

BENEFITS GUIDE



THE STEPPING STONES GROUP
Transforming Lives Together



2025



The Stepping Stones Group



YOUR BENEFITS

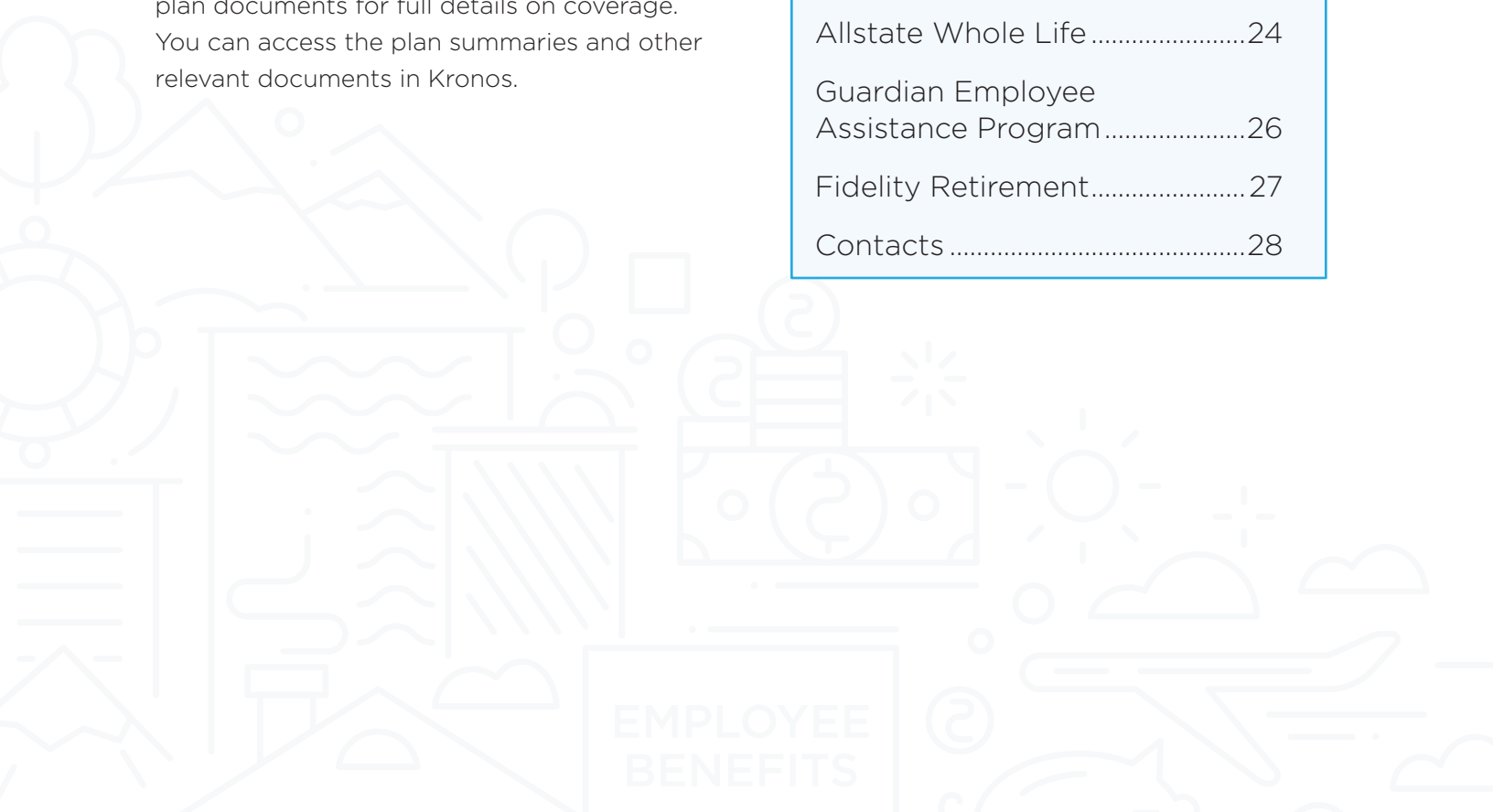
The Stepping Stones Group appreciates your commitment to our mutual success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

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

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you can contact our team of PES Benefit Enrollment Counselors at (551) 308-0045. Although this guide contains an overview of benefits, please see the formal plan documents for full details on coverage. You can access the plan summaries and other relevant documents in Kronos.

Here's where to find...

Your Benefits	2
Medical Benefits	6
New Programs.....	11
Health Savings Account.....	12
Flexible Spending Accounts	14
Cigna Dental Plan.....	16
Cigna Vision Plan	18
Guardian Life and AD&D Insurance.....	19
Guardian Disability Plans.....	20
Supplemental Health	22
Allstate Whole Life	24
Guardian Employee Assistance Program	26
Fidelity Retirement.....	27
Contacts	28



ELIGIBILITY

If you are a full-time employee (working 30 or more hours per week) and you have satisfied your waiting period, you are eligible to enroll in the benefits described in this guide. Benefits become active for eligible employees on the first day of the month following 30 days of employment. If you leave the company, benefits end on the last day of the month when employment ends, with the exception of FSA plans (see the “Use it or Lose it” section on page 11 for more details) as well as life, disability, critical illness, accident and hospital plans.





A Few Notes About Enrolling in Benefits

The Stepping Stones Group benefit programs will run from October 1st to December 31st for the remainder of 2025. The Stepping Stones Group will be moving their benefit programs to run from January 1st to December 31st for 2026. During your initial eligibility and the annual open enrollment timeframe, you have the ability to enroll and make changes to your coverage. After you have enrolled, you cannot make changes to your benefits during the plan year unless you experience a qualifying life event (see examples below). Life and Disability programs may require medical underwriting if you do not enroll during initial eligibility or a special enrollment period.

Your benefits are continued over the summer and during service breaks. As such, hourly employees, employed by The Stepping Stones Group, LLC, are required to prepay their summer premiums June-August. These premiums will be collected beginning the first pay date in March and running through the last pay date in May. For those who become eligible and enroll in benefits after March 1st, collection of summer premiums will be at an accelerated pace to ensure all deductions have been met prior to the last pay date in May. These deductions will be in addition to your standard deductions and will be noted on your pay statement with an (S) following the deduction code. Standard deductions will be turned off after the last pay period in May and Summer deductions will be turned off once paid in full.

