

mills.
P R O P E R T I E S

2025 Benefit Guide
01/01/2025 – 12/31/2025



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This guide summarizes the benefit plans that are available to Mills Group, Inc. eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this guide is not a guarantee of benefits



A Message from HR at Mill's Group, Inc.

At Mill's Group, Inc. we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This benefit guide will help you choose the type of plan and level of coverage that is right for you.



Benefits for You & Your Family

Mills Group, Inc. is pleased to announce our 2025 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Mills Group, Inc. benefits available during open enrollment:

- Medical
- Dental
- Vision
- Life and AD&D
- Voluntary Life
- Short Term Disability
- Long Term Disability
- Critical illness
- Hospitalization
- Accident

Who is Eligible?

Full-time employees working at least 30+ hours and their eligible dependents may participate in the Mills Group, Inc. benefits program.

Generally, for the Mills Group, Inc. benefits program, dependents are defined as:

- Your spouse
- Dependent “child” up to age 26



When and How Do I Enroll?

New hires are eligible to enroll in Mills Properties' benefits on their first day of employment and have 30 days to complete enrollment. Login to Rippling to enroll.

When is My Coverage Effective?

The effective date for your benefits is your hire date of hire.

Changing Coverage During the Year


You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event. Please contact HR@millsproperties.com for more information.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.



Medical Insurance

Mills Group, Inc. will continue to offer medical coverage. The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.


	\$1,000 PPO		\$3,500 Base PPO + HSA		\$1,800 Buy-Up PPO + HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible						
Individual	\$1,000	\$2,000	\$3,500	\$7,000	\$1,800	\$3,600
Family	\$2,000	\$4,000	\$7,000	\$14,000	\$3,600	\$7,200
Embedded or Aggregate	Embedded		Embedded		Non-Embedded	
Coinsurance	80%	60%	80%	60%	90%	70%
Maximum Out-of-Pocket*						
Individual	\$2,000	\$4,000	\$4,000	\$8,000	\$3,000	\$6,000
Family	\$4,000	\$8,000	\$8,000	\$16,000	\$6,000	\$12,000
Physician Office Visit						
Primary Care	\$30 copay	60%*	80%*	60%*	90%*	70%*
Specialty Care	\$50 copay	60%*	80%*	60%*	90%*	70%*
Preventive Care						
Adult Periodic Exams	No Charge	60%*	No Charge	60%*	No Charge	70%*
Well-Child Care	No Charge	60%*	No Charge	60%*	No Charge	70%*
Diagnostic Services						
X-ray and Lab Tests	80%*	60%*	80%*	60%*	90%*	70%*
Complex Radiology	80%*	60%*	80%*	60%*	90%*	70%*
Urgent Care Facility	\$75 copay	60%*	80%*	60%*	90%*	70%*
Emergency Room	\$200 copay		80%*		90%*	
Inpatient Facility Charges	80%*	60%*	80%*	60%*	90%*	70%*
Outpatient Facility and Surgical Charges	80%*	60%*	80%*	60%*	90%*	70%*
Mental Health and Substance Abuse						
Inpatient	80%*	60%*	80%*	60%*	90%*	70%*
Outpatient	\$30 copay	60%*	80%*	60%*	90%*	70%*
Other Services						
Chiropractic	Up to 26 visits. See plan docs for more info	Not covered	Up to 26 visits. See plan docs for more info	Not covered	Up to 26 visits. See plan docs for more info	Not covered

* = after deductible

Important Reminder!

Mills Group, Inc. will MATCH individual coverage HSA contributions up to \$250 and up to \$500 for all other coverage.



	\$1,000 PPO		\$3,500 Base PPO + HSA		\$1,800 Buy-Up PPO + HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)						
Generic (Tier 1)	\$10 copay	50% (deductible does not apply)	80%*	60%*	90%*	70%*
Preferred (Tier 2)	\$30 copay	50% (deductible does not apply)	80%*	60%*	90%*	70%*
Non-Preferred (Tier 3)	\$50 copay	50% (deductible does not apply)	80%*	60%*	90%*	70%*
Preferred Specialty (Tier 4)	80% up to \$350 (deductible does not apply)	50% (deductible does not apply)	80%*	60%*	90%*	70%*
Mail Order Pharmacy (90 Day Supply)						
Generic (Tier 1)	\$20 copay	Not Covered	80%*	Not Covered	90%*	Not Covered
Preferred (Tier 2)	\$75 copay	Not Covered	80%*	Not Covered	90%*	Not Covered
Non-Preferred (Tier 3)	\$125 copay	Not Covered	80%*	Not Covered	90%*	Not Covered
Preferred Specialty (Tier 4)	80% up to \$350 (deductible does not apply)	Not Covered	80%*	Not Covered	90%*	Not Covered
Employee Contributions (Monthly)						
Employee Only	\$200.00		\$20.00		\$120.00	
Employee + Spouse	\$500.00		\$190.00		\$400.00	
Employee + Child(ren)	\$350.00		\$70.00		\$200.00	
Family	\$750.00		\$280.00		\$550.00	

* = after deductible

Example

\$1,000 PPO		\$3,500 Base PPO + HSA		\$1,800 Buy-Up PPO + HSA	
Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
The plan's overall deductible	\$1,000	The plan's overall deductible	\$3,500	The plan's overall deductible	\$1,800
Specialist copayment	\$50	Specialist coinsurance	20%	Specialist coinsurance	10%
Hospital (facility) coinsurance	20%	Hospital (facility) coinsurance	20%	Hospital (facility) coinsurance	10%
Other coinsurance	0%	Other coinsurance	20%	Other coinsurance	10%
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasound and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasound and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasound and blood work</i>) Specialist visit (<i>anesthesia</i>)	
Total Example Cost	\$12,700	Total Example Cost	\$12,700	Total Example Cost	\$12,700
In this example, Peg would pay:		In this example, Peg would pay:		In this example, Peg would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$1,000	Deductibles	\$3,500	Deductibles	\$1,800
Copayments	\$0	Copayments	\$0	Copayments	\$0
Coinsurance	\$1,000	Coinsurance	\$500	Coinsurance	\$1,100
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$60	Limits or exclusions	\$60
The total Peg would pay is	\$2,060	The total Peg would pay is	\$4,060	The total Peg would pay is	\$2,960





The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar [anthem.com/es](https://www.anthem.com/es).



