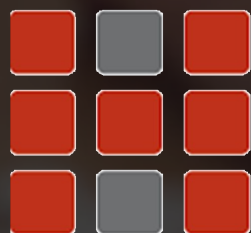


Benefits Summary

Hamra Enterprises

2026



HAMRA
ENTERPRISES



2026 | Benefits for Full-Time Employees

When Do Benefits Start?

The benefits plan year starts on January 1, 2026 and ends on December 31, 2026.

Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your spouse
 - However, if your spouse is eligible for coverage through their employer, your spouse is not eligible to participate in the Hamra coverage.
- Your child(ren) up to age 26
- Your incapacitated child(ren) of any age who are: incapable of self-support, incapacitated before the age limits of 19 or 25 and claimed as a dependent on your income tax return

Eligibility for part-time employees is reviewed on the last day of the month of their 1st year anniversary of employment.

Please Note: If two employees of Hamra Enterprises and/or its affiliates are married and at least one employee is eligible for insurance coverage, they may be on one insurance plan, either Employee and Spouse, or Family.

Waiting Period

As a full-time, newly hired employee working 30 or more hours per week, you are eligible for benefits after you have satisfied the waiting period. The waiting period is 30 days from the date of hire.

Qualifying Events

Qualifying life events are changes in your situation that can make you eligible for a special enrollment period, allowing you to enroll or change your insurance coverage outside the yearly open enrollment period.

Some examples of qualifying events include:

- Gaining other health coverage
 - ◊ Gaining new health coverage
 - ◊ Becoming eligible for Medicare, Medicaid, or CHIP
 - ◊ Being 25 or younger and gaining coverage through a parent's plan
- Loss of other health coverage
 - ◊ Losing existing health coverage
 - ◊ Losing eligibility for Medicare, Medicaid, or CHIP
 - ◊ Turning 26 and losing coverage through a parent's plan
- Changes in household
 - ◊ Getting married or divorced
 - ◊ Having a baby or adopting a child
 - ◊ Death in the family



Understanding Health Care Terms

To help you manage your health plan, see the following for definitions of common terms:

In-Network vs. Out-of-Network Coverage

An in-network provider is contracted with the health insurance company to provide services to plan members for specific pre-negotiated rates. An out-of-network provider is not contracted with the health insurance plan. The plan that you choose will dictate the type of coverage you have, and the rate you pay. Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider.

Calendar Year Deductible

This is the amount you have to pay in a calendar year before the plan begins to pay out. Note that not all services require you to meet the deductible. For example, there are plans that require you to pay up to the full deductible before Primary Care Physician, Specialist, or other office visits will be covered by insurance. Plans may have an individual and family deductible amounts. Copayments do not count towards meeting the deductible unless otherwise noted.

Preventative Care

Most health plans cover a series of preventative services, like screenings and shots, at no cost to you when administered by a provider In-Network. These may include services like blood pressure screening, cholesterol screening, HIV screening, immunizations, counseling, and flu shots.

Copay

A copay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a copay when you get a prescription filled.

Coinsurance

Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you'll pay.

Out-of-Pocket Limit

This is the most you have to pay out your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan. There are plans that still have you pay a copay at the time of service.

Premium

The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.

Prescription Coverage

These are the amounts you will be paying for prescriptions to treat illness. Prescriptions are delegated to three tiers. The amount of copay you will be responsible for is dependent on the type of medication that you need. Note that some plans require you to meet the deductible before you can pay a copay for your prescription medication.

Health Savings Account (HSA)

The HSA is a bank account paired with your High Deductible Health Plan (HDHP) allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

The tax-preferred status of your HSA contributions depend on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.

Medical Insurance





Medical Insurance | Anthem

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components: (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. Benefits will be paid at 100% after the out-of-pocket maximum has been met.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them. The Company will be making a contribution into your HSA to help you pay for qualified medical expenses that may come up. This will be deposited into your HSA on a per pay period basis. Please visit the rate page for more information on employer contributions.