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- You reach age 26 and are no longer eligible to be covered as a dependent child under other insurance.
- Spouse gains or loses employment or eligibility with current employer, and as a result gains or loses benefit coverage.
- Death of spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as marriage certificate, divorce decree, birth certificate or loss-of-coverage letter. If you have experienced a qualifying life event, please email HR.benefits@ssg-healthcare.com for assistance and support in processing your change by the IRS deadline.

(Please see eligibility page to understand the impact to contributions during service breaks.)

How To Enroll

Review this 2025 Benefit Guide to understand the coverage available and changes to this year's benefit program. Employees will enroll through Kronos:

- From the dashboard, click on the menu
- Select "My Benefits", and then "Enrollment"
- The Enrollment page may have tiles to *Start* an Open Enrollment, New Employee, or Life Change Event enrollment request. Follow the directions provided by HR regarding the enrollment option to elect.

Need Help? If you require assistance with enrolling in benefits, please contact the PES Benefit Counselors at (551) 308-0045 or online at <https://pesenroll.com/ssg/>.





MEDICAL BENEFITS

The Stepping Stones Group is committed to helping you and your dependents maintain your health and wellbeing by providing you with access to high quality providers and services. Stepping Stones offers a number of plan options with varying costs and plan benefits:

- Cigna Base Plan
- Cigna Mid Plan
- Cigna Choice Plan
- Kaiser (HDHP) HMO
- Employees living or working in Hawaii please see Hawaii insert for plans available

Note: If you elect the Cigna Base or Kaiser HSA plans you can open a health savings account (HSA). The HSA is a way for you to set aside funds on a pre-tax basis to save for future medical expenses. An HSA account is a personalized bank account that is portable. HSA-eligible plans are unlike traditional health insurance programs. These plans require all medical expenses (including prescription drugs) apply to your deductible before the plan begins paying. If you need help choosing a plan, contact the PES Benefit Counselors at (551) 308-0045.

Here are some terms you'll see in this guide:

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$2,500, you'll pay 100 percent of the insurance carrier's negotiated amount until the bills total \$2,500 for the year. After that, you share the cost with your plan by paying coinsurance.

COINSURANCE: Your share of the costs of a healthcare service, as a percentage of the amount charged for all services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

OUT-OF-POCKET MAXIMUM: This is the most you will pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

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

Cigna Medical and Prescription Drug Summary

Employees can choose from three comprehensive medical plan options, administered by Cigna. To find medical providers in our plan, go to [Cigna.com](https://www.cigna.com) and search under the Open Access Plus (OAP) Network. All three plans have what is called an embedded deductible and out of pocket. This means that each person in the family unit has their own individual maximum. If you need have questions about the plan options or how they compare, contact the PES Benefit Counselors at (551) 308-0045.

Medical	Base Plan		Mid Plan		Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible¹ Employee only Family coverage	\$5,000 \$10,000	\$12,000 \$24,000	\$5,000 \$10,000	\$12,000 \$24,000	\$2,250 \$5,000	\$7,000 \$21,000
Health Saving Account (HSA)	Eligible		Not eligible		Not eligible	
Member coinsurance	10%	30%	20%	40%	30%	50%
Out-of-pocket maximum (includes deductible) Employee only Family coverage	\$6,550 \$13,100	\$20,000 \$40,000	\$6,850 \$13,700	\$20,500 \$41,000	\$6,600 \$13,200	\$20,000 \$40,000
Preventive care	No charge	30% after deductible	No charge	40% after deductible	No charge	50% after deductible
Office visit (PCP and specialist)	10% after deductible	30% after deductible	\$35 copay / \$50 copay	40% after deductible	\$25 copay / \$50 copay	50% after deductible
Telemedicine	10% after deductible	Not covered	\$35 copay	Not covered	\$25 copay	Not covered
Urgent care	10% after deductible	30% after deductible	\$75 copay	40% after deductible	\$60 copay	50% after deductible
Emergency room	10% after deductible	10% after deductible	\$500 Copay after deductible		\$150 copay	\$150 copay
Inpatient care	10% after deductible	30% after deductible	20% after deductible	\$1,000 per admit deductible, plan deductible then 40%	30% after deductible	50% after \$500 copay per admit
Outpatient care	10% after deductible	30% after deductible	20% after deductible	\$500 per visit deductible, plan deductible then 40%	30% after deductible	50% after \$500 copay per visit
Prescription Drug	Base Plan		Mid Plan		Choice Plan	
Retail (30-day supply)*	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preferred Generic	0% after deductible	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Preferred Brand-Name	0% after deductible	Not covered	\$35 copay	Not covered	\$35 copay	Not covered
Non-Preferred Generic and Brand-Name	0% after deductible	Not covered	\$60 copay	Not covered	\$60 copay	Not covered
Mail Order (90-day supply*)						
Preferred Generic	0% after deductible	N/A	\$37.50 copay	N/A	\$37.50 copay	N/A
Preferred Brand-Name	0% after deductible	N/A	\$87.50 copay	N/A	\$87.50 copay	N/A
Non-Preferred Generic and Brand-Name	0% after deductible	N/A	\$150 copay	N/A	\$150 copay	N/A

Note: Digital ID Cards will only be available for all Cigna members. Members can request a physical ID card by calling Cigna. Digital ID cards can be found within your myCigna account, which can be used for both medical and pharmacy.

*CVS 90 Now allows you to fill a 90-day supply of certain maintenance medications at select in-network retail pharmacies or through mail order. Cost for the 90-day supply is the same as the 30-day supply cost for preferred generic, 2x the 30-day supply cost for preferred brand-name, and 3x the 30-day supply cost for non-preferred prescriptions.



PrudentRx Solution for Specialty Medications

In order to provide a comprehensive and cost-effective prescription drug program for you and your family, The Stepping Stones Group has contracted to offer the PrudentRx Solution for certain specialty medications on the **Choice and Mid Plan**. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Once enrolled, the member will have a **\$0 out-of-pocket** responsibility for their prescriptions covered under the PrudentRx Solution.