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

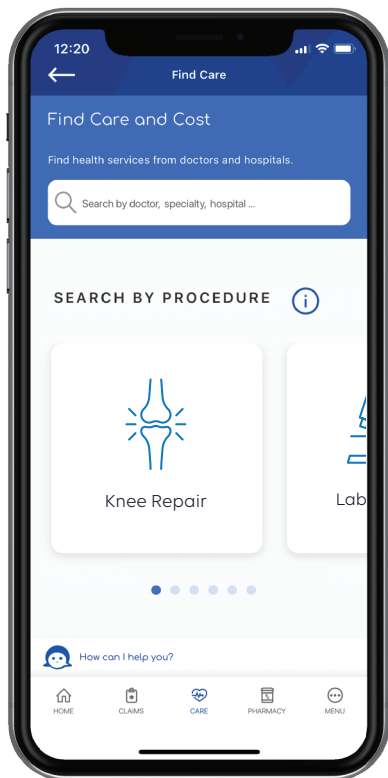
In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important — and choosing one in your plan's network helps lower your costs. The **Find Care** tool on the SydneySM Health app and [anthem.com](https://www.anthem.com) can help you do both.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match**. There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.



Search by name, specialty, or procedure.



Customize and refine results.



Compare doctors and costs.



Download the Sydney Health app

Scan the QR code to download the Sydney Health app. Choose **Find Care and Cost** from the **Care** menu.

¿Prefieres obtener información en español? Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige el **idioma de la aplicación**. También puedes visitar [anthem.com/es](https://www.anthem.com/es).

* On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user-experience improvements.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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Wellbeing Solutions

can help you achieve better health



Your whole health matters. That's why your plan includes Wellbeing Solutions. This suite of programs helps you with everyday health and covers all areas of your well-being.

It's easy to participate in Wellbeing Solutions programs using SydneySM Health, our fully integrated mobile app, and **anthem.com**. Access these resources anytime to find Wellbeing Solutions programs that match your healthcare needs.

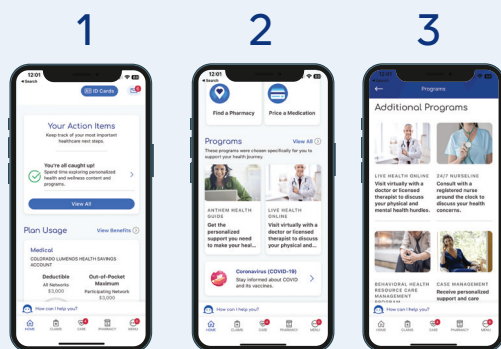
Connect with Sydney Health

Use Sydney Health for a convenient way to find information about your medical, pharmacy, dental, vision, and Wellbeing Solutions benefits.

1. Download, open, register, and/or sign into the Sydney Health mobile app.
2. Scroll down to *Programs* from the homepage and choose **View All**.
3. Browse the wellness programs included in your plan.



Scan this QR code with your smartphone to download the Sydney Health app.



Making your well-being a priority

Explore Wellbeing Solutions programs at [Sydney Health > My Health Dashboard > Programs](#)



Mental health resources

Behavioral Health Case Management. If you're trying to manage a behavioral health condition, you don't have to do it alone. Our behavioral health case managers are licensed mental health professionals who provide strong support for you and your family. They offer guidance for you and your loved ones to help improve your quality of life.

Emotional Wellbeing Resources. Learn effective ways to develop resilience, reduce stress, and practice mindfulness. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being. Through online programs and personalized coaching, you'll learn effective ways to manage stress, anxiety, depression, substance use, and sleep issues.

Autism Spectrum Disorder Program. Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and address any unique family challenges. We focus on the whole family and work with all of you to understand and access available care.



Personalized support

Case Management. After an illness or hospitalization, you can receive one-on-one support and care coordination from our team of medical professionals. They partner with you and your family to help guide you through the healthcare system and make the most of your benefits. Their goal is to understand your needs from all angles and help you get the best care possible.

ConditionCare. Receive personalized support from a healthcare professional for a chronic condition, like asthma or diabetes, to help you reach your health goals. We may call you to find out if ConditionCare could help you manage your condition and reach your health goals.

Health Assessment. Complete your health assessment to receive your personalized report. Know what's going well and if there are any at-risk areas you could work on to improve your health.

MyHealth Advantage. We provide you with a confidential health summary that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.





Care when you need it most

24/7 Nurseline. Talk to a trained, registered nurse without leaving your home. Convenient, 24/7 care means you can quickly get the answers you need to common health concerns.

Building Healthy Families. Personalized, on-demand health support for your growing family. Your nurse is available to you by phone throughout your pregnancy and postpartum. You'll also have 24/7 access to a convenient online hub with extensive tools and information at no extra cost to you.

We're glad to support you

With Wellbeing Solutions, you can continue on your path to whole-person health knowing you have the care and support to help you with each step. If you have any questions, call the Member Services number on your ID card.



Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

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HSA Frequently Asked Questions

What is a Health Savings Account? What are the advantages?



