

# EMPLOYEE BENEFITS GUIDE

*Plans are effective September 1, 2026 through August 31, 2027*



## Benefits Website

[www.allieddigital.benefitsmap.com](http://www.allieddigital.benefitsmap.com)

username: allieddigital

password: benefits

## Imagine360

[www.imagine360.com](http://www.imagine360.com)

Benefits Portal: [mibenefits.imagine360.com](http://mibenefits.imagine360.com)

Phone: (800) 716-2852

Email: [myplan@imagine360.com](mailto:myplan@imagine360.com)

## Imagine360 - Member Services Contact

Brittany Sells - Client and Member Success  
Associate

Email: [bsells@imagine360.com](mailto:bsells@imagine360.com)

Phone: (610) 249-0367

*\*Backup contact for Brittany: Heather Kunz at  
[hkunz@imagine360.com](mailto:hkunz@imagine360.com)*

## ALLIED DIGITAL IS PLEASED TO PROVIDE YOU WITH OUR EMPLOYEE BENEFITS GUIDE

Our employees are our most valuable asset. That's why we are proud to offer a generous benefits program that provides affordable coverage that gives you flexibility and choice along with access to quality health care.

During open enrollment each year you will have the opportunity to review the benefits that Allied Digital provides, to decide the best fit for your needs in the coming year. This open enrollment guide briefly highlights the employee benefits program effective September 1, 2026.

### 2026 - 2027 Benefit Highlights

- Medical Insurance through IMAGINE360
- Telehealth through Healthee
- Dental HMO Insurance through Liberty Dental Plan (Available only for employees in CA)
- Dental PPO Insurance through Mutual of Omaha
- Vision Insurance through Mutual of Omaha
- Life & AD&D Insurance through Mutual of Omaha
- Voluntary Life & AD&D through Mutual of Omaha
- Short Term Disability through Mutual of Omaha
- Long Term Disability through Mutual of Omaha
- Flexible Spending Accounts through HealthEquity
- **New!** Legal and Identity Theft Protection through LegalShield

### Changes During Open Enrollment

You are allowed to change your benefit decisions during the annual Open Enrollment period. All changes in benefit elections will be effective the first day of your new plan year, September 1st. During Open Enrollment you will have the opportunity to:

- Enroll for the first time
- Change between plans
- Add or delete coverage
- Add or delete dependent coverage

**IMPORTANT:** Once you make your benefit elections, you cannot change them during the year unless you experience a Qualified Family Status change.

### Qualified Family Status Changes

1. Change of participants' legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment.
2. Termination or commencement of employment by the participant or spouse.
3. The birth or adoption of a child.
4. The taking of an unpaid leave of absence.
5. A Qualified Medical Child Support Order.

Coverage changes must be requested within 30 days from the date of the change in family status, and will be effective the first of the month following the family status change. If you do not act within the 30-day time frame, you could be considered a late enrollee and must wait until the next annual Open Enrollment period to make changes. Please contact your HR Team for more information.

## INSURANCE CARRIER CONTACT INFORMATION

### Imagine360 (Medical)

Member Services: (800) 716-2852 | [www.imagine360.com](http://www.imagine360.com)

Email: [myplan@imagine360.com](mailto:myplan@imagine360.com) | Portal: [mibenefits.imagine360.com](http://mibenefits.imagine360.com)

### Multiplan (In-Network Physicians)

Phone: (800) 677-1098

Find a Provider:

1. Visit [www.multiplan.com](http://www.multiplan.com)
2. Click on "Find a Provider" on the upper right
3. Choose a network. Select "Multiplan" and then select "Multiplan Practitioner & Ancillary"
4. Use the search box to specify what you are looking for (Provider name, provider specialty, etc.)
5. Set your location zip code and begin your search

### Healthee (Virtual Doctor Visits & Provider Ratings)

Website: [www.healthee.com](http://www.healthee.com) Create Account: [app.healthee.co/account/login](http://app.healthee.co/account/login)

How to Schedule your Virtual Visit: Email: [team@support.healthee.com](mailto:team@support.healthee.com)

### Liviniti (Pharmacy Benefit Manager formerly known as SouthernScripts)

Website: [liviniti.com](http://liviniti.com) | Phone: (800) 710-9341 | Email: [support@liviniti.com](mailto:support@liviniti.com)

#### Access Your Formulary Drug List:

1. Visit [liviniti.com/members](http://liviniti.com/members)
2. Scroll down to the left side until you find "Your Company Page"
3. Enter your Group Number (Found on your Insurance/Rx card)
4. Click "Visit Company Page"
5. Under Search For Medications, type the name of your medication and click Search

### FirstChoice (Preferred pharmacy network of Liviniti)

Pharmacy Locator:

1. Visit [liviniti.com/members](http://liviniti.com/members)
2. Scroll down to the left side until you find "Your Company Page"
3. Enter your Group Number (Found on your Insurance/Rx card)
4. Click "Visit Company Page"
5. Select "Network Pharmacy Locator" under Member Services
6. Enter your ZIP code
7. The Liviniti Bin Number is 015433
8. Enter your Group Code (Also found on your Insurance/Rx card)
9. Select your search radius based on your ZIP code

### Postal Prescription Services (Mail Order Pharmacy) Pharmacy NPI 1528003910

Website: [ppsr.com](http://ppsr.com) Phone: (800) 552-6694

### Mutual of Omaha and Liberty Dental

Liberty Dental DHMO (800) 703-6999 (Available for CA employees)

Mutual of Omaha Dental PPO (800) 927-9197

Vision (Powered by EyeMed) Member Services : (833) 279-4358

### To Find a Dentist Provider

- For DHMO, go to [www.libertydentalplan.com](http://www.libertydentalplan.com) and click on Find a Dentist on the upper right side of the page.
- Select: State: California Network: CA Select
- Enter your zip code, Dentist Type and click Search to get your results.
- For DPPPO, go to [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental) and click on Find a Dentist on the lower left side of the page.
- Select: Mutually Preferred Network
- Search Dentist by your zip code or state to get your results.

### To Find a Vision Provider,

- Go to [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)
- Click on Locate a provider on the lower center of the page.
- Search by Location or Doctor by entering zip code or your location
- Obtain your results.

