EMPLOYEE BENEFITS

2027

HOSHIZAKI ALLIANCE

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WELCOME TO YOUR ENROLLMENT

Hoshizaki Alliance 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 your Human Resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

WHO IS ELIGIBLE?

Benefits are available to all full-time employees working a minimum of 30 hours per week and their dependents. If you are covering dependents, you will be required to provide proof of eligibility (see list of acceptable documents below). If your dependent becomes ineligible for coverage during the year, you must notify Human Resources within 31 days.

Eligible dependents include:



Spouse



Your children from birth to age 26

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

BENEFITS EFFECTIVE

Benefits elected during Open Enrollment will become effective on January 1, 2027.

For new hires, your benefits will become effective as follows:

- Medical, Dental, Vision, FSAs: First of the month following 1 month of service
- Basic and Voluntary Life/AD&D: First of the month following 30 days from date of hire
- Accident, Critical Illness, & Hospital Indemnity: First of the month following 1 month of service
- Short-Term Disability (STD): No waiting period
- Long-Term Disability (LTD): First of the month following 6 months of service
- 401(k) Plan: First of the month following 3 months of service

Child

Please submit one item from List A. If your child is a stepchild, please provide a Marriage Certificate with your Spouse listed in addition to one of the items listed below.

List A

- Adoption Certificate
- Birth Certificate with Parent's Name Listed
- Documentation of Legal Guardianship (court documents)
- Qualified Medical Child Support Order
- Adoption Placement Agreement
- Documentation of Legal Custody
- Hospital Birth Record (within 90 days of birth)

Spouse

Please submit the item from List A and one item from List B. The document from List B must be dated within 6 months of the verification deadline date and have the dependent's name listed on the document.

List A

- Marriage Certificate

List B

- Bank or Credit Card Statement with Common Address
- Mortgage or Lease Statement with a Common Address
- Motor Vehicle Statement with a Common Address
- Utility Bill with a Common Address

HOW TO ENROLL

To sign up for benefits, visit **lyric.adp.com** and complete the following steps before the end of your enrollment period.

1. View Benefits
2. Under Enrollment Tab, click ADP Benefits Dashboard
3. Click Enroll Now
4. Add Beneficiaries and Dependents
5. Make Plan Selections
6. Review and Finalize

Make your benefit elections on the mobile app. It's easy!

Download the app and enroll in benefits

Download on the App Store

GET IT ON Google Play

See page **26** for the **Qualifying Life Event** video.

MAKING CHANGES

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life 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.

Changes to your coverage due to a qualifying life event must be made within 31 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

MEDICAL

mycigna.com
800.244.6224

CIGNA

Your medical plan is provided by Cigna and provides coverage for both in-network and out-of-network providers. You will always have stronger benefits when visiting in-network providers.

In Network	Copay $500	Local Plus (recommended for GA residents only)	Copay $1,500	No Copay HDHP $3,000
Calendar Year Deductible (Single/Family)	$500 / $1,000	$500 / $1,000	$1,500 / $3,000	$3,000* / $6,000
Coinsurance (Plan Pays)	80%	80%	80%	90%
Maximum Out-of-Pocket (Incl Ded) (Single/Family)	$3,000 / $6,000	$3,000 / $6,000	$3,600 / $7,200	$5,000 / $10,000
Primary Care Physician	$25 copay	$25 copay	$25 copay	Deductible, then 10%
Specialist	$50 copay	$50 copay	$50 copay	Deductible, then 10%
Inpatient & Outpatient	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 10%
Emergency Treatment	$200 copay	$200 copay	$200 copay	Deductible, then 10%
Urgent Care	$75 copay	$75 copay	$75 copay	Deductible, then 10%
Prescription Drugs				
Generic	$5 copay	$5 copay	$5 copay	Deductible, then $5 copay
Preferred Brand	$45 copay	$45 copay	$45 copay	Deductible, then $45 copay
Non-preferred Brand	$90 copay	$90 copay	$90 copay	Deductible, then $90 copay

Please note: The above chart shows your medical plan benefits for in-network coverage only. Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

*For family coverage, each covered individual has an embedded deductible.