Q
A

What is a Health Savings Account (HSA)?

An HSA is a type of account you can use to set aside money to pay for qualified health care expenses. You generally don't have to pay taxes on money contributed to or withdrawn from an HSA, as long as the money is spent on a qualified health care expense.

Q
A

What is a qualified high deductible health plan (QHDHP), and what does it have to do with an HSA?

To open an HSA, you must be enrolled in a qualified high deductible health plan (QHDHP). As the name implies, QHDHPs have higher deductibles than traditional health plans. The advantage of this type of plan is that the premiums are lower than other types of plans and you have more control over your health care costs.

Q
A

How does an HSA work?

You contribute funds to the HSA to fund the account, often through payroll deductions. Your employer may also contribute to the account. Use your HSA debit card to pay for a qualifying expense. Or, if you don't have a debit card, pay for the expense and submit to your HSA for reimbursement.

Q
A

Do I qualify for an HSA?

The key qualification for an HSA is that you must be enrolled in a QHDHP, with no other health coverage. You also cannot be enrolled in Medicare or claimed as a dependent on someone else's taxes. For more details on eligibility requirements, see IRS Publication 969.

Q
A

How much can I contribute?

The IRS sets a limit for HSA contributions each year. For 2024, the limit is \$4,150 for an individual and \$8,300 for a family.

Q
A

Who can use the money in my HSA?

You may use the money in the HSA to pay for qualified expenses for you, your spouse and dependents. You can use the money for expenses for your spouse and dependents, even if they are not enrolled in the QHDHP.

Q
A

Do I need any documentation to prove my expenses were qualified?

In general, you will not need to provide documentation at the time of withdrawing funds, but keep your receipts! If you are audited, you will need to prove to the IRS that distributions from the HSA were used for qualified health care expenses.

Q
A

What happens if I use the money in my HSA for something other than a qualified health care expense?

If you're under 65, you'll have to pay a 20% penalty and taxes on the withdrawn funds. If you're 65 or older, you will only have to pay taxes on the funds, but will not have to pay the penalty.

Q
A

What if I don't use all the money in my HSA?

The money will rollover to the next year and will even grow with tax-free interest. There's no limit to the amount you can rollover.

Q
A

What if I change jobs or health plans?

HSAs are portable, which means you keep your HSA even if you change employers or health plans.

For more details on HSA rules and eligibility, refer to IRS Publication 969 or your HR department.



This summary is intended to convey general information and is not an exhaustive analysis. This information is subject to change as guidance develops. USI does not provide legal or tax advice. For advice specific to your situation, please consult an attorney or other professional.

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HEALTH SAVINGS ACCOUNTS (HSA): WHAT'S ELIGIBLE?

Take advantage of your HSA to pay for these qualified medical expenses

HSA Qualified Medical Expenses For a health savings account (HSA)

According to IRS rules, to be a qualified expense for medical care, the expense must be primarily for the diagnosis, cure, mitigation, treatment, or prevention of disease or illness. The expense must be for the HSA account holder, the account holder's spouse, child under age 27 (as of the end of the tax year) or tax dependent. For more information on HSAs, please review IRS Publication 969. Listed below are examples of medical expenses that may be eligible for reimbursement from an HSA, when the services are not covered by the high deductible health plan.

- Acupuncture
- Alcoholism
- Ambulance
- Bandages
- Birth control pills
- Body scan
- Braille books and magazines (only amounts above the regular cost of the printed material)
- Breast pumps and supplies
- Breast reconstruction surgery (post mastectomy)
- Cancer screenings
- Chiropractor
- Christian Science Practitioner
- Contact lenses and supplies
- CPAP (continuous positive airway pressure) devices
- Crutches
- Dental treatment
- Diagnostic devices
- Disabled dependent care medical expenses
- Drug addiction treatment
- Eye exam
- Eyeglasses
- Eye surgery
- Fertility treatments (but not surrogacy or egg donor expenses)
- Hearing aids
- Hospital services
- Intellectually and developmentally disabled, special home for
- Laboratory fees
- Lactation expenses
- Learning disability, instructional fees
- Lodging when principal reason for being there is to receive medical care (up to \$50 per person)
- Menstrual products
- Nursing home
- Nursing services
- Optometrist
- Orthodontia
- Osteopath
- Over-the counter medicines and drugs
- Oxygen
- Prescribed medicines and drugs
- Physical examination
- Pregnancy test kit
- Prosthesis
- Psychiatric care
- Psychoanalysis (for medical care)
- Psychologist (for medical care)
- Sterilization
- Stop-smoking programs and medications
- Surgery
- Therapy (physical, occupational, speech)
- Transplants
- Transportation primarily for, and essential to, medical care
- Wheelchair
- X-ray

Note: This list is not all-inclusive and is to be used for informational purposes only. For more information or clarification on list items, refer to IRS Publication 502 or consult a tax professional.

Source: <https://www.irs.gov/pub/irs-pdf/p502.pdf>

This summary is intended to convey general information and is not an exhaustive analysis. This information is subject to change as guidance develops. USI does not provide legal or tax advice. For advice specific to your situation, please consult an attorney or other professional.

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The information in this document was current as of August 14, 2020.



HSA and FSA Accounts

While health insurance covers a portion of medical expenses and reduces your out-of-pocket costs, HSAs and FSAs are there to cover what remains. They each offer unique benefits to account-holders, but both provide tax-free money via automatic deductions from payroll that are deposited without being taxed.

For both accounts, if the money is used for qualified medical expenses, this money remains tax-free.

