



BENEFITS GUIDE 2026



TABLE OF CONTENTS

Open Enrollment	4
Meet Beni	6
Eligibility	7
Health & Welfare	8
Medical	8
FSA	11
HSA	12
Dental	13
Vision	14
Basic Life and Accidental Death and Dismemberment (AD&D)	15
Short and Long-Term Disability	16
New! Tria Health	18
Financial Wellness	19
401k	19
Student Debt Relief	20
Employee Discount Program	20
Pet Insurance	21
Wellness	22
Spring Health	22
EAP	22
Wellthy	23
Maven	23
Telehealth	24

Protection Benefits	25
Identity Theft	25
Legal Shield	26
Voluntary Benefits	27
Accident Insurance	27
Critical Illness	28
Hospital Indemnity	30
MYLO	31
LGBTQ + Benefits	32
Benefit Coverage	32
Family Formation	33
UMR Medical Plans	33
Mental Health	34
Contacts	35
Glossary of Medical Terms	36



2026 OPEN ENROLLMENT

November 3-14

What you need to know:

This year's Open Enrollment is **passive**, meaning your current 2025 elections will automatically roll over for the 2026 plan year unless you make changes in [Ceridian](#).

- ⚠ Important:** You MUST actively enroll in the following plans to receive coverage in 2026:
- Health Savings Account (HSA)
 - Flexible Spending Accounts (FSA) – including Healthcare, Dependent Care, Commuter, Transit, and Parking

As a reminder, Open Enrollment is the only time you can make changes to your benefits for the upcoming year unless you experience a qualified life event.

Updates for 2026:

- **Medical premiums will increase for the 2026 plan year**, while dental and vision premiums will remain unchanged
- **NEW! Tria Health**- a pharmacist-led chronic condition management benefit
- **Wellthy**- expanded services including:
 - Natural disaster support
 - Health advocacy
 - Petcare support
- Hearing aids for children up to 18 years old are now covered

How to enroll

1. Log into **Ceridian** through the **MyApps** page
2. Select the Benefits icon
3. Click the “Start Enrollment” button
4. Once you have reviewed and made your elections, you must select “Submit Enrollment”.
 - You will receive a “Congratulations” notice to confirm your enrollment is complete.
 - Please note, you will not receive an email, so this screen will act as confirmation you have successfully completed enrollment, so we advise that you print or save a copy of your elections shown on the screen.

Resources



ACA Benefit Source *Updated on November 3*

ACA offers a site that provides more details about all the benefits offered. Once on the site, you can click the options in the top banner to get more detailed information about each benefit.

The site can be accessed by [here](#).



Open Enrollment Information Sessions:

ACA HR will host two information sessions this year to walk you through your 2026 benefits, introduce helpful tools to guide your choices, and answer any questions you may have.

- November 4 @ 11am – 12 pm ET
- November 6 @ 1pm – 2 pm ET

You only need to attend one session as we will cover the same content in both sessions. While we highly encourage you to attend these sessions, they are optional.

Meet Beni!

Your Personalized
Benefits Assistant



Beni is your new AI-powered benefits assistant, designed to make navigating your benefits simple, fast, and stress-free.



WHAT BENI OFFERS:

- **24/7 Instant Support:** Get answers anytime, anywhere.
- **Personalized Experience:** Tailored advice based on your role, location, and eligibility.
- **Plain Language Guidance:** Simple, clear answers—no jargon, just practical help.
- **Connected to ACA Systems:** Powered by Lockton, our benefits broker, for accurate, customized information.



YOUR PRIVACY MATTERS

- **Anonymous Conversations:** Your chats are private.
- **No Data Sharing:** Personal info is never sold or shared with ACA or third parties.
- **Delete Anytime:** You control your data.
- **Encrypted & Secure:** U.S.-based servers with industry-standard protection.

WHY YOU'LL LOVE BENI

- ✓ Instant access to answers
- ✓ Personalized guidance at key moments
- ✓ Private, secure, and easy to use

Access Beni on MyApps

TRY ASKING BENI...

- “What’s the difference between PPO and HDHP?”
- “Which medical plan is best for me?”
- “How do I add my spouse to my health plan?”
- “What’s covered under dental insurance?”
- “Can I change my 401(k) contribution?”

ELIGIBILITY

Eligible Employees

You may enroll in ACA's Benefit Program if you are an employee working at least 30 hours per week.

Eligible Dependents

If you are eligible for ACA's Benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to the end of the month in which they turn 26. Children may include natural, adopted, stepchildren and children obtained through court appointed legal guardianship, as well as children of same sex domestic partners. Enrolling a domestic partner will require a Statement of Domestic Partnership form be submitted to ACA HR. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

When Coverage Begins

The effective date for your benefits is January 1, 2026. New employees are eligible for benefits on the first of the month following the date of hire. (Example: Ted was hired on February 8th. Ted's benefits would be active as of March 1st.). All elections are in effect for the entire plan year and can only be changed during open enrollment, unless you experience a qualifying event.

Qualifying Events

Examples of some qualifying events include:

- Change of legal marital status (e.g., marriage, divorce, death of spouse or legal separation).
 - If you previously had your domestic partner enrolled and are now married, you must notify HR. This will remove the taxes associated with benefits for a domestic partner.
 - Change in number of dependents (e.g., birth, adoption, death of dependent or ineligibility due to age).
 - Change in employment or job status (e.g., spouse loses job)
 - Spouse's open enrollment.
 - Loss of coverage from parents at age 26.

If such a change occurs, you must make the applicable changes by notifying ACA HR within 30 days of the qualifying event date.

Documentation will be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change.

HEALTH & WELFARE



Medical Benefits

ACA partners with UMR to offer four medical plans through United Healthcare — two PPO plans (High and Standard) and two qualifying high deductible health plans (“QHDHP”).

PPO Plans

All coinsurance payments will begin after the deductible has been met.