If you currently take one or more specialty medications included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about the PrudentRx Solution as it pertains to your medication. All eligible members must call PrudentRx at 1-800-578-4403 to register for any manufacturer copay assistance program available for your specialty medication as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will make outreach to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx Solution, you must call 1-800-578-4403. Eligible members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx Solution will be responsible for the full amount of the 30% coinsurance on specialty medications that are eligible for the PrudentRx Solution.

If you or a covered family member are not currently taking, but will start a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Solution.

PrudentRx can be reached at 1-800-578-4403 to address any questions. The PrudentRx Program Drug List may be updated periodically.

Per Pay Period Contributions¹

		Mid Plan	Choice Plan
Employee	\$59.50	\$127.50	\$174.00
Employee + spouse	\$347.50	\$463.50	\$730.35
Employee + child(ren)	\$232.00	\$394.50	\$580.00
Family	\$435.00	\$695.50	\$927.00

1. Deductions for benefit plans are taken 24 of the 26 pay periods. **The first two pay dates in July do not apply.**
Participants do not need to enroll in the medical program to be eligible for dental or vision coverage.

Employees located in Massachusetts, MA has MCC (minimum creditable coverage) requirements. This requires a deductible cap of \$2,000 per individual and \$4,000 per family (unless an employer offers a High Deductible Health Plans HDHP). A federally qualified HDHP is automatically deemed MCC, provided the HDHP is offered in conjunction with employer-facilitated health savings account. The Choice and Base plans are MCC compliant. The MID plan is NOT MCC compliant.

Note: If you live and work in Hawaii - you are not eligible for these medical plans.
Please see Hawaii insert for more information.

Digital ID Cards will only be available for all Cigna members. Members can request a physical ID card by calling Cigna. Digital ID cards can be found within your myCigna account.

SSG offers employee contributions on a post tax basis. This will allow you to drop coverage without an IRS required qualified life event. However, if you do choose to drop coverage, you will not be allowed to re-elect coverage until the next open enrollment. Benefits with a post-tax deduction mean that the benefits are considered taxable income and the value of the company subsidy to the benefits will be added to your W2 as “imputed” income.

CIGNA TOOLS

Telemedicine

Cigna Telehealth Connection lets you get the care you need – when, where and how you need it. Connect with a board-certified doctor via video chat or phone, for a wide range of minor conditions, and they are licensed to prescribe medication if necessary. There's no need to leave your home or office.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well.

If you pre-register on MDLIVE, you can speak with a doctor for help with:

- sore throat
- allergies
- headache
- rash
- stomachache
- acne
- fever
- UTIs and more
- cold and flu

MDLive also offers: preventive well-visits, dermatology, and primary care visits in addition to urgent care needs (cost-share is dependent on the plan you choose and services received).

Login to your myCigna.com account to get started.

Health Information Line

Cigna knows that being available when you need them is important to you. The Cigna Health Information Line provides access to licensed nurses 24 hours a day, seven days a week, so you don't have to wait until "normal business hours" for assistance with a health question or information on medical treatment.

The next situation that requires immediate medical assistance, regardless the time of day, dial the toll-free number on your Cigna ID card to speak to a nurse today.

myCigna.com

It's easy to find what you need.

- Find in-network doctors and medical services
- Manage and track claims
- See cost estimates for medical procedures
- Compare quality of care for doctors and hospitals
- Access a variety of health and wellness tools and resources

It's easy to set up. Download the myCigna App or visit myCigna.com.

- Launch the myCigna App or go to myCigna.com and select "Register"
- Enter your personal information
- Confirm your identity
- Create your security information and provide your primary email address for enhanced security protection and notifications
- Submit to complete your registration
- Download the myCigna app in the Apple Store or Google Play Store to track via your mobile device today!



Kaiser Medical and Prescription Drug Benefits

Employees who live/work within Kaiser's service areas in Northern and Southern CA regions are eligible to choose a Kaiser HSA (options reflected below). These plans require that you utilize Kaiser participating providers and facilities in order to receive coverage, except in the event of an emergency. If you have questions about the plans, contact the PES Benefit Counselors at (551) 308-0045.

Kaiser Medical and Prescription Drug Summary

Medical	Kaiser HSA Plan (CA Only)
	In-Network
Deductible	
Employee only	\$2,000
Family coverage	\$4,000 ¹
Member coinsurance	N/A
Out-of-pocket maximum (includes deductible)	
Employee only	\$3,300
Family coverage	\$6,200 ¹
Preventive care	No charge
Office visit (PCP and specialist)	\$30 copay after deductible
Emergency room	\$100 copay after deductible
Urgent care	\$30 copay after deductible
Inpatient care	\$250 copay after deductible
Outpatient care	\$150 copay after deductible
Prescription Drug	Kaiser HSA Plan (CA Only)
	In-Network
Retail (30-day supply)	
Generic Drugs	\$10 copay after deductible
Brand-Name Drugs	\$30 after deductible
Specialty Drugs	\$30 after deductible
Mail Order (90-day supply)	
Generic Drugs	\$20 copay after deductible
Brand-Name Drugs	\$60 copay after deductible

Take charge of your care

[Kp.org](https://kp.org) is your online gateway to great health. When you register, you can securely access many time-saving tools for managing the care you get at our facilities. Visit kp.org anytime, from anywhere, to:

- View most lab test results.
- Refill most prescriptions.
- Email your Kaiser Permanente doctor's office with non-urgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports and camp.
- Manage a family member's health.

1. Deductible is \$3,300 for any one member within a family enrollment. Out-of-Pocket Maximum is \$3,300 for any one member in a family.

2. Deductions for benefit plans are taken 24 of the 26 pay periods. The first two pay dates in July do not apply. You do not have to elect medical coverage to be eligible for dental or vision insurance.

Per Pay Period Contributions²

	Kaiser HSA Plan (CA Only)
Employee	\$70.95
Employee + spouse	\$365.62
Employee + child(ren)	\$268.61
Family	\$465.07

Note: If you live and work in Hawaii - you are not eligible for these medical plans. Please see Hawaii insert for more information.

New Programs!

Alliant Individual Health Solutions

Alliant Individual Health Solutions (AIHS) expands health coverage options beyond company-sponsored group plans, potentially offering significant savings for you and your dependents. AIHS can assist in finding affordable coverage for dependents turning 26, early retirees, spouses under 65 and those leaving the company. The AIHS team helps explore subsidy eligibility and secure coverage.