Choice of plan options:	HDHP 1	HDHP 2	PPO
Network	Blue Access	Blue Access	Blue Access
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$3,500 / \$6,000 \$7,000 / \$12,000	\$5,000 / \$10,000 \$10,000 / \$20,000	\$6,350 / \$12,700 \$12,700 / \$25,400
Coinsurance In-Network / Out-of-Network	90% / 70%	90% / 70%	70% / 50%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$4,500 / \$12,000 \$9,000 / \$24,000 <i>Includes Deductible</i>	\$6,000 / \$20,000 \$12,000 / \$40,000 <i>Includes Deductible</i>	\$8,000 / \$14,700 \$16,000 / \$29,400 <i>Includes Deductible</i>
Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% Deductible then 90% Deductible then 90%	100% Deductible then 90% Deductible then 90%	100% \$50 copay / \$70 copay Deductible then 70%
Emergency Room	Deductible then 90%	Deductible then 90%	\$500 copay
Inpatient Hospital (In-Network)	Deductible then 90%	Deductible then 90%	Deductible then 70%
Prescription Drugs (In-Network) Retail: Generic / Formulary / Non-Formulary Mail Order: Generic / Formulary / Non-Formulary	Copays: Deductible then 90% Deductible then 90%	Copays: Deductible then 90% Deductible then 90%	\$100 Deductible, then Copay: \$20 / \$40 / \$60 \$40 / \$80 / \$120



Virtual Visits | Anthem

Healthcare Designed For Your Busy Life

In the rush of everyday life, it's easy to put off important healthcare until there's a problem. The Virtual First approach to care offers a way to fit the care you need into your schedule, rather than building your schedule around in-person visits.

The Virtual First Experience

Through the award-winning SydneySM Health app, you have access to convenient virtual care options, from routine wellness care to chronic-condition management. You have 24/7 access to healthcare professionals through chat or a video visit, with shorter wait times than in-person urgent care.

The doctors and other healthcare professionals who take care of you online are from a high-quality, carefully curated network. They can order prescriptions, approve refills, check your health, make a plan for your care, and follow up on previous virtual care, all through your mobile device for low or no-additional cost. Shared medical records allow providers to access a fuller view of your health, and make it easy to share with the healthcare professionals you see in person, as well.

Virtual Care

With virtual wellness, condition management, and urgent care visits, you don't need to miss a beat. Core services include preventative care, lab work, new prescriptions and refills, specialist referrals, care management, and treatment of more than 300 common conditions.

Sydney App (Decision Support and Cost-Comparison Tools)

When you need a healthcare procedure, the Sydney Health app provides access to cost-comparison resources on more than 700 different procedures, along with guidance to direct you to higher-quality, lower-cost that suits your needs.

PPO Plan Covers:

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	\$0 copay per visit medical deductible does not apply
Mental Health & Substance Use Disorder Services	\$0 copay per visit medical deductible does not apply
Specialist Care	\$70 copay per visit medical deductible does not apply

HDHP Plan Covers:

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	10% copay after deductible is met
Mental Health & Substance Use Disorder Services	10% copay after deductible is met
Specialist Care	10% copay after deductible is met



Download the Sydney Health app.

Scan this code with the camera on your smartphone to access Sydney Health.



Your health plan now includes a yearly eye exam at no added cost



Regular eye exams provide a unique opportunity to find and detect serious health conditions like high blood pressure, heart disease, and diabetes, so we are including a comprehensive eye exam in your medical coverage. Discovering these conditions early on when they are easier to treat can help keep you healthier and lower your healthcare costs.

This eye exam is included at no extra cost through your medical plan.



Expanded benefits to cover your whole health

175,000 people were identified with a high-risk health condition through an Anthem vision claim in 2021.*

This eye exam is offered through Anthem's Blue View Vision network

- Dedicated vision providers with proven expertise
- More than 40,000 eye doctors to choose from
- 30,000+ locations nationwide, including independent optometrists and ophthalmologists, and vision retail stores

Details of your new benefit

Your new eye exam is all-inclusive with dilation and refraction. The benefit can be used once during each calendar or plan year. This plan also provides discounts on glasses and contacts at in-network eye care providers.

