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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 benefits 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.

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) and life, disability, critical illness, accident and hospital plans.

A Few Notes About Enrolling in Benefits

The Stepping Stones Group benefit programs run from October 1st to September 30th each year. 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 LTD programs may require medical underwriting if you do not enroll during initial eligibility or a special enrollment period.

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@thestepingstonesgroup.com for assistance and support in processing your change by the IRS deadline.

How To Enroll

Review this 2021-2022 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 you should be electing under.

Need Help? If you require assistance with enrolling in benefits, please contact the PES Benefit Counselors at (551) 308-0045 or online at www.pesenrollments.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 + HSA
- Cigna Mid Plan
- Cigna Choice Plan
- Kaiser HSA Plan (Options available in Northern and Southern CA)
- 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 then deductible	\$500 copay then 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

Per Pay Period Contributions²

	Base Plan	Mid Plan	Choice Plan
Employee	\$54.50	\$116.00	\$157.50
Employee + spouse	\$315.00	\$420.00	\$662.00
Employee + child(ren)	\$210.00	\$357.50	\$525.50
Family	\$394.00	\$630.50	\$840.50

1. The deductible resets on October 1, 2021 and will run until September 30, 2022.

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

Participants do not need to enroll in the medical program to be eligible for dental or vision coverage.

NOTE: 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.



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 both Amwell and MDLIVE, you can speak with a doctor for help with:

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

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” OR 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
Deductible¹	
Employee only	\$2,000
Family coverage	\$4,000 ²
Member coinsurance	N/A
Out-of-pocket maximum (includes deductible)	
Employee only	\$3,000
Family coverage	\$6,000 ²
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	\$40 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.

Per Pay Period Contributions³

	Kaiser HSA Plan (CA Only)
Employee	\$58.50
Employee + spouse	301.50
Employee + child(ren)	\$221.50
Family	\$383.50

1. The deductible resets on October 1, 2021 and will run until September 30, 2022.
2. Deductible is \$2,800 for any one member within a family enrollment. Out-of-Pocket Maximum is \$3,000 for any one member in a family.
3. Deductions for benefit plans are taken 24 of the 26 pay periods. The first two pay dates in January do not apply. You do not have to elect medical coverage to be eligible for dental or vision insurance.

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



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 HSA plans, you can open an HSA bank account through Navia.**

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.

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 HSA plans.
- 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

Once your account is open, you can access it via naviabenefits.com. 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 Navia in partnership with Avidia Bank. 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 the 2021-2022 plan year?

- Under age 55 (and not enrolled in Medicare):
 - Individual: \$3,600 (2021 calendar year) and \$3,650 (2022 calendar year)
 - Individual + Dependents: \$7,200 (2021 calendar year) and \$7,300 (2022 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



Navia Benefit Solutions 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 \$2,750 per year 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 Navia Benefit Solutions, to make using your funds simple. You may be required to substantiate claims, so be sure to keep your receipts. Expenses must be incurred by September 30, 2022 to be considered eligible for reimbursement. You have until January 31, 2023 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 Navia Benefit Solutions by visiting naviabenefits.com and using company code: **MYT**. Expenses must be incurred by September 30, 2022 to be considered eligible for reimbursement. You have until January 31, 2023 to submit claims for reimbursement.

Remember: Use it or lose it!

Funds contributed into your FSAs must be used to pay for eligible expenses incurred within the plan year. Any funds remaining in the Dependent Care FSA after the end of the run-out period will be forfeited. Both the Healthcare & Limited Purpose FSA's allow participants to rollover up to \$500 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.

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.

Online Resources

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

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

To see a current provider directory, please visit Cigna.com.

	Cigna Total Network Dental PPO In- or Out-of-network	Cigna Advantage Network In-Network Only Plan In-network
Deductible¹		
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 January do not apply.

- 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



CIGNA VISION PLAN

Cigna’s vision care benefit includes coverage for eye exams, standard lenses, frames, contact lenses and discounts for laser surgery. Cigna has a network of vision providers who have agreed to negotiated rates. This provides you 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 January 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://www.mycigna.com)

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 benefits 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

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.

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

Evidence of Insurability (EOI) will be required for coverage amounts over the Guaranteed Issue (GI) amount. 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).



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 from the date you became disabled. Stepping Stones Group pays for 50% of the cost of short term disability coverage.

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.

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 from the date of disability

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.