### Employee Assistance Program & Additional Services

Phone: (800) 316-2796 Website: [mutualofomaha.com/eap](http://mutualofomaha.com/eap)

Will Prep Services: [www.willprepservices.com](http://www.willprepservices.com) Use code: MUTUALWILLS

Travel Assistance Services: Within U.S. Call: 1800-856-9947

Outside of U.S.: (312) 935-3658

### HealthEquity (FSA & HSA Vendor)

Member Services: (877) 924-3967 [www.healthequity.com](http://www.healthequity.com)

### LegalShield

Member Services: (800) 654-7757 | [shieldbenefits.com/allieddig](http://shieldbenefits.com/allieddig)

## MEDICAL INSURANCE

Allied Digital has elected Imagine360 as the administrator for its medical insurance plans. There are three plan options available. You are not required to select a personal or Primary Care Physician. You may seek care within the Multiplan provider network or choose to see any provider outside the network. Please note: Deductibles and Out-of-Pocket Maximums are calendar year.

| Feature                                                                                             | Imagine360 HRA PPO Plan #1                                                                             |                           | Imagine360 PPO Plan #2                                                                                 |                           | Imagine360 HSA PPO Plan #3                                   |                           |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------|---------------------------|
|                                                                                                     | In & Out of Network Coverage                                                                           |                           | In & Out of Network Coverage                                                                           |                           | In & Out of Network Coverage                                 |                           |
| <b>Deductible (Calendar Year)</b><br><i>Individual</i><br><i>Family</i>                             | \$2,500<br>\$5,000                                                                                     |                           | \$1,500<br>\$4,000                                                                                     |                           | \$4,000<br>\$8,000                                           |                           |
| <b>Out-of-Pocket Max (Calendar Year)</b><br><i>Individual</i><br><i>Family</i>                      | \$6,000<br>\$12,000                                                                                    |                           | \$6,000<br>\$12,000                                                                                    |                           | \$6,000<br>\$12,000                                          |                           |
|                                                                                                     | You Pay                                                                                                |                           | You Pay                                                                                                |                           |                                                              |                           |
| <b>Physician Office Visit</b>                                                                       | Employee Primary OV: No charge for first 3 visits, then \$20 co-pay; Dependent Primary OV: \$20 co-pay |                           | Employee Primary OV: No charge for first 3 visits, then \$25 co-pay; Dependent Primary OV: \$25 co-pay |                           | 20% after deductible                                         |                           |
| <b>Specialist Visit</b>                                                                             | \$40 copay                                                                                             |                           | \$50 copay                                                                                             |                           | 20% after deductible                                         |                           |
| <b>Diagnostic Lab / X-ray</b>                                                                       | Max \$50 copay<br>(cost of service if less than \$50)                                                  |                           | Max \$50 copay<br>(cost of service if less than \$50)                                                  |                           | 20% after deductible                                         |                           |
| <b>Advanced Imaging</b>                                                                             | <b>ENHANCEMENT</b> MAX \$100 COPAY<br>(cost of service if less than \$100)                             |                           | <b>ENHANCEMENT</b> MAX \$100 COPAY<br>(cost of service if less than \$100)                             |                           | 20% after deductible                                         |                           |
| <b>Preventive Services</b>                                                                          | No Charge                                                                                              |                           | No Charge                                                                                              |                           | No Charge                                                    |                           |
| <b>Urgent Care</b>                                                                                  | Employee: No charge for first 3 visits, then \$25 co-pay; Dependent: \$25 co-pay                       |                           | Employee: No charge for first 3 visits, then \$25 co-pay; Dependent: \$25 co-pay                       |                           | 20% after deductible                                         |                           |
| <b>Inpatient Hospital</b>                                                                           | 20% after deductible                                                                                   |                           | 20% after deductible                                                                                   |                           | 20% after deductible                                         |                           |
| <b>Outpatient Surgery</b>                                                                           | 20% after deductible                                                                                   |                           | 20% after deductible                                                                                   |                           | 20% after deductible                                         |                           |
| <b>Emergency Services</b>                                                                           | 20% after deductible                                                                                   |                           | 20% after deductible                                                                                   |                           | 20% after deductible                                         |                           |
| <b>Prescription Drugs</b>                                                                           |                                                                                                        |                           |                                                                                                        |                           | <b>*Medical Plan Deductible Applies*</b>                     |                           |
| <b>Prescription Drugs</b><br><i>Tier I</i><br><i>Tier II</i><br><i>Tier III</i><br><i>Specialty</i> | \$15<br>\$40<br>\$60<br>30% up to \$250 max per prescription                                           |                           | \$15<br>\$40<br>\$60<br>30% up to \$250 max per prescription                                           |                           | \$15<br>\$40<br>\$60<br>30% up to \$250 max per prescription |                           |
| <b>HRA/HSA Allotment</b>                                                                            | <b>Employer HRA "Healthfund" Allotment</b><br>(HRA Funds reset at the plan year)                       |                           | <b>Employer HRA Allotment</b>                                                                          |                           | <b>Employer HSA Allotment</b>                                |                           |
| <b>Annual HRA for Single Coverage</b>                                                               | <b>\$1,250</b>                                                                                         |                           | <b>\$0</b>                                                                                             |                           | <b>\$0</b>                                                   |                           |
| <b>Annual HRA for Family Coverage</b>                                                               | <b>\$2,500</b>                                                                                         |                           | <b>\$0</b>                                                                                             |                           | <b>\$0</b>                                                   |                           |
| <b>Contributions - 24 Pay periods</b>                                                               | <b>EE Cost &lt; \$50K</b>                                                                              | <b>EE Cost &gt; \$50K</b> | <b>EE Cost &lt; \$50K</b>                                                                              | <b>EE Cost &gt; \$50K</b> | <b>EE Cost &lt; \$50K</b>                                    | <b>EE Cost &gt; \$50K</b> |
| <i>Employee Only</i>                                                                                | \$155.00                                                                                               | \$190.00                  | \$137.00                                                                                               | \$172.00                  | \$80.00                                                      | \$115.00                  |
| <i>Employee + Spouse</i>                                                                            | \$375.00                                                                                               | \$435.00                  | \$340.00                                                                                               | \$399.00                  | \$249.00                                                     | \$304.50                  |
| <i>Employee + Child(ren)</i>                                                                        | \$278.50                                                                                               | \$328.50                  | \$251.00                                                                                               | \$300.00                  | \$179.50                                                     | \$226.00                  |
| <i>Employee + Family</i>                                                                            | \$479.50                                                                                               | \$557.50                  | \$433.00                                                                                               | \$510.50                  | \$313.00                                                     | \$385.00                  |



## IMAGINE360

The 2026 medical insurance offerings provide you with an opportunity to take control of your health care. Understanding and knowing how to use your healthcare is the most important part about having coverage and staying healthy. That is why this year we have partnered with Imagine360.

