

2025-2026

Benefits Enrollment Guide



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Welcome

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Your benefits

are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.





Eligibility

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ELIGIBILITY

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse or domestic partner
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

WHEN COVERAGE BEGINS

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, medical coverage is effective on your date of hire.
- If you fail to enroll on time, you will NOT have benefits coverage.
- **Open Enrollment:** Changes made during Open Enrollment are effective February 1, 2025 – January 31, 2026.

CHOOSE CAREFULLY!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP health coverage

MAKING CHANGES

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Enrollment

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HOW TO ENROLL

To enroll, visit access.paylocity.com and **enter your company ID:**

125235 - ARMstaffing

Once logged in to the Self-Service Portal, navigate to the gray menu bar in the top left corner, then navigate to Bswift Benefits.

There, you will find detailed information about the plans available to you and instructions for enrolling.



UHC WEBSITE & APP

Download the UHC App or visit myuhc.com to log in with your member information. Easily access personalized health plan information, check progress towards deductibles, and out-of-pocket balances. Compare up to 4 providers at once, including cost estimates and ratings/reviews. Get customized behavior health care recommendations, manage prescriptions, and track incentives that you're earning through UnitedHealthcare Rewards. These personalized resources are there for you, at home or on the go.



HSA

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HEALTH SAVINGS ACCOUNT (HSA)

The HSA is only available to employees who elect the Silver or Bronze medical plan options and are otherwise eligible according to HSA eligibility rules. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

Here's how the HSA works:

- You set your pre-tax contribution made through automatic payroll deductions to your Optum Bank Account.
- The HSA is portable, meaning that if you leave the organization, you can take your HSA funds with you.
- There is no "use it or lose it" provision with an HSA. If you don't use the money in your account by the end of the year, it stays there and can earn investment income on a tax-deferred basis.
- You can use your HSA funds to pay for qualified expenses with tax-free dollars and plan for future and retiree health-related costs.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

NOTE: Total contributions cannot exceed annual IRS limits. For more information, please visit www.irs.gov.

- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.



IMPORTANT NOTES:

- You must meet certain eligibility requirements to have an HSA. You must:
 - a) be at least 18 years old
 - b) be covered under a qualified HDHP
 - c) not be enrolled in Medicare
 - d) not be claimed as a dependent on another person's tax return.For more information, please refer to IRS Publication 969.

HRA

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WHAT IS AN HRA?

A Health Reimbursement Account (HRA) is an employer-funded account that helps employees be reimbursed for medical and prescription expenses applied to in-network plan year deductibles.

HOW DOES IT WORK?

You are automatically enrolled in the HRA if you elect the Silver or Bronze medical plan option. ARG provides a fixed dollar amount for you in an HRA that pays for a portion of your in-network deductible. You pay a specified amount of your deductible before the HRA funding, provided by ARG, pays the rest.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

ARG HRA Funding

Plan	Coverage Tier	Member Before Fund Deductible	HRA Amount	Total Deductible
Silver Plan	Single	\$1,850	\$1,150	\$3,000
	Family	\$3,700	\$2,300	\$6,000
Bronze Plan	Single	\$5,150	\$1,150	\$6,300
	Family	\$10,300	\$2,300	\$12,600

Silver Plan: Once the family Before Fund Deductible is met, all family members will be considered as having met the Before Fund Deductible for the remainder of the year. There is no individual Before Fund Deductible to satisfy within the family Before Fund Deductible.

Bronze Plan: The family Before Fund Deductible is cumulative for all family members. The family Before Fund Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Before Fund Deductible amount.



HOW DO CLAIMS PAY FROM MY HRA FUNDS?

