520
55-59	$0.860
60-64	$1.220
65-69	$2.110
70+	$3.150

DISABILITY INSURANCE

Short Term Disability Insurance – BCBSIL (Employer paid)

Coverage Amount	60% of weekly earnings
Weekly Benefit Maximum	$1,000
Maximum Benefit Period	12 weeks
Accident Benefits Begin	After 7 days
Illness Benefits Begin	After 7 days
Maternity Benefit	6 weeks post-partum (Vaginal Delivery) 8 weeks post-partum (C-Section)

Long Term Disability Insurance – BCBSIL (Employer paid)

Coverage Amount	60% of monthly earnings
Monthly Benefit Maximum	$10,000
Maximum Benefit Period	SSNRA
Elimination Period	90 days
Pre-Existing Limit	3/12

Accident Insurance – BCBSIL (Voluntary employee paid)

BCBSIL Accident Insurance provides you with extra money when you need help covering the expenses, medical or otherwise, you face when you suffer an injury due to an accident. The proceeds from your approved claim may be used however you wish. Please see the Plan Summary for full list of Benefits.

24 Hour Accident Benefit	Benefit Amount
Accident Emergency Treatment	
Emergency Room	$150
Urgent Care Center	$150
Physician's Office	$50
Dislocations (Closed / Open Reduction)	
Wrist or Elbow	$500 / $750
Knee or Shoulder	$1,500 / $2,000
Fractures (Closed / Open Reduction)	
Leg	$1,000 / $3,000
Vertebrae	$700 / $2,000
Hip	$2,000 / $5,000
Treatment/Service	
Ground / Air Ambulance	$200 /$1,500
X-Ray	$50
Physical Therapy (up to 10 treatments)	$35
Hospitalization	
Admission	$1,200
Daily Confinement (up to 365 days)	$250
Intensive Care Unit	$2,000
ICU Daily Confinement (up to 15 days)	$500
Wellness Benefit (Once per enrolled employee and dependents per year)	$50

	Bi-Weekly Rates	Monthly Rate
Employee	$3.09	$6.70
Employee + Spouse	$6.12	$13.25
Employee + Child(ren)	$7.36	$15.94
Family	$8.69	$18.82

CRITICAL ILLNESS – BCBSIL
(Voluntary employee paid)

Why Critical Illness?
Heart Attack, stroke, cancer, and other illnesses can affect not only your health but also your bank account. When faced with a severe illness and the accompanying medical costs, critical illness insurance can help.

What is Critical Illness Insurance?
Critical Illness Insurance is offered as a voluntary benefit by your employer to supplement your regular medical coverage. This insurance is designed to cover out of pocket expenses not covered by your health insurance such as you deductible and copays.

Covered Conditions
- Invasive Cancer
- Heart attack
- Stroke
- Major organ transplant
- Major Burns
- Coma-Brain Injury
- Advanced Alzheimer's Disease
- Advanced Multiple Sclerosis
- Amyotrophic Lateral Sclerosis (ALS)
- End-stage renal failure
- Paralysis
- Benign brain tumor
- Loss of Sight, Speech, or Hearing
- Severe Covid-19 Infection
- Advanced Parkinson's Disease

Employee Benefit Amount	$15,000, $20,000 or $30,000
Spouse Benefit Amount (Cannot exceed 50% of Employee's)	$7,500, $10,000, or $15,000
Child(ren) Benefit Amount (Cannot exceed 50% of Employee's)	$7,500, $10,000, or $15,000
Wellness Benefit (Once per enrolled employee and dependents per year)	$50

Employee Bi-Weekly Rates

	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$15,000	2.15	2.55	3.09	3.90	5.24	6.99	8.66	11.28	14.44	19.41	25.86	38.08
$20,000	2.86	3.41	4.12	5.20	6.99	9.31	11.55	15.05	19.26	25.87	34.48	50.77
$30,000	4.29	5.11	6.18	7.80	10.48	13.97	17.32	22.57	28.88	38.81	51.72	76.15