We want our employees to be good healthcare consumers and to consider both quality and cost when selecting a health plan. Whichever plan you choose, rest assured Imagine360 can help you tremendously in finding providers and facilities that meet both your needs and your budget. Their outstanding resources, including the Member Experience Team, will help you make the best overall choices for you and your family. The 360-degree member support offers complete guidance for all your healthcare needs. This includes finding providers, support from licensed medical professionals to help manage medical conditions, and answering coverage and billing questions.

We understand – benefits are complex. The good news is that we are committed to making it easier for you with personal, proactive support.

## THE IMAGINE360 MEMBER EXPERIENCE TEAM CAN ASSIST YOU IN THE FOLLOWING WAYS:

**Complete Healthcare Guidance (live and digital resources)** - The Member Experience Team will help you find and compare providers compare providers based on quality metrics, cost and other information so that you can make an informed choice. Finally, no more random internet searches. You'll get real-time, industry-leading data.

**Health and Clinical Support** - The team of licensed medical professionals and counselors are here to help you manage medical conditions like diabetes, asthma and heart disease. They will also help you understand a new diagnosis or treatment plan, manage your medications, and even schedule appointments.

## IMAGINE360 MEMBER PORTAL

The Imagine360 Member Portal provides a streamlined, easy-to-navigate platform to access all of your health insurance information, including your:

- Coverage and plan benefits
- Claims status and account balances
- Wellness program information

Signing up is easy, just visit [mibenefits.imagine360.com](https://mibenefits.imagine360.com)

If you have questions, contact Imagine360 member services at (800) 716-2852 or email [myplan@imagine360.com](mailto:myplan@imagine360.com).

## IMAGINE360 MOBILE APP



Be sure to download the Imagine360 mobile app which puts the most popular online features at your fingertips. With the app, you can:

- Check your plan details
- File claims
- Find doctors in your network
- Ask about prescriptions
- Have your ID cards on you, always

Download the app for free from iTunes or Google Play by searching for i360miBenefits.

## MEMBER EXPERIENCE TEAM

We understand – benefits are complex. The good news is that Imagine360 is committed to making it easier for you with personal, proactive support. When you contact Imagine360, Member Services will answer questions about your group health plan, confirm your member responsibility for medical services, and assist you with making the best medical care choices for you and your family.

Use the contact information on your Benefits ID card to get in touch with a member experience representative.

Imagine360  
800-716-2852  
[myplan@imagine360.com](mailto:myplan@imagine360.com)  
[imagine360.com](https://imagine360.com)

## YOUR DEDICATED EMPLOYEE SUCCESS ASSOCIATE

Brittany Sells is an Employee Success Associate through your health plan, which includes price protection for your medical benefits. She can help you with any questions about your medical benefits or possible claim issues. Your Success Associate works directly with the health plan and the Benefits Department at Allied Digital.

Email: [bsells@imagine360.com](mailto:bsells@imagine360.com)

Phone: (610) 249-0367 \*Backup contact for Brittany: Heather Kunz at [hkunz@imagine360.com](mailto:hkunz@imagine360.com)

## KEEPING HEALTHCARE AFFORDABLE

Your health plan has built-in price protection to make sure you don't overpay for care. Claims are reviewed to make sure they don't exceed your plan's allowable limits. If a provider does not accept your plan's payment, they may send you a bill for the difference. We can work to get it resolved; be sure to notify us right away if you have a question about a bill.

Overinflated hospital bills cause health plans to raise rates and members to pay more. Allied Digital Services, LLC has partnered with Imagine360 to eliminate this problem so that everyone pays only what's fair. Imagine360 manages your plan's limits by auditing all hospital/facility claims line-by-line. When they identify charges that exceed the plan's allowable claim limits, they'll notify you and the facility. Here's how the process works:

**You** – You go to a hospital, inpatient or outpatient facility and the facility sends the bill to Imagine360.

**Imagine360** – Imagine360 audits/reviews the claims against your allowable claim limits. Imagine360 then sends the audit results and the appropriate payment to the facility or provider. You are also notified of your portion that is owed.

### Easing The Financial Pain

Imagine360 helps your plan set fair limits on what it will pay for healthcare services to avoid wasteful spending. They'll examine every bill line-by-line to catch overcharging. If your plan is overcharged, they will let you know that they are reducing payment

## After Your Bill is Audited

If Imagine360 discovers there is overcharging for your care, they will send a notification letter informing you that they are reducing payment and to look out for any balance bills.

### What is a Balance Bill?

A balance bill is another term for a medical bill from a healthcare provider billing a patient for the difference between the total cost of services being charged and the amount the health plan pays.

### How to Look Out For Balance Billing

After you receive services from a hospital, inpatient or outpatient facility, you will receive a document in the mail called an explanation of benefits (EOB). This document is not a bill, but rather an "explanation" of all the costs associated with the services you received, including how much of those costs you are ultimately responsible for.

Compare the amount owed according to this EOB statement to the bill(s) received from the facility. If the bill(s) from the provider exceed(s) the amount owed as shown on your EOB, it's important that you take action immediately. Send all balance bills, collection notices, and any other related correspondence received to Imagine360 right away at (800) 716-2852 or [myplan@imagine360.com](mailto:myplan@imagine360.com). An Imagine360 Member Service Advocate will work closely with you throughout the entire process.





