



2026

EMPLOYEE BENEFITS

PLAYCORE

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WELCOME TO ANNUAL ENROLLMENT!

PlayCore appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you can contact the PlayCore Benefits Support Center to get your questions answered! Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) at compass.employeanbenefits.com/playcore

If you would like this material in Spanish, please request a copy from the HR Department.

Si desea este material en español, solicite una copia al Departamento de Recursos Humanos.

ANNOUNCEMENT MEMO

As we continue to navigate the challenges of rising medical inflation, we remain committed to providing you with a competitive and comprehensive benefits package. To help manage overall costs while maintaining the quality of coverage, you may notice changes in deductibles this year. These adjustments are part of our broader cost-containment strategy, ensuring we can sustain valuable benefits for all employees now and in the future.



QR Codes

Throughout the guide there are QR codes for you to scan with your smartphone to learn more information. Download any free QR code reader app from your App store if you do not already have one.

EXCITING NEWS

Introducing Two New Benefits: Teladoc Primary Care 360 & Hypertension Management through BCBST

Teladoc Primary Care 360 gives you a dedicated virtual primary care doctor and care team for ongoing health needs, not just urgent care. You can schedule annual wellness visits, manage chronic conditions, and get personalized care plans—all virtually. Traditional Teladoc is mainly for one-time, urgent issues, while Primary Care 360 supports long-term, whole-person care.

Additionally, with Hypertension Management you can stay on top of your care with personalized coaching and wellness resources. See page 13 for more details!



BENEFIT BASICS

Open enrollment is your opportunity to review your current benefits and make changes for the upcoming plan year. Your new benefit selections go into effect on January 1, 2026. Benefits for the 2026 plan year are summarized in this guide. Be sure to consider all of the benefit options available to you for the year ahead, using the tools and resources our company provides to help you finalize your decisions.

WHO IS ELIGIBLE?

Benefits are available to all full-time employees working a minimum of 30 hours per week and their dependents. For those enrolling during Open Enrollment, your benefits will become effective on January 1, 2026. For new hires, your benefits will become effective on your date of hire.

*Please note that you will be responsible for any missed premiums back to the effective date of your coverage. Once you are enrolled, please contact your HR representative or payroll processor to set up a catch-up plan.

Eligible dependents include:



Your legal spouse or domestic partner



Your children from birth to age 26

(Including your natural/legally adopted/stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support)



QUALIFIED LIFE EVENTS

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying event. Qualifying events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

If you experience a Qualified Life Event (QLE) you will need to contact PlayCore Benefits Support Center at 800-836-0458 or visit compass.employeanbenefits.com/playcore to initiate the QLE process.

Depending on the type of event, you may need to provide proof of the event. If you do not initiate the QLE process within 30 days of the qualified event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).



NEW FOR 2026!

You can also update your QLE information in the GoEmpyrean app! See instructions on the following page.

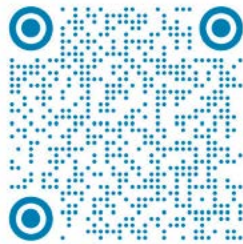
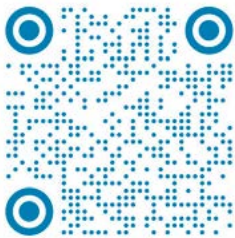
GETTING STARTED

Choosing your benefits is a very important decision and we want to help you get the most from it. Keep this guide handy when you log in to make your benefit elections.

For any questions regarding the benefits products offered, please contact your Benefit Support Center at 800-836-0458.



Don't forget you can also enroll from your mobile device! To download the GoEmpyrean app, Follow the below QR codes. Once downloaded, follow the below instructions to enroll in your benefits.



5. Create a new password with at least:
 - A. Eight characters
 - B. One letter
 - C. One number
 - D. One special character (i.e. * & + # \$)
6. Set a security question and answer to assist you if you forget your password (your answer should contain at least six characters)
7. Click "NEXT" when finished
8. Read the Terms of Service Agreement. To continue enrolling, click I AGREE at the bottom of the page

You will only register once. Return and log in with your user ID and password.

Ready to Get Started?

Log on to the Benefit Center with your user ID and password. If this is your first time visiting click register to create your user id and password at

compass.emyreanbenefits.com/playcore

1. Click REGISTER
2. Enter your:
 - A. First and last name
 - B. Date of birth
 - C. Employee SSN
3. Click NEXT when all fields are complete
4. Add a new user ID (for example, your personal email address)

Year-Round Access

You can return to the benefits portal at any time after Open Enrollment to:

- Review your benefits details and plan summaries for information on deductibles, copays, out-of-pocket maximums, etc.
- Update your beneficiaries (those named in your plan who will receive payouts for certain coverage, such as a Life insurance policy).
- Get education on how to use your benefits so you can get the most from them.
- Initiate a qualifying life event.

ENROLLING IN YOUR BENEFITS

What to Expect After you Log In

As you are reviewing your information, you will be asked to complete a consent as to whether you want to receive required benefit plan documents, updates, notices, or communications electronically or not, in accordance with regulatory requirements. If you do not elect to receive information electronically you will continue to receive these documents via postal mail. If at any point you wish to change your consent, you can do so by navigating to compass.emyreanbenefits.com/playcorecom.

From the main page click on Change Your Current Benefits select Update Electronic Consent and follow the prompts to make this change.



Be sure that you work your way through to the **CONFIRMATION** page to ensure that your elections are saved!

- 1** When you log in, you'll see a pending event screen. Click on the **Continue** button to begin your Open Enrollment event.
- 2** If you do not want help selecting your medical plans, you can skip the Benefit Selection page by clicking **SELECT BENEFITS ON MY OWN** and then you will have the option to click **CHANGE** on the Medical benefit tile to see your options and **SELECT** your benefit plan. Click **SAVE MY ELECTION** when finished.
- 3** You'll begin by clicking on **MY INFORMATION**. You will be asked to review your name, date of birth, gender and other personal information. Once you are finished, click **I'M DONE REVIEWING MY INFORMATION**.
- 4** You will be asked to enter your tobacco status. Click **I'M READY TO PROCEED** once finished.
- 5** Next, you will move to **MY DEPENDENTS**. You will see a screen that says, "My Family". To add a spouse and/or child(ren), click **ADD NEW**. When finished, click **I'M DONE WITH DEPENDENTS**.
- 6** You will now be prompted to select your benefit plans. You will have the option to get a personalized medical plan recommendation by answering a 5-minute survey about your finances, health and personality. The PILOT system uses the information you provide to find the best medical plan to protect you and your family.
- 7** Once you have chosen your medical plan you will need to add your dependents you wish to enroll in coverage. To enroll your dependents, click the checkbox by each eligible dependent that you are enrolling in coverage. Click **I'M READY TO PROCEED** when finished. Next, the plan you selected will appear showing you the cost per pay period for the tier of coverage you elected. Click **SAVE MY ELECTION** when finished.
- 8** You will repeat the instructions in steps six and seven to enroll in each benefit by clicking **CHANGE** on each benefit tile or you can click **UPDATE A PLAN**.
- 9** Repeat until all available benefits are selected or waived. Click **I'M DONE SELECTING BENEFITS**.
- 10** Click **Review the Beneficiaries Page** then click **I'M DONE WITH BENEFICIARIES**.
- 11** Verify if any of your elections require EOI or verification. Once complete click **I'M READY TO FINALIZE MY ELECTIONS**.
- 12** Review your election page, click **SUBMIT MY ELECTIONS**, then click **ACCEPT**. A confirmation page will be available for you to print if you would like.