Health Savings Account (HSA)

A Health Savings Account is an optional benefit plan for anyone enrolled in a High-Deductible Health Plan that allows you to have pre-tax funds deducted from your pay for eligible health care expenses. HSA's provide a triple-tax advantage, making them a strategic tool for spending, saving, and investing.

- Contributions are tax-free
- Earnings are tax-free (any funds not used can be invested)
- Withdrawals for eligible expenses are tax-free

Flexible Spending Account (FSA)

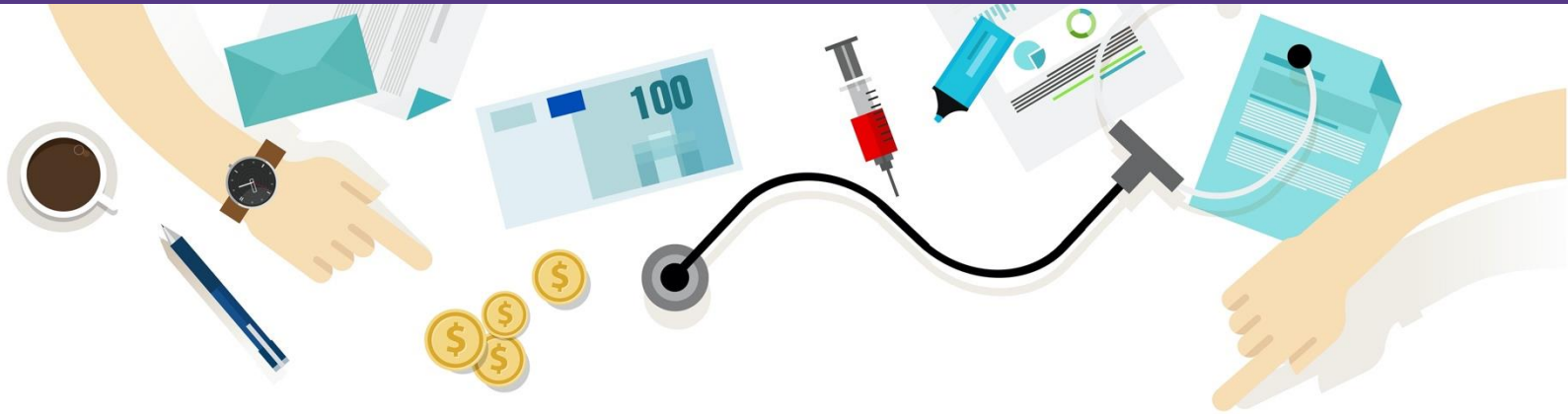
A Flexible Spending Account (FSA) is an optional benefit plan that allows you to have pre-tax funds deducted from your pay for eligible health care or dependent care expenses. While anyone can enroll in the dependent care FSA, you must be enrolled in the PPO Plan to enroll in a medical FSA.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Owner	You own the account	Mills owns the account
Eligibility	Must be enrolled in the Base or Buy-up HSA Plan	Must be enrolled in the PPO Plan
Carry-over	Funds carryover to next year	You lose anything not spent by the end of the current year
Portability	You keep the balance if you leave Mills	You forfeit your balance if you leave Mills
Investment Options	You can invest funds	You cannot invest funds
Availability	Only funds that have been contributed are available	All funds are available on the 1st day



Making the Most of Your FSA

What is a Flexible Spending Account?



WHAT IS AN FSA?

A Health Flexible Spending Account (FSA) is a type of tax-advantaged account you can use to pay for certain out-of-pocket health care expenses. Contributions to this account are not taxed in most states, so you save the money that would have been paid in taxes.

CONTRIBUTIONS

- Set your contribution amount at the beginning of the year. After that, you cannot change it unless you experience a qualifying life event.
- Choose your contribution carefully! FSAs have a “use or lose” rule, which means any money left in the FSA at the end of the year is forfeited.
- FSA funds are available up front, at the beginning of the year, even if you haven’t fully funded the account yet.
- For 2024, the IRS contribution limit is \$3,200, though your plan’s limit may be lower.

POPULAR USES FOR FSA MONEY



DENTAL &
ORTHODONTIA



PRESCRIPTIONS



LASIK SURGERY



GLASSES



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DID YOU KNOW?

These items are usually reimbursed by your FSA:



ACUPUNCTURE



FIRST AID KITS



CHIROPRACTOR



**PRESCRIPTION
SUNGLASSES**



FERTILITY TREATMENT



**OVER-THE-COUNTER
DRUGS**



**SMOKING CESSATION
PROGRAM**



THERMOMETERS

See IRS Publication 502 for more information on what's eligible for FSA reimbursement.




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Dental Insurance

Mills Group, Inc. will continue to offer a dental program. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental Insurance Company 01191000		
	Level 1	Level 2	Level 3
Annual Deductible			
Individual	\$50		
Family	\$150		
Waived for Preventive Care?	Yes		
Annual Maximum			
Per Person / Family	\$1,000		
Preventive	100%		
Basic	100%	80%	
Major	60%	50%	
Orthodontia			
Benefit Percentage	50%		
All Eligible Participants	50% up to \$1,000 (lifetime maximum)		
Employee Contributions (Monthly)			
Employee Only	\$12.00		
Employee + Spouse	\$37.00		
Employee + Child(ren)	\$43.00		
Family	\$60.00		

To get the most out of your dental insurance, use level 1 networks. Using level 1 networks gives you the best prices and discounts for any type of service even if the coinsurance is the same. Delta Dental also offers Maximum Rollover Potential. Please see the next page to learn more about this.

Mill's Group Dental Insurance offers Level 1 benefits through the Delta Dental PPO Network and Level 2 benefits will be the Delta Dental Premier Network. To find network providers, go to www.DeltaDentalMO.com and click on "Find a Provider" then "Find a Dentist".