Spouse Bi-Weekly Rates

	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$7,500	0.66	0.69	0.82	1.02	1.32	1.78	2.40	3.42	4.57	6.41	8.39	11.22
$10,000	.88	.92	1.10	1.36	1.75	2.37	3.20	4.56	6.10	8.55	11.18	14.95
$15,000	1.32	1.38	1.65	2.04	2.63	3.55	4.80	6.84	9.15	12.83	16.77	22.43

Child Bi-weekly Premium Cost: $7,500: $0.47 $10,000: $0.63 $15,000: $0.94

HOSPITAL INDEMNITY

What does Hospital Indemnity Insurance do?

Helps protect your finances

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan

Helps cover related expenses

While health plans cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, childcare, deductibles and copays

Pays cash benefit directly to you

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

Hospital Confinement (up to 4 per year)	$500
Daily Hospital Confinement (up to 10 days)	$100 per day
Intensive Care Unit (up to 4 per year)	$500
Daily ICU Confinement (up to 10 days per year)	$100 per day
Newborn Confinement (coverage while the mother is confined up to 3 days)	$50 per day
Rehabilitation Unit Confinement (up to 10 days)	$50 per day

	Bi-Weekly Rate	Monthly Rate
Employee	$4.82	$10.44
Employee + Spouse	$7.55	$16.36
Employee + Child(ren)	$7.25	$15.71
Family	$10.08	$21.83

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Accounts (FSA)

The healthcare FSA allows you to use your flexible spending account for medical, dental, vision and select over-the-counter products on a pre-tax basis. For 2026, the maximum contribution you may elect is $3,400.

Limited Purpose Healthcare Flexible Spending Accounts

For those enrolled in the HSA plan, you may enroll in the Limited Purpose FSA. It allows you to use your flexible spending account for dental and vision qualified expenses on a pre-tax basis.

Dependent Care Flexible Spending Accounts

The dependent care FSA enables you to put aside pre-tax dollars to pay for child and elder care expenses. For 2026, the maximum contribution you may elect for your dependent care FSA is $7,500 per household. $3,750 if married filing separately.

Commuter Benefits Flexible Spending Accounts

Set aside pre-tax dollars to be reimbursed for qualified transportation expenses including transit and parking. The maximum amount is $340/ month for parking and $340/ month for transit.

"Use it or Lose it" Rules

If you do not use all the money in your FSA(s) by the end of the plan year, any balances may be forfeited. The healthcare and Limited Purpose FSAs allows for a portion of unused funds to rollover. Be sure to set aside only what you think you'll need for eligible expenses.

- You cannot transfer money between FSAs, e.g. the Dependent Care FSA must be used for child or elder care and cannot be used for medical expenses, and vice versa.
- You cannot change your elections during the plan year, except for a Qualified Life Event, such as marriage, divorce, or birth of a child. If this occurs, you must notify HR within 30 days of the Qualifying Life Event.

For information on qualified expenses please visit
https://www.irs.gov/publications/p502

PET INSURANCE

Brightpoint offers pet insurance through Nationwide. This is a health insurance plan that covers the illnesses and injuries of your pet. It includes treatments by veterinarians, emergency rooms, and specialists.

If your pet is sick or injured, you can receive treatment from any licensed veterinarian.

All illnesses and injuries, including hereditary and congenital, are covered as long as they were not pre-existing conditions.

Please visit https://benefits.petinsurance.com/brightpoint for more information.

What makes My Pet Protection different?

My Pet Protection is available through workplace benefits programs and is guaranteed issuance.[2] It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.[4]

Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline®

- Unlimited access to veterinary care experts
- Download the app and schedule a video consultation anytime 24/7
- No additional cost to use for Nationwide pet insurance members

Nationwide® PetRxExpress℠

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Pharmacy submits claims directly to Nationwide
- More than 4,700 pharmacy locations

petco veterinary services

Members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

How to use your pet insurance plan

1. Visit any vet, anywhere.
2. Submit claim.
3. Get reimbursed for eligible expenses.

AUTO & HOME DISCOUNT

Take advantage of special Farmers GroupSelect savings for Brightpoint employees!

