



2025

Benefits
Guide

This publication contains important information about your employee benefit program.

Please read thoroughly.



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This guide contains only highlights of Shirley Ryan AbilityLab benefit plans and policies. If there is any discrepancy between this guide and the governing plan or policy, the governing plan document or policy will prevail.

Shirley Ryan AbilityLab retains the right to add, change, or eliminate any benefit plan or policy at any time.

Benefits Overview

Shirley Ryan AbilityLab offers a comprehensive benefits program that is competitive with our industry peers and in our geographic locations. Some benefits are automatically provided to you at no cost. Others require you to actively enroll and to contribute towards the cost of those benefits through payroll deductions.

Benefit	Vendor Partner/Claims Administrator	Election Required	Employee Contributions
Health Insurance			
Medical	BlueCross BlueShield of Illinois	Yes	Pre-tax*
Dental	BlueCross BlueShield of Illinois or Guardian Dental	Yes	Pre-tax*
Vision	EyeMed	Yes	Pre-tax*
Health Savings Account (HSA)			
HSA	PNC BeneFit Plus	Yes	Pre-tax
Flexible Spending Account (FSA)			
Health Care FSA	PNC BeneFit Plus	Yes	Pre-tax
Dependent Care FSA	PNC BeneFit Plus	Yes	Pre-tax
Voluntary Health Benefits			
Accident	Reliance Standard	Yes	Post-tax
Critical Illness	Reliance Standard	Yes	Post-tax
Hospital Indemnity	Reliance Standard	Yes	Post-tax
Disability Benefits			
Short-Term Disability (STD)	Reliance Standard	No	N/A
Long-Term Disability (LTD)	Reliance Standard	No	N/A
Life and Accidental Death & Dismemberment (AD&D) Insurance			
Basic Life	Reliance Standard	No	N/A**
Basic AD&D	Reliance Standard	No	N/A
Supplemental Life	Reliance Standard	Yes	Post-tax
Retirement Savings Plan			
401(k)	Principal Financial Group	***	***
Commuter Benefits			
Commuter Transit Account	PNC BeneFit Plus	Yes	Pre-tax
Commuter Parking Account	PNC BeneFit Plus	Yes	Pre-tax
Flagship Garage Parking	Shirley Ryan AbilityLab	Yes	Pre-tax
Time-Off Benefits			
Paid Time Off (PTO)	Shirley Ryan AbilityLab	No	N/A
Additional Benefits			
Employee Assistance Program (EAP)	AllOne Health	No	N/A
Tuition Reimbursement Program	Shirley Ryan AbilityLab	No	N/A
Wellness	Various	No	N/A
Employee Discounts	Various	No	N/A

* Refer to the Domestic/Civil Union Partner and Partner Children section of this Guide for information about covering a domestic/civil union partner and/or one or more partner children under medical, dental, and vision benefits.

** Refer to the Life and AD&D Insurance section of this Guide for information about imputed income if your Basic Life Insurance coverage amount is over \$50,000.

*** Refer to the Retirement Savings Plan section of this Guide for more information about the 401(k) plan.

Employee Eligibility

Health Insurance, HSA, FSAs, Voluntary Health Benefits, Disability Benefits, and Life and AD&D Insurance

You are eligible for these benefits if you are:

- ▶ A full-time employee, defined as an employee who is regularly scheduled* to work 30 or more hours per week (Full-Time Equivalent, or FTE, is between 75% and 100%), or
- ▶ A part-time employee, defined as an employee who is regularly scheduled* to work between 20 and 29.99 hours per week (FTE is between 50% and 74.99%)

If you are an employee who is regularly scheduled to work under 20 hours per week (FTE is under 50%) or if you are a registry/on-call employee, you may become eligible for our health insurance benefits by completing 1,560 hours of service in a 12-month measurement period, as defined by Shirley Ryan AbilityLab in accordance with the Affordable Care Act (ACA).

* Regularly scheduled means the normal work schedule established for your position(s) on a regular basis. Picking up an extra shift on an ad hoc basis does not change your regular schedule or FTE for the purpose of determining benefits eligibility.

Retirement Savings Plan

You are eligible for 401(k) unless you are:

- ▶ A nonresident alien with no United States income or all such income is exempt from U.S. income tax, or
- ▶ A leased employee

Commuter Benefits, Time-Off Benefits, and Additional Benefits

Refer to the Commuter Benefits, Time-Off Benefits, and Additional Benefits sections of this Guide for more information.



Dependent Eligibility

Health Insurance, Voluntary Health Benefits, and Supplemental Life Insurance

Your dependents are eligible to be covered under these benefits if they are:

- ▶ A legal spouse
- ▶ A common law spouse, if legally recognized in your state of residence
- ▶ A civil union partner, if legally recognized in your state of residence
- ▶ A domestic partner with whom:
 - ▷ You are in a registered domestic partnership with a state or local government, or
 - ▷ You certify that you and your domestic partner are in accordance with all the following criteria:
 - ▶ You are both at least age 18 and are mentally competent to enter into a legal contract;
 - ▶ You have an exclusive mutual commitment similar to that of marriage;
 - ▶ You are jointly responsible for each other's common welfare and share financial obligations;
 - ▶ You have lived together for at least six months; and
 - ▶ Neither of you are legally married to, separated from, nor the domestic partner of, anyone else
- ▶ A child up to age 26 (regardless of their student, employment, or marital status and regardless of their residency with you or financial dependency on you) who is:
 - ▷ **Your biological child**
 - ▷ **Your stepchild**
 - ▷ **A child of your civil union partner**
 - ▷ **A child of your domestic partner**
 - ▷ **A child you have legally adopted**
 - ▷ **A child for whom you are a legal guardian or have legal custody, or**
 - ▷ **A child you are required to cover due to a Qualified Medical Child Support Order (QMCSO), or**
- ▶ A child age 26 or older who was enrolled in coverage on the day before turning 26 and is certified to be incapable of self-sustaining employment and dependent upon you for lifetime care and supervision because of a disabling condition occurring prior to age 26

Dependent Verification

Shirley Ryan AbilityLab retains the right to request verification of your covered dependent's eligibility. When asked, you are required to provide all requested verification documentation before the communicated deadline. Examples of verification documents include marriage certificate, certification or affidavit of domestic partnership, birth certificate, and court order.

If you do not provide or if you provide incomplete verification documentation by the communicated deadline, your unverified dependents will be deemed ineligible for benefits and removed from coverage. You will not receive any refund of employee contributions paid by you, either through payroll deductions or other forms of payment, for their coverage. Their insurance/benefit claims will be denied and you will be required to pay back any claims that were already approved and paid. They also will not be eligible for COBRA continuation coverage.

Duplicate Coverage

You and your eligible dependents cannot have duplicate coverage. For example, if you and your eligible dependent both work for Shirley Ryan AbilityLab, you and your dependent cannot be enrolled in coverage as an employee and as a dependent.

Coverage Levels and Cost

When enrolling in health insurance and voluntary health benefits, your employee premiums depend on which dependent(s) you cover:

- ▶ You Only — coverage for you only
- ▶ You + Spouse/Partner — coverage for you and your legal spouse or domestic/civil union partner
- ▶ You + Child(ren)/Partner Child(ren — coverage for you and one or more child(ren)
- ▶ You + Spouse/Partner + Child(ren)/Partner Child(ren — coverage for you, your legal spouse or domestic/civil union partner, and one or more child(ren)

Domestic/Civil Union Partner and Partner Children

The Internal Revenue Code (IRC) and other federal and state regulations determine how you pay for medical, dental, and vision coverage for your domestic/civil union partner and your partner's children. If they are your tax dependents, you pay for their coverage with pre-tax dollars. If they are not your tax dependents, you pay for their coverage with post-tax dollars and you pay an additional tax called imputed income on the value of their coverage. Imputed income must be reported to the Internal Revenue Service (IRS) as taxable wages earned and is subject to tax withholding.



When Coverage Begins

Health Insurance, HSA, FSAs, Voluntary Health Benefits, Disability Insurance, and Life and AD&D Insurance

If you are a:

- ▶ Benefits-eligible new hire and you enroll within 31 days of your date of hire, coverage will begin on the first of the month coincident with or following 30 calendar days after your date of hire. Your date of hire counts as day 1. You must complete all your onboarding tasks in your Workday My Tasks before you can enroll. After you complete all your onboarding tasks, your “New Hire Enrollment” benefit event will be pending in your Workday My Tasks. To enroll, make your benefits selections in this event and submit before the 31-day enrollment deadline.
- ▶ Newly benefits-eligible employee and you enroll within 31 days of the date you become a regular full-time or regular part-time employee, coverage will begin on the first of the month coincident with or after your newly eligible date. Your newly eligible date counts as day 1. A benefits enrollment event will be pending in your Workday My Tasks. To enroll, make your benefits selections in this event and submit before the 31-day enrollment deadline.

If you do not enroll within the 31-day enrollment deadline, you will waive health insurance, HSA, FSAs, voluntary health benefits, and supplemental life insurance coverage. You will have to wait until the next Open Enrollment period to enroll in coverage for the following year. The only exception is if you experience a Qualifying Life Event (QLE). Refer to the Annual Open Enrollment and Qualifying Life Events sections of this Guide for more information.

Retirement Savings Plan

If you are an eligible employee, you will enter the 401(k) plan on your date of hire.

If you do not opt out or proactively make a deferral election on Principal Financial Group’s (Principal’s) website during the 30-day opt-out period you will be automatically enrolled at a rate of 2% pretax of your retirement eligible wages. You can make changes to your 401(k) deferral elections at any time. Refer to the Retirement Savings Plan section of this Guide for more information.