For more information, visit alliantindividualhealthsolutions.com to schedule an appointment or call 877-328-1195 to speak with a licensed insurance agent.

Alliant Medicare Solutions

Nearing age 65? Get help deciding on a Medicare health plan. Alliant Medicare Solutions is a free resource available to you, family members and friends. Around three months before your 65th birthday — or if you're already over 65 — gather your current medical plan coverage information and call Alliant Medicare Solutions at 877-888-0165. You'll talk with a licensed insurance agent about your options comparing our plan to other plans available in our area, then you can get help enrolling.

Download your guide to Medicare, watch Medicare 101 or learn more at alliantmedicareolutions.com.



HEALTH SAVINGS ACCOUNT

A health savings account (HSA) is a personal healthcare bank account you can use to pay for out-of-pocket medical expenses with pretax dollars. **If you enroll in the Cigna Base plan or one of the Kaiser (HDHP) HMO, you can open an HSA account through HSA Bank.**

The HSA is your own personal bank account. You can choose how much you want to contribute per pay period to fund the account. You can use funds in the HSA for qualified medical, dental or vision expenses. The money must be in the bank account in order for you to reimburse yourself for qualified expenses. Visit Cigna.com/expenses for a full list of eligible expenses.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free when used to pay for qualified healthcare expenses.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Once your account balance reaches a \$1,000 threshold, you have the ability to invest your HSA funds.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year, and then you can use this money to reduce future out-of-pocket health expenses. HSA funds can be utilized to pay for medical expenses upon retirement.

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible high-deductible health plan, such as The Stepping Stones Group's Cigna Base plan or one of the Kaiser (HDHP) HMO.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration benefits in the past three months.

How To Access/Make Contributions To Your HSA

If enrolled in the Kaiser plan, go to Choicefund.hsabank.com to register. You'll set up your payroll contributions during your enrollment period. You can make contribution changes at any time during the year by contacting the HR Team. Note that it may take between one and two payroll periods for an HSA change to be processed.

Not sure if an HSA is right for you? Contact the PES Benefit Counselors at (551) 308-0045 for more information.

More Details About Health Savings Accounts

The HSA is administered by HSA Bank in partnership with Cigna. The Stepping Stones Group pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

IMPORTANT!

How much can you deposit into an HSA in 2025?

- Under age 55 (and not enrolled in Medicare):
 - Individual: \$4,300 (2025 calendar year)
 - Individual + Dependents: \$8,550 (2025 calendar year)
- Age 55 or older (and not enrolled in Medicare):
 - The maximum contribution increases by \$1,000 (considered a “catch-up” contribution).

Note: These maximums are established by the IRS and are subject to change.





FLEXIBLE SPENDING ACCOUNTS

Cigna administers the Flexible Spending Accounts (FSA) for The Stepping Stones Group. There are three types of accounts: Health Care FSA, Limited Purpose Healthcare FSA, Dependent Care FSA. Each is a separate election. These accounts allow you to set aside pre-tax funds from your paycheck to pay for certain eligible out-of-pocket costs.

Health Care & Limited Purpose FSA

You can contribute up to \$800 for October through December, 2025 on a pre-tax basis to pay for eligible out-of-pocket health care expenses. You can use these dollars to pay for deductibles, copayments, and other eligible health care expenses not covered by your medical, dental and vision plans, including:

- Eye examinations, glasses and contacts
- Dental co-payments and orthodontic expenses
- Transportation to and from medical provider
- Medical supplies

Note: Limited purpose FSA can only be used for Dental and Vision expenses. This account is meant for employees enrolled in the HDHP plan with HSA.

A complete list of eligible expenses can be found in IRS Publication 502. The link to this list can be found at [irs.gov](https://www.irs.gov).

You'll receive a debit card from Cigna, to make using your funds simple. You may be required to substantiate claims, so be sure to keep your receipts. You can easily upload all electronic substantiation information for any FSA claims via myCigna.com. Expenses must be incurred by December 31, 2025 to be considered eligible for reimbursement. You have until March 31, 2026 to submit claims for reimbursement.

Dependent Care FSA

A Dependent Care FSA lets you use pre-tax dollars to pay for eligible expenses related to care for your eligible child, disabled spouse, elderly parent, or other dependent who is incapable of self-care due to mental or physical handicap. This allows you to work (if you're married, this allows your spouse to work), look for work, or attend school full-time. You can contribute up to \$5,000 per year, or \$2,500 if married filing separate tax returns.

Eligible child care or dependent care facilities include:

- Day care centers / nursery schools
- Summer day camps
- Elder day care
- Care in your home or someone else's home; income must be claimed by your care provider

Easily submit your claims to Cigna by visiting myCigna.com. Expenses must be incurred by December 31, 2025 to be considered eligible for reimbursement. You have until March 31, 2026* to submit claims for reimbursement. *Claims that need to be submitted after rollover has been processed will need to be done manually. Please contact Cigna for further information.

Remember: Use it or lose it!

Funds contributed into your FSAs must be used to pay for eligible expenses incurred within the plan year. Both the Healthcare & Limited Purpose FSA's allow participants to rollover up to \$640 for unused funds into the following plan year. **Unused funds are forfeited on your date of separation or loss of eligibility.** You have until the end of the submission period to submit for reimbursement from your remaining funds, but can only use the funds on expenses incurred prior to your separation date. If you have claims that need to be submitted after rollover period, they will need to be done manually with Cigna. Please contact Cigna for additional information or questions.



CIGNA DENTAL PLAN

Cigna administers the Dental plan for Stepping Stones. You can choose between the PPO plan and the In-Network plan. If you choose the In-Network plan you must use an in-network provider, there is no coverage for out-of-network care. Contact Cigna directly to check if your dentist is in this network. If you select the Dental PPO plan, although you can choose any dental provider, when you use an in-network dentist you will generally pay less for treatments. With out-of-network dentists, the PPO plan will pay the same percentage, but the reimbursement will be based on the maximum reimbursable charge of your zip code.

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

To see a current provider directory, please visit [Cigna.com](https://www.cigna.com).

Online Resources

View covered services, claim status or your account balance, find a dentist, update your information, and much more at [myCigna.com](https://mycigna.com).