Example questions

Here are some examples of types of survey questions you'll see if you select "Get a Recommendation":

Are there certain doctors, hospitals and other health care providers that you want in your network?

Yes

No

When you think of the word "risk," what comes to mind?

Uncertainty



HAVE QUESTIONS OR NEED HELP?

You will receive your insurance cards in the mail, directly from your carriers, for the benefits that require them.

Please confirm that your address on file is up to date and accurate prior to the end of enrollment on November 1. If corrections are required, please contact your local HR representative as soon as possible.

The PlayCore Benefits Support Center will be able to assist you with the following commonly-asked questions:

- Username/Password issues
- Navigation assistance
- Browser issues
- Missing or incorrect information
- Benefits are locked
- Errors and error codes
- Trouble locking in benefits
- Page not advancing
- Missing available plan information
- Benefits Center performance
- Entering/amending beneficiaries
- Location guidance inside Benefits Center
- “How to” and “Where is” questions
- Enrollment instructions
- Assist with Life Event processing
- General Benefits Center education
- Open Enrollment and year-round benefit Q&A support
- Plan questions
- Deductible questions
- Assist with plan choices
- Employer contribution questions
- In-network provider search assistance
- Drug formulary questions
- Assistance with financial questions such as HSA/FSA
- Plan review and comparison
- Premium/rate questions
- Confirmation statements
- Form requests
- ‘Soft Transfer’ to third party vendors and insurance carriers
- And much more!

Questions?

Contact:

PlayCore Benefit Support Center

Phone: 800-836-0458

Monday through Friday,
8 a.m. – 8 p.m. ET



YOUR BENEFIT CHOICES SHOULD REFLECT YOUR PERSONAL NEEDS

You have the choice of five medical plan options with a wide range of coverage levels and cost. This gives you the flexibility to choose the coverage that's best for you. Only you know the benefits that are right for you depending on your own health and well-being, goals for the future, and attitudes about risk.

We understand this, so we've opted to let you choose from a broader selection of benefits than you might be used to. That way you get to customize your benefit package to meet your needs.

Rest assured with better financial protection

Benefits are really about having the right financial protection in place to guard against life's unknowns. And while having the right amount of health insurance is the foundation of any solid benefits plan, creating your own benefits portfolio can give you the right amount of financial protection based on your, or your family's unique situation.

By combining different types of benefits — insurance products like Life, Disability, Critical Illness, Accident, and other types of “specialty benefits” — you can actually get affordable coverage while increasing your level of protection. So, you can rest easy knowing you and your family are taken care of.

Every trip has an excellent Pilot

You wouldn't start a road trip without GPS - likewise, you need clear guidance to navigate your benefit options to find the best plans for you. Like a GPS app that smartly avoids traffic jams, you need decision-support tools that helps you arrive at your ideal benefits destination.

As you make your elections in the PlayCore Benefits Center you will find that included is PILOT, an optional benefit decision support tool that helps you choose the right combination of insurance products that's right for you.

MEDICAL DEDUCTIBLES

Aggregate Deductible

This means there is one deductible that applies to all covered family members. Once expenses for one person or any combination of 2 or more family members meet the deductible, the plan begins paying coinsurance for covered family members.

For example:

You, your wife and daughter are on the \$2,200 Deductible Plan w/HSA, which has a \$4,400 family deductible when using an in-network provider. Your daughter incurs \$2,200 in medical expenses. Under this plan, the entire family deductible of \$4,400 must be met before your insurance helps pay for any of your medical bills through coinsurance. If your wife has surgery and incurs \$2,200 more in medical bills, with both your daughter's and your wife's expenses, your family deductible has now been met and the insurance company will help pay for any additional medical bills over the \$4,400 family deductible. The same rule applies to the Out-of-Pocket Maximum amounts.

Embedded Deductible

This means that deductible expenses for each covered family member are capped at the individual deductible amount.

For example:

You, your wife and daughter are on the \$3,500 Deductible Plan w/HSA, which has a \$7,000 family deductible when using an in-network provider. Your daughter incurs \$3,500 in medical expenses, which means her deductible is met. The insurance company will help pay for any additional medical bills through coinsurance for your daughter that year, even though the family deductible of \$7,000 has not been met yet. The same rule applies to the Out-of-Pocket Maximum amounts.

MEDICAL PLANS

Five medical plans options are available to choose from. Each plan offers comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. As you consider which medical plan is right for you, it's important to understand how the PPO plans compare to the HDHP plans.