For more information, refer to your health plan benefit information or contact your human resources department. Or visit [anthem.com](https://www.anthem.com) or download the SydneySM Health mobile app for benefit information when and where you need it.

*Anthem internal data, 2022.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Health Savings Account | Fidelity

Your HSA plan banking is administered through Fidelity. You may contact Fidelity member services at (800)-544-3716 with questions about your account. To learn more about your HSA, please visit www.netbenefits.com and register to manage your HSA online.

Advantages to having an HSA

- There's a triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense*
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

- 1 Go to the doctor and present your carrier ID card
- 2 Your doctor submits your medical services to the carrier to be discounted
- 3 Your carrier adjusts the pricing to reflect the network discounted amount for your services
- 4 The carrier generates an Explanation of Benefits (EOB) and sends it to you
- 5 By now you've received an invoice from your doctor - make sure the EOB and invoice match
- 6 Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Crowns
- Dentures
- Orthodontia
- Teeth cleanings
- And more

Vision Expenses

- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

For a list of qualified medical expenses go to www.irs.gov and search [Publication 502](#). This list is not exhaustive and there may be items not on the list that are eligible, or items on the list that are not eligible due to certain requirements and restrictions.

2026 HSA Contributions

IRS Max Contributions:	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
Max HSA Contribution	\$4,400	\$8,750	\$8,750	\$8,750
Catch-up Contribution (Age 55+)	\$1,000			

**The tax-preferred status of your HSA contributions depend on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Additionally, once you are on Medicare you are not eligible to contribute to an HSA. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.*

Dental Insurance





Dental Insurance | Guardian

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Preventative service visits are not subject to the annual plan maximum. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- Root Canal
- And more

Major:

- Dentures/bridges/partials
- Crowns
- And more

Choice of plan options:	PPO <i>In-Network / Out-of-Network</i>
Network Name	Dental Guard Preferred
Individual Deductible	\$50
Office Visit Copay	None
Preventive Coinsurance	100% / 100%
Basic Coinsurance	80% / 80%
Major Coinsurance	50% / 50%
Annual Plan Maximum	\$2,000 / \$2,000
Orthodontia Coinsurance (child only through age 19)	50% / 50%
Orthodontia Lifetime Maximum	\$2,000 / \$2,000

Vision Insurance





Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP Choice Network		
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$25 copayment	Allowance varies
Frames	Every 24 months*	\$175 allowance + 20% discount above allowance	\$70 max allowance
Elective Contacts	Every 12 months**	\$175 allowance	\$105 max allowance

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

VSP has a series of perks to be aware of for being an enrolled member on the plan:

Extra \$20 to Spend - Maximize your benefits with an extra \$20 to spend*, on top of your allowance, on any frame from a wide selection of featured frame brands. Simply select a featured frame brand in any VSP doctor's office and the \$20 will automatically be applied to your purchase.

TruHearing - As a VSP member, savings on digital hearing aids and replacement batteries for you and your extended family through TruHearing* are available

*Check your benefits to see if this offer applies



Biweekly Employee Contributions

Medical Insurance Rates

Bi-Weekly Contributions:	HDHP 1	HDHP 2	PPO
Employee Only	\$142.99	\$69.93	\$50.91
Employee & Spouse*	\$259.38	\$150.03	\$101.62
Employee & Child(ren)	\$257.60	\$148.79	\$100.05
Family*	\$404.87	\$232.61	\$156.85

2026 HSA Contributions

Tax-Free Contributions:	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
Company Contribution	\$850	\$1,300	\$1,500	\$1,800
Potential Employee Contribution	\$3,550	\$7,450	\$7,250	\$6,950
IRS Max Contributions:	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
Max HSA Contribution	\$4,400	\$8,750	\$8,750	\$8,750
Catch-Up Contribution (Age 55+)	\$1,000			

Dental Insurance Rates

Bi-Weekly Contributions:	Dental
Employee Only	\$4.54
Employee & Spouse	\$11.34
Employee & Child(ren)	\$9.07
Family	\$15.87

Vision Insurance Rates

Bi-Weekly Contributions:	Vision
Employee Only	\$2.43
Employee & Spouse	\$4.86
Employee & Child(ren)	\$5.20
Family	\$8.31

Additional Benefits





Basic Life and AD&D Insurance | Mutual of Omaha

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

This benefit is only available to employees enrolled in Medical.