	High PPO		Standard PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$500	\$750	\$2,000	\$4,000
Family	\$1,000	\$1,250	\$4,000	\$6,000
Out-of-pocket maximum				
Individual	\$2,500	\$5,000	\$5,000	\$8,000
Family	\$5,000	\$10,000	\$10,000	\$16,000
Coverage / Co-Pay				
Coinsurance	100%	80%	80%	60%
Preventive services	100%	80%	100%	80%
Physician office visits	\$15 copay	Deductible then 80%	\$20 copay	Deductible then 60%
Specialist	\$30 copay	Deductible then 80%	\$40 copay	Deductible then 60%
Urgent care	\$30 copay	\$30 copay	\$40 copay	\$40 copay
Telehealth	\$15 copay	Not covered	\$20 copay	Not covered
Hospital services				
Inpatient/Outpatient	\$250 per/admission/30	Deductible then 80%	Deductible then 80%/40%	Deductible then 60%
Emergency room	\$300 copay	\$300 copay	Deductible then 80%	Deductible then 80%

* All coinsurance payments will begin after deductible has been met

High Deductible Health Plan (HDHP)

	\$3,400 HDHP ¹		\$5,000 HDHP ¹	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$3,400	\$3,400	\$5,000	\$10,000
Family	\$6,800	\$6,800	\$10,000	\$20,000
Out-of-pocket maximum				
Individual	\$5,000	\$10,000	\$6,550	\$13,100
Family	\$10,000	\$20,000	\$13,100	\$26,200
Coverage / Co-Pay				
Coinsurance	80%	60%	80%	60%
Preventive services	100%	60%	100%	60%
Physician office visits	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Specialist	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Urgent care	Deductible then 80%	Deductible then 80%	Deductible then 80%	Deductible then 60%
Telehealth	\$49 charge	Not covered	Deductible then 80%	Not covered
Hospital services				
Inpatient/outpatient	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Emergency room	Deductible then 80%	Deductible then 80%	Deductible then 80%	Deductible then 80%

¹**NOTE:** The HDHP \$3,300 plan will be changed to \$3,400 for 2026. This is due to updated IRS regulations associated with pre-tax high deductible plans.

(1) All coinsurance payments will begin after the deductible has been met.

(2) If other family members are on the plan, the overall family deductible must be met before the plan begins to pay.

Prescription Drugs

Prescription drugs (30-day supply)	High PPO		Standard PPO		\$3,400 HDHP		\$5,000 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1	\$10	You pay 20%; plan pays 80%	\$10	You pay 20%; plan pays 80%	\$10	You pay 20%; plan pays 80%	\$10	You pay 20%; plan pays 80%
Tier 2	\$30	You pay 20%; plan pays 80%	\$30	You pay 20%; plan pays 80%	\$25	You pay 20%; plan pays 80%	\$30	You pay 20%; plan pays 80%
Tier 3	\$60	You pay 20%; plan pays 80%	\$60	You pay 20%; plan pays 80%	\$45	You pay 20%; plan pays 80%	\$50	You pay 20%; plan pays 80%
Tier 4	You pay 20%; plan pays 80% up to \$250	You pay 20%; plan pays 80% up to \$250	You pay 20%; plan pays 80% up to \$250	You pay 20%; plan pays 80% up to \$250	\$250	\$250	\$250	\$250

Mail order (90-day supply)	High PPO		Standard PPO		\$3,400 HDHP		\$5,000 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1	\$25	You pay 20%; plan pays 80%	\$25	You pay 20%; plan pays 80%	\$20	You pay 20%; plan pays 80%	\$20	Not covered
Tier 2	\$75	You pay 20%; plan pays 80%	\$75	You pay 20%; plan pays 80%	\$50	You pay 20%; plan pays 80%	\$60	Not covered
Tier 3	\$150	You pay 20%; plan pays 80%	\$150	You pay 20%; plan pays 80%	\$90	You pay 20%; plan pays 80%	\$100	Not covered
Tier 4	You pay 20%; plan pays 80% up to \$250	You pay 20%; plan pays 80% up to \$250	You pay 20%; plan pays 80% up to \$250	You pay 20%; plan pays 80% up to \$250	\$250	\$250	\$250	Not covered

Employee Contributions (Semi-Monthly)

Employee Tier	High PPO	Standard PPO	\$3,400 HDHP	\$5,000 HDHP
Employee only	\$260.03	\$84.97	\$40.77	\$20.38
Employee + spouse	\$651.89	\$215.06	\$103.76	\$51.87
Employee + child(ren)	\$505.09	\$165.06	\$79.55	\$39.77
Family	\$793.60	\$264.24	\$127.57	\$63.79

NOTE: If you completed the 2025 Wellness Deal through Wellworks, you will receive a credit each paycheck to reduce the medical premium by an annual total of \$1,000.00. As a reminder, this program is not being offered in 2026.

Flexible Spending Accounts (FSA)

Healthcare Flexible Spending Account

The Healthcare FSA can be combined with the PPO medical plans to set aside pre-tax dollars to pay for certain medical, dental and vision expenses such as copays, deductible, coinsurance.

- The annual contribution limit is \$3,400.
- Cannot enroll if you are contributing to a health savings account (HSA).
- Pay for certain medical, dental and vision expenses such as copays, deductible, coinsurance.

Dependent Care Flexible Spending Account

The Dependent Care FSA is a pre-tax account designed to set aside money for childcare or aging parent care expenses.

- Annual contribution limit of \$7,500 per household.
- Pay for out-of-pocket daycare expenses.
- Eligible dependents
 - Children under the age of 13.
 - Dependents of any age physically or mentally incapable of self-care.

Commuter Flexible Spending Account

The Commuter FSA is a pre-tax account designed to set aside money to pay parking and commuter costs.

- Allows you to use pretax dollars to pay parking and commuter costs.
- Can deduct up to \$340 per month for parking costs and \$340 per month for mass transit and vanpooling.