New! Lower Your Medical Costs with Garner Health

Garner Health is a new program that can help reduce your out-of-pocket medical costs when you meet the program requirements. The chart below shows how Garner reimbursement may lower your effective deductible under each medical plan.

Garner reimburses eligible medical expenses, helping lower the amount you may pay. Amounts are shown as Individual / Family.

Plan	Cigna Deductible	Garner Reimbursement	Your Effective Deductible*
Copay $500	$500 / $1,000	$1,000 / $2,000	$0 / $0
Local Plus	$500 / $1,000	$1,000 / $2,000	$0 / $0
Copay $1,500	$1,500 / $3,000	$1,500 / $3,000	$0 / $0
No Copay HDHP $3,000	$3,000/ $6,000	$1,500 / $3,000	$1,500 / $3,000

*Effective deductible reflects the Cigna deductible after the applicable Garner reimbursement. Actual reimbursement may vary based on eligibility and program requirements.

Learn more about Garner Health on the next page.

See page **26** for the **Prescription Drugs: Benefits Overview** video.

MEDICAL

GARNER HEALTH

concierge@garnerhealth.com
866.761.9586

Cigna is excited to announce a new partner in your Medical insurance toolkit! Garner helps team members find high-performing in-network providers and may reimburse eligible out-of-pocket costs when care is received from a Garner Top Provider.

How Garner ties into the Cigna plans

You still use your Cigna member ID card, follow Cigna plan rules, and receive coverage based on the plan you elect. Garner adds provider guidance and reimbursement support when members select eligible Garner Top Providers within the Cigna network.

What stays the same

- You remain enrolled in a Cigna medical plan.
- You continue to use Cigna's network and plan benefits.
- Non-Garner providers may still be used, but may not be eligible for Garner reimbursement.

What Garner adds

- Provider search support through the app, website, or concierge team.
- Garner Top Provider recommendations based on quality and outcomes data.
- Potential reimbursement for eligible out-of-pocket costs.

How your Garner reimbursement works

- **Find a Garner Top Provider:** Use Garner before receiving care to select an eligible Garner Top Provider.
- **Receive care and pay as usual:** You are responsible for paying your eligible out-of-pocket costs upfront. There is no advance funding or separate HRA balance available before care is received.
- **Get reimbursed:** Garner reimburses 100% of eligible costs, up to your plan's Garner benefit limit. Payment is issued by direct deposit or check.
- **Allow time for payment:** Reimbursements generally take five to eight weeks, depending on the payment method selected.
- **Use your benefit during the plan year:** Unused reimbursement amounts do not roll over. Your Garner benefit limit resets at the beginning of each new plan year.
- **Know your account type:** Reimbursements are associated with an HRA or HSA, depending on your medical plan. Employees cannot contribute to an HRA. Employees enrolled in an HSA-eligible plan may contribute to their HSA, subject to IRS limits.
- **Important:** Garner reimbursement is available only for eligible care received from a Garner Top Provider and is limited to your plan's Garner benefit maximum.

Note: Garner reimbursement applies only when members follow Garner program rules, select a Garner Top Provider, and the care is eligible under the Cigna medical plan and Garner program. The Cigna plan design, network, and claim processing rules still apply.

Using the Garner app: Download or open the Garner app to search for Garner Top Providers before receiving care. If you do not see a doctor listed, you can add or request a provider in the app so Garner can review whether that provider is eligible for the program.

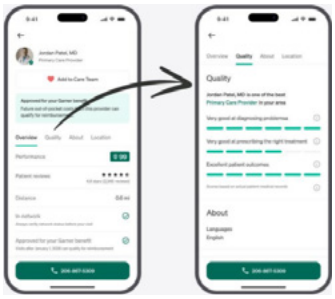
Find a Garner Top Provider

Step 1: Create your Garner account

Download the Garner Health app from the Apple App Store or Google Play, or access Garner online. When prompted, select **ThriveMore**, then enter your full legal first and last name to create your account. You may also be asked to provide your date of birth and the last four digits of your SSN or TIN to verify eligibility.