1. When you receive eligible medical services from UnitedHealthcare, a claim will be submitted to UHC on your behalf.
2. UHC will determine whether your processed claim will apply to the Before Fund Deductible, which must be met before the HRA will reimburse, or if it is eligible for HRA reimbursement.
3. If the processed claim is eligible for reimbursement, UHC will send a payment to the provider to pay for those services.
4. Your provider will then bill you for any outstanding balance.
5. The HRA will continue to reimburse your medical providers until all of your HRA funds are exhausted.

NOTE: Eligible pharmacy claims will be paid directly at the point of sale.

NOTE: Your Explanation of Benefits (EOB) provides a summary of the transaction and any HRA payments made, as well as how much HRA funding is left after each claim processes. This document is not a bill.

Medical

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These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Choice Plus Network**. All plans pay the full cost of qualified in-network preventive health care services.

UHC PPO GOLD AND PLATINUM PLANS

- You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- Once your deductible, copays, and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.
- UnitedHealthcare offers **Care Cash** with these plans. Care Cash is a preloaded debit card you can use to pay for eligible health care expenses. The card comes loaded with \$200 for individuals and \$500 for families.

UHC HDHP WITH HSA SILVER AND BRONZE PLANS

The **high-deductible health plan** (HDHP) works similarly to a traditional PPO:

- You pay the full cost of non-preventive health care services until you meet the annual deductible.
- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.



UNITEDHEALTHCARE BENEFIT ALLY

In the time of a health crisis, your primary focus should be on getting better - not on your medical expenses.

All of our plans include Benefit Ally, which means that if you experience a covered health emergency, you'll automatically receive a check in the mail that you can use for anything from medical expenses to groceries - or whatever you may need.

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Medical

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COVERAGE OVERVIEW (PLATINUM AND GOLD PLANS)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

IN-NETWORK BENEFITS	Platinum Plan PPO	Gold Plan PPO
You Pay - Employee Deductible (Individual/Family)	\$1,500 / \$3,000 ¹	\$3,000 / \$6,000 ¹
HRA Pays	N/A	N/A
Out-of-Pocket Maximum (Individual/Family)	\$6,700 / \$13,400	\$7,900 / \$15,800
Preventive Care Visit	Plan pays 100%	Plan pays 100%
PCP/Specialist Office Visit (Individual/Family)	\$30 / \$60 copay	\$30 / \$50 copay
Urgent Care Facility	\$75 copay	\$75 copay
Diagnostic Lab (facility)	Plan pays 80% after deductible	Plan pays 80% after deductible
Diagnostic Lab (hospital)	Plan pays 60% after deductible	Plan pays 80% after deductible
Diagnostic Imaging (facility)	Plan pays 80% after deductible	Plan pays 80% after deductible
Diagnostic Imaging (hospital)	Plan pays 60% after deductible	Plan pays 80% after deductible
Inpatient Hospital Stay	Plan pays 80% after deductible	Plan pays 80% after deductible
Outpatient Surgery (facility)	Plan pays 80% after deductible	Plan pays 80% after deductible
Outpatient Surgery (hospital)	Plan pays 60% after deductible	Plan pays 80% after deductible
Emergency Room	Plan pays 80% after deductible	\$250 copay, then plan pays 80% after deductible
OUT-OF-NETWORK BENEFITS		
Deductible (Individual/Family)	\$10,000 / \$20,000	\$6,850 / \$13,700
Coinsurance	40%	50%
Out-of-Pocket (Individual/Family)	\$15,000 / \$30,000	\$15,000 / \$30,000
PRESCRIPTION BENEFITS		
Deductible (Individual/Family) Tier 1a / Tier 1 / Tier 2 / Tier 3	Combined with medical	Combined with medical
Retail Pharmacy copay (30-day supply)	\$10 / \$30 / \$50	Plan pays 100% / \$30 / \$50 / \$250
Mail Order Pharmacy copay (90-day supply)	\$25 / \$75 / \$125	Plan pays 100% / \$75 / \$125

¹ With an embedded deductible, the deductible can be met on an individual basis. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member. Similarly, with an embedded out-of-pocket maximum, once a family member meets their individual out-of-pocket maximum, that family member's eligible health care expenses are covered at 100%.