FSA Use It or Lose It Rule

Per IRS regulations -

- Healthcare Flexible Spending Account- you can rollover \$680.00 to 2027; however, any other unused funds will be forfeited.
- Dependent Care spending accounts- any unused funds after December 31, 2026, will be forfeited.
- Commuter Flexible Spending Account- any unused funds will rollover to 2026.



Health Savings Account (HSA)

A health savings account (HSA) is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan (HDHP), you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for eligible medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it. ACA has partnered with Fidelity to offer an HSA.

You can use HSA money to pay for eligible health expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. Eligible health expenses are defined by the IRS.



Eligibility to open an HSA

- You must be covered by the HDHP for the benefit plan year.
- You are not covered by your spouse's health plan (unless it is a HDHP), flexible spending account or health reimbursement account (HRA).
- You are not enrolled in ACA Group's healthcare FSA.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration benefits in the past three months.



Funding and limits

You **must** open an HSA with Fidelity; it is not automatically set up since it is considered a bank account. To set up your account, you can click [here](#) or call Fidelity at 800-544-3716 if you need assistance.

Employees are responsible for tracking annual limits.

The 2026 IRS maximum contributions for these accounts are:

- \$4,400 for employee-only coverage
- \$8,750 for all other coverage levels

Catch-up contribution

Individuals ages 55 or older may make an additional \$1,000 annual contribution to their HSA.

Dental

With Delta Dental, you have broad access to in-network providers through the Delta Dental Premier PPO and Premiere plan, which are both included in our dental plan. In order to find a provider in the network:

- Visit www.nedelta.com
- Select “Find a Dentist”
- Select “Delta Dental PPO” or “Delta Dental Premier” network.
- Enter your location and desired search radius.

Access to good oral healthcare can help keep your overall health costs down. Regular oral health exams can help detect significant medical conditions before they become serious. Dental professionals performing checkups can spot symptoms that could indicate serious health problems elsewhere in the body that need attention.

	High Plan		Standard Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Plan Maximum				
Individual	\$1,500	\$1,500	\$1,250	\$1,250
Lifetime Orthodontia Plan Maximum				
Individual	\$2,000	\$2,000	N/A	N/A
Covered Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Class 1: Preventative & Diagnostic	100%	100%	100%	100%
Class 2: Basic Restorative Services	90%	90%	80%	80%
Class 3: Major Restorative Services	60%	60%	50%	50%
Class 4: Orthodontia	50%	50%	N/A	N/A

Employee contributions (semi-monthly)

Employee Tier	High Plan	Standard Plan
Employee only	\$14.50	\$8.14
Employee + spouse	\$28.30	\$18.29
Employee + child(ren)	\$36.56	\$18.87
Family	\$50.78	\$27.07

Vision

The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the network. When you use an out-of-network provider, you will have to pay more for vision services. To locate a vision provider, please visit www.vsp.com.

Because symptoms of health conditions often don't appear until damage has already occurred, eye exams are a great way to keep tabs on what is happening in your body. Your eyes are the only place in your body that provide a clear view of your blood vessels, arteries, and a cranial nerve, which can tell your doctor a lot about your overall health. Whether you need consistent access to comprehensive vision insurance or are exploring this benefit.

VSP recommends providing a "Verbal Card" to your vision provider. A Verbal Card is a scripted statement that lets your vision provider know that you have coverage.

If you are using the coverage yourself, your "Verbal Card" would sound like this: "My name is (state your name) and I have VSP insurance. The last 4-digits of my SSN are XXXX and my date of birth is MM/DD/YYYY.

- If your spouse or children are using the coverage, their Verbal Card would sound something like this: "My spouse or parent (state the name of the ACA Group employee) has VSP Insurance, and the last 4-digits of their SSN is XXXX. My name is (the spouse or dependent child states their own name) and my date of birth is MM/DD/YYYY (date of birth of the spouse or dependent child).

	In-Network	Out-of-Network
Benefit Frequency		
Exam	12 months	
Lenses	12 months	
Contacts	12 months	
Frames	24 months	
Co-pay		
Exam	\$10	Up to \$45
Cost Share		
Single Vision Lens	Covered in full	Up to \$30
Lined Bifocals	\$20	Up to \$50
Lined Trifocals	\$20	Up to \$65
Frames	\$200 allowance	Up to \$70
Elective Contacts	\$200 allowance	Up to \$105
Medically Necessary Contacts	Covered in full	Up to \$210
LightCare	\$20 Copay \$200 Allowance	



Employee Contributions

Employee Tier	Semi-Monthly Premium
Employee only	\$4.67
Employee + spouse	\$7.86
Employee + child(ren)	\$8.03
Family	\$12.93

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

ACA provides, at no cost to you, basic life and AD&D insurance.

In the event of your death, our life insurance policy helps provide a general safety net for your beneficiaries. If you are a full-time employee, your coverage is equal to 1.5 times your basic annual earnings, to a maximum of \$350,000.

AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. ACA has partnered with Prudential for our life insurance coverage.

Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Voluntary Life and AD&D

You have the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and/or your dependent children. The cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Voluntary Life / AD&D	
Amount	
Employee	Increments of \$10,000
Spouse	Increments of \$5,000
Children	\$10,000
Guarantee Issue Amount	
Employee	\$300,000
Spouse	\$25,000
Child(ren)	\$10,000
Overall Maximum	
Employee	\$500,000 or 5x annual salary
Spouse	\$100,000 not to exceed 50% employee
Child(ren)	\$10,000 not to exceed 50% employee
Reduction of Benefits Schedule	
65-69	65%
70-74	50%

IMPORTANT: Please take this opportunity during enrollment to designate and/or review your designated beneficiary (or beneficiaries) within Ceridian. In the case of your death while covered on this plan, your life and AD&D benefit will be paid to the beneficiary you have listed.

Short and Long-Term Disability

Short-Term Disability

ACA offers short-term disability coverage through Prudential which pays you a benefit if you temporarily are unable to work due to an injury, illness, or maternity leave. Full-time eligible employees are eligible for a weekly benefit of 60% earnings up to \$1,500. A seven-day waiting period applies.