Allied Digital employees can also use Healthee! An AI-powered health benefits platform designed to simplify and enhance employee's healthcare experiences. Please note: Services provided by Healthee are available for those employees who have enrolled in a Medical plan with Imagine360. With Healthee, you can:

- Keep track of costs and easily stay on top of your deductibles
- Estimate expenses for both planned and unplanned events like dental cleanings or ER visits
- Access digital ID cards for your medical, dental, and vision plans anytime, anywhere
- Find nearby, in-network doctors
- Book appointments directly in the app
- Get support from a live benefits concierge team
- Scan the QR code on the right or visit [app.healthee.co/account/login](https://app.healthee.co/account/login) to register your FREE Healthee account!

### Provider Search in Healthee

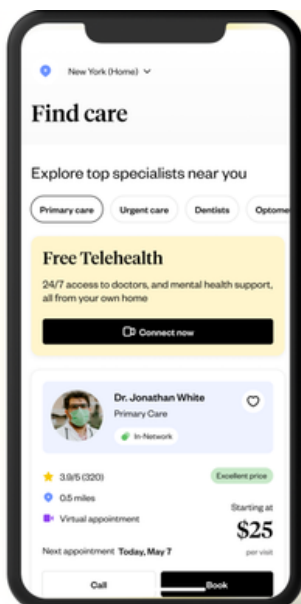
- You can search for healthcare providers right in the Healthee app
- Find this feature on the Healthee Home tab by clicking "Doctor or Service" or navigate to the "Care & Costs" tab
- See provider demographic information and book appointments in just one click
- Know how much a provider visit will cost with upfront cost transparency

### TELEHEALTH & BEHAVIORAL HEALTH SUPPORT!

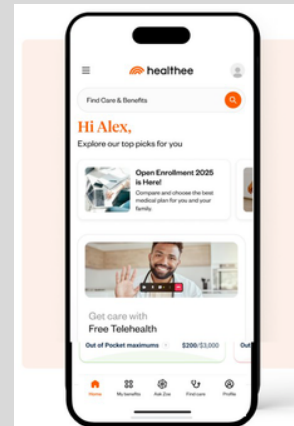
Healthee offers Free, 24/7 telemedicine and behavioral health support! Here are some of the features:

- Phone or video calls with primary care physicians
- Texts of phone calls with licensed mental or behavioral health professionals
- Members do not need to pay for out-of-pocket virtual visits.

Use the contact information below for more information:  
[team@support.healthee.com](mailto:team@support.healthee.com)



## Register Here



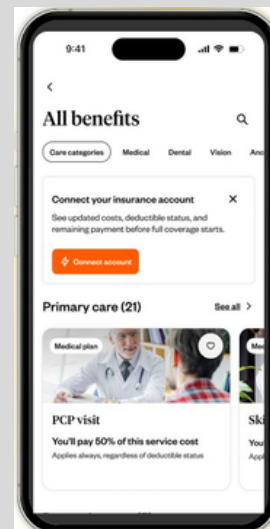
Click the video link below on how to use Healthee!

- [Healthee App Walkthrough](#)

### PROVIDER RATINGS IN HEALTREE

When using Healthee, members can view provider ratings to help view all options for care:

- Healthee shows you provider ratings out of five stars
- Check how many reviews each provider has, when available
- Find providers that other people recommend
- Like a provider? Book a telehealth appointment and talk to a licensed provider in no time
- Find this feature on the Healthee Home tab by clicking "Doctor or Service" or navigate to the "Care & Costs" tab. Then, select a provider to see their ratings details



## HEALTH REIMBURSEMENT ACCOUNT (HRA)

If you enroll in the Imagine360 HRA PPO (Plan #1), you will be enrolled in a Health Reimbursement Arrangement (HRA) "Healthfund" to help you pay for qualified medical expenses and to help you meet your deductible.

### How Does the HRA Work?

If you enroll in the HRA PPO plan, Allied Digital Services, LLC will provide, at no cost to you, funds that can be used for eligible healthcare expenses for you and your dependents.

The HRA covers any coinsurance expenses up to the HRA allotment. Allowed expenses must be subject to the deductible. Copays are excluded from the deductible and HRA allotment (This includes Dr. visits, ambulance copay, urgent care visits and prescription copays).

**IMPORTANT: HRA FUNDS RESET ON A PLAN YEAR ON SEPTEMBER 1ST.**

The Maximum HRA Allotment for the 2026 - 2027 Plan Year:

- \$1,250 if enrolled as Employee Only
- \$2,500 if enrolled as Employee plus one or more dependents

2026 - 2027 HRA  
"Healthfund" Allotment:

Single Coverage:

**\$1,250**

Family Coverage:

**\$2,500**

The HRA Funds reset on  
the plan year on  
September 1st



## SAVE WITH A HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged bank account that you can use to pay medical expenses. You own the account and contribute pre-tax money to pay for health care expenses. Funds accrue tax-free and you can withdraw funds for qualified health care expenses. Employees have the option to open an HSA account with their preferred banking partner. Please Note: You must be enrolled in the PPO HSA Medical Plan (Plan #3) to use the HSA account. This plan runs on a Plan year starting on September 1st.

### Advantages of an HSA

**It's Your Money** – There is no “use it or lose it” provision like there is with some other savings accounts. Your HSA funds roll over each year so you can watch your account grow.

**Triple Tax Advantaged** – It's simple. No taxes on contributions, no taxes on interest accrued, no taxes when you withdraw money for qualified medical expenses.

**Coverage in Retirement** – The average cost of health care in retirement is growing. The HSA can help take care of your health care costs during retirement.

**IMPORTANT:** HSA contributions reset on the plan year on September 1st. You cannot have both an FSA and an HSA account. For employees with an FSA – if you would like to move to the HSA Plan for the 09/01/2026 plan year, you must spend down your previous FSA funds before 09/01/2026.



**2026 HSA Contribution Limits:**

Single Coverage:

**\$4,400**

Family Coverage:

**\$8,750**

**HSA Catch up Contribution: If you are over the age of 55, you can contribute an additional \$1,000 per year.**

## HOW YOUR HSA WORKS

### When Seeing Your Doctor

**Receive Services:** Be sure to present your insurance ID card. If your deductible has not been satisfied, payment may be required at the time of service.  
**Doctor Bills the Carrier:** The doctor's office will submit a claim to the carrier for services rendered.