Medical

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COVERAGE OVERVIEW (SILVER AND BRONZE PLANS)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

IN-NETWORK BENEFITS	Silver Plan PPO / HDHP	Bronze Plan PPO / HDHP
You Pay - Employee Deductible (Individual/Family)	\$1,850 / \$3,700 ²	\$5,150 / \$10,300 ¹
HRA Pays	\$1,150 / \$2,300 ²	\$1,150 / \$2,300 ¹
Out-of-Pocket Maximum (Individual/Family)	\$6,700 / \$13,500	\$6,700 / \$13,400
Preventive Care Visit	Plan pays 100%	Plan pays 100%
PCP/Specialist Office Visit (Individual/Family)	\$30 / \$60 copay, after deductible	0% after deductible
Urgent Care Facility	\$75 copay, after deductible	\$75 copay
Diagnostic Lab (facility)	Plan pays 80% after deductible	Plan pays 100% after deductible
Diagnostic Lab (hospital)	Plan pays 60% after deductible	Plan pays 100% after deductible
Diagnostic Imaging (facility)	Plan pays 80% after deductible	Plan pays 100% after deductible
Diagnostic Imaging (hospital)	Plan pays 60% after deductible	Plan pays 100% after deductible
Inpatient Hospital Stay	Plan pays 80% after deductible	Plan pays 100% after deductible
Outpatient Surgery (facility)	Plan pays 80% after deductible	Plan pays 100% after deductible
Outpatient Surgery (hospital)	Plan pays 60% after deductible	Plan pays 100% after deductible
Emergency Room	\$300 copay after deductible	Plan pays 100% after deductible
OUT-OF-NETWORK BENEFITS		
Deductible (Individual/Family)	\$6,600 / \$13,200	\$10,000 / \$20,000
Coinsurance	50%	30%
Out-of-Pocket (Individual/Family)	\$15,000 / \$30,000	\$15,000 / \$30,000
PRESCRIPTION BENEFITS		
Deductible (Individual/Family) Tier 1a / Tier 1 / Tier 2 / Tier 3	Combined with medical	Combined with medical
Retail Pharmacy copay (30-day supply)	\$10 / \$30 / \$50, after deductible	\$10 / \$30 / \$50, after deductible
Mail Order Pharmacy copay (90-day supply)	\$25 / \$75 / \$125, after deductible	\$25 / \$75 / \$125, after deductible

¹ With an embedded deductible, the deductible can be met on an individual basis. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member. Similarly, with an embedded out-of-pocket maximum, once a family member meets their individual out-of-pocket maximum, that family member's eligible health care expenses are covered at 100%.

² Once any combination of family members meets the family deductible, the plan's benefits will begin to pay for all family members for the rest of the plan year.

Prescription Benefits

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MAKE THE MOST OF YOUR PRESCRIPTION BENEFITS

See what's covered under your plan at whyuhc.com/welcometouhc/pharmacy-benefits.

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a Tier 1, Tier 2, or Tier 3 drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, Tier 1, also known as generic drugs, are less expensive than Tier 3 drugs, also known as brand drugs.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage, or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled, or taken by mouth.

For your exact coverage and cost, and to learn more about your plan

Visit myuhc.com and log into your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits



Alternative Care

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VIRTUAL CARE

With virtual care through your UnitedHealthcare plan, get care anytime.

Using your smartphone or other connected device, like a tablet or a computer, you can access virtual primary and urgent care.

What kind of virtual care might be right for you?