Delta Dental's MAXRollover allows you to roll over a portion of your unused annual benefit maximum to the following year, allowing you to stretch your benefits further. Every participant - enrolled employees and dependents - individually qualifies for the program. Each participant has the potential to roll over and accumulate more funds as the years progress, up to the applicable rollover account limit.

Qualified claims

Covered dental claims for preventive, basic and major coverage levels will be considered qualified claims:

- **Qualified claims can be submitted by any provider. If all qualified claims are submitted by Delta Dental PPO™ providers, qualified participants will roll over an additional bonus amount.**

Maximum rollover potential

The plan's annual benefit maximum and participant's total qualified claims form the basis for the rollover program as outlined below:

Benefit maximum	Payment threshold	Rollover amount	Rollover bonus	Rollover account limit
If the plan's annual benefit maximum is:	And, if the participant's total qualified claims paid do not exceed: ¹	This amount will roll over to the next benefit period:	This additional bonus amount will roll over for qualified participants: ²	The total rollover amount cannot exceed this limit: ³
\$1,000	\$500	\$250	\$100	\$1,000

¹ A qualified claim is a claim for dental services covered under the preventive, basic or major coverage level and subject to the annual benefit maximum. Claims for orthodontic services or non-covered services are not considered qualifying claims.

² When the plan allows qualified claims to be submitted by any provider, a rollover amount is added when the requirements are met; an additional bonus amount will be added if all qualified claims are submitted by a Delta Dental PPO™ provider.

³ Any rollover and/or bonus amount will be accrued in a rollover account and available for use starting in the next benefit period. Each year, qualified participants may continue to add rollover amounts up to the rollover account limit.

Program eligibility

To be eligible for the **MAXRollover** program, participants must meet all of the following requirements:

- The participant must be enrolled for at least the last three months of the benefit period without a break in coverage.
- At least one qualified claim¹ must be submitted within the benefit period.
- Qualified claims paid within the benefit period must not exceed the payment threshold.

24/7 Online Access to Benefits and Service

Visit **www.DeltaDentalMO.com** to:

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility
- Request or download a claim form
- Find a provider
- Order or print an ID card
- Download our mobile app
- Get answers to frequently asked questions



Log In to View Your Benefits

With Delta Dental, you have convenient, around-the-clock access to your benefits. Just visit **www.DeltaDentalMO.com**, and click on one of the **"Member"** or **"Sign In"** links.

To register or log in to access your benefits, follow the easy steps under **"Member Sign In."**



Find a Delta Dental Participating Dentist

It's easy to find dentists near you who participate in the Delta Dental PPOSM Network or Delta Dental Premier[®] Network.

Visit our website, **www.DeltaDentalMO.com**, and click on **"Find a Provider"** then on **"Find a Dentist."**



Customer Service Call: 800-335-8266

If you have not yet enrolled with Delta Dental and have questions about coverage or enrollment, **press 5**.

If you are enrolled with Delta Dental, **press 2** for automated assistance. Still have questions? **Press 9** and a member of our customer service team will assist you.


We are here to help you every Monday through Friday from 7 a.m. to 5 p.m. Central Time.



Want easy access to your dental benefits information anytime and anywhere? Get Delta Dental's free mobile app for iOS (Apple) or Android mobile devices. To download, visit your app store, then search for "Delta Dental."

Vision Insurance

Mills Group, Inc. provides Vision Insurance. Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

	EyeMed Vision Care 9863572	
	In-Network Benefits	Out-of-Network Benefits
Copay		
Routine Exams (Annual)	\$10 Copay	Up to \$30
Materials Copay	\$25 Copay	Reimbursement Varies
Vision Materials		
Lenses	Single: copay Bifocal: copay Trifocal: copay Lenticular: copay Standard Progressive: \$90 copay Premium Progressive: \$90 copay; 20% off retail price less \$120 allowance	Single: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$60 Lenticular: Up to \$60 Standard Progressive: Up to \$40 Premium Progressive: Up to \$40
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Conventional Contacts: \$0 copay; covered 100% up to \$110; then 15% off balance over \$110 Disposable Contacts: \$0 copay; covered 100% up to \$110 Medically Necessary: \$0 copay; covered 100%	Conventional Contacts: Up to \$88 Disposable Contacts: Up to \$88 Medically Necessary Contacts: Up to \$200
Frames	Covered at \$0 Copay, 100% up to \$100, then 20% off remaining balance	Up to \$50
Benefit Frequencies		
Eye Exam, Lenses, Contacts	Every 12 months	
Frames	Every 24 months	
Employee Contributions (Monthly)		
Employee Only	\$5.08	
Employee + Spouse	\$9.64	
Employee + Child(ren)	\$10.14	
Family	\$14.90	

Additional Savings Include:

- 40% off additional pair of prescription eyeglasses.
- 20% off non-covered items, including non-prescription sunglasses.
- For LASIK, call 1-(800)-299-1358.
- You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.
- Up to 66% off hearing aids: call 1(877)-203-0675.

To search for a Provider, go to <https://eyedoclocator.eyemedvisioncare.com/member/en>. You may search by location or doctor. You must choose a network, which would be the "Select Network".



Got questions? We've got answers.

HOW DO I USE MY BENEFITS?

It's a lot easier than other kinds of benefits you might have. Just choose an in-network eye doctor from the Enhanced Provider Search on eyemed.com, schedule your visit, and go in for care or eyewear. You don't even need your ID card if you don't have it – just give them your name. When you stay in-network, we'll handle all the paperwork.

CAN I VIEW MY EYEMED BENEFITS ONLINE?

Yes, you can view your benefits and do a lot more on our secure member portal – such as print an ID card, check the status of a claim, locate a provider and download an Explanation of Benefits.