**Carrier Sends Explanation of Benefits (EOB):** An EOB will be sent to you outlining the charges and summarizing your year-to-date deductible and coinsurance totals.

**Doctor Sends Invoice:** Your doctor will send you an invoice, or statement, reflecting the charges you owe after insurance. Make sure the amount matches the EOB sent to you by the carrier. If there is an error, contact imagine360.

**Pay Invoice With HSA:** You can pay the invoice directly with your HSA funds or you can pay using cash or credit and then reimburse yourself later using your HSA funds.

### At the Pharmacy

**Drop off Prescription:** After you obtain a prescription from your doctor, submit it to your preferred pharmacy along with your insurance ID card.

**Pharmacy Verifies Insurance Coverage:** The pharmacy will check with the carrier to determine the amount you owe for the prescription, based on your plan.

**Use your HSA to Pay For Your Prescription:** After the pharmacy fills your prescription, pay the determined amount. You can pay directly with your HSA funds or you can pay using cash or credit and then reimburse yourself later using your HSA funds.

## DENTAL INSURANCE

Allied Digital also offers two different dental plans so you can select the dentist and the coverage that is right for you.

### Mutual of Omaha Dental PPO Plan

The Mutual of Omaha Dental PPO covers a wide range of dental services. You have the freedom to go in and out of network for care. You may visit an out of network dentist, where services will be based on a reasonable and customary amount and you will be responsible for any amount owed after insurance has paid.

|                                                                                  | DPPO                                                                                                                                                                                                                     |                |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                  | In-Network                                                                                                                                                                                                               | Out-of-Network |
| <b>Calendar Year Deductible</b>                                                  | \$75 Individual / 3 times per family max                                                                                                                                                                                 |                |
| <b>Annual Maximum</b>                                                            | \$1,250 plus maximum rollover                                                                                                                                                                                            |                |
| <b>Maximum Rollover</b>                                                          | To qualify, member must receive at least one exam <b>and</b> one cleaning during the year, and use less than 50% of their annual maximum. If eligible, they can roll over 25% of their benefit maximum to the next year. |                |
| <b>Preventive</b>                                                                | 100%                                                                                                                                                                                                                     | 100%           |
| <i>Deductible Waived</i>                                                         | Yes                                                                                                                                                                                                                      | Yes            |
| <b>Basic Services</b> ( <i>Fillings, Extractions, Root Canal, Steel Crowns</i> ) | 80%                                                                                                                                                                                                                      | 80%            |
| <b>Major Services</b> ( <i>Implants, Bridges, Sedation</i> )                     | 50%                                                                                                                                                                                                                      | 50%            |
| <b>Orthodontia</b>                                                               | Child and Adult: 50%;<br>\$1,500 lifetime maximum                                                                                                                                                                        |                |
| <b>Contributions (24 Pay Periods)</b>                                            |                                                                                                                                                                                                                          |                |
| Employee Only                                                                    | \$5.72                                                                                                                                                                                                                   |                |
| Employee + Spouse                                                                | \$17.70                                                                                                                                                                                                                  |                |
| Employee + Child(ren)                                                            | \$14.76                                                                                                                                                                                                                  |                |
| Family                                                                           | \$24.74                                                                                                                                                                                                                  |                |

Please refer to your carrier summary of benefit coverage (SBCs) for more detailed benefit information. Plan documents will govern.

### Liberty Dental HMO Plan (Available in CA Only)

This DHMO Dental plan provides dental care through a network of dentists. There are no deductibles, plan maximums, or claim forms. Services are covered on a co-payment basis; see examples below. You must select a Primary Care Dentist (PCD) to receive covered dental care or a referral to a specialist. Please note: The DHMO plan is only available in California. To see full Dental Copay Schedule, please visit the Allied Digital Benefits Site.

|                                                            | DHMO                              |
|------------------------------------------------------------|-----------------------------------|
|                                                            | <b>In-Network Only: CA Select</b> |
| <b>Office Visit</b>                                        | \$5 Copay                         |
| <b>Diagnostic/Preventive</b>                               |                                   |
| <i>Oral Exam</i>                                           | No Charge                         |
| <i>Routine Cleaning</i>                                    | No Charge                         |
| <i>X-Rays</i>                                              | No Charge                         |
| <b>Fillings</b>                                            |                                   |
| <i>Amalgam</i>                                             | \$0                               |
| <b>Periodontics</b>                                        |                                   |
| <i>Scaling and Root Planning</i>                           | \$15 Copay                        |
| <b>Other Services</b>                                      |                                   |
| <i>Simple Extraction</i>                                   | No Charge                         |
| <i>Crown, porcelain fused to predominantly based metal</i> | \$70 Copay                        |
| <i>Root Canal (Molar)</i>                                  | \$105 Copay                       |
| <b>Orthodontia</b>                                         |                                   |
| <i>Child</i>                                               | \$1,775 Copay                     |
| <i>Adult</i>                                               | \$1,950 Copay                     |
| <b>Contributions (24 Pay Periods)</b>                      |                                   |
| Employee Only                                              | \$2.74                            |
| Employee + Spouse                                          | \$6.76                            |
| Employee + Child(ren)                                      | \$6.56                            |
| Family                                                     | \$9.42                            |

## MUTUAL OF OMAHA'S DENTAL MAXIMUM ROLLOVER - FOR DENTAL PPO PLAN MEMBERS

Members Can Accumulate Annual Maximum Dollars

- This feature allows employees and their dependents to carry over unused dental benefits into the following year if they meet certain criteria.
- **Annual Maximums rollover on a Calendar Year Basis (January 1st).**
- To qualify, members must receive at least one exam and one cleaning during the year and use less than 50% of their annual maximum.
- If eligible, members can roll over 25% of their benefit maximum to the next year.
- *For example, with a \$1,250 annual maximum, members could roll over \$312.50, giving them a \$1,562.50 benefit the next year.*
- The adjusted account limit maximum can grow up to \$2,500.
- Please refer to the Mutual Of Omaha's plan documents for full details by visiting the Allied Digital Benefit site or contact your HR team.