Commuter Benefits, Time-Off Benefits, and Additional Benefits

Refer to the Commuter Benefits, Time-Off Benefits, and Additional Benefits sections of this Guide for more information.

When Coverage Ends

Loss of Employee Eligibility

If you reduce your regularly scheduled hours to be under 20 hours per week (FTE < 50%), become a registry/on-call employee, or terminate employment with Shirley Ryan AbilityLab, your coverage will end as follows:

- ▶ At the end of the month: medical, dental and vision
- ▶ Immediately: all other coverage

Loss of Dependent Eligibility

If your covered dependent loses eligibility, their coverage will end as follows:

- ▶ At the end of the month: medical, dental, and vision
- ▶ Immediately: all other coverage

Consolidated Omnibus Budget Reconciliation Act (COBRA)

When your coverage ends, you may be able to continue your medical, dental, vision, and/or Health Care FSA coverage through COBRA. When your covered dependent's coverage end, your dependent may be able to continue their medical, dental, vision, and/or Health Care FSA coverage through COBRA.

If you and/or your covered dependents are eligible for COBRA continuation coverage, HealthEquity/WageWorks will mail a COBRA packet to your primary home address on file in Workday.

For more information about COBRA, visit the Department of Labor's website at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra>.

When Coverage Changes are Allowed

After new hire/newly eligible enrollment, you cannot enroll or make changes to your health insurance, FSAs, voluntary health benefits, and/or supplemental life insurance coverage until the next Open Enrollment period or until you experience a Qualifying Life Event (QLE). Refer to the Annual Open Enrollment and Qualifying Life Events sections of this Guide for more information.

You may change your HSA, Commuter Transit Account, and Commuter Parking Account selections at any time in Workday.

You may drop or decrease your supplemental life insurance coverage at any time in Workday.

You may change your beneficiary designation for Basic Life Insurance at any time in Workday. Your beneficiary designation for Basic Life Insurance will automatically be applied to Basic AD&D and, if elected, Supplemental Employee Life Insurance.

You may change your beneficiary designation for your HSA at any time on the PNC Benefit Plus website.

You may change your beneficiary designation for your 401(k) at any time on the Principal website.



Annual Open Enrollment

There is an Open Enrollment period each fall for you to enroll in or make changes to your health insurance, HSA, FSAs, voluntary health benefits, and supplemental life insurance coverage for the upcoming year. You should take advantage of this time period to ensure your coverage fits your needs and supports you. Open Enrollment is conducted in Workday and your benefits selections take effect on January 1 of the following year. After the Open Enrollment period ends, you will not be able to make changes, including adding and dropping dependents, unless you experience a Qualifying Life Event (QLE). Refer to the Qualifying Life Events section of this Guide for more information.

If you do not take any action during the Open Enrollment period, your coverage in effect at the end of the year will carry over into the following year with the exceptions of HSA and FSAs. For these benefits, you will default to “waive” for the following year.

If you are enrolled in health insurance, voluntary health benefits, and/or supplemental life insurance and wish to drop your coverage for the upcoming year, you must waive the coverage you wish to drop and submit during the Open Enrollment period.



Qualifying Life Events

You may change your health insurance, FSAs, voluntary health benefits, and/or supplemental life insurance coverage only if you experience a Qualifying Life Event, defined as a permitted benefits change event by Internal Revenue Service (IRS) regulations and other formal IRS guidance, and report it in Workday within the 31-day or 60-day enrollment period, depending on the event. If you are enrolling in coverage, changing coverage, or adding eligible dependents to coverage, your changes will take effect on the date of the event. If you are waiving coverage or dropping dependents from coverage, your changes will take effect the first of the following month for health insurance and Health Care FSA coverage or on the date of the event for all other coverage. Qualifying Life Events (QLE) include:

- ▶ **Change-In-Status Events:** You have 31 days from the date of your Change-In-Status Event to report your event and make changes to your benefits in Workday. Your changes will be reviewed by Human Resources (HR). Change-In-Status Events include:
 - ▷ Birth, adoption, placement for adoption, or legal guardianship of a child; you do not need to wait for your child's Social Security Number or birth certificate to add them to your coverage
 - ▷ Change in cost of dependent care
 - ▷ Child loses eligibility for benefits as a result of turning 26 years of age
 - ▷ Death of a child
 - ▷ Death of a spouse or domestic/civil union partner
 - ▷ Divorce, legal separation, or dissolution of domestic partnership/civil union
 - ▷ Gain or loss of benefits eligibility under another group health plan as a result of a change in your employment status or your dependent's employment status
 - ▷ Move out of the BlueCross BlueShield of Illinois HMO service area
 - ▷ Marriage or establishment of domestic partnership/civil union
- ▶ **HIPAA Special Enrollment Rights Events:** You have 31 or 60 days from the date of your HIPAA Special Enrollment Rights Event to report your event and make changes to your benefits in Workday. Your changes will be reviewed by HR. HIPAA Special Enrollment Rights Events include:
 - ▷ Loss of coverage under a group health plan or health insurance as a result of the loss of eligibility for non-COBRA coverage, termination of employer contribution towards non-COBRA coverage, or exhaustion of COBRA coverage. You have 31 days to report this event
 - ▷ Loss of Medicaid or Children's Health Insurance Program (CHIP) coverage. You have 60 days to report this event
- ▶ **Medicare or Medicaid Events:** You have 31 or 60 days from the date of your Medicare or Medicaid Event to report your event and make changes to your benefits in Workday. Your changes will be reviewed by HR. Medicare or Medicaid Events include:
 - ▷ Entitlement to Medicare or Medicaid. You have 31 days to report this event
 - ▷ Losing eligibility for Medicare or Medicaid. You have 60 days to report this event
- ▶ **Significant Cost Change Events:** You have 31 days from the date of your Significant Cost Change Event to report your event and make changes to your benefits in Workday. Your changes will be reviewed by HR. Significant Cost Change Events include:
 - ▷ Significant changes to the cost of your or your dependents' benefit coverage
 - ▷ Significant changes to the cost of your dependent care

- ▶ **Change in Coverage Under Another Employer Plan:** You have 31 days from the date of your change in coverage under another employer plan to report your event and make changes to your benefits in Workday. Your changes will be reviewed by HR. You may make a prospective election change due to and corresponding with a change made under another employer plan if:
 - ▷ The other plan permits participants to make an election change that would be permitted by the IRS, or
 - ▷ The other plan permits participants to make an election for a period of coverage that is different from the period of coverage under the Shirley Ryan AbilityLab plan
- ▶ **Court Orders:** If you have a Qualified Medical Child Support Order (QMCSO), you must notify and submit your court order to HR for processing.

Your benefits changes must be consistent with the Qualifying Life Event you experienced. For example, you can add a newborn to coverage as a result of a birth or drop an ex-spouse from coverage as a result of a divorce.

Qualifying Life Event Verification

Shirley Ryan AbilityLab retains the right to request verification of your Qualifying Life Event. When asked, you are required to provide all requested verification documentation before the communicated deadline. Examples of verification documents include marriage certificate, certification or affidavit of domestic partnership, birth certificate, and court order.

If you do not provide or if you provide incomplete verification documentation by the communicated deadline, your Qualifying Life Event will be deemed ineligible and your benefits changes will be rescinded.



Medical Insurance

Your medical insurance helps you and your eligible dependents with medical services—including preventive care—and prescription drugs. We offer three medical plans administered by BlueCross BlueShield of Illinois (BCBSIL). Prescription drug coverage under all three plans is provided by Prime Therapeutics.

Our three medical plans are:

- ▶ Preferred Provider Organization (PPO)
- ▶ Health Maintenance Organization (HMO)
- ▶ High Deductible Health Plan (HDHP)

The PPO and HDHP plans are available to all employees living in the United States. The HMO plan is only available to employees who live in the HMO service area, as defined by a list of ZIP codes updated twice-a-year by BCBSIL.

Plan Features	PPO	HMO	HDHP
Primary Care Physician (PCP) Designation Required	No	Yes	No
Referral by PCP Needed to See a Specialist	No	Yes	No
Access to In-Network Coverage	Yes	Yes	Yes
In-Network Preventive Care Covered at 100%	Yes	Yes	Yes
Access to Out-of-Network Coverage	Yes	No	Yes

When You Enroll

Shirley Ryan AbilityLab sends a weekly enrollment file to BCBSIL. Once you enroll in coverage, we will send your enrollment information on the next weekly file to BCBSIL. BCBSIL will process your enrollment and mail medical ID cards to your primary home address on file in Workday. You will receive an ID card for you and for each of your covered dependents. Present your ID card at your doctor's office or pharmacy before you receive care or fill your prescription drug.

Please note: If you enroll in the HMO plan, you must call BCBSIL HMO Customer Service at **800.892.2803** to designate a Primary Care Physician (PCP) for you and each of your covered dependents before BCBSIL will mail your medical ID cards. If you have your PCP's 3-digit BCBSIL Group Medical Number, please have that ready when you call. If you do not have the Group Medical Number, please call Customer Service for assistance.

How Coverage Works

PPO and HDHP Plans

You have access to BCBSIL's "Participating Provider Organization (PPO)" network of medical providers and Prime Therapeutic's "Advantage Network" of pharmacies. You will pay lower out-of-pocket costs by receiving medical care and filling prescription drugs from in-network providers and pharmacies than from out-of-network providers and pharmacies. Find participating in-network providers and pharmacies at <https://www.bcbsil.com/member>.