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

$$\begin{array}{r}
 \$692 \times \$0.24 = \$16.61 \\
 \text{Benefit Per Week} \quad \quad \quad \frac{\quad}{10} \quad \quad \quad \text{Total Monthly Cost}
 \end{array}$$

- SSG pays - \$8.31 Monthly
- YOU pay - \$8.30 Monthly (or \$4.15 Per paycheck)

NOTE: Employee contributions will be 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 your initial eligibility period, you can purchase this benefit with no underwriting. In subsequent enrollment periods, you will be required to satisfy Evidence of Insurability (EOI).

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

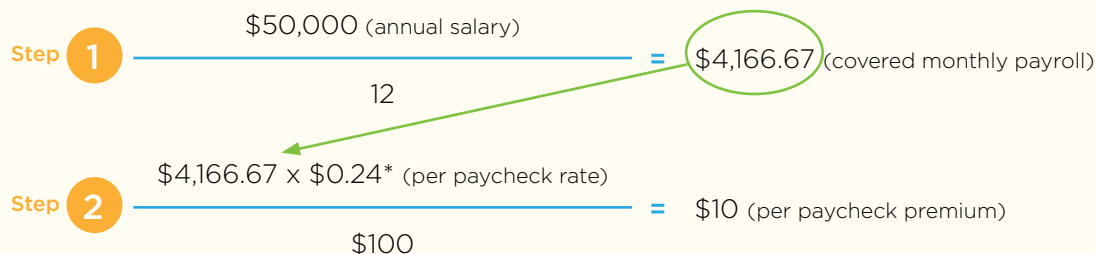
Your STD or LTD benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits and return-to-work earnings. Refer to your certificate of coverage for more details.

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.

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.

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.

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.

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.

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

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.

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

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.



GUARDIAN EMPLOYEE ASSISTANCE PROGRAM

Guardian's comprehensive WorkLifeMatters Employee Assistance Program, available through Integrated Behavioral Health, 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.

Consultative Services & Resources

- **Telephonic Counseling**—Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling**—Up to three visits per household member per year
- **Bereavement**—Support available through telephonic or face-to-face sessions
- **Tobacco Cessation Coaching**—Unlimited telephonic support and resources to assist with tobacco cessation
- **EAP Website Resources**—Comprehensive website that includes articles, videos, FAQs, employee discounts, etc.
- **College Planning Resources**—Expert assistance in finding the right college
- **Child and Elder Care Referral**—Unlimited telephonic consultation with a WorkLife Specialist

Legal/Financial Assistance & Resources

- **Legal Consultation**—Unlimited telephonic support, will prep and legal document resources, and free initial 30 minute face-to-face consultation
- **Financial Consultation**—Unlimited telephonic support for financial problems, planning needs, or tax consultation
- **ID Theft**—Free consultation with a trained Fraud Resolution Specialist

Phone: 1-800-386-7055

Visit: ibhworklife.com

Enter The Password: wlm70101

Click on: Worklife Matters EAP

Login using User Name: Matters

Password: wlm70101

All resources are available 24 hours a day,
7 days a week.

FIDELITY RETIREMENT

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 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.

How much can I contribute?	1% to 90% of eligible compensation, inclusive of pretax and/or Roth deferrals (IRS limit of \$20,000 for 2022)
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 (2021 = \$6,500)

If you have questions about any of the benefit plan options or need assistance enrolling contact our dedicated team of PES Benefit Counselors at (515) 308-0045 or visit the website at www.pesenrollments.com/ssg/.

PES Enrollments

(551) 308-0045

www.pesenrollments.com/ssg/

Human Resource Team

(866) 600-7598

HR@thesteppingstonesgroup.com

Medical Plan/Rx

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

Health Savings Account

Navia - Avidia Bank

Group Number: MYT

(425) 217-0927

naviabenefits.com

Flexible Spending Accounts

Navia Benefit Solutions

Group Number: MYT

(425) 452-3500

naviabenefits.com

Dental/Vision

Cigna

Group Number: 3342941

(800) 244-6224

myCigna.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

1-800-541-7846

guardiananytime.com

Accident Insurance

1-800-541-7846

guardiananytime.com

Hospital Indemnity Insurance

1-800-541-7846

guardiananytime.com

Employee Assistance Program

Guardian

(800) 386-7055

ibhworklife.com

User Name: Matters

Password: wlm70101

Retirement

Fidelity

Group Number: 92695

(800) 835-5097

netbenefits.com