## VISION INSURANCE

Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. Mutual of Omaha provides professional vision care and high quality lenses and frames through the EyeMed's Insight Vision network of optical specialists. Similar to a PPO plan, you may take advantage of the highest level of benefit by receiving services from in-network vision provider. Out-of-Network services can also be used and employees will need to file claims for reimbursement.

|                                                                                                                | Mutual of Omaha Vision - EyeMed Network                                                                                                  |                                                                                  |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                                                                                                                | In-Network - EyeMed Insight                                                                                                              | Out-of-Network                                                                   |
| <b>Frequency</b><br>Exam, Lenses<br>Frames                                                                     | 12 months<br>24 months                                                                                                                   |                                                                                  |
| <b>Copays</b><br>Examination<br>Materials                                                                      | \$10 Copay<br>\$25 Copay                                                                                                                 | Up to \$37 reimbursement<br>N/A                                                  |
| <b>Lenses</b><br>Single Vision<br>Bifocal<br>Trifocal                                                          | \$25 Copay                                                                                                                               | Up to \$20 reimbursement<br>Up to \$36 reimbursement<br>Up to \$64 reimbursement |
| <b>Frame</b>                                                                                                   | \$130 allowance + 20% off remaining balance<br>Retail stores: (LensCrafters, Target, Pearle Vision,<br>Walmart <i>select locations</i> ) | Up to \$58 reimbursement                                                         |
| <b>Contact Lenses</b><br>Elective<br>Medically Necessary                                                       | \$130 allowance + 15% off remaining balance<br>Covered in full                                                                           | Up to \$89 reimbursement<br>Up to \$210 reimbursement                            |
| <b>Contributions (24 Pay Periods)</b><br>Employee Only<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | \$0.85<br>\$2.45<br>\$2.35<br>\$3.88                                                                                                     |                                                                                  |

Please refer to your carrier summary of benefit coverage (SBCs) for more detailed benefit information. Plan documents will govern.

## MUTUAL OF OMAHA - LIFE AND AD&D INSURANCE

### Basic (Employer-Paid) Life and AD&D

Although we don't like to think about it, should death occur, the survivors left behind could face serious financial hardships. Your family might need an alternative source of income to pay off your bills and meet their ongoing financial responsibilities. That is the purpose of life insurance: to provide funds for those left behind.

It is also possible that an accident could cause serious injury – the loss of limbs or eyesight, for example. There is special insurance coverage which pays benefits if an accident causes loss of life, limb or sight: accidental death and dismemberment (AD&D) insurance. AD&D insurance pays an additional benefit in the event of your accidental death. It also provides benefits for certain accidental injuries.

As a benefit-eligible employee of Allied Digital, you are provided with term life insurance and AD&D insurance equal to your annual salary or \$100,000 - whichever is greater - up to a maximum of \$200,000. There is no cost to you for this valuable benefit; the cost for these coverages is paid in full by Allied Digital.

### \*NAMING YOUR BENEFICIARY

You may choose anyone you wish as the beneficiary who will receive your life and AD&D insurance benefits in case of your death. You name your beneficiary(ies) when you first enroll - and at anytime - by contacting Human Resources. You may change your beneficiary as often as you wish.

### Voluntary Life and AD&D Insurance

You may elect to purchase individual Term Life and AD&D insurance at group rates provided by Mutual of Omaha. You pay for this coverage with after-tax dollars through payroll deduction. Benefits are available to employees in increments of \$10,000, no more than up to five times your annual salary and maximum of \$500,000.

Benefits are available for your spouse up to 100% of the employee coverage amount, in increments of \$5,000, for coverage amounts equal to \$5,000 up to \$250,000. For children, you may choose coverage from \$2,000 up to \$10,000, in increments of \$1,000. **Important: Please remember that if you choose to enroll in Voluntary Life and AD&D insurance after your initial eligibility date, Evidence Of Insurability (EOI) will be required. Employees must enroll in order to purchase Voluntary Life Insurance for dependents.**

You may apply for Voluntary Life insurance annually. Coverage is subject to medical underwriting and approval by Mutual of Omaha. If you apply for additional Life insurance at your initial eligibility, you will be guaranteed coverage as follows:

#### Guaranteed Issue Limits:

Employee: \$150,000 (Under Age 65)  
Spouse: \$30,000 (Under Age 65)  
Child(ren): \$10,000

| Voluntary Life Monthly Rates per \$1,000 of Coverage |                     |
|------------------------------------------------------|---------------------|
| Age of Employee/Spouse                               | Employee and Spouse |
| <30                                                  | \$0.05              |
| 30-34                                                | \$0.05              |
| 35-39                                                | \$0.07              |
| 40-44                                                | \$0.11              |
| 45-49                                                | \$0.18              |
| 50-54                                                | \$0.28              |
| 55-59                                                | \$0.40              |
| 60-64                                                | \$0.52              |
| 65-69                                                | \$0.75              |
| 70-74                                                | \$1.26              |
| 75 and over                                          | \$1.50              |
| Child(ren) (Rate per \$1,000)                        | \$0.12              |

| Voluntary AD&D Monthly Rates |        |
|------------------------------|--------|
| Employee                     | \$0.03 |
| Spouse                       | \$0.03 |
| Child                        | \$0.03 |

### VOLUNTARY LIFE AND AD&D PREMIUM EXAMPLE:

If you are 35 years old and you would like to purchase \$100,000 of voluntary life and AD&D coverage, this is what it will cost:

$$(\$100,000 \div 1,000) \times (\$0.103) = \$5.15$$

|                 |      |                       |                |
|-----------------|------|-----------------------|----------------|
| ↓               | ↓    | ↓                     | ↓              |
| Coverage amount | Unit | Life rate + AD&D rate | Cost per month |

*Please refer to the Mutual Of Omaha's plan documents for full details by visiting the Allied Digital Benefit site or contact your HR team.*

To file a Life claim, please contact Member Services with Mutual of Omaha at:

- Life and AD&D: (800) 775-8805
- Email: [submitgrlife@mutualofomaha.com](mailto:submitgrlife@mutualofomaha.com)

## MUTUAL OF OMAHA - DISABILITY PLANS

### Short-Term Disability

If you are unable to work for a short period of time (11 weeks or less) because of an illness or injury, Short-Term Disability (STD) benefits may replace a percentage of your pay. Allied Digital provides all regular full-time employees with Short-Term Disability coverage, at no cost to you.