HOW DO I GET ON-THE-GO ACCESS?

Download the EyeMed Members App (App Store or Google Play) to get the same features, plus the ability to save a vision prescription, set an eye exam reminder or save your ID card to your wallet (iOS only).

HOW DO I SUBMIT A CLAIM?

When you see one of our in-network providers, we take care of all the paperwork. If you visit an out-of-network provider AND have out-of-network benefits as part of your plan, you'll need to pay during the visit and submit a claim form online for reimbursement. Remember to upload an itemized paid receipt with your name included.

WILL I GET AN ID CARD? HOW DO I ORDER REPLACEMENTS OR EXTRA CARDS?

We send 2 ID cards in the subscriber's name when you join EyeMed, but you don't have to have it when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement on the member portal. Or to pull up a digital version anytime, anywhere, download the EyeMed Members App through the App Store or Google Play.

HOW DO I FIND AN EYE DOCTOR IN YOUR NETWORK?

Our Enhanced Provider Search on eyemed.com has more than 100,000 network providers to choose from. You can filter your search to find ones near you that have the frame brands, hours and services you want most.



DOES EYEMED OFFER ANY ADDITIONAL DISCOUNTS?

We sure do. At participating in-network providers, members get extra savings like 40% off complete additional pair of eyeglasses or 20% off non-prescription sunglasses and accessories. (These discounts are for in-network providers only. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Additional limitations and exclusions may apply. Log in to member portal for full details.)

Don't like wearing glasses or contacts? No problem. We also offer discounts on LASIK laser vision correction. Learn more about LASIK or call 1.800.988.4221 to find a US Laser Network provider.

HOW CAN I SEE INFORMATION ABOUT MY DEPENDENTS?

If they're under the age of 18, their information will be listed with yours on the member portal. But, due to privacy rules, dependents 18 or older won't be listed there. They'll need to register for their own account.

DOES EYEMED SELL INDIVIDUAL INSURANCE PLANS?

You bet. Visit eyemed.com to see if an individual plan is offered in your state.

CAN I USE MY BENEFITS ONLINE?

Absolutely. Apply EyeMed benefits in your shopping cart at many popular online eyewear stores, with free shipping, free returns and no paperwork. Visit any of our online network options:

- lenscrafters.com
- glasses.com
- targetoptical.com
- contactsdirect.com
- ray-ban.com

CAN I USE FSA FUNDS AFTER MY EYEMED BENEFIT IS APPLIED?

Sure. A Flexible Spending Account (FSA) is great for paying for a variety of health-related out-of-pocket expenses, including vision care. You can use FSA money for the eye exam copay, prescription glasses or contact lenses, supplies such as contact lens solution, even LASIK surgery. Vision care out-of-pocket costs are also eligible for Health Savings Account reimbursement, though these expenses don't count toward your annual deductible.

I DON'T WEAR GLASSES AND CAN SEE FINE. WHY DO I NEED AN EYE EXAM?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it may also help identify signs of serious diseases, like high blood pressure, diabetes and high cholesterol – just to name a few.¹ We talk about the vision/health link a lot at eyesiteonwellness.com.



AT WHAT AGE SHOULD MY CHILD FIRST VISIT THE EYE DOCTOR?

The American Optometric Association recommends a first eye exam with an optometrist or ophthalmologist between 6 months and 1 year of age.² The doctor may check for things like nearsightedness, farsightedness, astigmatism, amblyopia (or “lazy eye”), proper eye movement and eye alignment, and how the eye reacts to light and darkness. They also recommend an exam between the ages of 3 and 5, and every year after that. During these exams, many doctors may do a comprehensive eye exam and vision screening tests, depending on the child’s vision needs. To learn more about your child’s vision, visit eyesiteonwellness.com.

MY CHILD GETS A VISION SCREENING AT SCHOOL. IS THERE STILL A NEED FOR AN EYE EXAM?

A vision screening does not take the place of an eye exam. Generally, they check a child’s ability to see far away and check for color blindness, but a comprehensive eye exam evaluates the entire structure of the eye and also allow the doctor to view nerves and blood vessels, providing a glimpse into a child’s overall health. Eye doctors may also check for farsightedness, which is more common in younger children.³

HOW OFTEN SHOULD I GET AN EYE EXAM?

Vision changes can happen slowly – you may not even notice it. Annual eye exams are a good rule of thumb unless your doctor suggests more frequent checks; we suggest making it part of your regular preventive care routine.



¹ 5 Health Problems Eye Exams Can Detect,” YourSightMatters.com, March, 2016.

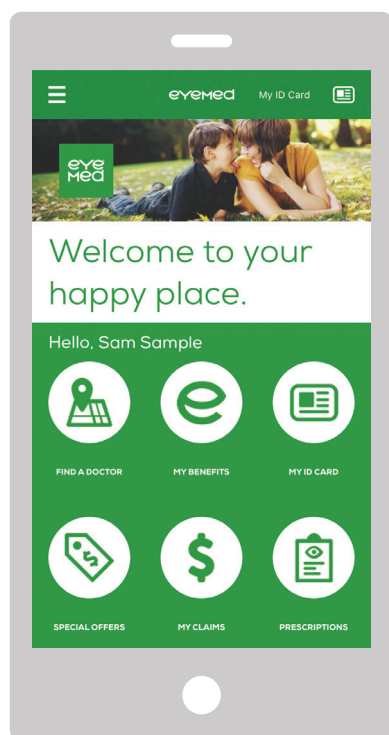
² Recommended eye examination frequency for pediatric patients and adults,” American Optometric Association, <https://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults>. Accessed January 2019.