	Cigna Total Network Dental PPO	Cigna Advantage Network In-Network Only Plan
	In- or Out-of-network	In-network
Deductible ¹		
Employee only	\$50	\$50
Family coverage	\$150	\$150
Annual plan maximum (per individual) ²	\$1,500	\$1,000
Diagnostic and preventive	100% Exams, Cleanings, Bitewing X-rays	100% Exams, Cleanings, Bitewing X-rays
Basic	80% Fillings, simple extractions, scaling & planning, root canal	80% Fillings, simple extractions, scaling & planning, root canal
Major	50% Bridges, dentures, crowns	50% Bridges, dentures, crowns
Orthodontia		
Adults and dependent children	50%	N/A
Lifetime orthodontia plan maximum (per individual)	\$1,000	N/A

1. Applies to basic and major services only

2. Cigna features a "Progressive Maximum." This means members who have a preventive service (cleaning, x-ray, exam) during the plan year will have their annual maximum increased by \$150 dollars the following year. The highest possible maximum a member can obtain is \$1,950 for the Dental PPO Plan and \$1,450 for the In-Network Only Plan (4 years of receiving the increased \$150 progressive maximum benefit). To maintain the \$1,950 after 4 years, the member must keep receiving their annual preventive visit.

Per Pay Period Contributions¹

	Dental PPO	In Network Only Plan
Employee	\$15.50	\$5.00
Employee + spouse	\$43.50	\$15.50
Employee + child(ren)	\$56.00	\$19.00
Family	\$76.50	\$25.50

1. Deductions for benefit plans are taken 24 of the 26 pay periods. The first two pay dates in July do not apply.

2. The Dental plan runs on a calendar year basis meaning, the Deductible and Annual Maximums reset on January 1 and run until December 31 annually.

- You can elect one of the Cigna dental plans regardless of whether you are enrolled in the medical or vision plan
- **You will not receive a dental ID card** because you typically do not need to present one when visiting your dentist. To print an ID card, log in to myCigna.com after your enrollment request has been processed

SSG offers employee contributions on both a pre-tax and post-tax basis. On a post-tax basis, this will allow you to drop coverage without an IRS required qualified life event. However, if you do choose to drop coverage, you will not be allowed to re-elect coverage until the next open enrollment. Benefits with a post-tax deduction mean that the benefits are considered taxable income and the value of the company subsidy to the benefits will be added to your W2 as “imputed” income.





CIGNA VISION PLAN

Cigna's vision care benefit includes coverage for eye exams, standard lenses, frames, contact lenses and discounts for laser surgery. Cigna utilizes the EyeMed network of vision providers which provides you with the strongest coverage when seeking vision care. You have the option to seek out of network coverage. Typically this requires you to submit claims information to Cigna and reimbursement is based on the schedule as shown below and within the SPD.

Locate a Provider in the Cigna Network

To locate a provider,
visit [Cigna.com](https://www.cigna.com).

	In-Network Cost	Out-of-Network Reimbursement
Eye exam with dilation as necessary (every 12 months¹)	\$20 copay	Up to \$45 after copay
Standard lenses (every 12 months)		
Single vision	\$20 copay	Up to \$32 after copay
Bifocal	\$20 copay	Up to \$55 after copay
Trifocal	\$20 copay	Up to \$65 after copay
Frames (every 24 months)		
Frames	\$130 allowance, 20% discount on remaining balance	Up to \$71
Contact lenses (every 12 months in lieu of glasses)		
Medically necessary²	Covered in full	Up to \$210 after copay
Elective²	\$170 allowance	Up to \$136

1. Your frequency period begins on January 1 (Calendar Year Basis).

2. Any costs for your contact lens fitting count towards this allowance.

Per Pay Period Contributions¹

	Bi-weekly Contribution
Employee	\$3.69
Employee + spouse	\$6.21
Employee + child(ren)	\$6.33
Family	\$10.02

1. Deductions for benefit plans are taken 24 of the 26 pay periods.
The first two pay dates in July do not apply.

- You can elect the Cigna vision plan regardless of whether you are enrolled in the medical or dental plan.
- You can print your ID card anytime on [myCigna.com](https://mycigna.com)

SSG offers employee contributions on both a pre-tax and post-tax basis. On a post-tax basis, this will allow you to drop coverage without an IRS required qualified life event. However, if you do choose to drop coverage, you will not be allowed to re-elect coverage until the next open enrollment. Benefits with a post-tax deduction mean that the benefits are considered taxable income and the value of the company subsidy to the benefits will be added to your W2 as "imputed" income.

GUARDIAN LIFE AND AD&D INSURANCE

The Stepping Stones Group's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and accidental death and dismemberment (AD&D) coverage are provided automatically at no cost for benefit eligible employees. In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident, you are covered under the AD&D insurance for the same amount, so the total benefit is \$100,000.

Group Term Life and AD&D	100% Paid by the Employer
Employee	\$50,000

Voluntary Life and AD&D Insurance

Employees have the ability to purchase additional life insurance. In order to cover your dependents, you must enroll in coverage yourself. Rates are age banded based on the employee age and adjust in five year increments. Benefits are paid through payroll contributions.

Voluntary Life and AD&D	100% Paid by the Employee
Employee	Increments of \$10,000 Maximum Coverage: \$500,000 Guarantee Issue: \$150,000
Spouse	Increments of \$5,000 Maximum Coverage: 100% of employee coverage election with a maximum of \$250,000 Guarantee Issue: \$50,000
Child(ren)	Increments of \$5,000 Maximum Coverage: 100% of employee coverage elections with a maximum of \$10,000

During this open enrollment, all employees have the option to elect coverage up to the Guarantee Issue Amount even if you previously declined, with the only exception being if you applied for and were denied coverage by Guardian in the past. Elections over the guaranteed issue require you to answer medical questions. In future years, all amounts will require that you answer medical questions if you enroll outside your initial new hire election period, and your coverage will be subject to approval by Guardian.

After your initial enrollment period, EOI will be required for current enrollees (with employee level coverage) wishing to increase by more than \$50,000 or if your total coverage amount will exceed GI. Spouse coverage requires EOI after initial enrollment/eligibility and for amounts above the guaranteed issue. Child life does not require EOI.