Your doctor and the insurance company will work together to determine how long benefits are payable based on your condition. Benefits may be reduced by income from other sources.

Short-Term Disability Buy-Up

As a full-time employee, you have the option to buy up or increase your monthly benefit maximum to 60% of your basic annual earnings up to \$2,000 per week.

Short-Term Disability	
Short-Term Disability	
Amount	60% to \$1,500 weekly max
Benefit Period	12 weeks
Elimination Period	7 days (illness and injury)
Payment	Company paid
Employee Short-Term Disability Buy-up	
Amount	\$2,000 weekly max



Long-Term Disability

Sometimes circumstances are considered long term, often meaning greater financial stress and hardship for your family. ACA offers a company-paid long-term disability policy through Prudential to ensure financial protection for a longer period of time in the event that you are disabled and cannot work due to a covered injury or illness.

Full-time employees are eligible for up to 60% of your basic annual earnings up to \$5,000 per month after 90 days of disability. Benefits may be reduced by income from other sources.



Long-Term Disability Buy-Up

As a full-time employee, you have the option to buy up or increase your monthly benefit maximum to 60% of your basic annual earnings up to \$12,500 per month.

Long-Term Disability	
Amount	60% up to \$16,00 max
Elimination Period	90 days
Payment	Company paid
Employee Long-Term Disability Buy-up	
Amount	\$12,500 weekly max

✨ New in 2026: Tria Health

Tria Health® is a free and confidential benefit available to those on ACA Group's health insurance. Tria Health offers one-on-one phone consultations with a pharmacist to help ensure your medications are working, answer health questions, coordinate with your doctor, and save you money!

Is Tria Health the Right Fit for You?

Tria Health may be a great fit if you're managing one or more of the following chronic conditions or take multiple medications:

- Asthma/COPD
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis

Free Diabetes & Blood Pressure Devices

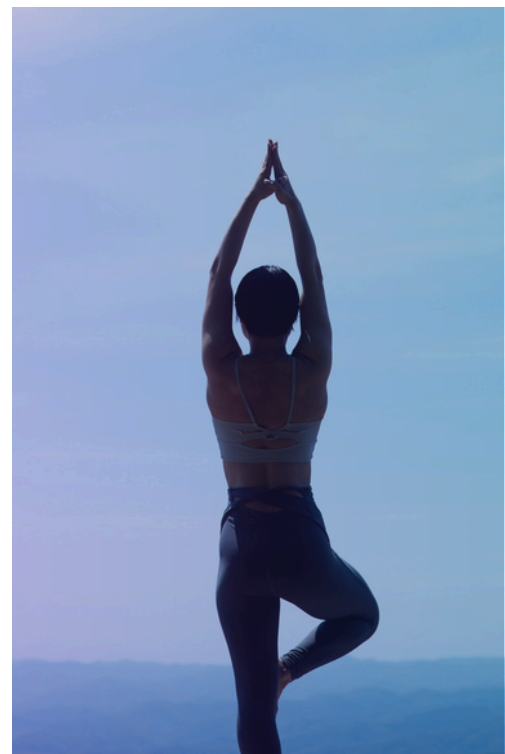
Participants with diabetes and/or high blood pressure will also have access to a FREE blood pressure cuff, blood glucose meter and testing supplies

It's Time to Choose to Lose!

Qualified participants will have access to a nutrition tracking app and be assigned a designated health coach, as well as have access to a clinical pharmacist. Apply at: www.triahealth.com/ctl-aca.

Tria's Help Desk is Ready to Assist you

Pharmacists are available on-call to help ensure your medications are effective, and affordable. Call 913.322.8456 or visit www.triahealth.com/schedule.



FINANCIAL WELLNESS

401K

ACA offers a 401K retirement savings plan through Fidelity.

Eligibility: ACA has an auto-enroll feature in our 401K plan, so you will automatically be enrolled at 3% contributions, 30 days after hire if eligible; however, you could opt out if you chose. Full-time employees are eligible as of the first day of the first month after the date of hire. Part-time employees are eligible after 1000 hours of service within a 12-month period.

To register: Visit www.401k.com and click “register” on the top menu bar to start your plan. ACA offers a traditional 401(k) plan, as well as a Roth 401(k). ACA also offers loans through your 401(k) plan.

Employee contributions: Per IRS standards, for 2026, the maximum employee deferral contribution is expected to be \$24,500 per year (aggregate across all employers) and the maximum “catch up” contribution, for those 50 or older, is an additional \$8,000. Those 60-63 can make a “catch up” contribution in the amount of \$11,500.

Employer contributions: ACA contributes an amount that is equal to 50% of the employees’ deferral contribution up to a 3% employer maximum contribution per year. Employees are 100% vested in the 401K. Please note, the IRS sets an annual compensation limit and for 2026, it is expected to be \$360,000. This compensation limit is the maximum “compensation” that ACA can use to calculate the employer contribution.

Beneficiaries: Be sure to visit www.401k.com to log in and go to your Profile and Settings to designate or update your beneficiary information.

Fund elections: If you do not select specific funds for your contributions, they will automatically be placed in Target Date Funds which are default funds based on your expected retirement age. You can update or change the funds you participate in by logging into your Fidelity account at any time.

Rollover funds: If you’d like to rollover funds from a previous account, please refer to the 401k rollover directions [here](#).

Questions: You can contact the Fidelity Retirement Benefits Line at **1-800-835-5097**.



Student Debt Relief

1. Administered through Fidelity
2. The CARES Act affords ACA to offer this as a tax-free benefit to employees.
3. ACA will provide a \$50 direct monthly payment toward eligible employee debt, up to a life-time maximum of \$10,000.
4. Full-time junior and mid-level staff members with at least 12 Months of tenure are eligible.
5. The plan information can be found on the [ACA Benefit Source](#) site. See the 401(k) & Student Debt tab.
6. HR will reach out to those employees that are eligible and enroll you in the program if you wish to participate.