	Basic Life/Accidental Death & Dismemberment
Benefit Amount	\$20,000 per employee - Life \$20,000 per employee - AD&D



Voluntary Term Life and AD&D Insurance | Mutual of Omaha

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 100% of what the employee takes out on themselves up to \$50,000. Guarantee issue applies to new hires only; if you waive coverage initially and then try to enroll during a subsequent annual enrollment, you will be considered a late entrant, and Evidence of Insurability (EOI) will apply.

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.

Annual Benefit Amount Increase

If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of Insurability (proof of good health).

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$1,000
Maximum Benefit Amount	\$200,000	\$50,000	\$10,000
Guaranteed Issue Amount	\$200,000	\$50,000	\$10,000



Long and Short-Term Disability | Mutual of Omaha

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time. For the LTD coverage, guarantee issue applies to new hires only; if you waive coverage initially and then try to enroll during a subsequent annual enrollment, you will be considered a late entrant, and Evidence of Insurability (EOI) will apply.

Disability Coverage	Voluntary Short -Term Class 1	Voluntary Short -Term Class 2
Waiting Period	Begins on the 15th day of continuous injury or illness	Begins on the 29th day of continuous injury or illness
Benefit Amount	60% of weekly earnings	60% of weekly earnings
Maximum Benefit	Up to \$1,000 per week	Up to \$1,000 per week
Length of Payment Period	11 weeks	9 weeks
Premium Contribution	Employee paid	Employee paid
Disability Coverage	Voluntary Long -Term Class 1	Voluntary Long-Term Class 2
Waiting Period	Begins on the 90th day of continuous injury or illness	Begins on the 90th day of continuous injury or illness
Benefit Amount	60% of monthly earnings	60% of monthly earnings
Maximum Benefit	Up to \$2,500 per month	Up to \$5,000 per month
Length of Payment Period	5 years	5 years
Premium Contribution	Employee paid	Employee paid



Employee Assistance Program (EAP)

EAP services are available to all employees. The EAP offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care

The EAP is there for when you need it. Need some more specialized face-to-face assistance? The EAP offers up to 6 face-to-face visits with trained counselors for each issue you may have. If you are not interested in face-to-face visits please call (800) 316-2796 or visit www.mutualofomaha.com/eap.

Please note: this benefit is only available to employees who are enrolled in the medical coverage.



Accident Insurance | Mutual of Omaha

Voluntary Accident Insurance

Accident Insurance coverage provides you with payment for a covered accident. It also pays if you undergo testing, receive medical services, treatment of care for any one of the covered events as defined in your group certificate. This includes hospitalization resulting from an accident and accidental or dismemberment.

Payments are made directly to you as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family’s everyday living expenses or whatever else you need while recuperating from an accident.

Plan details:

- \$50 reimbursement for completing a health screening throughout the year.
- Employees pay 100% of the insurance premium and all policies are portable.
- Benefits available for Employee, Spouse and/or Child(ren). You must be enrolled in Employee coverage in order to cover Spouse and or Child(ren).

Benefit Type	Benefit Amount You’re Paid
Injuries	
Burns	Amount Varies
Dislocations	Amount Varies
Fractures	Amount Varies
Medical Services and Treatments	
Emergency Room	\$300
Diagnostic Exam	\$100
Ambulance	\$300 ground, \$1,500 air
Hospital Coverage (Accident)	
Standard Hospital Admission	\$1,500
ICU Admission	\$1,500
Hospital Confinement	\$300 per day
ICU Confinement	\$600 per day



Critical Illness Insurance | Mutual of Omaha

Voluntary Critical Illness Insurance

A serious health event can come with serious costs. Critical Illness Protection helps with treatment costs when you need it most, so you can focus less on your wallet and more on getting better. Critical illness insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have.