When you receive care from an in-network provider or pharmacy, your provider or pharmacy will file a claim directly with BCBSIL on your behalf. BCBSIL will pay the portion covered by the plan. You will pay only your deductible, copays, and coinsurance up to the out-of-pocket maximum for covered services and prescription drugs. When you receive care from an out-of-network provider or pharmacy, you will need to pay out-of-pocket then submit a claim to BCBSIL to be reimbursed for eligible expenses. You are responsible for any costs that BCBSIL does not cover. If the service you received or the prescription drug you filled is not covered by the plan, you will be responsible for the full cost of that service or drug. Noncovered services do not count toward the deductible and out-of-pocket maximums. Please note that some providers may require upfront payment if you have not yet met your deductible for the plan year.

HMO Plan

You have access to BCBSIL's "HMO Illinois® (HMO)" network of medical providers and Prime Therapeutic's "HMO Network" of pharmacies. You only have coverage when you receive care and fill prescription drugs from participating in-network providers and pharmacies. The HMO plan does not cover out-of-network providers and pharmacies. Find participating in-network providers and pharmacies at <https://www.bcbsil.com/member>.

When you receive care from an in-network provider or pharmacy, your provider or pharmacy will file a claim directly with BCBSIL on your behalf. BCBSIL will pay the portion covered by the plan. You will pay only your deductible, copays, and coinsurance up to the out-of-pocket maximum for covered services and prescription drugs. When you receive care from an out-of-network provider or pharmacy, you will need to pay out-of-pocket. You are responsible for any costs that BCBSIL does not cover. If the service you received or the prescription drug you filled is not covered by the plan, you will be responsible for the full cost of that service or drug. Noncovered services do not count toward the out-of-pocket maximum.

Understanding Embedded and Non-Embedded Deductibles and Out-of-Pocket Maximums

An embedded plan means that after each eligible family member meets his or her individual deductible and individual out-of-pocket maximum, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan.

A non-embedded plan means that all eligible family members contribute towards the family plan deductible and out-of-pocket maximum. The family deductible and family out-of-pocket maximum must be met before the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.

BCBSIL Resources

Blue Access for MembersSM and BCBSIL App

With a Blue Access for Members account, you'll have your health plan info in one place. Find a provider or pharmacy, pay your bill, check coverage and claim status and change how you'd like to be contacted.

Stay connected with BCBSIL and access important health benefit information wherever you are by using the BCBSIL app.

To get started, visit <https://www.bcbsil.com/member> or download the app from Apple App Store or Android marketplace (Google Play). Use the information on your ID card to create an account.

Well onTarget

Access the Well onTarget Member Wellness portal at <http://www.wellontarget.com>. Use your Blue Access for Members username and password to log in.

In the Wellness portal, you will have access to a wide array of wellness resources, including:

- ▶ Health Risk Assessment
- ▶ Challenges that occur year-round on a variety of topics like managing money, sleep, healthy eating, etc.
- ▶ Coaching will provide you access to a credentialed expert to support you in our unique wellness journey
- ▶ Digital self-management programs on a wide range of topics like tobacco use, weight management, stress, sleep and more

24/7 NurseLine

BCBSIL's 24/7 NurseLine provides free access to registered, trained nurses over the phone anytime, anywhere, for assistance or just to hear a reassuring voice. Language assistance and hearing-impaired services are also available. Use 24/7 NurseLine to:

- ▶ Answer questions about your health or symptoms
- ▶ Help you access the right care in the right setting for your symptoms
- ▶ Learn more about your medical conditions or prescribed course of treatment

BCBSIL App

Stay connected with BCBSIL and access important health benefit information wherever you are by using the BCBSIL app. Text BCBSILAPP to **33633** to get the app.



MDLIVE

If you enroll in the PPO or HDHP plan, you have access to a network of board-certified doctors and licensed therapists for non-emergency medical care and therapy through MDLIVE. Chat with a doctor or therapist anytime 24/7 by phone or video—whether you're at home, at work, or on the go—so you can get back on your feet fast.

Activate your account today! Visit

<https://members.mdlive.com/bcbsil> or call **888.676.4204**. You will need your BCBSIL identification number, located on the front of your medical ID card.

WHEN SHOULD I USE MDLIVE?

- ▶ If your primary care physician is not available
- ▶ If traveling and in need of medical care
- ▶ Instead of going to the emergency room or an urgent care center for non-emergency issues

IS PEDIATRIC CARE COVERED?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.

LARGEST NETWORK OF DOCTORS

MDLIVE has the nation's largest network of doctors for telehealth services. On average, MDLIVE doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. All information shared with MDLIVE is strictly confidential and is not shared with SRAlab.

MDLIVE CAN TREAT:

- ▶ Allergies
- ▶ Asthma
- ▶ Bronchitis
- ▶ Cold and flu
- ▶ Diarrhea
- ▶ Ear infection
- ▶ Eating disorders
- ▶ Fever
- ▶ Grief and loss
- ▶ Headache
- ▶ Insect bites
- ▶ Nausea
- ▶ Rashes
- ▶ Sinus infection
- ▶ Sore throat
- ▶ Stress
- ▶ Trauma and PTSD
- ▶ UTI
- ▶ And more!



PPO Plan Summary

Benefit	BCBSIL PPO		
	Shirley Ryan AbilityLab Providers and Services	In-Network	Out-of-Network
Calendar Year Deductible (Embedded)			
Individual	Deductible waived	\$1,250	\$1,875
Family	Deductible waived	\$3,000	\$4,500
Calendar Year Out-of-Pocket Maximum (Embedded)			
Individual		\$3,000	Unlimited
Family		\$6,000	Unlimited
Hospital Charges			
Urgent Care	N/A	10% after deductible	40% after deductible*
Emergency Room	N/A		\$150 copay
Outpatient	Coinsurance waived	10% after deductible	40% after deductible*
Inpatient	Coinsurance waived	10% after deductible	40% after deductible*
If precertification is not received (see below for details), benefits will be reduced \$1,000 per occurrence.			
Physician Charges			
Wellness Screenings and Care	N/A	\$0 copay	40%, no deductible*
Primary Care Office Visit	N/A	\$30 copay	40% after deductible*
Virtual Visit	N/A	\$30 copay	40% after deductible*
Specialist Office Visit	Copay waived	\$30 copay	40% after deductible*
Prescription Drugs			
Generic (Mandatory)			
Retail	N/A	\$15 copay	\$15 copay then 25% coinsurance*
Mail Order	N/A	\$15 copay	Not covered
Brand Formulary			
Retail	N/A	\$30 copay	\$30 copay then 25% coinsurance*
Mail Order	N/A	\$30 copay	Not covered
Brand Non-Formulary			
Retail	N/A	\$50 copay	\$50 copay then 25% coinsurance*
Mail Order	N/A	\$50 copay	Not covered
Prescription medications can be mail-ordered for home delivery to treat chronic conditions or diseases for which you take maintenance medications. You may only obtain medication amounts authorized by your doctor, but may be able to save money by ordering a 90-day supply.			

Shirley Ryan AbilityLab Network (PPO Plan Only)

As a Shirley Ryan AbilityLab employee, you have unique access to our own network of physicians and facilities. If you or your covered dependents use our providers and facilities for services that are covered under our PPO plan, we will waive all deductibles, copays, and coinsurance for services received from our providers (like rehabilitation and specialist care).

* If you choose to receive care from an out-of-network provider, you may be balance billed, where the provider bills you for the difference between the provider's charge and the BCBSIL allowed amount. You will be responsible for paying the difference directly to the provider.

- ▶ Precertification is required prior to all elective inpatient admissions.
- ▶ Emergency and obstetric admission notification required within two working days of admittance.
- ▶ Inpatient, Skilled Nursing Facility, Coordinated Home Care and Private Duty Nursing admission requires pre-notification at least one day prior to receiving care.
- ▶ Infertility coverage includes IUI, IVF, and ART procedures, including four completed oocyte retrievals per calendar year.
- ▶ Additional member health programs, including fitness memberships, alternative medicine, vision and hearing aid discounts available at <https://www.bcbsil.com/member>.

HMO Plan Summary

BCBSIL HMO	
Benefit	In-Network
Calendar Year Deductible (Embedded)	
Individual	\$0
Family	\$0
Calendar Year Out-of-Pocket Maximum (Embedded)	
Medical	
Individual	\$1,500
Family	\$3,000
Pharmacy	
Individual	\$1,000
Family	\$3,000
Hospital Charges	
Urgent Care	\$25 copay
Emergency Room	\$150 copay
Outpatient	\$100 copay
Inpatient	\$350 copay per admission
Physician Charges	
Wellness Screenings and Care	\$0 copay
Primary Care Office Visit	\$25 copay
Specialist Office Visit	\$35 copay
Prescription Drugs	
Generic (Mandatory)	
Retail	\$15 copay
Mail Order	\$30 copay
Brand Formulary	
Retail	\$35 copay
Mail Order	\$70 copay
Brand Non-Formulary	
Retail	\$50 copay
Mail Order	\$100 copay

Prescription medications can be mail-ordered for home delivery to treat chronic conditions or diseases for which you take maintenance medications. You may only obtain medication amounts authorized by your doctor, but may be able to save money by ordering a 90-day supply.

- ▶ If choosing the BCBSIL HMO Illinois plan, you must select a medical group and primary care physician to manage your health care.
- ▶ Infertility coverage includes IUI, IVF and ART procedures, including four completed oocyte retrievals per calendar year.
- ▶ Additional member health programs, including fitness memberships, alternative medicine, vision and hearing aid discounts available at <https://www.bcbsil.com/member>.
- ▶ **Please note:** If you enroll in the HMO plan, you must call BCBSIL HMO Customer Service at **800.892.2803** to designate a Primary Care Physician (PCP) for you and each of your covered dependents before BCBSIL will mail your medical ID cards.