Important: You must create your Garner account and add a Top Provider to your Care Team before your appointment to be eligible for reimbursement.

Step 2: Find a Garner Top Provider



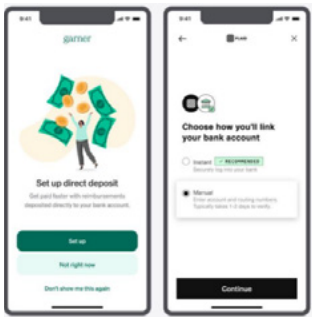
Use the Garner app to search for nearby providers by symptom, provider name, or type of care needed. Providers with a **Top Provider** badge are eligible for Garner reimbursement when program requirements are met.

Provider profiles may show performance ratings, patient reviews, distance from you, and network status. Always verify that the provider is in-network before your visit.

Step 3: Add the provider to your Care Team

Before your appointment, select the provider in the app and add them to your Care Team. This is the easiest way to confirm the provider is approved for your Garner benefit and available for future reference.

If you already have a primary care provider, OB/GYN, pediatrician, gerontologist, or mental health provider, search for that provider by name and request approval in the app. Specialists do not qualify under this current-provider request policy.



Step 4: Get reimbursed for eligible care

When you receive care from a Garner Top Provider, pay your upfront costs as usual. After your health insurance processes the claim and sends it to Garner, Garner will reimburse qualifying medical costs through your preferred payment method.

Once the new plan year begins, you can set up direct deposit in the Garner app to receive reimbursements faster and more securely. You can also track paid claims directly in the app.

HEALTH SAVINGS ACCOUNT (HSA)

surency.com
866.818.8805

SURENCY

AVAILABLE TO PARTICIPANTS IN THE HDHP PLAN.

What is a Health Savings Account?

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

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

HSA Advantages



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



Unspent dollars roll over each year and are yours to keep, even 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 Manage My HSA?

Access and manage your HSA at **surency.com**. You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

How Much Can I Deposit into an HSA in 2027?

<55*	• Up to $4,500 for individual. • Up to $9,000 for family.
55+*	The maximum contribution increases by $1,000.

*Not enrolled in Medicare

See page 26 for the **Health Savings Account (HSA)** and **How to Optimize Your HSA** videos.

UNDERSTANDING YOUR PLAN OPTIONS

Local Plus Plan (recommended for GA residents only)

LocalPlus® health plans are designed to offer the right mix of healthcare benefits at the right price. This health plan offers you cost-efficient access to a local network that is limited to quality doctors, specialists and hospitals, right where you live, and who understand the needs of your community.

This plan also offers you the option of having low payroll deductions and access to Cigna's Performance Network of high quality providers and hospitals at a lower cost.

Before making your election, be sure to check if your providers are in the LocalPlus® network.

Copay Plans

The Copay Plans utilize the Cigna Open Access Plus (OAP) network. These plans offer your classic copays, but also comes with the highest plan premiums. Be sure to consider your health history and expected benefit needs before enrolling.

The Copay $500, Copay $1,500, and No Copay HDHP $3,000 plans use the same Open Access Plus network.



Cigna Telehealth

MDLIVE
mycigna.com
888.726.3171

Cigna provides access to telehealth services through MDLIVE for all medical plan options with no out-of-pocket costs.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

MDLIVE is a national Telehealth provider. When circumstances prevent you from getting in to see your doctor, or you prefer the convenience of a virtual visit, you can choose your care with confidence.

Register today so you'll be ready to use a Telehealth service when and where you need it.

Signing up is easy!

Set up and create an account with MDLIVE.

Complete a medical history using "virtual clipboard"

Download vendor apps to your smartphone/mobile device



TIPS FOR OPTIMIZING BENEFITS

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting **mycigna.com**.
- Discount sites like GoodRx and WellRx provide instant savings. (Please note: Prescriptions acquired under these plans do not go through your insurance).
- Ask your provider or pharmacist if a generic/mail order is available.

Generic contraceptives and diaphragms are covered in full. Contact the drug manufacturer to inquire about Patient Assistance Programs (PAPs), which may provide financial assistance.

myCigna Mobile App

The myCigna app lets you easily access your healthcare information and gives you tools to help estimate costs, view EOBs, manage claims, and find providers – anytime, anywhere. No access to apps? Visit **mycigna.com** today.