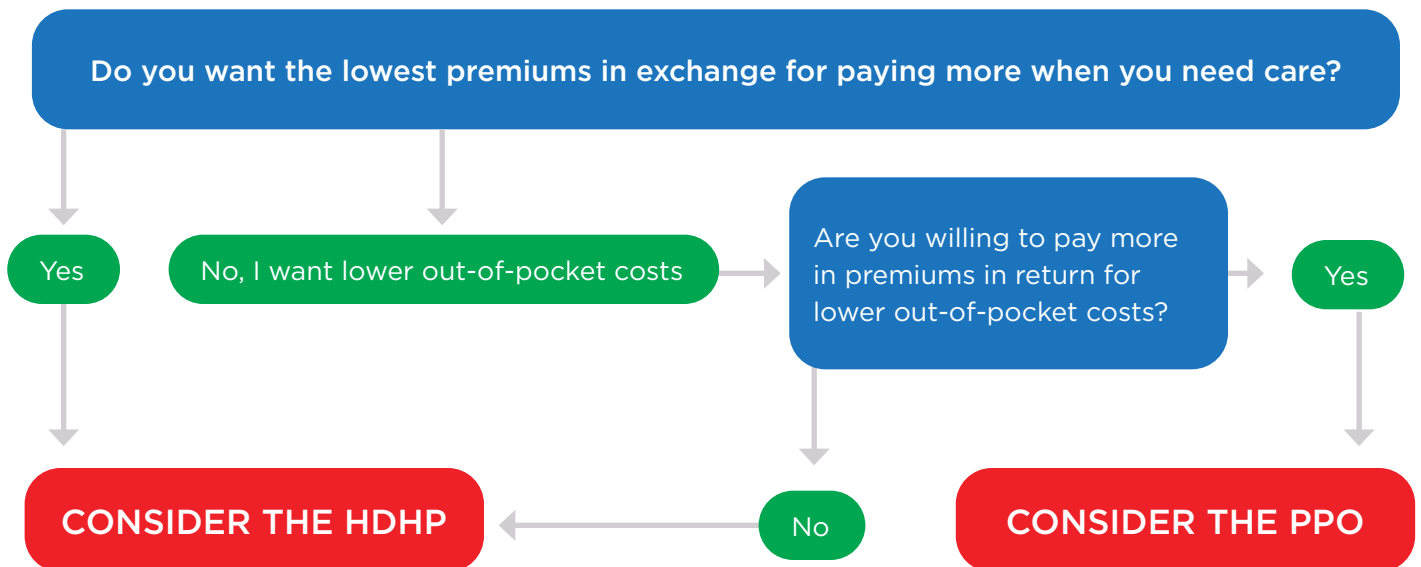


Medical Plan Comparison

 HDHP	 PPO
1 Offers eligibility to contribute to a health savings account (HSA), see page 18.	1 Offers eligibility to contribute to a medical flexible spending account (FSA), see page 18.
2 Higher deductibles	2 Lower deductibles
3 Lower monthly premiums	3 Higher monthly premiums
4 Out-of-pocket limits: \$2,200 Plan - \$3,250/\$6,500 \$3,500 & \$4,700 Plan - \$6,000/\$12,000	4 Out-of-pocket limits: \$1,700 plan - \$2,750/\$5,500 \$2,700 Plan - \$4,000/\$8,000

VS.

Which Plan is Right for Me?



BLUECROSS BLUE SHIELD OF TENNESSEE (BCBSTN)

PlayCore offers five comprehensive medical plans through BlueCross BlueShield of Tennessee (BCBSTN). For more information regarding the services provided by these plans, please refer to the Summary of Benefits Coverage found in the PlayCore Benefits Portal.

PlayCore PPO Plan Options

	PPO \$1,700		PPO \$2,700	
	In-network	Out-of-network	In-network	Out-of-network
Calendar Year Deductible				
Deductible and Out-of-Pocket Type	Embedded		Embedded	
Individual/Family	\$1,700 / \$3,400	\$3,400 / \$6,800	\$2,700 / \$5,400	\$5,400 / \$10,800
Coinsurance	90%	60%	80%	60%
Calendar Year Out-of-Pocket Maximum (includes Deductible)				
Individual/Family	\$2,750 / \$5,500	\$5,250 / \$10,500	\$4,000 / \$8,000	\$8,000 / \$16,000
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance/Copays	You Pay		You Pay	
Preventive Care	\$0	Not Covered	\$0	Not Covered
Primary Care Physician	\$20	40%*	\$25	40%*
Specialist	\$50	40%*	\$60	40%*
Urgent Care	\$50	40%*	\$60	40%*
Teladoc Health	\$20	Not Covered	\$25	Not Covered
Emergency Room	\$200	\$200	\$250	\$250
Pharmacy				
Retail (up to 30-day supply)	You Pay		You Pay	
Generic/Tier 1	\$10	Not Covered	\$10	Not Covered
Preferred Brands/Tier 2	30%; \$25 min/\$75 max		30%; \$25 min/\$75 max	
Non-Preferred Brands/Tier 3	40%; \$50 min/\$100 max		40%; \$50 min/\$100 max	
Specialty Brands/Tier 4	**30% coinsurance		**30% coinsurance	
Mail Order (up to 90-day supply)	You Pay		You Pay	
Generic/Tier 1	\$25	Not Covered	\$25	Not Covered
Preferred Brands/Tier 2	30%; \$62.50 min/ \$187.50 max		30%; \$62.50 min/ \$187.50 max	
Non-Preferred Brands/Tier 3	40%; \$125 min/\$250 max		40%; \$125 min/\$250 max	

*After deductible

**If you participate in the PPO plan, you may be eligible for a copay assistance program for specialty medications. Please see your plan document for additional details at compass.empyreanbenefits.com/playcore

PlayCore High Deductible Health Plan Options

	HDHP \$2,200		HDHP \$3,500		HDHP \$4,700	
	In-Network	Out-of-network	In-Network	Out-of-network	In-Network	Out-of-network
Calendar Year Deductible						
Deductible and Out-of-Pocket Type	Aggregate		Embedded		Embedded	
Individual/Family	\$2,200 / \$4,400	\$4,400 / \$8,800	\$3,500 / \$7,000	\$7,000 / \$14,000	\$4,700 / \$9,400	\$9,400 / \$18,800
Coinsurance	80%	60%	70%	50%	70%	50%
Calendar Year Out-of-Pocket Maximum (includes Deductible)						
Individual/Family	\$3,250 / \$6,500	\$6,250 / \$12,500	\$6,000 / \$12,000	\$12,000 / \$24,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Coinsurance/Copays	You pay (after meeting the deductible)					
Preventive Care	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Primary Care Physician	20%*	40%*	30%*	50%*	30%*	50%*
Specialist	20%*	40%*	30%*	50%*	30%*	50%*
Urgent Care	20%*	40%*	30%*	50%*	30%*	50%*
Teladoc Health	20%*	Not Covered	30%*	Not Covered	30%*	Not Covered
Emergency Room	20%*	20%*	30%*	30%*	30%*	30%*
Pharmacy						
Retail (up to 30-day supply)	You pay (after meeting the deductible)					
Generic/Tier 1	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Preferred Brands/Tier 2	30%; \$25 min/ \$75 max*		30%; \$25 min/ \$75 max*		30%; \$25 min/ \$75 max*	
Non-Preferred Brands/ Tier 3	40%; \$50 min/ \$100 max*		40%; \$50 min/ \$100 max*		40%; \$50 min/ \$100 max*	
Mail Order (up to 90-day supply)	You pay (after meeting the deductible)					
Generic/Tier 1	\$25	Not Covered	\$25	Not Covered	\$25	Not Covered
Preferred Brands/Tier 2	30%; \$62.50 min/ \$187.50 max*		30%; \$62.50 min/ \$187.50 max*		30%; \$62.50 min/ \$187.50 max*	
Non-Preferred Brands/ Tier 3	40%; \$125 min/ \$250 max*		40%; \$125 min/ \$250 max*		40%; \$125 min/ \$250 max*	

*After deductible

KNOW WHERE TO GO FOR CARE

Primary Care Physician, Urgent Care or Emergency Room

To save time and money and receive appropriate care, it's important to understand when to see your Primary Care Physician and when to visit an Urgent Care facility or an ER.



START HERE:

PRIMARY CARE PHYSICIAN

Start with your Primary Care Physician for non-life threatening conditions. They manage acute and chronic conditions and deliver more comprehensive patient care. They know your full medical history, including any underlying conditions. You can also utilize virtual Primary Care through Teladoc Primary Care 360 (P360).

Conditions treated include:

- Cold/flu symptoms
- Stomach ache
- Skin rash
- Chronic conditions, such as diabetes and hypertension

TURN HERE:

URGENT CARE

Turn to an Urgent Care facility after hours or when your Primary Care Physician is otherwise unavailable. They focus on treating acute illnesses and injuries that are non-life threatening.