HDHP Plan Summary

Benefit	BCBSIL HDHP with HSA	
	In-Network	Out-of-Network
Calendar Year Deductible (Embedded)		
Individual	\$3,300	\$6,600
Family	\$6,600	\$13,200
Calendar Year Out-of-Pocket Maximum (Embedded)		
Individual	\$3,300	\$6,600
Family	\$6,600	\$13,200
Coinsurance After Deductible and Out-of-Pocket Maximum		
Plan Covers	100% after deductible	100% after deductible*
Hospital Charges		
Urgent Care	No charge after deductible	0% after deductible*
Emergency Room	No charge after deductible	
Outpatient	No charge after deductible	0% after deductible*
Inpatient	No charge after deductible	0% after deductible*
If precertification is not received (see below for details), benefits will be reduced \$1,000 per occurrence.		
Physician Charges		
Wellness Screenings and Care	No charge (deductible does not apply)	0% after deductible*
Primary Care Office Visit	No charge after deductible	0% after deductible*
Virtual Visit	No charge after deductible	0% after deductible*
Specialist Office Visit	No charge after deductible	0% after deductible*
Prescription Drugs		
Generic (Mandatory)		
Retail	No charge after deductible	0% after deductible*
Mail Order	No charge after deductible	Not covered
Brand Formulary		
Retail	No charge after deductible	0% after deductible*
Mail Order	No charge after deductible	Not covered
Brand Non-Formulary		
Retail	No charge after deductible	0% after deductible*
Mail Order	No charge after deductible	Not covered
Prescription medications can be mail-ordered for home delivery to treat chronic conditions or diseases for which you take maintenance medications. You may only obtain medication amounts authorized by your doctor, but may be able to save money by ordering a 90-day supply.		

* If you choose to receive care from an out-of-network provider, you may be balance billed, where the provider bills you for the difference between the provider's charge and the BCBSIL allowed amount. You will be responsible for paying the difference directly to the provider.

- ▶ Precertification is required prior to all elective inpatient admissions.
- ▶ Emergency and obstetric admission notification required within two working days of admittance.
- ▶ Inpatient, Skilled Nursing Facility, Coordinate Home Care and Private Duty Nursing admission notification required at least one day prior to receiving care.
- ▶ Infertility coverage includes IUI, IVF, and ART procedures, including four completed oocyte retrievals per calendar year.
- ▶ Additional member health programs, including fitness memberships, alternative medicine, vision and hearing aid discounts available at <https://www.bcbsil.com/member>.
- ▶ **Extended supply network:** allows for convenient 90-day supplies of your medicine resulting in fewer pharmacy trips and fewer missed doses. Note you will still pay the copay amount worth three 30-day prescriptions. To find participating pharmacies, log into myprime.com and select "Pharmacies."

Health Savings Account (HSA)

When you enroll in the BCBSIL HDHP plan, you may be eligible for a Health Savings Account (HSA). This triple-tax-advantaged account lets you contribute money tax-free, grow your money tax-free through interest and investments, and pay for qualified medical expenses tax-free. (Please note that HSA contributions are subject to state income tax in California and New Jersey and that HSA interest and investment earnings are subject to state income tax in New Hampshire and Tennessee.)

You can use your HSA to pay for qualified medical expenses now or save for the future. Qualified medical expenses include your annual deductible, copays, coinsurance, and other out-of-pocket costs. You can also use your HSA to pay for qualified out-of-pocket prescription drugs, dental and vision expenses, insurance premiums for long-term care insurance, health care continuation coverage (such as COBRA), and certain Medicare and other health coverage if you are age 65 or older.

For more information on HSA and qualified expenses, refer to IRS Publications 969 (pages 3-11) at <https://www.irs.gov/pub/irs-pdf/p969.pdf> and 502 at <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

Funding Your HSA

Your HSA is administered by PNC BeneFit Plus at PNC Bank. By federal law, PNC BeneFit Plus must verify your identify before opening your HSA. If your identify cannot be verified, PNC BeneFit Plus will notify you with instructions on how to confirm your identity. Once your HSA is open, you can contribute money into your account through pre-tax payroll deductions, up to the annual contribution maximums set by the IRS.

HDHP Coverage Level	2025 Annual Contribution Maximum
You Only	\$4,300
You + Spouse/Partner	\$8,550
You + Child(ren)	\$8,550
You + Spouse/Partner + Child(ren)	\$8,550

HSA Eligibility

Like a 401(k) and other tax-advantaged accounts, HSAs are regulated by the IRS. You must follow IRS rules to take full advantage of your HSA. If you do not follow the rules, you risk facing IRS penalties. Before you contribute to your HSA, you must meet these eligibility requirements:

- ▶ You must be enrolled in a high deductible health plan, like our BCBSIL HDHP
- ▶ You cannot be enrolled in or covered by any health plan that is not a high deductible health plan (e.g., HMOs, traditional PPOs, Medicare, Medicaid, TRICARE)
- ▶ You and your spouse, if married, cannot be enrolled in any General Purpose Health Care FSA
- ▶ You did not receive medical/hospital services and/or prescription drug benefits from the Veterans Health Administration (VA) within the last three months (Exception: you can still contribute to your HSA if you received care for a service-connected disability (you have a VA disability rating) or if you only received preventive care services within the last three months)
- ▶ You cannot be claimed as a dependent on someone else's tax return

Your HSA Debit Card

You will receive an HSA debit card in the mail from PNC BeneFit Plus. Use your HSA debit card to pay for point-of-sale qualified medical expenses. Remember to save your itemized receipts and records as proof that you used your HSA money for only qualified medical expenses in case you are ever audited by the IRS. A good tip is to keep your receipts and records with your tax documents.

You can start, change, or stop your pre-tax HSA contributions during open enrollment or at any time in Workday.

If you are age 55 or older by the end of the calendar year, you may make an additional “catch-up” contribution of \$1,000.

If you are not an HSA-eligible individual for the entire calendar year, your annual contribution maximum must be prorated by the number of full months that you are an HSA-eligible individual. However, you may still be able to contribute up to the full annual contribution limit if you meet the last-month rule.

If you change coverage levels during the year (for example, from “You Only” to “You + Spouse/Partner” or “You + Child(ren)” or “You + Spouse/Partner + Child(ren),” your annual contribution maximum will be determined by the full number of months you are enrolled in each coverage level.

For details about proration of annual contribution maximums and the last-month rule, refer to IRS Publication 969 (pages 5-7) at <https://www.irs.gov/pub/irs-pdf/p969.pdf>.

Using Your HSA Money

You control when, where, and how you use your HSA money.

PAYING FOR CURRENT ELIGIBLE EXPENSES:

- ▶ If you have enough money in your HSA, you can use your money to pay for qualified medical expenses directly
- ▶ If you do not have enough money in your HSA, you can pay out-of-pocket and then reimburse yourself when you have enough money in your HSA
- ▶ You can use your HSA money to pay for qualified medical expenses for eligible tax dependents, as defined by the IRS, even if they are not covered under your BCBSIL HDHP coverage
- ▶ You cannot use your HSA money to pay for family members who do not meet the IRS tax dependent definition, such as children over age 18 (or 22 if full-time students), domestic/civil union partners, and partner child(ren). However, they can open up their own HSA through any financial institution to pay for their own eligible expenses

SAVING FOR FUTURE ELIGIBLE EXPENSES:

- ▶ Your HSA is a personal brokerage account—you decide how to invest your HSA money
- ▶ Your HSA money roll over from year-to-year and are yours to keep forever—even if you retire, change jobs, or switch to a different medical plan
- ▶ You can always use your HSA money for eligible expenses tax-free
- ▶ You can use your HSA money for non-eligible expenses; however, the money will be taxed and subject to an additional 20% penalty if used before you turn age 65. Once you turn age 65, it will just be taxed as ordinary income with no penalty
- ▶ In the event of your death, your HSA money goes to your beneficiary tax-free if your beneficiary is your spouse. If your designated beneficiary is not your spouse, that money is subject to taxes
- ▶ You can change your beneficiary designation at any time on PNC’s Benefit Plus website.

Dental Insurance

Your dental insurance helps you and your eligible dependents with dental services—including cleanings, basic services, and major services. We offer three dental plans through BlueCross BlueShield of Illinois (BCBSIL) and Guardian Dental.

Our three dental plans are:

- ▶ BCBSIL DPPO with Orthodontia
- ▶ BCBSIL DPPO without Orthodontia
- ▶ Guardian Dental DHMO

The BCBSIL DPPO plans allow you to access the “BlueCare Dental PPO” network of dental providers. You will pay lower out-of-pocket costs by receiving care from in-network providers than from out-of-network providers. Find participating in-network providers at <https://www.bcbsil.com/member> or by calling Dental Services at **800.367.6401**.

The Guardian Dental DHMO plan requires you to select an in-network Primary Care Dentist (PCD) who coordinates your dental care. There is no coverage if you go out-of-network. Find participating in-network providers at <https://www.guardianlife.com/find-a-provider> or by calling **866.494.4542**. You must contact Guardian Dental to designate your PCD. (Please note that the DHMO network is small and limited in the number of dentists who are accepting new patients.)

Plan Features	BCBSIL DPPO with Ortho	BCBSIL DPPO without Ortho	Guardian Dental DHMO
Primary Care Dentist (PCD) Designation Required	No	No	Yes
Access to Network Coverage	Yes	Yes	Yes
Access to Out-of-Network Coverage	Yes	Yes	No
Referral by PCD Needed to See a Specialist	No	No	Yes
Orthodontia Coverage	Adult and children	No	Adult and children discounts available

When You Enroll

Shirley Ryan AbilityLab sends a weekly enrollment file to BCBSIL and to Guardian Dental. Once you enroll in coverage, we will send your enrollment information on the next weekly file to BCBSIL or Guardian Dental. Once your enrollment is processed, you will receive your dental ID cards in the mail. Present your ID card at your dentist’s office before you receive care.