Download on the App Store

GET IT ON Google Play

Jellyvision

Help is here! Selecting the benefits that are the best fit for you and your family has never been easier.

Meet ALEX. ALEX is your guide to understanding your benefits from your medical plan options to your savings accounts.

Visit **start.myalex.com/hoshizakialliance** to meet ALEX and learn more about your benefits today.

Benefits On Demand

Visit Benefits On-Demand to learn more about your benefits today!

Benefits On-Demand provides additional information on Hoshizaki Benefits, as well as easy access to view:

- Information on your Active Benefits
- Quarterly Wellness Calendar
- Upcoming Benefit Events
- Benefits Vendor Contact List
- Company Health Protocol Updates

See page **26** for the **Prescription Drugs: Tips to Manage Cost** video.

PHYSICAL PAIN CARE

SWORD

Conquer back and joint pain without drugs or surgery — paid for by Hoshizaki Alliance! Sword Health is a digital exercise therapy program designed to address chronic back, knee, hip, neck or shoulder pain.

Tired of chronic pain or loss of mobility? Struggling with discomfort? Meet Sword, the new digital physical therapy program designed to help you overcome your joint, back, or muscle pain — all from home.

Combining licensed PT with easy-to-use technology, Sword is more than just convenient. It's proven to work better than in-person physical therapy, too.

Sword Physical Therapy Overview

Sword Physical Therapy Demo



Pick Your PT

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.



Get Your Sword Kit

Your kit comes with your own tablet, and will provide you and your PT with real time feedback.



Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress and adjust your program as needed.



Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

BLOOM

Digital Pelvic Health Therapy

Bloom is a clinically guided digital pelvic therapy program designed for individuals with vaginal anatomy. It supports pelvic health across all life stages — including pregnancy, postpartum, and menopause — and addresses concerns like bladder leakage, bowel issues, pelvic pain, prolapse, and intimacy well-being.

The program includes:

- A personalized care plan from a licensed Pelvic Health Specialist
- An intravaginal pod for short, guided exercise sessions
- A mobile app for real-time feedback and progress tracking
- Private, at-home care with ongoing expert support

Bloom is proven to improve symptoms and offers a convenient, effective way to take control of your pelvic health. Watch this video to learn more: **media.sword.com/hoshizakialliance/bloom.mp4**

MOVE

Whole-Body Movement Support

Move is a digital movement program designed to help you reduce aches and pains, avoid injury, and build lasting physical habits. Whether you sit most of the day or are constantly on your feet, Move connects you with a Certified Physical Health Specialist who creates a personalized weekly plan based on your lifestyle, goals, and comfort level.

Using a wearable device and real-time insights, Move delivers clinically validated activities to improve mobility, strength, and flexibility across your entire body. It's ideal for those looking to stay active, prevent pain, or continue progressing after completing physical therapy. Learn more here: **sword.health/m/hoshizakialliance/move**

THRIVE

Digital Physical Therapy

Thrive is a virtual physical therapy program designed to help treat and prevent pain in areas like the back, neck, shoulders, hips, knees, and more. Whether you're recovering from surgery or managing chronic discomfort, Thrive connects you with a licensed physical therapist who creates a personalized care plan tailored to your needs.

You'll receive a tablet to guide your exercises, track progress, and get real-time feedback. No referral or copay is needed — Thrive is available at no cost to eligible members as part of your health plan.