Conditions treated include:

- Cold/flu symptoms
- Stomach ache
- Skin rash



GO HERE:

EMERGENCY ROOM

Go to the ER immediately for severe and life-threatening conditions. ERs are open 24/7/365 and are properly staffed for critical situations

Conditions treated include:

- Head/neck injury
- Chest pain
- Continuous bleeding
- Loss of consciousness

Remember, Teladoc is also an option!
For more details, check out page 13

*To learn more
scan the
QR code!*



TELADOC HEALTH

Acute Care: Use Teladoc Health when it's not an emergency, and you can't get to a doctor's office. Teladoc Health is available 24/7 by phone or video consultation and, if you need a prescription, the Teladoc Health provider can send it to a pharmacy close to you.

It's easy to get started:

- You can get started using online video chat or the free BCBSTN app. Just have your Member ID card ready.
- Register by logging in at bcbst.com/Teladoc and choosing Talk With a Doctor Now.
- The first time you use Teladoc Health, you'll need to fill out a short medical history survey and create an account. The next time you use it, you can just log in through the app and talk to a doctor in minutes.
- You can also call 1-800-TELADOC

Counseling: Did you know that you can also receive counseling services through Teladoc Health? Through the counseling benefit, you and your covered dependents can get in touch with Master's and PhD-level practitioners by phone or video-chat. Your consultations can cover anything from everyday stresses, to more serious topics like substance abuse.



NEW FOR 2026

Primary care: Primary360 easily connects you to primary care that helps you become your healthiest self. Primary360 helps you manage your overall health—body and mind—with a primary care provider of your choice and a dedicated care team of nurses and medical assistants by your side. Your primary care provider and care team will work with you to build a personalized care plan so you can meet your health goals with ease. Schedule annual checkups and manage ongoing health conditions—all on your terms, by phone or video. Schedule your \$0* checkup today

TeladocHealth.com/PrimaryCare | Download the app

Diabetes Prevention: To check your eligibility and join, visit TeladocHealth.com/Smile/PLAYCORE or call 1-800-TELADOC and use registration code: PLAYCORE.

Once you enroll, you'll get:

- **Advanced Tracking Technology:**
 - Get a free smart scale that automatically syncs to an easy-to-use mobile app. You can also sync your personal activity device to the app so you can track your weight and activity in one place.
- Activity and food tracking.
- One-on-One health coaching.

Get personalized plans that fit your lifestyle.

Diabetes Management: Managing diabetes can be overwhelming, but Teladoc Health is here to support you. With personalized tips, advanced tracking technology, and expert coaching, Teladoc Health helps you take control of your diabetes and live a healthier life.

When you sign up, you will get:

- **An advanced blood glucose meter:** Your meter automatically uploads your blood sugar readings to your secure account on the Teladoc Health app. It provides real-time tips and insights after every check.
- **Unlimited test strips and lancets:** Order refills straight from your meter and get them sent to your door at no cost to you.
- **Real-time support when you're out of range:** If your reading is out of range, a Teladoc Health expert coach will reach out. Plus, you can always contact a coach directly from your meter for more guidance and support.

To check your eligibility and join, visit TeladocHealth.com/Smile/PLAYCORE or call 1-800-TELADOC and use registration code: PLAYCORE.



NEW FOR 2026

Hypertension Management: The Hypertension Management program helps make living with high blood pressure easier. Connect with an expert coach to make a plan that fits your lifestyle. Improve your blood pressure numbers with simple, effective tools that really work. To check your eligibility and join, visit TeladocHealth.com/Smile/PLAYCORE or call 1-800-TELADOC and use registration code: PLAYCORE.

For more details on all the
BCBSTN extras, visit
<https://www.bcbst.com/members/playcore>

BCBSTN EXTRAS

BCBSTN Mobile App

The BlueCross BlueShield of Tennessee app makes it easier than ever to get the health information you need, when you need it:

- Live Online Chat: Get help from a live agent on your care team
- All Your Details in One Place: All your plan coverage and cost up front
- Digital ID Card: See and share your Member ID card with a single tap
- Find Care and Costs: Find providers near you and how much you'll likely pay for their care



Visit the App Store or Google Play to download the app. Log in using your [bcbst.com](https://www.bcbst.com) username and password.

Get answers 24/7 with Nurseline

**No question is too big or too small —
Call any time.**

Nurseline offers 24/7 access to nurses for any health questions—big or small. You can call anytime or chat online through NurseChat on BlueAccess. Get support for common



concerns like rashes or sprains, or talk through major decisions like surgery. Just reach out—a nurse is ready to help.

Talk with a nurse now.

Log in or register now at [bcbst.com/member](https://www.bcbst.com/member)

- Choose the Managing Your Health tab.
- Click on Contact a Nurse.

CALL NURSELINE

1-800-818-8581, ext. 1.

Tobacco Cessation

PlayCore provides employees with a free tobacco cessation program through BCBSTN.

Ready to break free from nicotine and breathe easier? PlayCore offers a free tobacco cessation program through BCBSTN to help employees quit smoking and improve their health at any age. The program includes:

- Health coaching for personalized support
- Self-directed courses to guide your journey
- Expert advice tailored to your needs
- Free nicotine replacement therapy

You can start your journey toward a tobacco-free life today. Log in to [bcbst.com](https://www.bcbst.com) and choose My Health.

Hinge Health

BCBSTN partners with Hinge Health to offer free digital support for back and joint pain—no surgery or addictive medications required. The program includes app-based physical therapy, expert guidance, and a wearable pain relief device. Care options include preventive, chronic, acute, and pre/post-op support.

To get started:

- Log in to [bcbst.com](https://www.bcbst.com)
- Go to Managing Your Health
- Select Back and Joint Care

Chronic Care Management

With the Chronic Care Management program from BCBSTN, living with a chronic health condition is easier. You have access to your own personal care manager who can help you learn to better manage your conditions and live a healthier life.

Your care manager can help you manage:

- Asthma
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Congestive Heart Failure
- Depression

Care managers are available to you at 800-818-8581 Monday – Friday, 8 a.m. to 7 p.m. ET.

Healthy Maternity

With a little one on the way, you have a lot on your mind. That's why PlayCore offers a program that matches you with your very own maternity nurse, who will be there to help however you need. Once you sign up, you'll get:

- One-on-one support from a maternity nurse
- Helpful content for each stage of pregnancy and online pregnancy resources
- Immunization help
- Emotional support, during and after pregnancy
- Help from a high-risk maternity nurse or a certified lactation counselor if you need it
- Talk to a nurse to learn more about your breast pump benefits

Log in or register now at bcbst.com/myhealthymaternity

OR Call 1-800-818-8581, press option 6, then option 4. Monday – Friday, 8 a.m. to 7 p.m. ET

Pharmacy/Medication Coverage

BCBSTN manages your prescription drug benefits along with your medical benefits through a partnership with CVS Caremark. This partnership provides access to the best of both worlds — BCBSTN member services and CVS Caremark pharmacy network.