Dental Insurance Plan Design Detail

	BCBSIL DPPO with Ortho		BCBSIL DPPO without Ortho		Guardian Dental DHMO**
	In-Network	Out-of-Network	In-Network	Out-of-Network	Referred Care
Annual Deductible (waived for preventive care received in PPO plan)					
Individual	\$25	\$50	\$25	\$50	\$5 copay each office visit
Family	\$75	\$150	\$75	\$150	\$0 deductible
Preventive Services					
Dental Exams, Cleanings	Covered	Covered at U&C*	Covered	Covered at U&C*	\$0-\$112 copay
Basic Services					
Includes: Fillings, Endodontics	10%	20% U&C*	10%	20% U&C*	\$26-\$162 copay
Major Services					
Includes: Crowns, Dentures Bridges, Periodontics	40%	50% U&C*	40%	50% U&C*	\$10-\$778 copay
Annual Benefit Maximum (Per Covered Member)					
	\$1,500	\$1,250	\$1,500	\$1,250	Unlimited
Orthodontia Coverage		Lifetime Maximum		Lifetime Maximum	
	50% up to a lifetime maximum of \$1,000 (adults and children)		N/A	N/A	Up to \$3,241 child copay Up to \$3,621 adult copay

* The usual and customary (U&C) fee is the fee that 90% of dentists in the area charge or less for a given procedure.

** All care under the DHMO must be coordinated by your Primary Care Dentist (PCD). Please note that the DHMO network is small and limited in the number of dentists who are accepting new patients.



Vision Insurance

Your vision insurance helps you and your eligible dependents with vision services—including eye exams, prescription glasses, and contacts. We offer one vision plan through EyeMed.

EyeMed's network consists of private optometrists, opticians, and ophthalmologists as well as retailers like LensCrafters®, most Pearle Vision® locations, and Target Optical®. Find a provider online at <https://www.eyemed.com> or by calling **866.299.1358** or **866.268.4063**.

When You Enroll

Shirley Ryan AbilityLab sends a weekly enrollment file to EyeMed. Once you enroll in coverage, we will send your enrollment information on the next weekly file. EyeMed will process your enrollment and mail you vision ID cards. Present your ID card at your provider's office before you receive care.

	EyeMed Vision Plan	
	In-Network	Out-of-Network
Frequency		
Exams	Once every calendar year	
Frames	Once every calendar year	
Standard Plastic Lenses AND Contact Lenses	Once every calendar year	
Exam		
Standard Exam	\$10 copay	Up to \$35 covered
Standard Contact Lens Fitting and Follow-Up (following standard exam)	Up to \$40 covered	No coverage
Premium Contact Lens Fitting and Follow-Up (following standard exam)	10% off retail price	No coverage
Frames		
Coverage	\$120 allowance (no copay) 20% off balance over \$120	Up to \$48 covered
Standard Plastic Lenses		
Single Vision	\$25	Up to \$25 covered
Bifocal	\$25	Up to \$40 covered
Trifocal	\$25	Up to \$60 covered
Standard Progressives	\$85	Up to \$40 covered
Premium Progressives	\$85 70% of charge less \$110 allowance	Up to \$40 covered
Lens Enhancement Options		
Tint (solid and gradient), UV Coating, and Standard Scratch Resistance	\$12	No coverage
Standard Polycarbonate	\$35	No coverage
Standard Anti-Reflective	\$40	No coverage
Contact Lenses—Allowance Covers Materials Only		
Conventional or Disposable	\$135 allowance (no copay) 15% off balance over \$135	Up to \$95 covered
Medically Necessary	Covered in full	Up to \$200 covered

Additional discounts on Lasik, PSK and hearing care available through EyeMed.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) help you save money on taxes by allowing you to set aside money from your biweekly paychecks on a pretax basis to pay for eligible expenses. There are two types of FSAs:

- ▶ Health Care FSA (HCFSA) allows you to pay for eligible health care expenses incurred by you and your qualified dependents
- ▶ Dependent Care FSA (DCFSA) allows you to pay for eligible dependent day care expenses incurred by you and your spouse, if married, so that you both can work full-time, go to school full-time, and/or look for work full-time if unemployed

We offer two different HCFSAs. If you and your spouse, if married, do not have medical coverage, are enrolled in a non-high deductible health plan such as a HMO, PPO, Medicare, Medicaid, or TRICARE, or are disqualified from contributing to a HSA, you may enroll in the General Purpose HCFSA to pay for eligible medical, prescription drug, dental, and vision expenses. If you or your spouse, if married, are enrolled in a HDHP medical plan such as our BCBSIL HDHP and are eligible to contribute to a HSA, you may enroll in the Limited Purpose HCFSA to pay for eligible dental and vision expenses only. The Limited Purpose HCFSA cannot be used to pay for medical nor prescription drug expenses. Specific details and rules for both the General Purpose and Limited Purpose HCFSA and the DCFSA are as follows:

	Health Care FSA		Dependent Care FSA
	General Purpose	Limited Purpose	
2025 Maximum Contribution*	\$3,300	\$3,300	\$5,000 (\$2,500 if married and filing separately)
Eligibility	If you and your spouse, if married, do not contribute (and do not receive Company contributions) to an HSA, you can use this account to pay for eligible health care expenses.	If you or your spouse, if married, are enrolled in a high deductible health plan, such as our BCBSIL HDHP, and want to contribute to a HSA, you can use this account to pay for eligible health care expenses.	If you have children under age 13 or if you have a tax dependent, as defined by the IRS, that require day care so that you and your spouse, if married, can go to work, look for work if unemployed, or go to school full-time.
Eligible Expenses	Medical, prescription drug, dental, and vision expenses incurred by you, your spouse, your children who have not reached age 27 as of the end of the year, and your other tax dependents as defined by the IRS. You cannot use these funds for dependent care expenses.	Dental and vision expenses incurred by you, your spouse, your children who have not reached age 27 as of the end of the year, and your other tax dependents as defined by the IRS. You cannot use these funds for dependent care expenses.	Childcare, preschool, and before/after school care for children under age 13 or care for eligible tax dependents so that you and your spouse, if married, can go to work full-time, look for work full-time if unemployed, or go to school full-time. You cannot use these funds to pay for health care expenses.
Availability of Funds	The entire amount is available to you on your first day of enrollment.	The entire amount is available to you on your first day of enrollment.	Funds are available to you as they are withheld from your pay and deposited into your account.

* Annual maximums subject to change based on IRS guidance.

Once you have enrolled, you can access your FSAs on PNC BeneFit Plus' website at <https://participant.pncbenefitplus.com>.

How Does the FSA Work?

- ▶ Determine your 2025 medical, prescription drug, dental, and vision expenses if you are eligible for the General Purpose HCFSA.
- ▶ Determine your 2025 dental and vision expenses if you are eligible for the Limited Purpose HCFSA.
- ▶ Determine your 2025 dependent care expenses if you are eligible for the DCFSA.
- ▶ Enroll in the HCFSA (General Purpose or Limited Purpose) and/or DCFSA if you want to set aside money from your biweekly paychecks on a pretax basis to pay for eligible expenses allowable under each FSA.
- ▶ Pre-tax deductions will be taken from your biweekly paychecks for each FSA that you enroll in.
- ▶ PNC BeneFit Plus will mail you an FSA debit card to use to pay for qualified expenses. Be sure to save all your itemized receipts to validate your purchases.
- ▶ Any unused money remaining in your FSAs at the end of the calendar year will be forfeited. By federal law and regulations, Shirley Ryan AbilityLab cannot issue refunds of unused money left in your FSAs.

Voluntary Health Benefits

Reliance Standard's Voluntary Health Benefits provide peace of mind and financial protection by providing you with a fixed-cash benefit in the event you and/or your covered dependent experience a covered acute medical event. Voluntary Health Benefits are not meant to replace medical insurance coverage but can provide a cash benefit should a covered medical event occur. Refer to the Medical Insurance section of this Guide for information about medical insurance coverage.

We offer three different Voluntary Health Benefits:

- ▶ Accident
- ▶ Critical Illness
- ▶ Hospital Indemnity

Voluntary Accident

Most people don't expect or budget for accidents, but an accident can lead to medical costs, prescription drug costs, and time away from work. Voluntary Accident coverage is designed to pay you a cash benefit should you or your covered dependent experience a covered accident, from common injuries to more serious events. This cash benefit is tax-free and you can use the money as you wish.

The table to the right lists examples of treatments and services as a result of a covered accident and the cash benefit each treatment or service pays.

Covered Treatment/Services*	
Initial Accident Treatment:	
Ground ambulance	\$100
Emergency treatment	\$100
Physician office visit	\$50 initial, \$50 follow-up
Hospitalization Benefits	
Initial hospital admission	\$1,000
Hospital confinement	\$1,000; 365 day maximum
Fracture Benefits	
Nonsurgical, up to	\$2,500
Surgical, up to	\$5,000
Chip fracture	25% of non-surgical benefit
Multiple fractures	100% of highest sustained fracture
Miscellaneous Benefits	
Burns	
2nd degree burns	Up to \$800
3rd degree burns	Up to \$6,400
Skin graft	25% of benefit payable to burns



If you have questions about your benefits, please contact HR Help Desk at HRHelpdesk@sralab.org or the benefits team at 312.238.4138.