If you meet the policy requirements, Critical Illness insurance will provide you with a lump-sum payment upon diagnoses for many conditions. See your plan highlight sheet for specific coverage details.

Plan details:

- \$50 reimbursement for completing a health screening throughout the year.
- Employees pay 100% of the insurance premium and all policies are portable.
- Benefits available for Employee, Spouse and/or Child(ren). You must be enrolled in Employee coverage in order to cover Spouse and or Child(ren).

Eligible Individual	Initial Benefit
Employee	\$10,000 or \$20,000
Spouse	100% of Employee's Benefit
Dependent Child(ren)	25% of Employee's Benefit

Covered Condition	Initial Benefit
Full Benefit Cancer	100% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit
Heart Attack	100% of Initial Benefit
Stroke	100% of Initial Benefit
Coronary Artery Bypass Graft	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit
Major Organ Transplant Benefit	100% of Initial Benefit



Hospital Indemnity | Mutual of Omaha

How it Works: This policy pays a specified amount when an insured person is admitted to a hospital, and through a series of optional riders, can provide benefits for a range of other medical situations. There is no coinsurance, co-pays, waiting period, or deductibles.

Coverage is available to employees and their families. Employees pay 100% of the premium.

Benefit	Hospital	ICU
Admission (per accident or sickness)	\$1,000	\$2,000
Confinement (per day to a max of 30 days per calendar year)	\$200	\$400



Personalized Pain Care Hinge Health

Hinge Health is available to all employees and their families enrolled in medical coverage.

Personalized pain care that gets you moving

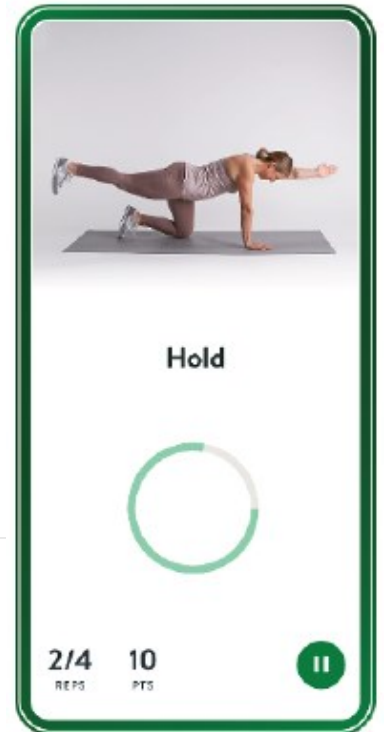
Relieve joint and muscle pain with personalized exercise therapy at no cost to you. On average, participants reduce their pain by 68%.¹

- Virtual sessions anytime, anywhere
- Unlimited 1-on-1 health coaching
- Motion-tracking technology for instant form correction



To learn more and apply, scan the QR code or visit hinge.health/enroll-today

Questions? Call (855) 902-2777



Diabetes Management Omada

Omada is a virtual care program for people who want to manage diabetes and improve their overall health and wellbeing.

The program is **no cost** to you and fully covered as part of your health benefits—all you must do is apply!

When you engage with Omada, you will receive:

- Support from a certified coach and specialist who offers personalized guidance about nutrition. Exercise and self-care.
- Access to online peer communities to share successes
- A welcome kit with smart devices to help monitor progress and show results; they're yours to keep*
 - ⇒ Two continuous glucose monitor sensors (CGMs)*
 - ⇒ Blood glucose meter
 - ⇒ Ongoing supply of test strips and lancets
 - ⇒ Smart scale

Claim your benefit at omadahealth.com/hamra



*See plan details for additional information



HERO Fund

The HERO Fund is funded by employees for employees. Hamra Enterprises matches employee donations dollar for dollar. Money raised provides grants to Hamra employees in the following ways:

Emergency Assistance Grants:

(When an unexpected and on-time emergency event causes financial hardship)

- Emergency Travel
- Funeral Expenses
- Medical Out of Work
- Transitional Housing (In case of physical and sexual abuse)
- Total Loss of Home
- Relocations Assistance/Eviction Prevention
- Loss or Purchase of Medically Necessary Equipment
- Natural Disaster



Other Grant Assistance:

- Tuition Reimbursement (for employee and/or employee's dependent child)
- First-time Homebuyer Down Payment Assistance
- Debt Management Program (DMP) grants (towards monthly fees if you participate in GreenPath's DMP)

For more information and to contribute (and get cool swag) visit: hamraheroes.org or scan the QR code above.