There are a few different items you need to be aware of:

- Preferred Drug listings
- Quantity limits
- Prior authorizations
- Step Therapies (the requirement to try one medication before stepping up to another)
- Specialty Pharmacy drug lists

To find out more, call CVS Caremark at 800-565-9140 or visit bcbst.com/PlayCore.

90 day refills now available through retail pharmacies!

If you are taking a maintenance medication for a chronic condition you can save time and money by switching your eligible prescriptions from a 30 - to 90 - day supply.

How it works

You can use any pharmacy in the 90 day retail network to get your medicine, but your pharmacy will need to get a 90-day prescription from your doctor.

You can also have your medicine shipped to your door. Standard shipping is free, and CVS Caremark Mail Order Pharmacy can even contact your doctor to get a 90-day prescription. For more information, visit bcbst.com/rxplan.

To find a pharmacy near you, go to bcbst.com/network-plus90

HEALTH SAVINGS ACCOUNT (HSA)

WEX

AVAILABLE TO PARTICIPANTS IN THE HDHP PLAN.

A health savings account (HSA) is a tax-advantaged savings account that can be used for your qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions based on your needs.

Did you know an HSA provides triple tax benefits? The money you contribute is pre-tax, and the interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses. Like a savings account, you will only be able to withdraw funds that are in the account.

As an added benefit, PlayCore will contribute to your HSA account. If you participate in the HDHP \$2,200 plan PlayCore will contribute \$250 for employee only coverage and \$500 for all other coverage levels.

If you participate in the HDHP \$3,500 and \$4,700 plans PlayCore will contribute \$500 for employee only coverage and \$1,000 for all other coverage levels. Contributions to your account are made quarterly.

You must enroll in the HSA, make a yearly minimum contribution of at least \$52, and successfully create your account to receive this funding.

Federal law requires financial institutions to obtain information that identifies each person who opens an HSA. WEX may ask you to provide proof of your identity. If you do not complete the needed identity verification your HSA will be closed, and any funds will be returned to your employer.

OTHER HSA ADVANTAGES



You can use the account to pay for qualified healthcare expenses.



Unspent dollars roll over each year and are yours to keep if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

You are enrolled in the HDHP

You are not covered by a spouse's plan

No one else can claim you as a dependent

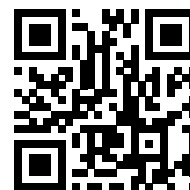
You are not enrolled in Medicare, TRICARE or TRICARE for Life

You have not received VA benefits in the past 3 months



How Do I Access / Make Contributions to My HSA?

You can manage your HSA at benefitslogin.wexhealth.com/Login. You'll set up your payroll contributions during your enrollment period and can make changes at any time throughout the year (although it may take between 1-2 payroll periods for any changes to be processed).



How Much Can Be Deposited into an HSA in 2026?

Age

<55*

- Up to \$4,400 for individual
- Up to \$8,750 for family
- *Not enrolled in Medicare

The maximum contribution increases by \$1,000

*Not enrolled in Medicare

Age

55+*

If you participated in a Health Care FSA in 2024, you will need to have a zero balance by December 31, 2025 to be able to contribute to an HSA account during 2026. If you do not have a zero balance, any rollover funds in your FSA will only be available for limited dental and vision expenses and cannot be used for medical or pharmacy expenses until after the runout period ends on March 31, 2026.

FLEXIBLE SPENDING ACCOUNT (FSA)

WEX

What is a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars to cover qualified expenses you would normally pay out of pocket with post-tax dollars. You can choose from a Health Care FSA, a Dependent Care FSA, and a Limited Purpose FSA. You pay no federal or state income taxes on the money you place in an FSA.

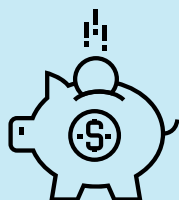
Depending on the medical plan you elect, you can enroll in a spending account and choose a specific amount to contribute each plan period, pre-tax, during the year. That amount is automatically deducted from your paycheck each pay period. As you incur eligible expenses, you may use your debit card to pay at the point of service or submit the appropriate paperwork to be reimbursed by the plan.

When electing an FSA, you will set an annual contribution amount. All expenses must be incurred by December 31, 2026. You will have until March 31, 2027, to request reimbursement of 2026 eligible expenses. The goal is to choose an amount that will cover medical or dependent care expenses, but that is not so high that the money will be forfeited at the end of the year. You can choose to participate in one or both accounts, and it's not necessary to "sign up" specific family members for these accounts.

Healthcare FSA

A healthcare FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. Visit [irs.gov](https://www.irs.gov) for a full list of eligible expenses.

You may contribute up to \$3,400 annually (funds will be available as of the election effective date).



Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as baby-sitters, nursery schools, or day care centers.

You may contribute up to \$7,500 annually (or \$3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.



Limited Purpose FSA

Employees enrolled in an HDHP accompanied by an HSA may enroll in a Limited Purpose FSA, which reimburses dental and vision expenses. Employees will have access to their full Limited Purpose FSA contribution on the first day of the plan year. Medical expenses are not eligible for reimbursement under the Limited Purpose FSA plan.

Spending Account Summary					
Account Type	Medical Plan Associated with the Account	Expenses	Maximum Annual Election	Employer Contributions	Debit Card
Health Care FSA	PPO	Medical, Dental and Vision	\$3,400	N/A	One card for all plans
Dependent Care FSA	N/A	Dependent Care	\$7,500	N/A	One card for all plans
Limited Purpose FSA	HDHP	Dental and Vision	\$3,400	N/A	One card for all plans
Health Savings Account	HDHP	Medical, Dental and Vision	\$4,400/\$8,750	HDHP \$2,200: \$250 single/ \$500 family; HDHP \$3,500 or \$4,700: \$500 single/ \$1,000 family	One card for all plans

Important Information To Know About Spending Accounts

- We encourage you to spend your current FSA dollars by December 31, 2025, should you choose to participate in an HDHP in 2026. Any claims incurred after this date will not be eligible for reimbursement using your medical FSA funds.
- You have until the runout period ends on March 31, 2026, to request reimbursement for health care, dental or vision expenses incurred by December 31, 2025.
- If you choose to participate in the HDHP and have not spent your FSA dollars by December 31, 2025, for you to contribute to an HSA on January 1, 2026, your remaining FSA dollars (up to \$680) will be rolled over into a Limited Purpose FSA. The Limited Purpose FSA can be used only for dental and vision expenses and cannot be used until late April, after the runout period ends on March 31, 2026.
- If you are electing an FSA for the first time, your funds will be available January 1, 2026.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

HSA	VS	FSA
FUNDING Employer and/or employee funded		FUNDING Employee Only
2026 CONTRIBUTION LIMITS \$4,400 single \$8,750 family If you participate in an HSA, you can also participate in a limited medical FSA		2026 CONTRIBUTION LIMITS Medical FSAs: \$3,400 Limited Purpose FSA: \$3,400 Dependent Care FSA: \$7,500
HEALTH PLAN ELIGIBILITY Must be enrolled in the HDHP plan and not covered on another plan.		HEALTH PLAN ELIGIBILITY Must be offered a group health plan by employer Only available if you do not participate in an HDHP with an HSA
FUND AVAILABILITY As they're contributed		FUND AVAILABILITY Medical FSAs: On first day of plan year Dependent care FSAs: As they're contributed
TAX SAVINGS Distributions for eligible expenses, investment returns and contributions are tax-free		TAX SAVINGS Distributions for eligible expenses and contributions are tax-free
CARRYOVER All funds carry over to the next plan year		CARRYOVER \$680 carryover of medical FSA funds; dependent care FSAs can't have a carryover
INVESTMENT CAPABILITY Yes		INVESTMENT CAPABILITY No
EXPENSES COVERED Covers deductible, copays, coinsurance and qualifying medical expenses		EXPENSES COVERED Covers qualified health, dental and vision expenses not reimbursed by other benefit plans.