Voluntary Critical Illness

Recovering from a critical illness is difficult enough without having to worry on lost income from not being able to work. Voluntary Critical Illness is designed to pay you a cash benefit should you or your covered dependent experience a covered critical illness, including heart attack, stroke, and paralysis. This cash benefit is tax-free and you can use the money as you wish.

The following table lists examples of covered critical illnesses for adults and children and the cash benefit each diagnosis pays as a percentage of your coverage amount of \$10,000.

Covered Diagnosis Examples	
Adult	
Carcinoma In Situ	25%
Coma	100%
Heart Attack	100%
Multiple Sclerosis	100%
Skin Cancer	15%
Child	
Cerebral Palsy	100%
Cystic Fibrosis	100%
Type 1 Diabetes	100%

Voluntary Hospital Indemnity

A hospital stay can cause an unexpected financial burden. Voluntary Hospital Indemnity is designed to pay you a cash benefit should you or your covered dependent is admitted to a hospital for care. This cash benefit is tax-free and you can use the money as you wish.

The following table lists the cash benefit each hospital admission pays.

Hospital Indemnity	
Hospital Room and Board	
Room and board benefits, per day (180 daily benefits per coverage year)*	\$100
Hospital Critical Care Unit (paid in addition to room and board benefit)	
Critical care unit benefits, per day (30 daily benefits per coverage year)*	\$100
Hospital Admission	
One daily benefit, per coverage year	\$750

* In no event will the daily benefits exceed 180 daily benefits per coverage year.



Disability Benefits

Your disability benefits, provided by Shirley Ryan AbilityLab, offer you a financial peace of mind when you need time away from work for your own illness or your own injury that occur outside the workplace.

Short-Term Disability (STD)

When you get ill or injured and you cannot perform your job responsibilities for more than seven consecutive days, you will file an STD claim with Reliance Standard. Your doctor must provide medical documentation supporting your illness or injury. When approved, your STD benefit pay begins on the eighth consecutive calendar day of disability. You will receive your STD benefit pay in the same manner that you receive your normal pay.

- ▶ Days 1-7 (Week 1): You have a 7-day unpaid elimination period. You may choose to use your accrued or borrowed Paid-Time Off (PTO) to receive pay during the elimination period.
- ▶ Days 8-56 (Weeks 2-8): Your benefit is 100% of your weekly base pay. For each day of disability, you will receive one-seventh (1/7th) of your weekly base pay.
- ▶ Days 57-91 (Weeks 9-13): Your benefit is 60% of your weekly base pay. For each day of disability, you will receive one-seventh (1/7th) of 60% of your weekly base pay. You may use your accrued or borrowed PTO to supplement your STD benefit to bring you up to 100% of your weekly base pay.

Long-Term Disability (LTD)

If you are still recovering from illness or injury and you cannot return to work after 90 consecutive days of disability, you will file an LTD claim with Reliance Standard. Your doctor must provide medical documentation to support your disability. When approved, your LTD benefit pays 60% of your monthly base pay, up to a maximum of \$7,500 per month. You will receive your monthly benefit pay. This benefit will pay until you return to work or until you reach the Normal Retirement Age set by the Social Security Act.

If you become disabled after you reach age 62 and you are approved for LTD benefits, you will receive monthly LTD benefit pay from Reliance Standard until the longer of the Social Security Normal Retirement Age or the Duration of Benefits below:

Age at Disablement	Duration of Benefits (in years)
62	3-1/2
63	3
64	2-1/2
65	2
66	1-3/4
67	1-1/2
68	1-1/4
69+	1

Life and Accidental Death & Dismemberment (AD&D) Insurance

Life insurance provides financial protection in the event of your death or the death of your covered dependent. AD&D insurance provides financial protection if, as a result of a covered accident, you or a covered dependent pass away, lose a limb, fingers, toes, or sight, or experience permanent paralysis. Reliance Standard is the life and AD&D insurance carrier.

Life and AD&D Insurance are group term life insurance policies that provide coverage only while you are employed by Shirley Ryan AbilityLab. Your life insurance premiums cover the cost of insurance coverage only; no cash value is accumulated in these policies. When you or your covered dependents lose eligibility for insurance coverage, you or your covered dependents may continue coverage through a conversion or portability option directly with Reliance Standard.

Basic Life and AD&D Insurance

Shirley Ryan AbilityLab provides you with the following basic coverage:

- ▶ **Basic Life Insurance:** $1.5 \times$ annualized base pay, rounded up to the next higher \$1,000 (up to a maximum of \$200,000)
- ▶ **Basic AD&D Insurance:** $1.5 \times$ annualized base pay, rounded up to the next higher \$1,000 (up to a maximum of \$200,000)

Basic Life Imputed Income

The IRS requires you to be taxed on the value of basic life insurance coverage over \$50,000. The taxable value of this coverage over \$50,000 is called “imputed income.” You will see this value on your pay slips as Group Term Life. You do not receive this value as part of your pay but you are taxed on it.

Supplemental Life Insurance

You may buy additional life insurance coverage to supplement the basic coverage provided to you by Shirley Ryan AbilityLab. You may buy supplemental life insurance coverage for yourself and your eligible dependents.

- ▶ **Supplemental Employee Life Insurance:** You can elect additional life insurance coverage for yourself in \$10,000 increments up to \$150,000, then in \$50,000 increments from \$150,000 to the lesser of \$500,000 or 5x your annualized base pay.
- ▶ **Supplemental Spouse/Partner Life Insurance:** You can elect insurance coverage for your spouse, domestic partner, or civil union partner in \$5,000 increments up to \$250,000. However, this coverage cannot be more than 100% of your elected Supplemental Employee Life Insurance coverage. You must elect to buy additional life insurance for yourself in order to buy life insurance for your spouse or partner.
- ▶ **Supplemental Child Life Insurance:** You can elect insurance coverage for all your eligible children in \$2,500 increments up to \$10,000. You must elect to buy additional life insurance for yourself in order to buy life insurance for all your eligible children.

Guarantee Issue and Evidence of Insurability (EOI)

Guaranteed issue is the amount of Supplemental Employee Life Insurance or Supplemental Spouse/Partner Life Insurance that you may elect and be approved for without providing Evidence of Insurability (EOI). EOI, also known as medical underwriting or proof of good health, is an application process in which you provide health information about yourself or about your spouse or partner in order to be approved for coverage you elected above the guaranteed issue. EOI is not required for Supplemental Child Life Insurance.

The guaranteed issue amounts are:

- ▶ Supplemental Employee Life Insurance: \$150,000
- ▶ Supplemental Spouse/Partner Life Insurance: \$30,000

Beneficiary Designation

You may designate primary and secondary beneficiaries for your Basic Life Insurance coverage at time of enrollment or at anytime thereafter in Workday. Your beneficiary designation will automatically be applied to your Basic AD&D and, if elected, your Supplemental Employee Life Insurance coverage. In the event of your death, your insurance coverage will be paid to your designated beneficiary(ies). If you do not have beneficiary designation on file in Workday, your insurance coverage will be paid according to state law.



Retirement Savings Plan

Shirley Ryan AbilityLab provides you with an opportunity to save for your future through our Retirement Savings Plan, administered by Principal. We believe your financial security at retirement is a shared responsibility between you and the organization. Our 401(k) plan includes:

- ▶ **Your contributions:** You can elect to contribute a portion of your eligible pay on a pretax or Roth (after-tax) basis—or both—to your 401(k) account. For 2025, you may contribute up to the annual IRS limit of \$23,500 for pretax and Roth combined. Beginning with the year in which you turn age 50, you may make additional catch-up contributions up to the IRS limit of \$7,500 for a total of \$31,000. You choose how to invest the money you contribute from a range of investment options through Principal.
- ▶ **Discretionary matching contributions:** Currently, Shirley Ryan AbilityLab matches pretax and Roth contributions at a rate of 50% up to the first 6% of eligible pay. Pretax catch-up and Roth catch-up contributions are not matched.
- ▶ **Discretionary employer contributions:** Currently, Shirley Ryan AbilityLab contributes an amount equal to 3% of your eligible pay towards your 401(k) account.

Following your date of hire, you will receive an email from Principal to create an account on Principal's website at <https://www.principal.com>. You can choose to make a deferral election at that time, you can wait to be automatically enrolled, or you can choose to opt out.

If you were hired before November 1, 2012, and you elected to remain in the grandfathered pension/403(b) plans, you are not eligible for the 401(k) plan.

Automatic Contributions and Annual Increases

If you do not opt out or proactively make a deferral election on Principal's website, you will be automatically enrolled at a rate of 2% pretax of your eligible pay. Your contributions will be automatically invested in a designated default fund. Your contribution will automatically increase by 2% on January 1 of each following year until your contributions reach 6% pretax.

Opt-Out

You may opt out of the automatic enrollment or change your deferral election at any time by calling Principal at **800.547.7754** or logging on your account at <https://www.principal.com>.

Vesting

You are always 100% vested in your own contributions. Discretionary matching contributions and discretionary employer contributions vest according to the following schedule:

- ▶ 50% after one year of service
- ▶ 100% after two years of service

Your 401(k) Plan Investment Performance

Your account may experience gains or losses, depending on the performance of your investments. Past performance is not an indicator of future performance and future performance is not guaranteed.