³ All About Vision, “Vision Problems of Preschool Children,” Oct. 26, 2017, <http://www.allaboutvision.com/parents/preschool.htm>

On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS™

**PEARLE
VISION**

OPTICAL™



EXPERIENCE MORE: ONLINE ACCESS

HOW TO: enjoy your own eye site

MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at eyemed.com is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit eyemed.com and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number (You'll get an email asking to confirm your account.).*
4. Finish setting up your new account with your email address and a password (To keep it secure, we list some password "musts.").
5. Come back anytime to change your password, email address and billing preferences (It's all under Manage Profiles.).

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online**
- View health and wellness information
- Get special offers



SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now

* Depends on how your benefit administrator entered you into the system.

** Most, but not all, network providers offer this.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

eye
Med

Life and Accidental Death & Dismemberment Insurance

Mills Group, Inc. provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Lincoln Financial Group All Employees	
You	
Benefit Maximum	1x Annual Earnings up to \$100,000
AD&D	Matches Life Benefit
Waiver of Premium	Included
Conversion	Included
Accelerated Benefit	75%



The above benefits will begin to decrease at age 65.

- At age 65, benefits will reduce by 35% of the original amount;
- At age 70, benefits will reduce an additional 25% of the original amount;
- At age 75, benefits will reduce an additional 20% of the original amount.
- Benefits will terminate when you retire.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



Voluntary Life Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life/AD&D insurance with Lincoln Financial Group if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

The stated benefits for Employee and Spouse will begin to decrease at age 65:

- At age 65, benefits will reduce by 35% of the original amount;
- At age 70, benefits will reduce an additional 25% of the original amount;
- At age 75, benefits will reduce an additional 20% of the original amount.

Benefits will terminate when you retire.

Plan Highlights

- Waiver of Premium included
- Portability and Conversion included
- Accelerated Life Benefit included
- Infant Benefit - \$500

Dependent definition



- Infant = Birth to 14 days
- Child(ren) = 14 days to 26 years

Lincoln Financial Group All Employees	
You	
Benefit Maximum	\$250,000
Benefit Increments	\$10,000
Guaranteed Issue	\$150,000
Conversion	
Benefit Maximum	50% of Employee's Benefit amount up to \$50,000
Benefit Increments	\$5,000
Guaranteed Issue	\$30,000
Your Child(ren)	
Benefit Maximum	\$10,000

Lincoln Financial Group All Employees			
Employee and Spouse Age and Rates per \$1,000			
0-19	\$0.075	45-49	\$0.262
20-24	\$0.075	50-54	\$0.430
25-29	\$0.072	55-59	\$0.681
30-34	\$0.085	60-64	\$0.896
35-39	\$0.115	65-69	\$1.409
40-44	\$0.167	70+	\$2.476
Child Life Rate			
\$0.020 per \$1,000			

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Desired Coverage Amount	Monthly Rate					
\$ _____		\$1,000		\$ _____ Age Based Rate		\$ _____ Monthly Rate

*This is for calculating monthly premiums. To elect coverage, please reach out to Human Resources.



Short-Term Disability Insurance

Mill's Group, Inc. offers a short-term disability option through Lincoln Financial Group. This benefit covers 60% of your weekly base salary up to \$2,000/week. The benefit begins after 7 days of injury or illness and lasts up to 13 weeks. Please see the summary plan description for complete plan details.

Lincoln Financial Group Short-Term Disability		
Benefits		
Benefit Percentage		60%
Maximum Weekly Benefit		\$2,000
Maximum Benefit Period		13 weeks
Elimination Period		
Accident		7 days
Sickness		7 days
Additional Benefits		
Family Income Benefit		Included
Rehabilitation Assistance		Included

Long-Term Disability Insurance

Mill's Group, Inc. offers long-term income protection through Lincoln Financial Group in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$5,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Lincoln Financial Group Long-Term Disability		
Benefits		
Elimination Period		90 Days
Benefit Percentage		60%
Maximum Monthly Benefit		\$5,000
Maximum Benefit Period		SSNRA
Elimination Period		
Pre-Existing Condition		See Plan Document
Definition of Disability		Own Occupation up to 24 months



Supplemental Insurance

Accident & Injury

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs. Please see plan documentation for more information.

Anthem Accident Insurance	
Monthly Rates	
Employee	\$6.64
Employee + Spouse	\$11.49
Employee + Child(ren)	\$14.27
Family	\$17.86

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Anthem Insurance Companies Inc group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. Please see plan documentation for more information.

Anthem Critical Illness Insurance				
Employee Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$2.76	\$4.79	\$2.76	\$6.57
25-29	\$3.48	\$5.83	\$3.48	\$7.61
30-34	\$4.73	\$6.55	\$4.73	\$8.33
35-39	\$5.18	\$8.21	\$6.71	\$9.99
40-44	\$6.97	\$10.96	\$8.50	\$12.74
45-49	\$10.26	\$16.07	\$11.79	\$17.85
50-54	\$14.18	\$22.16	\$15.71	\$23.94
55-59	\$19.63	\$30.67	\$21.16	\$32.45
60-64	\$27.67	\$43.16	\$29.20	\$44.94
65-69	\$37.29	\$57.91	\$38.82	\$59.69
70-74	\$50.31	\$77.88	\$51.84	\$79.66
75-79	\$68.32	\$105.19	\$69.85	\$106.97
80-84	\$81.09	\$124.50	\$82.62	\$126.28

Hospital Indemnity Insurance

Offers Hospital Indemnity Insurance which helps employees with out-of-pocket medical cost and coverage goals. Employees with hospital stays of 10 days or more may receive additional Extended Hospitalization benefits. Please see plan documentation for more information.