Lark Diabetes Prevention

Anthem Blue Cross and Blue Shield has partnered with Lark to help people that may be pre-diabetic, with the Lark diabetes prevention health program. Lark provides simple tools through its mobile app at no extra cost, including:

- Chat with a digital health coach 24/7
- Feedback on food choices, nutrition, and meal planning
- Activity tracking and exercise recommendations
- Tools to focus on mindfulness and sleep

To see if you qualify, please complete a one-minute quiz in your Sydney Health mobile app. Scroll down to find *Programs* on the homepage and select VIEW ALL. Choose DIABETES PREVENTION PROGRAM then GET STARTED to take the quiz.

Carrier Information





Carrier Information

Anthem

Website	www.anthem.com
Phone Number	(833) 578-4436
Plans with Anthem	Medical PPO, HDHP 1, HDHP 2
Policy Number	L09205

VSP

Website	www.vsp.com
Phone Number	(800) 877-7195
Plans with VSP	Vision
Network	VSP Choice Network
Policy Number	30093878

Guardian

Website	www.guardianlife.com
Phone Number	(800) 541-7846
Plan	Dental
Network	Dental Guard Preferred

Fidelity

Website	www.netbenefits.com
Phone Number	(800) 544-3716
Plans with Fidelity	Health Savings Account (HSA)

Mutual of Omaha

Website	www.mybenefits.mutualofomaha.com
Phone Number	(800) 228-7104
Plans with Mutual of Omaha	Basic Life and AD&D, Voluntary Term Life and AD&D, Short-Term Disability, Long-Term Disability, Accident, Critical Illness, Hospital Indemnity Employee Assistance Program (EAP)
Website for EAP	www.mutualofomaha.com/eap
Phone Number for EAP	(800) 316-2796
Policy Numbers	G000BNR4

Omada (Diabetes Health Program)

Website	www.omadahealth.com/hamra
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Hinge Health

Website	www.hingehealth.com
Phone Number	(855) 902-2777

Human Resources Contact Information

Email Address	benefits@teamhamra.com
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Tips, Tricks & Tools





Benefits/Discounts

LifeMart through ADP

We've made it easy for you to access thousands of amazing discounts, cashback offers, discounted gift cards, and purchase additional voluntary benefits all in one place! Enjoy savings on travel, car buying, electronics and more! Enjoy free discounts, cashback and perks on thousands of brands you love in a variety of categories:

- Pet Insurance
- Travel
- Auto
- Electronics
- Magazines
- Home Services/Tax Prep
- Restaurants
- Health and Wellness
- Beauty and Spa
- Child Care
- Flowers and Gifts

Wherever you are, check out your exclusive Asian Human Services Perks for discounts and products to purchase.

Go to the ADP Portal, click on the rotating LifeMart banner or select **Myself > Benefits > Employee Discounts > LifeMart**

Questions? Email adpwfnhelpdesk@lifecare.com

*Please note that products purchased on LifeMart will be 100% paid for by the employee on a post-tax basis and billed directly to the employee using the payment option of their choice. These benefits are individual policies and written outside of Hamra Enterprises, meaning even if you leave the company these products are yours to keep.



Save Money with Hamra's Medical Plans

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual exam
- No deductible expenses apply—the exam is completely no cost to you provided it's coded as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals.
- Finding an in-network, free-standing imaging center can save you a substantial amount of money

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc.
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.
- SydneySM Health app: Anthem gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Use the Sydney Health mobile app ([Apple](#) or [Android](#)) for affordable medical care, when you need it.



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.