| Feature          | Class 1<br>All Eligible Employees Excluding CA, HI, NJ, NY, RI<br>Employees Earning Less Than \$100K | Class 2<br>All Eligible Employees Excluding CA, HI, NJ, NY, RI<br>Employees Earning More Than \$100K |
|------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Coverage Option  | 55% of weekly earnings                                                                               |                                                                                                      |
| Maximum Amount   | \$987 per week                                                                                       | \$1,500 per week                                                                                     |
| Waiting Period   | 14 days                                                                                              | 14 days                                                                                              |
| Benefit Duration | 11 weeks                                                                                             | 11 weeks                                                                                             |

### Long-Term Disability

Long-Term Disability (LTD) coverage provides you with income replacement in case you can no longer work due to a non-occupational illness or injury. Your benefits begin following a 90-day waiting period. Allied Digital provides all regular full-time employees with Long-Term Disability coverage at no cost

| Feature          | Class 1: All Eligible Employees Earning Less Than \$100K | Class 2: All Eligible Employees Earning More Than \$100K |
|------------------|----------------------------------------------------------|----------------------------------------------------------|
| Coverage Option  | 60% of monthly earnings                                  |                                                          |
| Maximum Amount   | \$5,000 per month                                        | \$10,000 per month                                       |
| Waiting Period   | 90 days                                                  | 90 days                                                  |
| Benefit Duration | Social Security Normal Retirement Age                    | Social Security Normal Retirement Age                    |

Please refer to the Mutual Of Omaha's plan documents for full details and costs by visiting the Allied Digital Benefit site or contact your HR team.

To file a Disability claim, please contact Member Services with Mutual of Omaha at:

- LTD & STD Disability: (800) 538-4583
- Email: [newdisabilityclaim@mutualofomaha.com](mailto:newdisabilityclaim@mutualofomaha.com)

## LEGALSHIELD

For more information about LegalShield, call (800) 654-7757 or visit [shieldbenefits.com/allieddig](https://shieldbenefits.com/allieddig).

### Comprehensive Legal Plan

Legal Shield offers a pre-paid legal plan that allows you to consult an experienced lawyer whenever you and/or your family encounter a legal issue, major or minor. Members are given access to a nationwide network of provider law firms prepared to advise in a variety of situations.

### Identity Theft Plan

ID Shield Legal Shield's comprehensive identity theft plan monitors for signs of criminal activity and gives you all you need to keep your identity secure from thieves and fraud. This includes restoration services, credit monitoring alerts and notifications, live member support and more!

|             | Individual | Family  |
|-------------|------------|---------|
| LegalShield | \$19.95    | \$19.95 |
| ID Shield   | \$9.95     | \$18.95 |
| Combined    | \$29.90    | \$35.90 |

## FLEXIBLE SPENDING ACCOUNTS (FSAs) - ENROLLMENT IS EFFECTIVE SEPTEMBER 1ST

Allied Digital is pleased to offer all benefit-eligible employees the chance to participate in Flexible Spending Accounts (FSA's) through Health Equity.

FSAs allow employees to purchase certain benefits, such as medical or dental expenses, on a pre-tax basis. When you participate in an FSA plan via salary reduction, you reduce your federal, FICA, Social Security and Medicare taxes and increase your take-home pay. The money that is deposited into your Flexible Spending Account comes straight out of your gross pay, therefore reducing your taxes. Allied Digital offers three FSA options: a Health Care FSA, a Dependent Care FSA, and a Limited Purpose FSA. By funding the Health Care, Dependent Care or Limited Purpose FSA's with pre-tax dollars, you can increase your net income by lowering your taxes.

**IMPORTANT:** If you would like to continue with the FSA Plan, you must re-enroll in ADP each year as it will not rollover automatically. You cannot have both an FSA and an HSA account. For employees with an FSA – if you would like to move to the HSA Plan for the 09/01/2026 plan year, you must spend down your previous FSA funds before 09/01/.



**Note:** The Flexible Spending Accounts are subject to IRS testing that may reduce the allowable amount you can contribute. If the amount you elect needs to be reduced after IRS testing, the company will adjust your contributions to the allowable IRS maximum.

### The Health Care FSA

With the Allied Digital Health Care FSA you can set aside up to \$3,400 this year on a pre-tax basis to pay expenses you know you will incur, such as medical and dental plan deductibles, copays, vision care expenses (including LASIK eye surgery) and other out-of-pocket health and dental care expenses. The IRS has even ruled that you can set aside pre-tax dollars to pay for over the counter medications, such as aspirin, as long as you have a prescription. The dollars you contribute to your Health Care FSA are deducted from your paycheck pre-tax and are available to pay for most medically necessary health care services that are not covered by insurance. For more details about qualified expenses, visit the Health Equity website at [www.healthequity.com](http://www.healthequity.com) or contact member services at: (877) 924-3967.

### The Dependent Care FSA

With the Dependent Care FSA you can set aside up to \$7,500 each year to pay for dependent care expenses you incur in order to work (if you're married but filing separately, federal regulations limit the use of a Dependent Care FSA to \$2,500 each year). As with your Health Care FSA, you can save 25% or more on your dependent care expenses, depending on your personal tax rate. You should consult your tax advisor to determine whether Dependent Care FSA or the dependent care deduction on IRS Form 1040 would be more advantageous for you.

### Limited Purpose FSA

If you or your spouse/domestic partner are enrolled in an HSA compatible High Deductible Health Plan and open a Health Savings Account, based on federal rules you may not participate in a Health Care FSA. For Allied Digital employees this means that if you enroll in the HSA PPO plan and open an HSA account, you would not be eligible for the Health Care FSA. Instead, you have the option to enroll in a Limited Purpose FSA, which can be used to pay for certain non-medical expenses such as eligible dental or vision care.

### The Modified "Use It or Lose It" Rule

If you elect the Health Care FSA, you now have a little more flexibility. A recent rule modification from the Internal Revenue Service (IRS) now allows Health Care FSA holders to roll over up to \$660 of savings for use in the following year. The new rule changes the longstanding "use-it-or-lose-it" rule, which previously required you to spend your FSA savings during the year in which the savings were accrued.