DENTAL

DELTA DENTAL

www.DeltaDentalTN.com

800-223-3104

You have the choice between two dental plans – the High Plan or Low Plan. Both plans are administered through Delta Dental of TN and provide benefits for preventative and basic services.

The High Plan option also covers major services and orthodontia benefits.

You have the flexibility to receive care from any dental provider, but your out-of-pocket cost will be lower when you use a participating Delta Dental provider.

Dental	High Plan	Low Plan
Annual deductible (Individual/Family)	\$50 / \$150	\$0
Annual maximum (per person)	\$1,500	\$750
	You Pay	
Diagnostic and preventive care Includes cleanings, fluoride treatments, sealants and x-rays	\$0	\$0
Basic services Includes fillings, periodontics, scaling and root planning, and oral surgery	10%	20%
Major services Includes crowns, bridges, full and partial dentures	40%	N/A
Orthodontia	50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived	N/A

VISION

VSP

www.vsp.com

800-877-7195

As of 2026, PlayCore is contributing to the premium for the offered VSP Plan. Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around VSP providers, who have higher benefits at a lower cost to you. When you need services, consider using an in-network provider for the most bang for your buck! To locate an in-network provider, visit vsp.com.

Vision	VSP Choice Plan
	You Pay
Examination (every 12 months)	\$10
Contact exam	Up to \$60 when not medically necessary
Lenses (every 12 months)	
Single	Included with prescription glasses copay
Bifocal	Included with prescription glasses copay
Trifocal	Included with prescription glasses copay
Frames (every 24 months)	Balance over \$150 allowance 20% savings on amount over allowance \$80 Costco frame allowance
Contact lenses (every 12 months)	
Medically necessary	\$10 copay
Elective	Balance over \$150 allowance

Note: The vision plan has out-of-network benefits. Please see the plan documents in the PlayCore Benefits Center for full details. Benefits includes coverage for glasses or contact lenses, not both.

You may elect dental and vision coverage whether or not you elect medical coverage.

LIFE INSURANCE

PRUDENTIAL

prudential.com/mybenefits

800-778-3827

Life Insurance

We provide Basic Life and AD&D insurance at no cost to you!

Insurance coverage	Benefit
Basic Life and AD&D	PlayCore provides employees with Basic Life and AD&D insurance. You are automatically covered for \$50,000.

Voluntary Life and AD&D Coverage

If you would like additional coverage, Voluntary Life and AD&D insurance is available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you enroll in this coverage (even at the lowest option available), when you are first eligible to enroll in coverage, you can purchase up to the guaranteed issue amount at future re-enrollment periods without answering medical questions.

Voluntary Term Life premiums for employees are based on the employee's age. Spouse rates are based on the spouse's age and rates are set in five year age bands. Each January 1, your insurance age changes. As you enter the next age band, your premiums may increase even if you do not change your benefits. Open Enrollment gives you the opportunity to adjust your benefits should your benefit needs change.

There is a delayed effective date of coverage for employees if you are not actively at work and for dependents, if they are considered confined as per the terms of the contract.

Insurance coverage	Benefit
Voluntary Employee Life	Increments of \$10,000 up to five times your salary to a maximum of \$500,000. Guaranteed Issue: \$200,000
Voluntary Spouse Life	Increments of \$5,000 up to \$300,000 — not to exceed 100% of Employee coverage. Guaranteed Issue: \$50,000
Voluntary Child Life	Increments of \$2,000 to a maximum of \$10,000. Guaranteed Issue: \$10,000

* Spouse rates are based on spouse age.

** Employee life insurance benefits are reduced to 65% of the original amount at the employee's age 65 and 50% at the employee's age 70. Spouse life insurance benefits are reduced to 65% of the original amount at the spouses age 65 and to 50% at the spouse's age 70.

DISABILITY INSURANCE

prudential.com/mybenefits

800-842-1718

PRUDENTIAL

If you're suddenly unable to earn a paycheck due to illness or an accident, disability insurance can help you meet expenses and maintain your standard of living. It can help you pay bills like your mortgage, tuition and car payments, and help cover expenses for food, clothing and utilities. Disability insurance can help provide financial security until you are able to return to work. PlayCore provides Short-Term Disability coverage at no cost to you.

Coverage	Benefit
Short-Term Disability	
Salaried Employees	100% of your weekly earnings for 26 weeks. Benefit begins the first day of disability.
Hourly Employees	60% of your weekly earnings to a \$1,000 maximum for 25 weeks. Benefits begin after 7 days of disability.
Voluntary Long-Term Disability	
Salaried Employees earning $\geq$ \$75,000	60% of your monthly earnings to a \$12,000 maximum. Benefit begins after 180 days.
Salaried Employees earning $<$ \$75,000	60% of your monthly earnings to a \$4,000 maximum. Benefit begins after 180 days.
Hourly Employees	60% of your monthly earnings to a \$4,000 maximum. Benefit begins after 180 days.

Late entrants will be required to answer medical questions subject to carrier approval. A pre-existing exclusion provision does apply. Please refer to the PlayCore Benefits Center for more information.

Disability and life benefits are based on your earnings

Covered earnings means your wage or salary in effect just prior to the date disability begins. Covered earnings are determined initially on the date you apply for coverage. It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.



ACCIDENT INSURANCE

PRUDENTIAL

prudential.com/mybenefits

844-455-1002

An accident can happen anywhere, anytime, to anyone.

Accident Insurance helps cover out-of-pocket expenses such as co-pays, deductibles, and more. It pays a lump sum benefit directly to you for covered injuries—like broken bones—regardless of any other coverage you may have.

After an accident, unexpected costs may arise. Accident Insurance can help cover expenses such as ambulance rides, emergency room visits, surgery and anesthesia, major diagnostic testing, and burns.

Plan features include:

- Benefits paid directly to you
- Guaranteed issue coverage (no health questions required)
- Benefits paid regardless of other medical insurance



Don't forget to file for your \$75 wellness benefit each year!

Scan the code to learn more!



HOSPITAL INDEMNITY INSURANCE

PRUDENTIAL

An unexpected hospital stay can be expensive.