Employee Discounts

ACA offers employee discounts through our partnership with BenefitHub. You will find discounts for a wide range of products and services.

The vendors are always growing, so refer to the site to see the latest deals and vendors. Examples include:

- Travel
- Entertainment such as tickets to movies, theme parks, sporting events
- Apparel & Accessories
- Auto buying services
- Bundles such as Disney+, Hulu & ESPN

To access the site at any time, go to: acaglobal.benefithub.com
Referral Code: 1LX92L





Pet Insurance

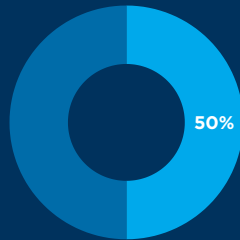
The pet insurance is offered through Nationwide Insurance. See below for more details:

Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility

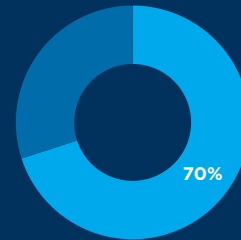
- ✓ Get cash back on eligible vet bills: Choose your reimbursement level of 50% or 70%
- ✓ Available exclusively for employees: Plans with preferred pricing only offered through your company
- ✓ Use any vet, anywhere: No networks, no pre-approvals

Choose your level of coverage with My Pet Protection®

50%
reimbursement
\$20-\$35/month



70%
reimbursement
\$27-\$47/month



How to use your pet insurance plan

1 Visit any vet, anywhere

2 Submit claim

3 Get reimbursed for eligible expenses

Get a fast, no-obligation quote today.

<https://benefits.petinsurance.com/acaglobal> | 877-738-7874



WELLNESS

Spring Health

ACA is committed to the mental health of our employees. All employees that elect to enroll in the UMR medical Spring Health provides a range of resources concerning your mental health.

You can contact them if you wish to speak to a therapist, sign-up to receive their monthly communications about various topics concerning mental health or attend live virtual events.



In 2025, ACA introduced a Substance Use Disorder (SUD) program to Spring Health. As part of the SUD program, employees will have access to Screening, Brief Intervention and Referral to Treatment (SBIRT). A Specialized Care Navigator will work with you to develop a personalized care plan.

Employee Assistance Program (EAP)

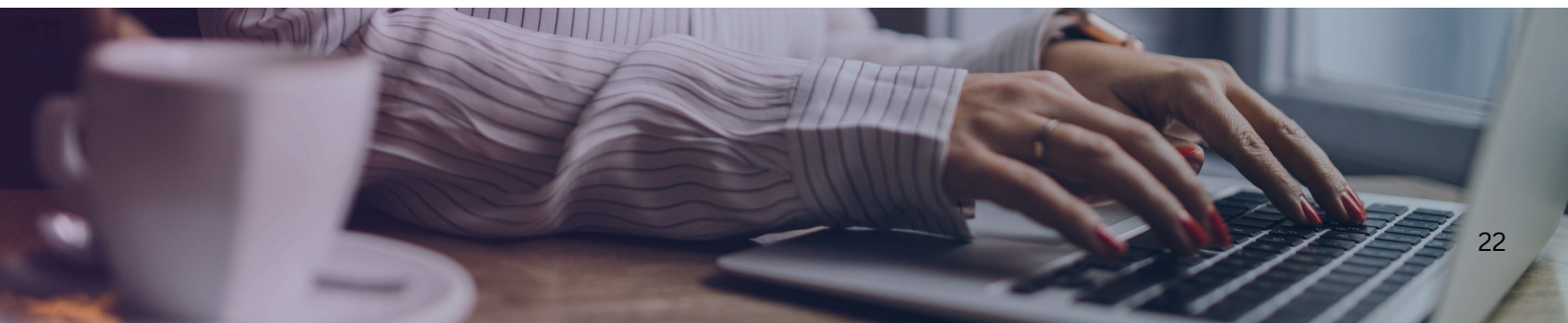
No matter what's going on in your life, Guidance Resources is here to help. Personal problems, planning for life events or simply managing daily life can affect your work, health and family. Guidance Resources is a company- sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources, and information to get through life's challenges.

The Guidance Resources program can help you and your dependents with confidential counseling, financial information and resources, and legal information and consultation.

Guidance Resources Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return to the site, you will find personalized, relevant information based on your individual life needs.

Help is available 24/7, 365 days a year, by telephone at 800-311-4327. Other resources are available online at www.guidanceresources.com. Your company web ID: GEN311.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to three sessions per incident.





Wellthy- Family Care

1. Combines technology with experienced care professionals to deliver affordable, scalable, and high-quality care coordination to families (i.e., you need assistance with finding an assisted living center for an aging family member)
2. To get started login: [wellthy.com/acaglobal](https://www.wellthy.com/acaglobal)



Maven- Fertility and Maternity

1. Access to the most robust virtual network of women's & family specialists (30+ specialties)
2. Education & holistic support
3. Available anywhere, 24/7, and in 35+ languages
4. To get started login: [mavenclinic.com](https://www.mavenclinic.com)



One Pass Select

Only available to those enrolled in ACA's medical coverage through UMR.

One Pass select is a subscription-based fitness and well-being program that supports a healthier lifestyle. The program provides a total solution for your employee's health needs, including physical and digital fitness options and grocery delivery subscriptions. One Pass Select offers:

- Lower-cost gym options with no long-term contracts or annual gym registration fees. On average, employees see 20% retail gym savings.
- Flexible fitness choices and multi-location access through a network of more than 16,000 gyms and boutique studios nationwide with thousands of digital classes.
- A convenient digital experience with easy access to browse participating gyms, a personalized dashboard and more.





Telehealth

UMR provides access to telehealth services through Teladoc. You have round-the-clock access to US board-certified doctors, from home or on the go. You can call or connect online or use the Teladoc mobile app when you need it.

A Teladoc “visit” can be a cost-effective alternative to a convenience care clinic or urgent care center visit and can cost less than going to the emergency room.