NOTE: Dependent coverage includes spouses to age 70 and dependent children to age 26 (regardless of student status).

Here are some helpful insurance terms:

AGE REDUCTION:

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

Age reduction schedule:

Age 65 to 69:

Benefit decrease to 65% of original benefit

Age 70+:

Benefit decrease to 50% of original benefit

PORTABILITY AND CONVERSION:

Portability and conversion are available if your employment with The Stepping Stones Group ends. Portability allows you to continue your voluntary term life coverage while the conversion option allows you to convert your term life policy into an individual whole life policy.



GUARDIAN DISABILITY PLANS

The Stepping Stones Group offers short-term and long-term disability plans with Guardian to provide financial assistance in case you become disabled and unable to work. You can choose to enroll or waive the coverages.

Short-Term Disability (STD) Plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. After completing a 30-day eligibility period, you can receive the benefit of 60% of your eligible weekly base pay, up to a maximum \$1,200 per week, for up to 9 weeks following the 30-day eligibility period. Stepping Stones Group pays for 50% of the cost of short term disability coverage. During this open enrollment, all employees have the option to elect coverage even if you previously declined, with the only exception being if you applied for and were denied coverage by Guardian in the past. In any future enrollments, if you enroll outside your initial new hire election period, you will be required to answer medical questions and your coverage will be subject to approval by Guardian.

Employer sponsored STD is not available for employees who work in CA and Hawaii. Visit edd.ca.gov/disability for disability benefits that may be available to CA employees. For Hawaii employees please see your separate Hawaii Guide insert for STD details.

Coordination of disability benefits

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

Short-term disability eligibility — full-time employees	SSG Pays 50% / Employees pay 50%
Weekly benefit amount	60%
Weekly benefit maximum	\$1,200 weekly
Benefits begin	30th day for illness, 30th day for accident
Benefits duration	up to 9 weeks ¹

1. Duration starts following the 30-day eligibility period

Example Cost Scenario:
\$60,000 annual pay

Cost = \$0.24 per \$10 benefit split between you and SSG

To calculate your weekly benefit: Annual Pay / 52 Weeks x .60

$$\frac{\$692 \times \$0.24}{10} = \$16.61$$

Benefit Per Week

SSG pays - \$8.31 Monthly

YOU pay - \$8.30 Monthly (or \$4.15 Per paycheck)

Total Monthly Cost

NOTE: Employee contributions will be a on a post-tax basis. The employer portion of the premium will be taxable upon claim - the employee paid portion will be tax free.

Long-Term Disability (LTD) Plan

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you to return to work, if appropriate. If you become totally disabled, you will receive 60 percent of your base salary, up to \$6,000 per month. Benefits begin after you have satisfied the 90 day waiting period, also called the elimination period. You must elect this valuable coverage if you wish to have the protection, and the premium associated is reflected during your enrollment on the Kronos portal.

Long-term disability eligibility — full-time employees	100% paid by the employee
Monthly benefit amount	60% of covered pre-disability earnings
Monthly benefit maximum	\$6,000/month
Benefits duration	Social Security Normal Retirement Age (SSNRA)
Pre-existing condition limitation	Look-back: 3 months Limitation Period: 12 months
Waiting period	90 days

During this open enrollment, all employees have the option to elect coverage even if you previously declined, with the only exception being if you applied for and were denied coverage by Guardian in the past. Elections over the guaranteed issue require you to answer medical questions. In future years, all amounts will require that you answer medical questions if you enroll outside your initial new hire election period, and your coverage will be subject to approval by Guardian.

Age Band	Per paycheck per \$100 of covered monthly payroll	
	California Employees	Non-California Employees
<25	\$0.08	\$0.125
25-29	\$0.10	\$0.16
30-34	\$0.15	\$0.24
35-39	\$0.26	\$0.415
40-44	\$0.385	\$0.615
45-49	\$0.505	\$0.80
50-54	\$0.655	\$1.03
55-59	\$0.71	\$1.11
60+	\$0.52	\$0.81

Coordination of disability benefits

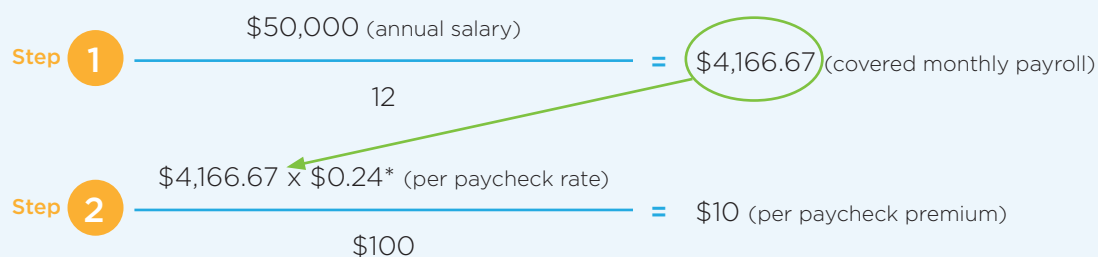
Your STD or LTD benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits and return-to-work earnings. Refer to your certificate of coverage for more details.

Pre-Existing Conditions

You must be covered on the plan for 12 months to submit a claim for a pre-existing condition. Guardian has the ability to review medical information 3 months prior to enrollment to understand if this limitation applies.

Example for LTD Premium Calculation

Non-CA employee, age 32, earning \$50,000 per year





SUPPLEMENTAL HEALTH

Our medical plans offer coverage for many common healthcare services you may require, but you still have to pay out of pocket for deductibles, copays, and other costs that may be related to an injury or sickness. We make Critical Illness, Accident and Hospital Indemnity Insurance plans available to you as supplemental insurance coverages that can help fill important gaps in standard medical plans. These supplemental benefits are available to our employees to purchase direct from Guardian. If you have questions on the plans and how they work or are wondering if they are a good choice for you, contact the PES Benefit Counselors at (551) 308-0045.

Critical Illness

No one plans to get seriously ill, but the reality is people do. Critical Illness Insurance provides lump-sum payments if you or your spouse or dependent is unfortunately diagnosed with a covered critical condition – such as cancer, heart attack or stroke. The policy is designed to assist with the cost of treating and recovering from serious conditions requiring expensive treatment and procedures by paying for costs not covered by your medical plan.