Commuter Benefits

Your Commuter Benefits help you save money by letting you pay for eligible mass transit and parking expenses with pre-tax dollars. We have partnered with PNC BeneFit Plus to offer two types of Qualified Transportation Accounts (QTAs). QTAs allow you to set aside pre-tax dollars from your biweekly paychecks to pay for eligible mass transit and parking expenses that are necessary for you to commute to and from work. Payroll deductions will only be taken from your paychecks twice a month; no deductions will be taken on the third pay in the two months per year in which you receive three paychecks. The two types of QTAs are:

- ▶ **Commuter Transit Account:** this account allows you to set aside money for eligible expenses for any pass, fare card, or similar item that entitles you to transportation on a mass transit system or vanpool to and from work
- ▶ **Commuter Parking Account:** this account allows you to set aside money for eligible parking expenses at or near work or parking at or near location from which you commute to work by mass transit, vanpooling, carpool, etc.

Flagship Hospital Parking Discount

Full-time and part-time employees who work at the Flagship Hospital may be eligible for discounted on-site parking at the hospital or off-site parking at River East Garage, Atwater Garage, or Legacy Garage.

DISCOUNTED RATES (PRE-TAX BIWEEKLY PAYROLL DEDUCTIONS)

- ▶ Full-time employees—\$62.31 per pay
- ▶ Part-time employees—\$30.00 per pay

Visit the Parking Garage Office located on the 5th floor of the Flagship Hospital to apply for on-site parking and set up pre-tax biweekly payroll deductions. You cannot double dip by paying for discounted parking through pre-tax payroll deductions and by reimbursing yourself with money from your PNC BeneFit Plus Parking account.

How Do QTAs Work?

- ▶ Elect the dollar amount you need each month to pay for mass transit and/or for parking expenses, separately, up to the monthly IRS limit. The monthly IRS limit for each account in 2025 is \$325.
- ▶ You may have one or both accounts, but you may not use money in a mass transit account for parking expenses, or vice versa.
- ▶ Once enrolled, PNC BeneFit Plus mails you a smart debit card to use at transit-related and parking pay terminals to pay for qualified mass transit and parking expenses.
- ▶ IRS regulations require that all mass transit purchases through a QTA are made directly by using the debit card.
- ▶ Parking expenses may be paid by using the debit card or by paying with an alternate payment method then filing a claim for reimbursement.
- ▶ You are expected to use all the money in your account each month. Unused money in your QTAs may be carried over from month to month.
- ▶ When your employment with Shirley Ryan AbilityLab ends, your debit card will be deactivated and you will forfeit all unused money in your accounts.

Type of Accounts Available	What is a Qualified Expense?	2025 IRS Monthly Maximum Contribution
Mass Transit	Passes, tokens or fare cards for a bus, train or subway between your home and your regular workspace	\$325
Parking	Parking Expenses at or near your workplace, or at the location from which you commute to work	\$325

Time-Off Benefits

Taking time off from work is an important part of your personal well-being. Instead of having separate buckets for vacation, sick, and personal days, you can use your time off as you choose subject to notice and approval requirements as defined in the Staff Handbook. Striking a balance between your work life and personal life allows you to be your best at work and away from work.

Paid-Time Off (PTO)

Full-time and part-time exempt and non-exempt employees regularly scheduled to work 20 or more hours per week are eligible for Shirley Ryan AbilityLab's PTO plan. Our PTO plan is more generous than paid leave provided under local or state law. If your regular schedule is 100% FTE, you accrue PTO as noted in the chart below. If your regular work schedule is between 50% and 99.99% FTE, you accrue PTO on a prorated basis according to your FTE. PTO accruals are granted on the first day of each pay period. If you are on a leave of absence, you will continue to accrue PTO if you use accrued PTO, holiday time, bereavement time, or approved STD benefits to receive pay while on leave.

Classification	Years of Service	Maximum Accrual Per Pay Period (100% FTE)	Maximum Accrual Per Calendar Year (100% FTE)
Staff	0-3	7 hours 42 minutes	25 days
	4+	9 hours 14 minutes	30 days
Physicians, Department Heads and Above	0+	9 hours 14 minutes	30 days

At the end of each calendar year, you may carry over a maximum of ninety-six (96) PTO hours into the next year or as otherwise required by applicable law.

Part-time employees regularly scheduled to work less than 20 hours per week and registry/on-call employees are not eligible for our PTO plan. However, you are eligible for Paid Sick Leave (PSL) and Paid Leave for Any Reason (PLAR). Refer to the Staff Handbook for more information about PSL and PLAR.

Holidays

Shirley Ryan AbilityLab observes the following holidays:

- ▶ New Year's Day
- ▶ Memorial Day
- ▶ Independence Day
- ▶ Labor Day
- ▶ Thanksgiving Day
- ▶ Christmas Day

Your team or business area may have its own procedures for holiday scheduling that may require you to work on an observed holiday. If you are required to work on an observed holiday, you and your manager may choose an alternate date for you to take the observed holiday.

Employee Assistance Program (EAP)

Shirley Ryan AbilityLab provides a confidential Employee Assistance Program (EAP) through Reliance Standard (locally administered by AllOne Health) to all employees and their dependents.

EAP and Work-Life Benefits

EAP provides professional, confidential assistance to employees, spouses/partners, and their dependents who are managing everyday issues, such as job pressures, relationships, retirement planning, childcare or elderly care, grief, loss or the impact of a disability. EAP includes up to three face-to-face confidential counseling sessions per year. Telephonic financial and legal counseling sessions are also available. Use your EAP benefits by calling **855.RSL.HELP (855.775.4357)** or by visiting <https://allonehealth.com/reliance-matrix> (use Code: RSLI859).

Bereavement Support Services

Bereavement Support Services help employees cope with the emotional, financial and legal issues that follow a terminal illness diagnosis or loss of a loved one. Benefits include unlimited contact for grief counseling, financial planning and legal information for up to one year from the event date, assessment and action planning, and referrals to additional outside services to support specific situations, such as long-term grief counseling, complex probate or estate planning and relocation. Call **855.RSL.HELP (855.775.4357)**.

Travel Assist

The Travel Assist program provides four kinds of services for your vacation travels when employees are more than 100 miles from home, including pre-trip assistance, emergency medical transportation, emergency personal assistance services and medical assistance services.

Assistance ranges from travel advisories, embassy and consular referrals, immunization requirements to repatriation, bail advancement and medical evacuation. From the United States, call **800.456.3893**. From other locations worldwide, call **603.328.1966** and use Reliance Standard company code RSLI859.



Additional Benefits

The following organizations offer Shirley Ryan AbilityLab employee discounts:

Fitness and Health

Prince Family Esprit! Program

The Prince Family Esprit! Program is designed to offer ongoing education and wellness opportunities for employees. The program is made possible through a generous gift from the Frederick Henry Prince Memorial Fund to recognize, honor and develop the strengths and talents of our dedicated staff.

The Shirley Ryan AbilityLab's Prince Family Esprit! Program Peer Recognition Esprit! Award helps our staff recognize colleagues who demonstrate our Core Values and who go above and beyond by surpassing goals, exceeding expectations, or volunteering to assist others at the Shirley Ryan AbilityLab beyond his/her regular job duties.

The Prince Family Esprit! Program was designed with a specific focus on enhancing your mind, body and spirit. Included in the body component are wellness initiatives to help you live a stronger, healthier life. Listed below are some of the body offerings made possible through the Prince Family Esprit! Program.

WW (Weight Watchers)

We are delighted to offer discounts to employees participating in WW. To learn more about WW and to enroll in the program, please contact HR Help Desk at HRHelpdesk@sralab.org.

Walkingspree

Through Walkingspree, employees can participate in company-wide step competitions throughout the year for a chance to win prizes. Employees are also eligible to receive a \$25 discount on any step-tracking device purchased through Walkingspree. To register, visit members.walkingspree.com/register/ric-ability. For more information, please contact HR Help Desk at HRHelpdesk@sralab.org.

Quit for Life Tobacco Cessation Program

Created by the American Cancer Society and Optum, the program has been proven effective and offers easily accessible tools and resources to help you kick the habit. The program is free for Shirley Ryan AbilityLab employees and is also open to Shirley Ryan AbilityLab employees' dependents for \$375 per person. To enroll in the program, call **866.QUIT.4-LIFE (866.784.8454)** or visit quitnow.net. Click "Enroll Now" at the top of the screen. Under Select your Employer, select Shirley Ryan AbilityLab. Type in your postal code, then click Submit Form to start your registration. If you plan to enroll a dependent or have any questions about the program, please contact HR Help Desk at HRHelpdesk@sralab.org. Payment for dependent participation will be made through payroll deduction.

Divvy Corporate Membership

We offer a Corporate Membership with Divvy, a bike sharing system with hundreds of stations throughout the city of Chicago. Employees are eligible to receive a discounted Divvy Annual Membership. Contact HR Help Desk at HRHelpdesk@sralab.org to receive the Divvy discount code.

PNC Workplace Banking

PNC Workplace Banking helps make your financial life easy. You may earn certain offers on banking products and services when you hold a qualifying checking account, and you gain access to the insight and experience of PNC financial specialists. Rewards and programs include: easy money management with Virtual Wallet, Home Lending Rewards, Credit Card Rewards and more. Learn more at: <https://pnc.com/workplaceoffers>.

Shirley Ryan AbilityLab Tuition Reimbursement Program

Shirley Ryan AbilityLab offers a tuition reimbursement program to eligible employees. For more information, contact HR Help Desk at HRHelpdesk@sralab.org.

Childcare and Early Education Tuition Discount Program

Are you looking for a new option for childcare or before- or after-school learning for your child? Employees can receive a 10% tuition discount on childcare and early education centers in the Knowledge Universe family, including KinderCare, Champions and CCLC.

With more than 2,000 education centers across the United States, each Knowledge Universe location offers a proven curriculum, hands-on learning and trained teachers. Many convenient locations can be found across the city of Chicago and throughout the Chicagoland area.