CHOOSE WHEN:

Day or night, weekdays, weekends, and holidays.

CHOOSE WHERE:

Home, work or on the go.

CHOOSE HOW:

Phone or video chat.

Call if it's the middle of the night and your child is sick or if you're at work and not feeling well. When you register on Teladoc, you can speak with a doctor for help with conditions such as:

- Sore throat
- Allergies
- Headache
- Rash
- Stomachache
- UTI
- Fever
- Cold and flu

To register for Teladoc telehealth services:

- www.teladoc.com
- Call 1-800-Teladoc (1-800-835-2362)



PROTECTION BENEFITS

Identity Theft Protection

With ID Watchdog® as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

Control & Manage

- Financial Accounts Monitoring
- Social Account Monitoring ★
- Registered Sex Offender Reporting ★
- Customizable Alert Option
- Equifax Blocked Inquiry Alerts
- National Provider ID Alerts
- Integrated Fraud Alerts
 - With a fraud alert, potential lenders are encouraged to take extra steps to verify your identity before extending credit.

Monitor & Detect

- Dark Web Monitoring ★
- Data Breach Notifications
- Telecom & Utility Alerts / 1 Bureau
- High-Risk Transactions Monitoring (3) ★
- Subprime Loan Monitoring (3) ★
- Public Records Monitoring ★
- USPS Change of Address monitoring ★
- Identity Profile Report
- Credit Score Tracker

Support & restore

- Fully Managed Resolution Services including Pre-Existing Conditions ★
- Online Resolution Tracker
- Lost Wallet Value & Assistance
- Deceased Family Member Fraud Remediation(4) (Family Plan only)
- Credit Freeze Assistance

Help better protect children with Equifax Child Credit Lock & Equifax Child Credit Monitoring PLUS features with this icon

Plan-Specific Features	Essentials	Ultimate
Credit Report Monitoring (5)	1 Bureau	3 Bureau
Credit Report(s)(6) & VantageScore Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureau Monthly
Credit Report Lock(7)	1 Bureau	Multi-Bureau
Identity Theft Insurance ★	Up to \$1 Million	Up to \$5 Million
• Up to \$1M Stolen Funds Reimbursement ◦ Checking and savings accounts ◦ 401k/HSA/ESOP accounts	✓ —	✓ ✓
• Home Title Fraud	—	✓
• Cyber Extortion	—	✓
Subprime Loan Block(3) ★ <i>Within the monitored lending network</i>	—	✓
Personal VPN ★ and Password Manager	—	✓
Device Security & Online Privacy ★	—	✓
Legal Care	—	✓
Employee	\$5.90/month	\$10.50/month
Employee + Family	\$10.90/month	\$18.50/month

1 Bureau=Equifax / Multi-Bureau=Equifax, TransUnion / 3 Bureau=Equifax, Experian, TransUnion



Legal Shield

Protect Yourself and Your Family with a Legal Services Plan

The legal plan, administered by LegalShield, gives you direct access to a dedicated provider law firm for a wide range of personal legal matters including, but not limited to:

- **Estate planning:** Wills, living wills, trusts, powers of attorney, advance directives, probate
- **Real estate:** Home sales, purchases, refinancing, foreclosures, property tax assessments
- **Landlord/tenant:** For tenants— eviction, rights to belongings in rental home, refund of deposit, review of lease agreement
- **Family law:** Eldercare, adoption, guardianship, name change, juvenile matters, reproductive assistance, prenuptial agreements, divorce
- **Consumer protection:** Bankruptcy, billing disputes, tax audits, loan modifications, credit reports/repairs, etc.
- **Traffic:** Points violations, traffic tickets, accidents, license restoration, and property damage
- **Tax audit:** Receive consultation and representation if audited on your personal tax returns
- **Advice and consultation:** Phone consultations with your provider law firm for any personal legal issue, even pre-existing matters
- **Letters and phone calls on your behalf:** A phone call or letter on law firm letterhead can help quickly resolve disputes before they escalate
- **Contract and document review:** Your provider law firm will review personal documents
- **24/7 emergency access:** Live access to a lawyer for urgent matters
- Much more

A mobile app lets you directly contact the provider law firm, request and manage service requests, and upload and prepare documents for legal review, including traffic tickets.

Who's covered? You, your spouse/domestic partner, and eligible, unmarried dependent children up to age 26. Parents of the participant and/or participant's spouse are also eligible for advice, consultation, and document review for covered personal legal matters.

To learn more about LegalShield, visit www.shieldbenefits.com/acagroup

Semi-Monthly Rate

10.75

VOLUNTARY BENEFITS

Accident Insurance

What is it?

With accident insurance, you will receive cash benefits for accidents that occur while not at work. These include:

- X-rays and diagnostic exams.
- Initial and follow-up physician visits.
- Ambulance.
- Fractures and dislocations.
- Emergency rooms visits.
- Recovery services.

Employee Tier	Employee Rate (semi-monthly)
Employee only	\$4.93
Employee + spouse	\$7.86
Employee + child(ren)	\$9.88
Family	\$15.23

Why might you need it?

Out-of-pocket expenses add up quickly, especially since major medical insurance may only pick up part of the tab. Accident insurance helps ease the unplanned financial burden of an accident and is especially useful for parents of young children and people who are active.

Below is an in-depth look at how some benefits are paid out:

Benefit Type	Benefit Amount
Emergency care treatment – one per accident	\$300
Physician office visit – one per accident	\$300
Diagnostic exam (x-ray or lab) – one per accident	\$50
Ground/water ambulance	\$500
Air ambulance	\$2,000
Hospital administration – one per accident	\$1,500
Hospital stays – limited to 365 days, one per accident	\$300 per day
Intensive care unit stay – limited to 365 days, one per accident	\$600 per day

Critical Illness

What is it?