How does Critical Illness Insurance work?

A woman is diagnosed with breast cancer in January. She has an HSA in place, but she'd intended to use the HSA funds to pay for her daughter's braces. As treatment for the breast cancer proceeds, the HSA is quickly drained. The woman needs to see a specialist in another city and, although her medical plan pays for her treatments, she and her husband have to live in an apartment for three weeks—a cost the medical plan doesn't cover. In May, she needs surgery, and her husband takes family medical leave for a month, without pay, to help her recuperate.

- **SCENARIO 1** – The family must raise the funds to pay for the costs that the woman's medical plan does not cover.
- **SCENARIO 2** – She purchases Critical Illness insurance through her employer that pays a \$30,000 lump sum benefit. They use the \$30,000 to cover the extra expenses of staying in the apartment for three weeks, so when the husband is deciding to take time off from work, expense is no longer a factor. They even use some of the funds to pay for their daughter's braces.

FIVE YEARS LATER: The woman has a clean bill of health. Under Scenario 1, the family is still paying off their debt. Under Scenario 2, they have no unfunded liabilities and are able to add to their savings.

EE: Options of \$10,000, \$20,000 or \$30,000 Benefit

Spouse or Dependent Child: 50% of Employee Election

Note: Spouse rates are based on employee age.

NOTE: See benefit summary for listing of covered conditions and occurrence details.
Critical Illness rates are age banded per \$10,000 based on elected benefit and employee age.

Accident Insurance

Accidents happen every 2 seconds at home and every 9 seconds on the road. Accidents can be expensive—even with medical coverage additional expenses can add up quickly. Accident insurance is an extra layer of protection that pays a lump sum when you suffer an unexpected, qualifying accident. You can use the money to cover any extra, out-of-pocket expenses associated with your injury, such as emergency treatment, hospital stays, medical exams, copays and deductibles, as well as other expenses you may face such as transportation and lodging needs, mortgage or rent, utility bills, and other daily expenses.

Per Paycheck Contributions	
Employee	\$4.77
Spouse	\$7.66
Child(ren)	\$8.19
Family	\$11.08

How does Accident Insurance work?

A teenager breaks his leg mountain biking. He requires an ambulance to transport him to an emergency room, where he receives treatment and is released to his parents.

- **SCENARIO 1** - The teen's parents must pay for the costs that their medical plan does not cover out of their savings.
- **SCENARIO 2** - The teen's parents are covered under an Accident policy purchased through work. The policy is designed to pay their out-of-pocket costs associated with the teen's ambulance and ER visit.

Hospital Indemnity Insurance

Hospital indemnity insurance is designed to pay for the costs of hospital admission that may not be covered by other insurance, such as deductibles and copays. The plan covers your costs when you are admitted to a hospital or ICU for a covered sickness or injury. More than half of Hospital Indemnity Insurance claims involve deductible costs associated with maternity.

Per Paycheck Contributions	
Employee	\$8.58
Spouse	\$13.31
Child(ren)	\$13.03
Family	\$17.75

Hospital Admission / ICU Admission	\$1,000 / \$2,000 per admission (to a maximum of 2 per year)
Hospital / ICU Confinement Benefit	\$100 / \$200 per day (to a maximum of 15 days per year)
Normal Pregnancy is included with no 9 month limitation	

How does Hospital Indemnity Insurance work?

An employee's spouse is admitted to the hospital for childbirth and spends three days.

- **SCENARIO 1** - The employee's medical plan has a \$5,000 deductible. The employee is responsible for paying the full \$5,000 deductible before the medical plan begins covering any costs.
- **SCENARIO 2** - The employee & spouse are covered under a Hospital Indemnity policy. The plan pays \$1,000 towards the \$5,000 medical plan deductible, plus an additional \$100 for 3 days in the hospital. This means the hospital plan pays a total of \$1,300 towards the \$5,000 medical deductible. The employee is then responsible for the remaining \$3,700.

NOTE: See benefit summaries for plan details and costs. Rates are based on enrollment tier - Employee Only, Employee + Spouse, Employee + Child(ren) and Family.



ALLSTATE WHOLE LIFE WITH LONG-TERM CARE

Life insurance is for the living. Group Whole Life Insurance from Allstate Benefits gives you straightforward and permanent coverage with a cash benefit to help protect your family's financial future. You decide who to cover and how much coverage is needed. Rates are guaranteed for the life of the policy, and you can build cash value over time with the option to borrow against it, if necessary. Losing a loved one is one of life's most painful moments, but having the right coverage can bring comfort when it's needed most.

With GWL Insurance from Allstate Benefits:

- A guaranteed death benefit is paid to the beneficiary of your choice
- With planning, the death benefit can pass to your beneficiaries free of state or federal estate taxes (consult with your tax advisor for specific information)
- Additional coverage is available for your spouse
- Affordable premiums are conveniently deducted from your paycheck
- You may be able to take the coverage with you if you change jobs or retire (refer to your certificate for details)

Benefits include:

- Lump-sum cash benefit when you die; or
- Lump-sum maturity benefit should you live to age 121

Optional Rider Benefits available¹:

- Accidental Death Benefit – an additional death benefit is paid if death occurs from an accidental bodily injury
- Accelerated Death Benefit for Long Term Care² – you receive a monthly advance of the death benefit (employers may choose 4% for up to 25 months or 6% for up to 17 months) while receiving qualified long-term care services when certified chronically ill by a licensed health care practitioner
Pay or Waiver of Premium for Total Disability – we waive your planned premiums when we receive proof that you are or have been totally disabled for at least six months
- Accelerated Death Benefit for Terminal Illness or Condition – you receive an advance of the death benefit, up to 75% of the face amount, when certified terminally ill

Optional Rider Benefits available: (continued)

- Spouse's 20 Year Term³ - 20-year level term insurance (not available if spouse is covered under a separate certificate)
- 20 Year Term (for primary insured) - level term insurance for 20 years, or to age 70 if earlier
- Accelerated Death Benefit for Long Term Care with Extension of Benefits² - you receive a monthly advance of the death benefit (employers may choose 4% for up to 50 months or 6% for up to 34 months) while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner
- Accelerated Death Benefit for Long Term Care with Restoration of Benefits² - you receive a monthly advance of the death benefit (employers may choose 4% for up to 25 months or 6% for up to 17 months) while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner
- Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits² -you receive a monthly advance of the death benefit (employers may choose 4% for up to 50 months or 6% for up to 34 months) while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts, and the extension benefit extends the death benefit for the period equal to the original benefit term.
- Accelerated Death Benefit for Chronic Illness - a lump-sum advance of 50% or 100% of the death benefit when certified chronically ill by a licensed health care provider.