Get your free quotes today to see how much you could save by switching.

Auto Insurance

Choose your coverage while enjoying savings and benefits, like:

- Special group discounts
- Automated payment discounts
- Claim-free driving rewards
- Enhanced rental car damage coverage
- No deductible repairs for certain windshield damage
- Roadside assistance
- Guaranteed auto repairs for covered losses**
- ID protection services[1]

Home* Insurance

Get home insurance coverage along with savings and benefits, like:

- Special group discounts
- Replacement cost coverage
- Referral networks
- Automated payment options
- ID protection services[1]

As a Brightpoint employee, you have access to special savings on auto insurance. Others have saved an average of $661+ on auto insurance by making the switch.

Other Policy Options: By bundling auto and other policies from Farmers GroupSelect, you could save even more!

RV | Renter's | Motorcycle | Boat | Condo

GET A QUOTE: Call today 844-530-0656 and mention discount code 0M1 or visit farmers.com/groupselect.

*Home insurance has limited availability in MA and is not part of the Farmers GroupSelect program in FL or CA.

+Savings based on the average nationwide annual savings in 2022 reported by new customers who called the Farmers GroupSelect call center, switched to Farmers® branded auto insurance policies issued through the Farmers GroupSelect employee or affinity member program, and realized savings. Potential savings vary by customer and may vary by state and product. Statistics do not reflect sales of products sold on Agent360®

**Repairs necessitated by covered losses performed by shops in our network of optional service providers are guaranteed by the repair shop for as long as you own your vehicle. Choice of repair shop is always up to the insured.

[1]Identity protection services are not available to auto customers in NC or NH nor with all policy forms. Identity protection services are available in NC homeowners policies with the optional "Identity Theft Expense and Resolution Plus" endorsement for an additional premium.

Advertisement produced on behalf of the following specific insurers seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance Company and certain of its affiliates: Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, or Farmers Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. The Farmers GroupSelect program is not available in CA. Coverage outside this program, without certain discounts may still be available for qualified CA applicants from Farmers Ins. Exchange, Fire Ins. Exchange, & Truck Ins. Exchange, with offices in Woodland Hills, CA. List of licenses at farmers.com/companies/state/. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. 5950618.3 © 2024 Farmers Insurance®

LEGAL INSURANCE / ID THEFT

Affordable Legal and Identity Theft Protection

LegalShield provides the legal and identity theft protection you and your family need and deserve.

Affordable Legal and Identity Theft Protection

LegalShield
Family Plan
$7.38 Per pay

LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- 24/7 Emergency Legal Access

LegalShield & IDShield

Employee Plan $10.92
Family Plan $14.05

Identity Theft Services Include:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

For more information, visit
shieldbenefits.com/Brightpoint
Member Services (888) 807-0407
membersupport@legalshieldcorp.com

On-the-go protection!
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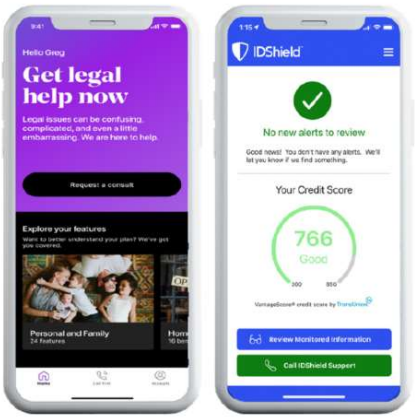

EMPLOYEE ASSISTANCE PROGRAM

CCA is the EAP service that offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential – neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

The EAP is there for when you need it. Need some more specialized face-to-face assistance? The EAP offers up to 5 sessions with trained counselors for each issue you may have. Call (800) 833-8707 or visit www.ccainc.com

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