Studies show that **67% of members are pain-free by the end of the program**, with many reporting life-changing results. Learn more about Thrive here: **sword.health/m/hoshizakialliance/thrive**



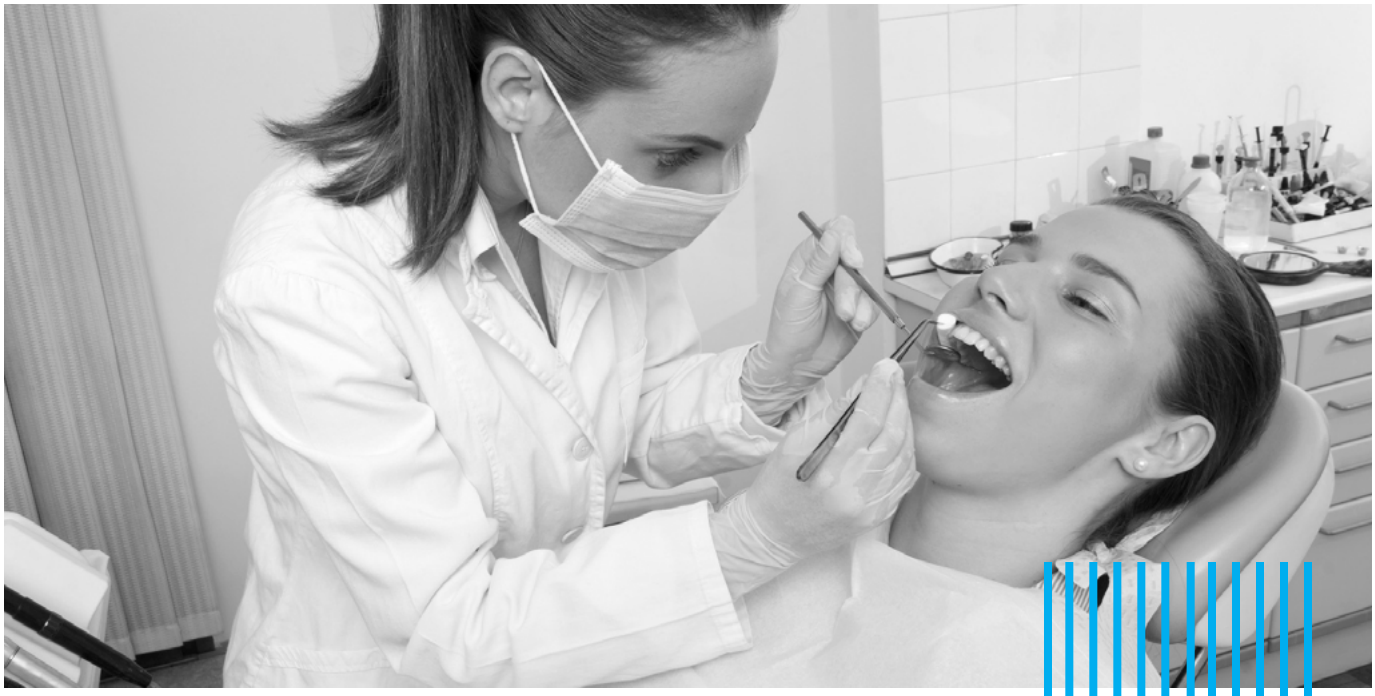
DENTAL

CIGNA

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less. If you choose an out-of-network provider, you may be billed the difference between what Cigna pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit **mycigna.com**.

Dental	Base Plan	Buy-Up Dental
Annual deductible (Individual/Family)	None	None
Annual maximum (per person)	$1,500	$2,500
Diagnostic and Preventive Care Includes cleanings, fluoride treatments, sealants and x-rays	Plan pays 100%	Plan pays 100%
Preventive Care Applies Towards Annual Max	Yes	No
Basic Services Includes fillings, periodontics, scaling and root planing, and oral surgery	Plan pays 80%	Plan pays 80%
Major Services Includes crowns, extractions, bridges and full and partial dentures	Plan pays 80%	Plan pays 80%
Implant Coverage	Not included	Plan pays 80%
Orthodontia	50%	50%
Orthodontia Lifetime Max	$1,500	$2,500

Plan includes out-of-network benefits, see plan summary for additional details.
Employees can elect dental and/or vision regardless of whether they are enrolled in medical.



See page **26** for the **Dental** video.

VISION

CIGNA

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 the EyeMed network providers who have higher benefits at a lower cost to you. Consider using an in-network provider for the most bang for your buck when you need services! Your plan includes out-of-network benefits, see plan summary for additional details. To locate an in-network provider, visit **mycigna.com**.