Even a short hospital stay can result in substantial out-of-pocket costs not fully covered by major medical insurance. The Prudential Hospital Indemnity plan provides financial assistance to supplement your existing coverage, helping you avoid using savings or borrowing to cover expenses such as transportation and meals for family members, childcare, or time away from work.

Plan benefits include:

- Hospital Admission Benefit
- Hospital Confinement Benefit
- Hospital Intensive Care Benefit and more



Benefits are also available for High Risk Pregnancy, Hospital Observation, Pandemic, and Premature Infant Benefits!

Coverage is issued on a guaranteed basis, so this means no proof of good health is required.

Scan the code to learn more!



Hospital Indemnity Video
Prudential Financial

CRITICAL ILLNESS INSURANCE

prudential.com/mybenefits

844-455-1002

PRUDENTIAL

Newly diagnosed conditions after the effective date are not considered preexisting, for recurring conditions there is a 6 month waiting period before plan benefits are eligible for payment.

An unthinkable critical illness can place emotional and financial stress on you and your family.

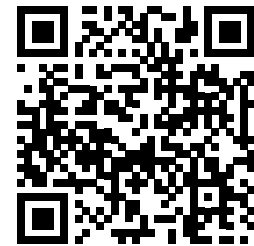
Critical Illness Insurance pays a benefit for a range of illnesses, such as a heart attack or stroke. Critical Illness Insurance helps provide a financial cushion, relieving the stress of having to tap into savings. With the Critical Illness plan, you receive cash benefits directly giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Benefit Options

You can elect coverage for yourself in \$10,000 increments up to a maximum of \$20,000. Coverage is also available for your spouse and dependent children in \$5,000 increments up to a maximum of \$10,000. You have the option to choose coverage for your spouse and dependent children at 50% of your coverage amount. To enroll your spouse or dependent children you must enroll in coverage for yourself.

With Prudential, benefits do not require proof of good health and there is no pre-existing condition clause. However, coverage only applies for a qualifying diagnosis made AFTER the coverage effective date.

Scan the code
to learn more!



\$75 Wellness Benefit
paid once per calendar year!



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a confidential service staffed with clinicians and professionals who provide support, resources, and information to help you and your dependents get through life's challenges. Some of the services offered are counseling, financial and legal advising.

Services are available
24 hours a day, seven
days a week.

Call: 800.311.4327
TTY: 800.697.0353
Online: [guidanceresources.com](https://www.guidanceresources.com)
Your company Web ID: GEN311

Confidential Counseling

A Guidance Consultant is available to help with problems you may be experiencing. Call any time with personal concerns, including:

- Alcohol and drug concerns
- Grief and loss
- Job pressures
- Marital and family conflicts
- Mental fitness
- Stress and anxiety

Includes three
Face-to-Face
counseling
sessions per
person, per
issue, per
calendar year.

Financial Resources Service

Financial Connect provides you with confidential and objective guidance from a team of qualified financial experts on a variety of topics including:

- Budgeting
- Credit
- Debt
- Income tax
- Real estate
- Retirement planning

Legal Advising Service

Legal Connect is a team of legal experts that offer unlimited phone consultations, local attorney referrals with discounted legal fees, and provide other specialist resources for issues such as:

- Bankruptcy
- Divorce and family law
- Estate planning
- Identity theft
- Real estate

Online Information, Tools, and Services

GuidanceResources offers expert information to assist you on a wide variety of topics from personal or family issues to legal and financial resources. Create your own account by going to www.guidanceresources.com.

- Access in-depth HelpSheets on topics of your choice
- Find helpful planning tools
- Get answers to your questions
- Search for services and referrals

TRAVEL ASSISTANCE

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Prudential provides Travel Assistance at no additional charge to you that can help navigate these issues and more at any time day or night.



Emergency Medical Transport Services

Dispatch of a Physician	Repatriation of Remains
Emergency Medical Evacuation	Return of Travel Companion
\$25,000 Emergency Hospitalization Guarantee of Payment*	Vehicle Return Services
Medical Repatriation	Visit of a Family Member or Friend
Return of Dependent Children	
*Only available when traveling outside your home country and the U.S., and can only be used in conjunction with an eligible medical evacuation	



Medical Assistance Services

Convalescence Arrangements/Emergency Travel Arrangements	Medical & Dental Referrals
Outpatient & Inpatient Care	Prescription Transfer & Shipping
Interpretation Services	Telemedicine
Medical Monitoring	Replacement of Medical Devices



Travel Assistance Services

Emergency Cash Transfer	Lost Luggage and/or Document Assistance
Consulate and Embassy Location	Pet Housing and Return
ID Theft Assistance	Pre-Trip Informational Services
Legal Referrals	Urgent Message Relay



Security Assistance Services

Emergency Cash Transfer	Lost Luggage and/or Document Assistance
Consulate and Embassy Location	Pet Housing and Return

Toll-free from within the U.S.: +1 (855) 847-2194

From anywhere in the world: +1 (317) 927-6881

Online: assist@imglobal.com

WAGMO PET WELLNESS PLAN

Wagmo.io

1-855-836-8785

We value you and what you care about, so we're offering comprehensive pet care coverage for your cats and dogs through Wagmo. This includes reimbursements for routine check-ups and preventive care, with no exclusions for pre-existing conditions, no waiting periods, no deductibles, and a 24-hour claim turnaround. You can visit any licensed vet, as there are no network requirements. Simply submit claims through the app by uploading the vet receipt. Wellness claims paid within 24 hours via Venmo, PayPal, or direct deposit! Additionally, you get unlimited 24/7 virtual pet care at no extra cost.

Plan Offerings:

Value Plan - Covers the essential care for your pet includes:

- 1 Routine Exam per year
- 2 vaccines per year
- Routine bloodwork once a year
- One fecal test per year
- Unlimited VETalk Video and Chats

Classic Plan - Covers the essentials and a few other routine items includes:

- 1 Routine Exam per year
- 3 vaccines per year
- Routine bloodwork once a year
- One fecal test per year
- 1 Urinalysis per year
- Flea/Tick/Heartworm prevention up to \$100 per year
- Grooming up to \$100 per year
- Unlimited VETalk Video and Chats

Deluxe Plan - Covers everything you could think of and is great for puppies includes:

- 2 Routine Exams per year
- 4 vaccines per year
- Routine bloodwork once a year
- One fecal test per year
- 1 Urinalysis per year
- Flea/Tick/Heartworm prevention up to \$200 per year
- Grooming up to \$200 per year
- Dental up to \$100 per year
- 3 Pet training sessions per year
- Unlimited VETalk Video and Chats

Wagmo weekly rates per enrolled pet

Value Plan	\$4.15
Classic Plan	\$8.10
Deluxe Plan	\$12.25



NORTON LIFELOCK IDENTITY PROTECTION

Identity Protection that keeps up with your Digital Life

LifeLock with Norton Benefit Plans help protect your digital life by combining leading identity theft protection, device security, and more, in an always-connected world. LifeLock alerts you if potentially fraudulent activity is detected surrounding your personal information. It also protects your mobile devices from threats like malware and viruses. These plans are enhanced and exclusive, with features and pricing only available through PlayCore.