With critical illness insurance, you will receive a lump-sum payment when a covered illness is diagnosed. You can choose a benefit amount of \$10,000, \$20,000 or \$30,000, and your spouse may be covered at 100% of your benefit and your children at 50%. Covered illnesses include cancer, heart attack, stroke, Alzheimer's and more. Preexisting conditions are waived, and the plan includes a \$50 wellness benefit when you or one of your dependents receive a qualified annual health screening.



Why might you need it?

A major illness can leave you and your family emotionally, physically and financially overwhelmed. Critical illness insurance can help:

- Relieve the financial impact so you can focus on recovery.
- Enhance your traditional medical plan.
- Ensure that you will be better prepared to cover out-of-pocket expenses in the event of a serious illness.

Rates for critical illness are based on your age, as well as who is covered. Below are charts breaking down the pricing at all three levels of coverage.

Employee-paid guaranteed issue level:

\$10,000 Employee/ \$10,000 Spouse/ \$5,000 Child

Semi-monthly Employee Rate				
Attained age	Employee	Employee + Spouse	Employee + Child(ren)	Family
Under 25	\$0.75	\$1.50	\$1.00	\$1.75
25-29	\$1.05	\$2.10	\$1.30	\$2.35
30-34	\$1.35	\$2.70	\$1.60	\$2.95
35-39	\$1.85	\$3.70	\$2.10	\$3.95
40-44	\$2.80	\$5.60	\$3.05	\$5.85
45-49	\$4.40	\$8.75	\$4.65	\$9.00
50-54	\$6.10	\$6.10	\$6.35	\$12.50
55-59	\$8.20	\$8.20	\$8.45	\$16.60
60-64	\$11.85	\$23.45	\$12.10	\$23.70
65-69	\$15.50	\$32.10	\$15.75	\$32.35
70-74	\$21.95	\$42.55	\$22.20	\$42.80
75+	\$25.70	\$54.95	\$25.95	\$55.20

Employee-paid guaranteed issue level:

\$20,000 Employee/ \$20,000 Spouse/ \$10,000 Child

Semi-monthly Employee Rate				
Attained age	Employee	Employee + Spouse	Employee + Child(ren)	Family
Under 25	\$1.50	\$3.00	\$2.00	\$3.50
25-29	\$2.10	\$4.20	\$2.60	\$4.70
30-34	\$2.70	\$5.40	\$3.20	\$5.90
35-39	\$3.70	\$7.40	\$4.20	\$7.90
40-44	\$5.60	\$11.20	\$6.10	\$11.70
45-49	\$8.80	\$17.50	\$9.30	\$18.00
50-54	\$12.20	\$24.50	\$12.70	\$25.00
55-59	\$16.40	\$32.70	\$16.90	\$33.20
60-64	\$23.70	46.90	\$24.20	\$47.40
65-69	\$31.00	\$64.20	\$31.50	\$64.70
70-74	\$43.90	\$85.10	\$44.40	\$85.60
75+	\$51.40	\$109.90	\$51.90	\$110.40

Employee-paid guaranteed issue level:

\$30,000 Employee/ \$30,000 Spouse/ \$15,000 Child

Semi-monthly Employee Rate				
Attained age	Employee	Employee + Spouse	Employee + Child(ren)	Family
Under 25	\$2.25	\$4.50	\$3.00	\$5.25
25-29	\$3.15	\$6.30	\$3.90	\$7.05
30-34	\$4.05	\$8.10	\$4.80	\$8.85
35-39	\$5.55	\$11.10	\$6.30	\$11.85
40-44	\$8.40	\$16.80	\$9.15	17.55
45-49	\$13.20	\$26.25	\$13.95	\$27.00
50-54	18.30	\$36.75	\$19.05	\$37.50
55-59	\$24.60	\$49.05	\$25.35	\$49.80
60-64	\$35.55	\$70.35	\$36.30	\$71.10
65-69	\$46.50	\$96.30	\$47.25	\$97.05
70-74	\$65.85	\$127.65	\$66.60	\$128.40
75+	\$77.10	\$164.85	\$77.85	\$165.60

Hospital Indemnity

What is it?

Hospital indemnity insurance provides a cash benefit in the event of a hospital stay for illness, injuries, pregnancy, and medically necessary surgeries.

Benefits pay for hospital care, including:

- Hospital admission and ICU admission.
- Daily confinement.
- Daily ICU confinement.



Why might you need it?

Even if you have one of the best medical plans out there, it's unlikely that your plan will cover all the costs incurred from a hospital stay. Aside from hospital bills, there are many costs attached to time away from home, like meals, travel and lodging expenses for loved ones. That's where hospital indemnity insurance can help. It can give you the peace of mind to focus on what's most important — getting better. Below is an in-depth look at how benefits are paid out:

Hospital Benefits	Plan 2	Plan 1
Hospital admission	\$1,000	\$500
Hospital chronic condition admission	\$50	\$50
Hospital stay	\$200	\$100
Hospital ICU stay	\$200	\$100
Hospital observation stay	\$100 per 24-hour period	\$100 per 24-hour period

Coverage Tier	Plan 2 (High)	Plan 1 (Standard)
Employee	\$6.15	\$3.39
Employee + spouse	\$13.83	\$7.54
Employee + child(ren)	\$11.91	\$6.27
Family	\$20.85	\$11.05



MYLO

Mylo® is an insurance exchange powered by Lockton®. It provides individuals with access to insurance when a group plan alternative is necessary. If you're Medicare-eligible, Mylo can also assist you in navigating that enrollment process, including finding the right Medicare Supplement, Medicare Advantage and Part D plans.

Mylo works with multiple carriers on your behalf to find the best solutions with premium pricing for you. The right coverage is no accident. You can count on being covered if the unexpected comes along. Mylo advises you on what coverage is legally required, what's optional, and what combination makes the most sense for you. Mylo finds top-rated policies for houses, condos, apartments, cars, motorcycles, boats, ATVs, RVs and more from a wide range of insurance carriers.