Vision	In-network	Benefit Frequency
Examination	$10 copay	Every 12 months
Lenses		
Single Lens	$25 copay	Every 12 months
Bifocal Lens	$25 copay	Every 12 months
Trifocal Lens	$25 copay	Every 12 months
Frames		
New frames	$130 allowance, then 20% discount	Every 24 months
Contact lenses		
Elective Contact Lenses	$130 allowance	Every 12 months
Medically necessary	Covered in Full	Every 12 months

Employees can elect dental and/or vision regardless of their medical enrollment status.



See page **26** for the **Vision Insurance** video.

FLEXIBLE SPENDING ACCOUNT (FSA)

surency.com
866.818.8805

SURENCY



What is a Flexible Spending Account?

A flexible spending account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will choose an annual contribution amount for the plan year. While FSA funds are generally subject to a use-it-or-lose-it rule, participants may carry over up to $300 of unused Health Care FSA funds into the next plan year, as long as at least $50 remains in the account at year-end. Participants have 31 days after the end of the plan year to submit eligible expenses incurred during the plan year. When choosing your contribution amount, consider your anticipated medical or dependent care expenses to maximize your tax savings and minimize the risk of forfeiting unused funds.

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 out-of-pocket costs you pay to maintain your health and well-being. Visit **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).

Please note that you must contribute a minimum of $120 annually to participate.

* Limit may be subject to changes by the IRS

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 babysitters, nursery schools, or daycare centers.

You may contribute up to $5,000 annually (or $2,500 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

*For select locations

See page **26** for the **Flexible Spending Account (FSA), How to Optimize Your FSA** and **Dependent Care FSA** videos.

LIFE AND DISABILITY INSURANCE

thehartford.com
800.523.2233

THE HARTFORD

Life Insurance

We provide Basic (Term) Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you! AD&D, or accidental death and dismemberment insurance, provides benefits for covered loss of life, limb, hearing or sight resulting from an accident.

REMINDER! Update your beneficiary.

Insurance Coverage	Benefit
Basic Life and AD&D	• 2 times your annual salary, up to $500,000

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Insurance Coverage	Benefit
Voluntary Employee Life	$10,000 to $750,000 Can be purchased in $10,000 increments Guarantee Issue (Under 65): $200,000
Voluntary Spouse Life	$5,000 to $200,000 Purchase in $5,000 increments Guarantee Issue (Under 65): $50,000 Premiums based on spouse's age
Voluntary Child Life	Increments of $1,000 to $20,000

See page **26** for the **Life and AD&D Insurance** and **Disability Insurance** videos.



LIFE AND DISABILITY INSURANCE

THE HARTFORD

Disability

Hoshizaki Alliance offers Short-Term Disability (STD) and Long-Term Disability (LTD) insurance through The Hartford at no cost to you. These plans give you income protection in the event you are ill, suffer a non-work-related injury, and can't work.

Short-term Disability Benefits		Long-term Disability Benefits	
Elimination period	Please see HR for details	Elimination period	180 days
Weekly benefit	Percentage of weekly earnings	Monthly benefit	60% of monthly salary
Maximum weekly benefit	Find your maximum weekly benefit in ADP	Maximum monthly benefit	$7,500
Maximum benefit period	26 weeks	Maximum benefit period SSNRA (Social Security Normal Retirement Age)	SSNRA

Please note: Associates who live in California, New York, New Jersey, and certain municipalities will have disability benefits integrated with the applicable state disability program. *Employees or dependents who are enrolling for the first time or increasing benefit levels must be in Active Service as of the effective date. For employees this means you must be working or on a scheduled vacation day or holiday and dependents cannot be confined to the home under care of a physician or hospitalized. If employee or dependent are hospitalized, coverage does not go into effect until the date they become active again.

SUPPLEMENTAL HEALTH BENEFITS

VOYA

Our medical plans provide great coverage for you and your family's health care needs. Still, everyone's needs are slightly different. That's where supplemental health options come in! These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Voya. Please visit **voya.com/claims** to learn more.

Accidental Injury Insurance

Accident plans pay cash benefits directly to you to help pick up some of the costs remaining after your health insurance plan kicks in following a covered accident.

Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

Hospital Indemnity Insurance

An unexpected or even planned stay in the hospital can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. The Hospital Indemnity plan is designed to provide financial protection by paying you a direct benefit to meet out-ofpocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the type of facility and number of days of confinement.

Easy Way to Submit a Claim:

Phone: 877.236.7564
Online: **voya.com/claims**
Email: Send scanned documents to **claims@voya.com**

EMPLOYEE ASSISTANCE & WELLNESS SUPPORT

Employee Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a highly trained master level clinician who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three sessions, per issue, per year.

Well-Being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, finding motivation and coping with stress.

Health Care Navigation

HealthChampion® provides personalized support for a wide range of health care concerns. Staffed by both clinical and administrative experts, the service helps you and your dependents navigate medical situations with confidence. You can receive one-on-one guidance to review health concerns, prepare for doctor visits or procedures, understand diagnoses and treatment options, and coordinate with your health plan providers. HealthChampion® also offers clear explanations of your benefits, estimates for treatment costs, help with claims and billing issues, and even assistance negotiating fees or payment plans.

FamilySources

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.





Financial, Legal & Estate Support

Financial Resources

You and your eligible dependents have access to unlimited phone consultations with Certified Public Accountants and Certified Financial Planners to help navigate complex financial decisions. Whether you're working on managing a budget, planning for retirement, tackling debt, saving for college, or have questions about taxes, expert guidance is just a phone call away.

Legal Support

Employees and their eligible dependents have access to unlimited telephonic consultations with licensed attorneys for a wide range of legal concerns. Whether you're dealing with debt or bankruptcy, navigating guardianship matters, preparing a power of attorney, buying a home, or going through a divorce, you can speak directly with an attorney to get the guidance you need. If further legal representation is required, you'll be referred to a qualified attorney in your area and receive a 25% discount on customary legal fees.

Travel Assistance & ID Theft Support

When traveling more than 100 miles from home (for up to 90 days), you and your dependents have access to 24/7 multilingual Travel Assistance. Services include emergency medical support, help with travel arrangements, and pre-trip planning such as visa and immunization requirements. In addition, Identity Theft Support helps protect your personal information with services like credit report reviews, assistance with ID theft affidavits, card replacement, and guidance on what to do if your identity is compromised — whether you're at home or abroad.

Employee Assistance & Financial Support

guidanceresources.com
Web ID: HLF902
800.964.3577

See page 26 for the **Employee Assistance Program** video.

401(k) Savings Plan

Hoshizaki Alliance provides a 401(k) savings/retirement plan through Fidelity Investments for its employees and is a great way to start securing a financial future and planning for retirement. Employees are eligible on the first (1st) of the month following 3 months of employment. At that time, you will be automatically enrolled in the plan contributing, 3% of your pay. Once enrolled, your contribution rate will increase by 1% annually capping at 10%. You may opt-out or make changes by contacting Fidelity Investments directly. Enrollment will take place the first day of the month after eligibility. The Hoshizaki Alliance match is up to a maximum of 2% of your salary. The plan also contributes 3% Safe Harbor to your account.

Contact information
Fidelity Investments
401k.com
netbenefits.com
800.835.5097

PerkSpot

Whether you're looking to hit the gym, craft a healthier diet, or enjoy a massage on your day off, your Lockton Southeast Discount Program serves up serious savings on health and wellness. Receive dozens of discounts such as Target, AMC Theatres, Costco Wholesale, Verizon Wireless, LA Fitness, and more.

Contact information
locktonsoutheast.perkspot.com



LOCKTON ONCALL (LOC)

Your Benefits Resource Center

Benefits questions can come up at any time. Lockton OnCall provides Hoshizaki Alliance employees with personalized support and education to help make benefits easier to understand and use.

Whether you are enrolling in benefits, experiencing a qualifying life event, or looking for the right benefit resource, a Benefits Specialist is available to assist you.