¹The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage.

²Pre-Existing Condition Limitation - the Accelerated Death Benefit for Long Term Care Rider, Accelerated Death Benefit for Long Term Care with Extension of Benefits Rider, and Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider, and Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider may contain a pre-existing condition limitation. Please refer to your rider for details.

³Subject to state limitations on dependent life coverage.

Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI); Payor Waiver of Premium for Total Disability (GWPWP); Accidental Death Benefit (GWPADB); Spouse 20 Year Term (GWPST); 20 Year Term (Primary Insured) (GWPTYT); Accelerated Death Benefit for Long Term Care (GWPLTC, GWPLTCI); Accelerated Death Benefit for Long Term Care with Extension of Benefits (GWPLTCE, GWPLTCEI); Accelerated Death Benefit for Long Term Care with Restoration of Benefits (GWPLTCR, GWPLTCRI); Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits (GWPLTCRE, GWPLTCREI) and Accelerated Death Benefit for Chronic Illness (GWPCI).

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.



GUARDIAN EMPLOYEE ASSISTANCE PROGRAM

Guardian's comprehensive ComPsych Employee Assistance Program provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics —such as stress management, dependent/elder care, nutrition, fitness, legal, and financial issues.

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year.

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption, and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation.

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos and slideshows
- Improve your skills with On-Demand trainings

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness Support

Flexible 3-5 coaching session model

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency and more

24/7 Live Assistance

Call: (855) 239.0743
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNow
Web ID: Guardian

FIDELITY RETIREMENT

All employees with the Stepping Stones Group are auto-enrolled and eligible for Fidelity’s retirement program. The below information guides you through the enrollment and website features on how you may manage your account.

There are many great benefits to being a participant in The Stepping Stones Group Retirement Plan. Among those benefits is exceptional customer service— online or by phone. In fact, you can count on The Stepping Stones Group and Fidelity to support you every step of the way.

Best Practices

- The impact of an early start. Your decision to start today could give you quite a bit more at retirement than starting five years from now.
- Contribute as much as you can. That amount can take you a long way toward reaching your financial goals.
- Do what you can afford. Start at a number that feels comfortable to you. You can always change it later. The important thing is to invest what you can afford and start right away.
- Invest more in your plan, pay less in taxes. Your pretax contributions come out of your pay before income taxes are taken out. You can actually lower your current taxes by investing in the plan today.

How much can I contribute?	1% to 90% of eligible compensation, inclusive of pretax and/or Roth deferrals (IRS limit of \$23,000 for 2025)
Can I make a catch up contribution?	If you are age 50 or over by the end of the taxable year and have reached the annual IRS limit or Plan’s maximum contribution limit for the year, you may make additional salary deferral, pretax contributions to the Plan up to the IRS Catch Up Provision Limit (2024 = \$7,500)

How To Enroll in the Retirement Plan

Your plan has an automatic enrollment feature. If the automatic enrollment feature applies, you will be automatically enrolled at 3% of pay unless you elect otherwise. If you are automatically enrolled, your contribution will increase each year by 1% until you reach 10% of pay. If eligible, you will receive a separate notification by mail providing more information about the plan and explaining when the automatic enrollment will occur.

Enrolling in the plan is the best first step towards a more secure retirement.

It’s easy to set up your online account, and manage your plan from anywhere.

- First, go to Fidelity NetBenefits® at netbenefits.com.
- Next, set up your password. If you’re already a Fidelity customer, you can use your existing password. Please note, you will be prompted to enter personal information to verify your identity.
- Finally, click on the link to enroll.
- If you have questions or need help before getting started, visit netbenefits.com or call Fidelity at 1-800-835-5097.



CONTACTS

If you have questions about any of the benefit plan options or need assistance enrolling contact our dedicated team of PES Benefit Counselors at (551) 308-0045 or visit the website at pesenrollments.com/ssg/.

PES Benefit Counselors

(551) 308-0045

pesenrollments.com/ssg/

HR Benefits Team

(866) 600-7598

HR.benefits@ssg-healthcare.com

Medical Plan

Cigna

Group Number: 3342941

(800) 244-6224

myCigna.com

Pre-Enrollment: 1-800-564-7642

Kaiser Permanente

Group Number (N CA): 605527

Group Number (S CA): 231947

(800) 464-4000

healthy.kaiserpermanente.org

Pharmacy

CVS

(833) 843-0558

caremark.com

Dental/Vision

Cigna

Group Number: 3342941

(800) 244-6224

myCigna.com

Health Savings Account

Cigna

1-800-244-6224

myCigna.com

Kaiser

Choicefund.hsabank.com

Flexible Spending Accounts

Cigna

1-800-244-6224

myCigna.com

Group Whole Life

Allstate

Customer Care: 800-521-3535

AllstateBenefits.com

Life/AD&D

Guardian

Group Number: 539231

(800) 525-4542

guardiananytime.com

Pre-Enrollment: 1-888-600-1600

Short- and Long-Term Disability

Guardian

Group Number: 539231

STD: (800) 268-2525

LTD: (800) 538-4583

guardiananytime.com

Pre-Enrollment: 1-888-600-1600

Supplemental Health

Guardian

Critical Illness Insurance

Accident Insurance

Hospital Indemnity Insurance

1-800-541-7846

guardiananytime.com

Employee Assistance Program

Guardian

(855) 239-0743

guidanceresources.com

App: GuidanceNow

WebID: Guardian

Retirement

Fidelity

Group Number: 92695

(800) 835-5097

netbenefits.com



THE STEPPING STONES GROUP

Transforming Lives Together

Final notes

This summary of benefits is not intended to be a complete description of The Stepping Stones Group's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although The Stepping Stones Group maintains its benefit plans on an ongoing basis, The Stepping Stones Group reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact PES Enrollment Benefit Counselors.