Live Member Support

For assistance call 800-607-9174.
Monday through Friday, from 9 a.m. to 7 p.m. EST.

Norton LifeLock Premier

- Credit Monitoring
- Device security for up to 5 devices (10 devices for families)
- Monitor your TransUnion credit score and report for fraud
- PC Cloud Backup up to 50 GB

Norton LifeLock Premier Plus

- Credit Monitoring
- Device security for up to 10 devices (unlimited devices for families)
- PC cloud backup 500 GB
- Cyber crime coverage
- Norton AntiTrack
- To learn more about included features included in both plan options, visit: <http://www.norton.com/PremPremierPlus>

Have an existing LifeLock membership?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

It's easy to get started

1. **Enroll in Norton LifeLock coverage.**
You're protected from your effective date.

Plans and Pricing

LifeLock Identity Protection Weekly Rates

Premier Plan	
Single	\$1.84
Family	\$3.46
Premier Plus Plan	
Single	\$2.88
Family	\$4.96



Experience the best value with lower rates and enhanced benefits compared to our current offering when you enroll in Premier Plus!

To learn more
scan the QR code!



WEEKLY EMPLOYEE PAYROLL CONTRIBUTIONS

Medical/Rx



	PPO \$1,700	PPO \$2,700	HDHP \$2,200	HDHP \$3,500	HDHP \$4,700
Employee	\$52.58	\$39.80	\$36.15	\$19.47	\$0
Employee + spouse	\$165.40	\$138.67	\$129.41	\$99.48	\$90.21
Employee + child(ren)	\$100.64	\$76.60	\$68.67	\$36.99	\$28.61
Employee + family	\$171.67	\$132.56	\$119.58	\$70.92	\$56.79

*Medical rates shown are discounted non-tobacco rates.

Dental



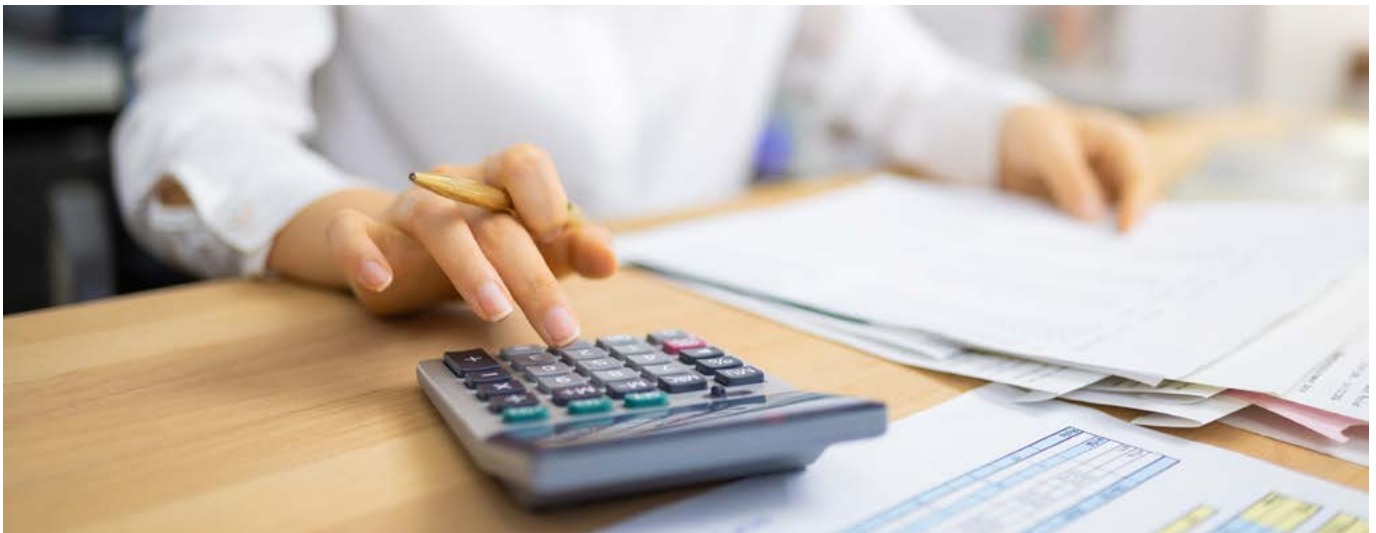
	High Plan	Low Plan
Employee	\$5.21	\$1.81
Employee + spouse	\$9.35	\$2.44
Employee + child(ren)	\$11.80	\$3.93
Family	\$18.61	\$5.70

Vision



	VSP Choice Plan
Employee	\$1.06
Employee + family	\$2.92

Note: Additional rate information can be found in your enrollment portal.



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

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 met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

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

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

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 and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

CONTACTS

Medical Plan

BlueCross BlueShield
of TN/CVS Caremark

Member services: 800-565-9140
Website: bcbst.com/PlayCore

Prescription Services

BlueCross BlueShield
of TN/CVS Caremark

Member services: 800-565-9140
Website: bcbst.com/PlayCore

Telemedicine

Teladoc Health

Member services: 800-835-2362
Website: bcbst.com/PlayCore

Dental

Delta Dental

Member services: 800-223-3104
Website: deltadentaltn.com

Vision

VSP

Member services: 800-877-7195
Website: vsp.com

Health Savings Account (HSA)

WEX

Member services: 866-451-3399
Website:
benefitslogin.wexhealth.com/Login

Flexible Spending Account (FSA)

WEX

Member services: 866-451-3399
Website:
benefitslogin.wexhealth.com/Login

Life & AD&D

Prudential

Member services: 800-778-3827
Website: prudential.com/mybenefits

Disability

Prudential

Member services: 800-842-1718
Website: prudential.com/mybenefits

Accident

Prudential

Member services: 844-455-1002
Website: prudential.com/mybenefits

Critical Illness

Prudential

Member services: 844-455-1002
Website: prudential.com/mybenefits

Hospital Indemnity

Prudential

Member services: 844-455-1002
Website: prudential.com/mybenefits

GuidanceResources Employee Assistance Program

Prudential

Member services: 800-311-4327
TDD: 800-697-0353
Website: guidanceresources.com
PlayCore's Web ID: GEN311

Travel Assistance

Prudential

Member services within the US:
855-847-2194
Member services Worldwide:
317-927-6881
Email: assist@imglobal.com

Identity Protection

Norton LifeLock

Member services: 800-607-9174
Website: norton.com/PremPremierPlus

Wagmo

Member services: 855-836-8785
Website: Wagmo.io

Support Line

Member Services
800-836-0458

General Website
compass.empyreanbenefits.com/playcore





About this Guide

This guide describes the benefit programs available to you. This guide is meant only to cover the major points of each program. The details of these programs are contained in the official plan documents and summary plan descriptions (SPDs). Plan Summary documents and SPDs will be available by contacting the Human Resources Department and are available on the company intranet. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed or terminated at any time, with or without prior notice. These benefit programs and your eligibility for benefits are not an employment contract, nor do they guarantee your right to continued employment.