Anthem Short-Term Disability	
Monthly Rates	
Employee	\$12.81
Employee + Spouse	\$46.80
Employee + Child(ren)	\$18.33
Family	\$49.14



BENEFITS 101: FREQUENTLY ASKED QUESTIONS

Know the basics of how your health insurance works

WHAT IS A DEDUCTIBLE?

A deductible is a fixed amount of money that you must pay for medical expenses before your insurance coverage starts paying. This does not include the premium amount that is taken out of your paycheck each month. For example, if your plan has a \$2,000 deductible, you pay the first \$2,000 of medical expenses. After that, the plan will pay a percentage of the expenses.

WHAT IS COINSURANCE?

Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount. You pay coinsurance after you have met your deductibles. For example, if the coinsurance percentage is 20% and the plan's allowed amount for an office visit is \$100. Once you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance plan pays the rest of the allowed amount.

WHAT IS A COPAY?

A copay is a fixed or flat dollar amount you must pay each time you visit the doctor or purchase medicine. This amount will vary depending on where you go for care, the type of doctor you see and the kind of medicine you need. Not all plans have copays.

WHAT IS AN OUT-OF-POCKET MAXIMUM?

This is the most you could pay in deductible, copay and coinsurance in a year. Once the maximum-out-of-pocket limit is reached, the plan covers 100% of all eligible expenses.

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

An EOB is a statement that comes in the mail and explains details about a submitted insurance claim. The EOB shows the portion that was paid by the insurance carrier and what payment, if any, will be the patient's responsibility. Even though it resembles a bill, it is not. The bill for your portion will come from the health care provider and should be paid to the provider.

WHAT COUNTS AS A PREVENTIVE CARE VISIT?

In general, a preventive care visit is one where you are going for a general checkup and don't have a specific concern. If you have a specific ailment for the doctor to check on, this is typically considered a diagnostic visit. Be aware, however, if you go to the doctor for a yearly check-up and bring up ailments to the doctor, part of the visit might be billed as preventive and part as diagnostic.

IF I CHANGE PLANS, CAN I KEEP MY DOCTOR?

It depends. Different plans have different networks of providers and you should check with your doctor to confirm they work with the new carrier and plan. This is an important consideration, because in-network providers are less costly than out-of-network providers. And some plans don't have any out-of-network coverage, which means you'd be responsible for 100% of the cost of services provided at a doctor that's out-of-network.

PREVENTIVE CARE BASICS: YOUR CHECKLIST

Taking basic steps now can avoid chronic conditions in the future

According to the Centers for Disease Control and Prevention (CDC), six in ten Americans live with a chronic disease. Oftentimes, these chronic conditions could have been prevented by making certain healthy lifestyle choices. If you already have a chronic condition, it's not too late. These steps can still help to control symptoms and improve your overall health

STAY ON TOP OF YOUR HEALTH

Why should you get preventive care?

Preventive care is regular medical care you receive when you are healthy, to help avoid getting sick. Preventive care can also help catch illnesses early, before you begin to experience symptoms. This can help shorten the severity of certain conditions or help you recover more quickly. It can also save you money, since, in many cases, it's less expensive to treat a problem in its early stages.

PREVENTIVE CARE CHECKLIST

Ways to use preventive care

Preventive care services are provided by your medical plan at no cost to you. These services include:

- Yearly physicals
- Immunizations
- Health screenings
- Well-woman exams

Please note, these services are only free when you receive them at an in-network doctor.

NEXT STEPS

Start utilizing preventive care

Along with a healthy lifestyle, taking some basic preventive care steps can immensely improve your health down the road. Make an appointment with your doctor to learn about the preventive care options best for you. To find an in-network doctor, visit Carrier Website at <https://www.anthem.com/find-care/>.

RISK FACTORS

For chronic conditions

- Tobacco use
- Poor nutrition
- Lack of physical activity
- Excessive alcohol consumption



The Benefit Resource Center ("BRC") is Always Here to Help!

It doesn't matter if you're a new hire or celebrating your 15th year with the same company, benefits and claims can be tricky to navigate. Our Benefits Specialists can help you: choose the right plan, translate confusing jargon and answer questions about which benefits your employer offers. Plus, they can work directly with insurance carriers to resolve issues related to claims and denials of service—and more!

Benefit Resource Center

BRCMidwest@usi.com | Toll Free: 855-874-0829

Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Contact Information

Have Questions? Need Help?

Mills Group, Inc. is excited to offer access to the **Benefit Resource Center (BRC)**, which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at **855-874-0829** or via e-mail at **BRCMidwest@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical Insurance	Anthem Insurance Companies Inc	Member ID Card	https://www.anthem.com/
Dental Insurance	Delta Dental Insurance Company	(800) 335-8266	www.DeltaDentalMO.com
Vision Insurance	EyeMed Vision Care	(866) 299-1358	www.Eyemed.com
Life and AD&D	Lincoln Financial Group	(800) 423-2765	E-Mail: Clientservices@lfg.com
Voluntary Life and AD&D	Lincoln Financial Group	(800) 423-2765	E-Mail: Clientservices@lfg.com
Short Term Disability (STD)	Lincoln Financial Group	(800) 423-2765	E-Mail: Clientservices@lfg.com
Long Term Disability (LTD)	Lincoln Financial Group	(800) 423-2765	E-Mail: Clientservices@lfg.com
Critical Illness Insurance	Anthem Insurance Companies Inc	(800) 331-1476	https://www.anthem.com/
Hospitalization Insurance	Anthem Insurance Companies Inc	(800) 331-1476	https://www.anthem.com/
Accident Insurance	Anthem Insurance Companies Inc	(800) 331-1476	https://www.anthem.com/





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