Virtual Primary Care:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Lab tests and preventative screenings
- Referrals to quality network specialists
- Medication review and prescriptions if needed*
- Cost aligns with PCP benefit

24/7 Virtual Visits:

- Non-emergency care for common health issues like the flu, fevers, sore throats, etc.
- Non-emergency care for sudden health issues like pinkeye, migraines, back pain, even allergies and anxiety
- Prescription refills, if needed*
- Cost aligns with 24/7 Virtual Visit benefit

*certain prescriptions may not be available, and other restrictions apply

HOW TO SCHEDULE

To schedule a Virtual Primary Care appointment or access urgent care through 24/7 Virtual Visits:

Simply download the UnitedHealthcare™ app, or visit myuhc.com/virtualcare.



Cost of Benefits

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Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. The charts below show monthly contributions, effective February 1, 2025.

MEDICAL

Coverage Tier	Monthly Employee Contributions			
	Platinum	Gold	Silver	Bronze
Employee Only	\$707.01	\$548.11	\$420.59	\$188.98
Employee + Spouse/DP	\$1,744.11	\$1,337.05	\$1,205.43	\$962.94
Employee + Child(ren)	\$1,625.06	\$1,246.53	\$1,108.80	\$800.06
Family	\$2,227.97	\$1,739.30	\$1,549.60	\$1,236.44

Coverage Tier	Weekly Employee Contributions			
	Platinum	Gold	Silver	Bronze
Employee Only	\$163.16	\$126.49	\$97.06	\$43.61
Employee + Spouse/DP	\$402.49	\$308.55	\$278.18	\$222.22
Employee + Child(ren)	\$375.01	\$287.66	\$255.88	\$184.63
Family	\$514.15	\$401.38	\$357.60	\$285.33



BenefitHub

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BENEFITHUB DISCOUNTS AND REWARDS

BenefitHub is a free discount and reward website that offers a full range of benefits, rewards, and perks all in one place. With more than 10,000 brands, 200,000 offers, and one million products, you are sure to find what you're looking for.

BenefitHub includes a cashback rewards feature where you can earn 2% – 20% cash-back on nearly all purchases.

Visit www.argroup.benefithub.com. Create an account by clicking on the “Guest” button, then select “Sign Up”.

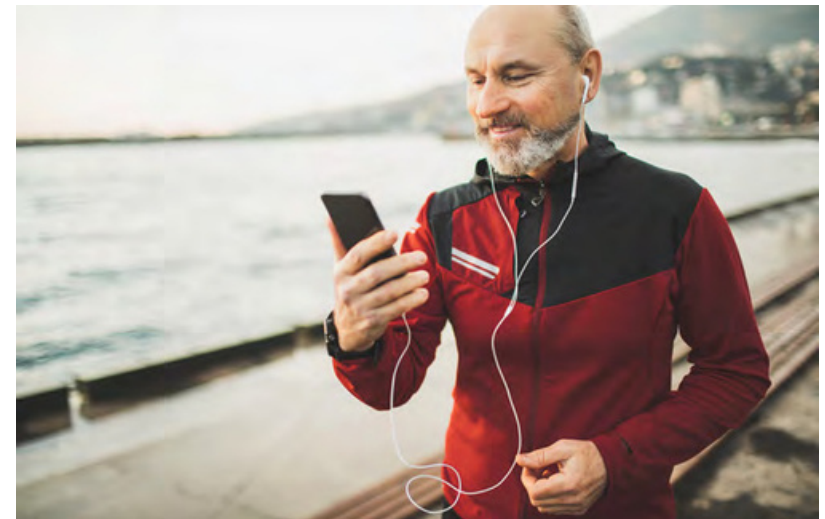
Note: You can browse the platform as a guest without signing up.



Contact Information

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Coverage	Carrier	Phone #	Website/Email
Medical	UnitedHealthcare	(866) 414-1959	myuhc.com
	Health Savings Account (HSA) Optum	(866) 234-8913	optumbank.com
	Virtual Primary Care		myuhc.com/virtualcare



QUESTIONS?

Contact your Human Resources benefits team at
HR@argroupllc.com

ARMStaffing employees:
contact benefits@armstaffing.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