How Lockton OnCall Can Help

BENEFITS SUPPORT

- Answer questions about your Hoshizaki Alliance benefits
- Explain benefit options in easy-to-understand terms
- Help you understand benefit updates and changes
- Answer basic claims questions

ENROLLMENT ASSISTANCE

- Provide help during Open Enrollment
- Assist new hires with benefit enrollment
- Help you navigate benefit changes after a qualifying life event

CONNECTING YOU WITH RESOURCES

- Direct you to the appropriate internal resource
- Provide contact information for carriers and benefit vendors
- Help connect you with the appropriate benefit resource

Start Here for Benefits Help

Not sure who to contact? Reach out to **Lockton OnCall**. A Benefits Specialist can answer your question or help connect you with the appropriate benefit resource.

CONTACT

Lockton OnCall

HOURS: Monday – Friday | 7:00 am – 6:00 pm CST

EMAIL: OneAlliance@Lockton.com

TOLL-FREE: 844.690.1475



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 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.

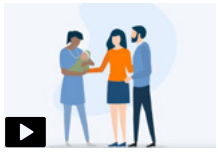
OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary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

See page **26** for the **Benefits Key Terms Explained** and **Medical Plans: HDHP** videos.

BENEFITS OVERVIEW VIDEOS

Scan the QR codes or click anywhere to watch.

Qualifying Life Events



Prescription Drugs: Benefits Overview



Prescription Drugs: Tips to Manage Costs



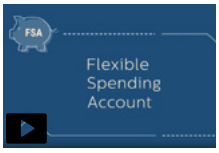
Health Savings Account (HSA)



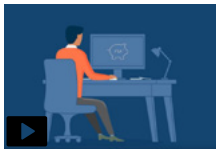
How to Optimize Your HSA



Flexible Spending Account (FSA)



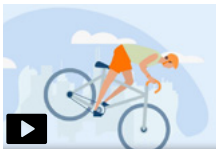
How to Optimize Your FSA



Dependent Care FSA



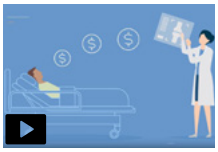
Accident Insurance



Critical Illness Insurance



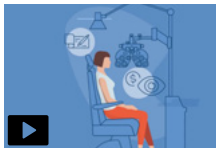
Hospital Indemnity Coverage



Disability Insurance



Vision Insurance



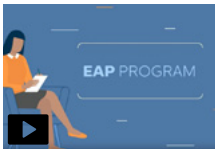
Life and AD&D Insurance



Benefits Key Terms Explained



Employee Assistance Program



CONTACTS

Medical Plan: Cigna
Member Services 800.244.6224
mycigna.com

Medical Plan: Garner Health
Member Services 866.761.9586
concierge@garnerhealth.com

Prescription Services: Cigna
Member Services 800.244.6224
mycigna.com

Dental Plan: Cigna
Member Services 800.244.6224
mycigna.com

Vision Plan: Cigna
Member Services 800.244.6224
mycigna.com

Health Reimbursement Arrangement (HRA): Garner Health
Member Services 866.761.9586
concierge@garnerhealth.com

Flexible Spending Account (FSA): Surency
Member Services 866.818.8805
surency.com

Health Savings Account (HSA): Surency
Member Services 866.818.8805
surency.com

Life & Disability: The Hartford
Member Services 800.523.2233
thehartford.com

Employee Assistance Program: The Hartford
Member Services 800.964.3577
guidanceresources.com

Accidental Injury: Voya
Member Services 877.236.7564
presents.voya.com/EBRC/Hoshizaki

Critical Illness: Voya
Member Services 877.236.7564
presents.voya.com/EBRC/Hoshizaki

Hospital Indemnity: Voya
Member Services 877.236.7564
presents.voya.com/EBRC/Hoshizaki

Sword Health
Member Services 385.308.8034

Benefits and Payroll: ADP
Member Services 866.906.4754
lyric.adp.com

401(k) Savings Plan: Fidelity Investments
Member Services 800.835.5097
401k.com

Annual notice

CHIP notice

Annual notice - Spanish

CHIP notice - Spanish

To file a claim with The Hartford:

Life: 888.563.1124
gbclaimcslife@thehartford.com

Disability: 877.778.1383 (option 1)
informationupload@thehartford.com



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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