Driving Home Additional Savings

On top of that, Mylo adds discounts and savings you may not know about:

- Bundling home and auto. Save by managing two important policies in one place.
- Home safety discounts. Get a nice break for having smoke detectors and security systems.
- Good student and safe driver. Save good money for good behavior.
- And many more!

Ready to start? Visit choosemylo.com today!





LGBTQIA+ BENEFITS

ACA is committed to creating, fostering, and promoting a workplace environment that supports diversity, equity, and inclusion in all forms. As part of this commitment, ACA has ensured our benefit offerings are inclusive, so our employees have the services and resources important to them.

This section is meant to highlight the benefits and services for our LGTBQ+ employees and their dependents. While the benefits listed below are available in the ACA Plans, this is not a guarantee that all services will be rendered. Additionally, it is not possible to address every service or treatment that is available in the ACA Plans. You should consult with the carrier to discuss your situation to gain a full understanding of the service and treatments available along with any requirements or procedures in place to gain access to these benefits. The contacts for each carrier can be found at the end of this Benefits Guide.

Benefit Coverage

The employee eligibility for benefits is discussed in the Eligibility section found on page 4. ACA ensures that all eligible employees can also enroll their dependents in the benefits.

Dependents include your spouse or domestic partner (both same sex and opposite sex). Enrolling a domestic partner will require a Statement of Domestic Partnership form to be submitted to ACA HR.

Eligibility is also open for children up to the age of 26. Children include natural, adopted, stepchildren and children obtained through court appointed legal guardianship, as well as children of same sex domestic partners. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.



Family Formation

Maven – Exploring All Pathways to Parenthood

Maven understands that no two experiences on the pathway to parenthood are the same and this is particularly true for the LGBTQ+ community.

Maven is available to provide resources and assistance in your journey to parenthood. Maven can assist with finding the resources and often discounts for providers of services related to adoption, surrogacy, IVF, IUI and sperm or egg freezing.

Maven provides 24/7 access to 35+ provider types, including fertility specialists, adoption coaches, surrogacy coaches, reproductive endocrinologists, and mental health specialists. Maven has a network of support, with over 8% of providers on Maven identifying as LGBTQ+ and 40% having strong clinical experience working with the LGBTQ+ community.

The contact information for Maven is found in the Contacts section at the end of the Benefit Guide.



UMR Medical Plans

Infertility Treatment

The ACA medical plans include infertility related treatments including, but not limited to, surgery and hormone or therapy drugs.

Transgender-Inclusive Healthcare Offerings

The ACA medical plans contain coverage including but not limited to the services and treatments below.

- Psychotherapy for Gender Dysphoria and associated co-morbid psychiatric diagnoses
- Cross-sex hormone therapy:
 - Cross-sex hormone therapy administered by a medical provider (for example, during an office visit)
 - Cross-sex hormone therapy dispensed from a pharmacy
- Puberty-suppressing medication injected or implanted by a medical provider in a clinical setting
- Laboratory testing to monitor the safety of continuous cross-sex hormone therapy
- Surgery for the treatment of Gender Dysphoria, including the surgeries listed next:

Male to Female	
Clitoroplasty (creation of clitoris)	Penectomy (removal of penis)
Labiaplasty (creation of labia)	Urethroplasty (reconstruction of female urethra)
Orchiectomy (removal of testicles)	Vaginoplasty (creation of vagina)

Male to Female	
Bilateral mastectomy or breast reduction	Scrotoplasty (creation of scrotum)
Hysterectomy (removal of uterus)	Testicular prosthesis
Metoidioplasty (creation of penis, using clitoris)	Urethroplasty (reconstruction of male urethra)
Penile prosthesis	Vaginectomy (removal of vagina)
Phalloplasty (creation of penis)	Vulvectomy (removal of vulva)
Salpingo-oophorectomy (removal of fallopian tubes and ovaries)	

HIV Services and Treatment

ACA provides counseling and screening for Human Immune-Deficiency Virus (HIV) annually through our medical carrier. The Specialty Medication coverage within the pharmacy plan includes medications to treat HIV should the need arise. The plan also includes Condition CARE which is a program where a CARE trained nurse works with patients to help close gaps in care and improve self-management of their condition.



Mental Health

Spring Health

If you are enrolled in an ACA medical plan, you have access to Spring Health. At ACA Group, we recognize that mental health isn't one-size-fits-all. Different backgrounds, experiences, cultures, ethnicities, identities, and other personal traits can have a profound impact on how mental health is perceived, prioritized, and addressed. Spring Health can support you with resources to incorporate mental health education and therapy.



Contacts

Benefit	Carrier	Group Number	Website	Contact Info
Medical	UMR	76416594	umr.com	800-826-9781
Accident, Critical, and Hospital	United Healthcare	371566	myuhcfc.com	866-556-8298
Spring Health	Spring Health		aca.springhealth.com	855-629-0554
Dental	Delta Dental	63565	nedelta.com	800-537-1715
Vision	VSP	30075990	vsp.com	800-877-7195
Life/AD&D/Disability	Prudential	53535	prudential.com	800-778-4357
Employee Assistance Program (EAP)	Guidance Resources	GEN311	guidanceresources.com	800-311-4327
FSA & Commuter Benefits	ThrivePass		app.thrivepass.com	800-532-3327
401(k)	Fidelity	860250	netbenefits.com	800-835-5097
Student Debt	Fidelity	7000181	netbenefits.com	866-711-0350
HSA	Fidelity	99749	netbenefits.com	800-544-3716
Family Planning	Maven		mavenclinic.com	
Wellness Program	Wellworks		wellworksforyoulogin.com	
Family Care	Wellthy		wellthy.com/acaglobal	
Pet Insurance	Nationwide		benefits.petinsurance.com/acaglobal	877-738-7874
Legal	Legal Sheild		shieldbenefits.com/ACAgroup	888-807-0407

Glossary of Medical Terms

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

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

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$3,200, you'll pay 100% of eligible healthcare expenses until the bills total \$3,200 for the year. After that, you share the cost with your plan by paying coinsurance.

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

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

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

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