The discount can be used for full- or part-time childcare, before- or after-school care or drop-in care, and will be applied as a 10% discount toward standard weekly tuition rates, which vary by center.

To identify participating centers and learn more about specific program information, space and availability and tours, please call 877.914.7683 or visit <https://www.kindercare.com/sralab>. To sign up, you will need to provide a current paystub to center of your choice. For more information, please contact HR Help Desk at HRHelpdesk@sralab.org.

Shirley Ryan AbilityLab does not warrant or endorse any goods or services provided by Knowledge Universe Education LLC, doing business as CCLC ("CCLC"). Employees who choose to take advantage of the CCLC discount are subject to the terms and conditions of CCLC and further acknowledge and agree that Shirley Ryan AbilityLab will not be responsible or liable for any injuries or loss or damage of any kind, whatsoever, as the result of any of CCLC's services and/or products.

Employee Contributions

Biweekly Payroll Deductions

BCBSIL Medical

Medical Coverage		You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
Full-time Employee (<\$85K/year)	BCBSIL PPO	\$103.38	\$222.46	\$209.54	\$323.54
	BCBSIL HDHP	\$66.00	\$141.69	\$133.38	\$216.46
	BCBSIL HMO	\$66.00	\$141.69	\$133.38	\$216.46
Full-time Employee (≥\$85K/year)	BCBSIL PPO	\$120.00	\$249.69	\$234.92	\$363.23
	BCBSIL HDHP	\$76.15	\$159.69	\$150.00	\$243.23
	BCBSIL HMO	\$76.15	\$159.69	\$150.00	\$243.23
Part-time Employee	BCBSIL PPO	\$175.85	\$366.00	\$344.31	\$531.23
	BCBSIL HDHP	\$112.25	\$234.46	\$220.15	\$356.77
	BCBSIL HMO	\$112.25	\$234.46	\$220.15	\$356.77

BCBSIL Dental

Dental Coverage		You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
Full-time Employee	DPPO with Ortho	\$13.30	\$25.69	\$24.66	\$35.44
	DPPO without Ortho	\$11.99	\$23.16	\$22.23	\$31.29
Part-time Employee	DPPO with Ortho	\$18.61	\$35.97	\$34.54	\$53.45
	DPPO without Ortho	\$17.31	\$33.44	\$32.11	\$49.31

Guardian Dental

Dental Coverage		You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
Full-time Employee	DHMO	\$5.08	\$10.34	\$9.42	\$14.60
Part-time Employee	DHMO	\$7.88	\$16.03	\$14.59	\$22.64

EyeMed Vision

Vision Coverage		You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
All Employees		\$4.14	\$7.89	\$8.28	\$12.17

Voluntary Accident

Voluntary Accident Coverage		You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
All Employees		\$5.04	\$8.41	\$9.37	\$12.89

Voluntary Hospital Indemnity

Voluntary Hospital Indemnity Coverage		You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
All Employees		\$6.45	\$13.61	\$9.67	\$16.83

Biweekly Payroll Deductions

Voluntary Critical Illness

	You Only	You + Spouse/Partner	You + Child(ren)	You + Spouse/Partner + Child(ren)
Under 30	\$2.31	\$4.62	\$9.32	\$11.63
30-34	\$3.51	\$7.02	\$10.52	\$14.03
35-39	\$4.80	\$9.60	\$11.82	\$16.62
40-44	\$6.51	\$13.02	\$13.52	\$20.03
45-49	\$10.57	\$21.14	\$17.58	\$28.15
50-54	\$14.22	\$28.43	\$21.23	\$35.45
55-59	\$20.63	\$40.80	\$27.65	\$48.28
60-64	\$29.31	\$58.62	\$36.32	\$65.63
65-69	\$44.58	\$89.17	\$51.60	\$96.18
70-74	\$69.05	\$138.09	\$76.06	\$145.11
75-79	\$114.09	\$228.18	\$121.11	\$235.20
80-84	\$154.57	\$309.14	\$161.58	\$316.15
85 and Over	\$251.68	\$503.35	\$258.69	\$510.37

Flat amount is based on the employee's age and coverage tier.

Supplemental Employee and Spouse/Partner Life Insurance (Per \$1,000 of Coverage)

Age	Rate
Under 30	\$0.027692
30-34	\$0.036923
35-39	\$0.055385
40-44	\$0.092308
45-49	\$0.138462
50-54	\$0.216923
55-59	\$0.396923
60-64	\$0.595385
65-69	\$0.890769
70-74	\$1.527692
75-79	\$4.038462
80-84	\$6.323077
85-89	\$9.978462
90-94	\$18.216923
95 and Over	\$20.201538

How Supplemental Life Insurance Rates Are Calculated

- ▶ Supplemental Employee Life Insurance calculates off of the employee's age and coverage amount
 - ▷ Elected coverage amount divided by 1,000 times biweekly rate
- ▶ Supplemental Spouse/Partner Life Insurance calculates off of the spouse's/partner's age and coverage amount
 - ▷ Elected coverage amount divided by 1,000 times biweekly rate
- ▶ Supplemental Child Life calculates off of coverage amount only
 - ▷ Elected coverage amount divided by 1,000 times biweekly rate

Supplemental Child Life Insurance (Per \$1,000 of Coverage)

Age	Rate
Child	\$0.092308

Payroll Calendar

Pay Period	Pay Period Begin Date	Pay Period End Date	Pay Date
1	12/15/24	12/28/24	01/03/25
2	12/29/24	01/11/25	01/17/25
3	01/12/25	01/25/25	01/31/25
4	01/26/25	02/08/25	02/14/25
5	02/09/25	02/22/25	02/28/25
6	02/23/25	03/08/25	03/14/25
7	03/09/25	03/22/25	03/28/25
8	03/23/25	04/05/25	04/11/25
9	04/06/25	04/19/25	04/25/25
10	04/20/25	05/03/25	05/09/25
11	05/04/25	05/17/25	05/23/25
12	05/18/25	05/31/25	06/06/25
13	06/01/25	06/14/25	06/20/25
14	06/15/25	06/28/25	07/03/25
15	06/29/25	07/12/25	07/18/25
16	07/13/25	07/26/25	08/01/25
17	07/27/25	08/09/25	08/15/25
18	08/10/25	08/23/25	08/29/25
19	08/24/25	09/06/25	09/12/25
20	09/07/25	09/20/25	09/26/25
21	09/21/25	10/04/25	10/10/25
22	10/05/25	10/18/25	10/24/25
23	10/19/25	11/01/25	11/07/25
24	11/02/25	11/15/25	11/21/25
25	11/16/25	11/29/25	12/05/25
26	11/30/25	12/13/25	12/19/25

All benefits deductions will be taken from each paycheck on a biweekly basis, with the exception of Commuter Transit Account and Commuter Parking Account benefits. Contributions to these accounts will only be deducted from your paychecks twice per month. In the two months where there are three paychecks, no Commuter Transit Account and Commuter Parking Account deductions will be taken on the third paycheck of the month.

Contact Information



BCBSIL—MEDICAL AND PHARMACY

PPO Group #S59354
 HDHP with HSA Group #PG3272
 HMO Group #H00404
 PPO and HDHP: 855.691.8003
 HMO: 800.892.2803
www.bcbsil.com



BCBSIL—PHARMACY MAIL ORDER SERVICES

Prime Therapeutics Membership 800.423.1973
www.myprime.com



BCBSIL—DENTAL PPO

800.367.6401
 Group #450354
www.bcbsil.com



GUARDIAN DENTAL—DENTAL HMO

866.494.4542
 Group #379308
www.guardianlife.com



EYEMED—VISION

866.299.1358
 Group #9735242
www.eyemedvisioncare.com



PNC—HSA, HCFA, DCFA, COMMUTER ACCOUNTS

844.356.9993
www.participant.pncbenefitplus.com



RELIANCE STANDARD—VOLUNTARY ACCIDENT

866.752.8117
 #VAI827377
www.reliancestandard.com



RELIANCE STANDARD—VOLUNTARY CRITICAL ILLNESS

866.752.8117
 #VCI457153
www.reliancestandard.com



RELIANCE STANDARD—VOLUNTARY HOSPITAL INDEMNITY

866.752.8117
 #VHI000360
www.reliancestandard.com



RELIANCE STANDARD/MATRIX—STD

877.202.0055
 Client ID #4532
www.matrixabsence.com



RELIANCE STANDARD—LTD

877.203.0549
 Client ID #129150
www.reliancestandard.com



RELIANCE STANDARD—BASIC LIFE AND AD&D

Group #158194
www.reliancestandard.com



PRINCIPAL—RETIREMENT SAVINGS PLAN

800.547.7754
 401(k)—#467579
 403(b)—#721788
www.principal.com



AON RIC PENSION CENTER

877.832.0425



RELIANCE STANDARD—TRAVEL ASSISTANCE

From US or Canada: 800.456.3893
 Worldwide Collect: 603.328.1966
 ID #RSLI859



FMLA SOURCE—FMLA

877.462.3652
www.fmlasource.com



RELIANCE STANDARD—EAP

855.RSL.HELP—855.775.4357
 ID #RSLI859



RELIANCE STANDARD—EAP BEREAVEMENT SUPPORT

855.RSL.HELP—855.775.4357
 ID #RSLI859



PNC—WORKPLACE BANKING

888.PNC.WORK—888.762.9675
www.pnc.com/workplace/employee



RELIANCE STANDARD—IDENTIFY THEFT INFO ARMOR/WALLET ARMOR

855.246.7347
 ID #RSLI859
www.reliancestandard.com/walletarmor



SOCIAL SECURITY RESOURCES

800.772.1213
<https://www.ssa.gov>



This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.