However, Dependent Care FSA rules remain unchanged and these accounts are still subject to the traditional "use-it-or-lose-it" rules. It remains essential that you plan ahead before deciding how much to contribute to your Dependent Care FSA account and only put in those dollars you are confident you will use.

## EMPLOYEE ASSISTANCE PROGRAM (EAP) & ADDITIONAL SERVICES

### Employee Assistance Program

With Mutual of Omaha's Employee Assistance Program, you can get the help you need to spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Enhanced EAP Services available to you:

- Counseling Options: Three sessions per year (per household) conducted by either face-to-face counseling or video telehealth via a secure, HIPAA compliant portal
- Exclusive Provider Network: National network of more than 10,000 licensed clinical providers
- Child & Eldercare resources and referrals
- Legal & Financial Assistance: Counseling session with an attorney (up to 30 minutes)

#### How to access EAP Services:

Website: [www.mutualofomaha.com/eap/](http://www.mutualofomaha.com/eap/)

Phone: (800) 316-2796; Available 24/7

### Will Preparation Services (Provided by Epoq, Inc)

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

#### Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

#### How to access Will Prep Services:

Website: [www.willprepservices.com](http://www.willprepservices.com) Use Code: MUTUALWILLS

### Travel Assistance (Provided by AXA Assistance USA)

Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations for: telephonic translations, location of legal services, document replacement.

#### Travel Assistance Services

- For inquiries within the U.S. call toll free: 1-800-856-9947
- Outside the U.S. call collect: (312) 935-3658

## ALLIED DIGITAL BENEFITS WEBSITE

The Allied Digital Employee Benefits website, is an online destination for you to find benefits information, carrier forms, educational resources and enrollment information.

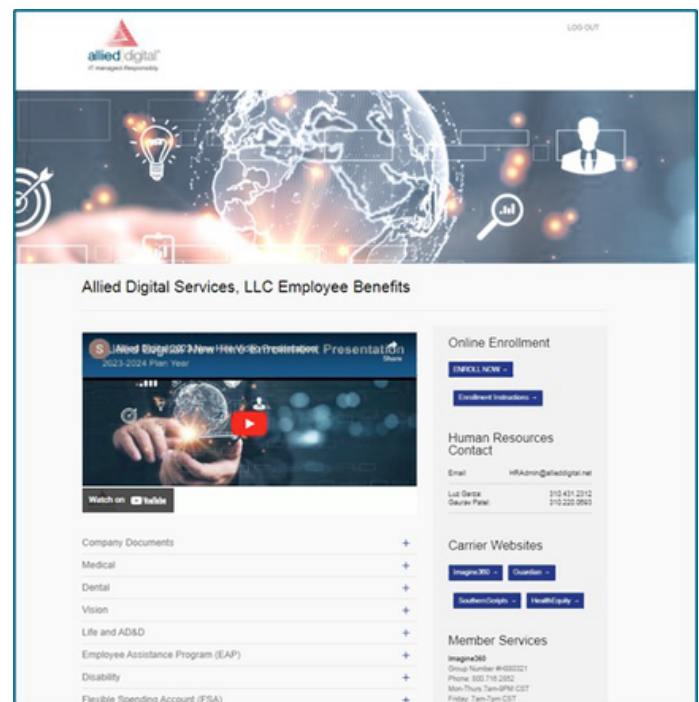
This site, which is available 24/7, will allow you to quickly access the information you need to make an informed decision about choosing your benefit plans.

Access the Allied Digital Benefits website by login with the information below:

[www.allieddigital.benefitsmap.com](http://www.allieddigital.benefitsmap.com)

username: allieddigital

password: benefits



## EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS



Workforce Now

Log in to Workforce Now to access the Employee Self-Service\* website at:

<https://workforcenow.adp.com>

Enter your User ID and password, and then click Sign In.

Note: If this is your first-time logging in, click Create account. If you are unsure of the registration code, please contact your HR team.

Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. You can click Start Enrollment or Remind Me Later.

Selecting Start Enrollment will bring you to the Myself – Benefits – Enrollments screen where you can click Start Enrollment.

## EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS

You will then be taken to the Welcome Note. Please review all information on this page as there are often important details regarding your Open Enrollment options. If any tobacco attestation requirements are in place you must provide the information as indicated before clicking Next.

The screenshot shows the 'Open Enrollment' portal's 'Welcome' page. On the left is a sidebar with links: 'Welcome', 'Manage Dependents', 'Select Benefits', 'Upload Documents', and 'Review and Submit'. The main content area has a 'Welcome' heading followed by a paragraph explaining the enrollment period. Below this is a bulleted list of actions: 'Make changes to plan contributions, such as health savings account (HSA) or retirement plans', 'Add or change the level of your insurance coverage', 'Add or update Beneficiary assignment', and 'Complete Beneficiary assignment'. A final paragraph advises reviewing options carefully and contacting the Human Resources department if needed.

Employee Self Service is split up into three sections: Action Required, Selected Plans and Eligible Benefits.

- Action Required –These are items that need to be reviewed/acknowledged before you are able to move forward. These plans could require a beneficiary to be designated, a waive reason to be provided, or for PCP-ID (if applicable).

This screenshot displays the 'Select Benefits' section. It includes a sidebar with the same navigation links as the previous screen. The main area shows a '11 days left to enroll' timer for August 1, 2022. It lists the 'Employee cost per paycheck' as \$141.69 and the 'Your cost per paycheck' as \$140.31, with a 'Go to section' button. Under the 'Action Required' heading, there is a 'Dental' plan listed with a 'Waive benefit' button and a 'View all plans' link. A note states 'Multiple available options: You have 3 benefit options available to choose from. See what is right for you!'.

- Selected Plans – These are benefit plans that you are already enrolled in and can make changes to. This section also displays any enrollments that are pending additional approval

The screenshot shows the 'Selected Plans' section. The sidebar is consistent. The main area lists two plans: 'Medical' (HDHP 2021, effective July 1, 2022) with a 'Pending Approval' status and a 'Per Paycheck' cost of \$138.00, and 'Miscellaneous' (Custom Medical 2022, effective January 1, 2022) with a 'Selected' status and a 'Per Paycheck' cost of \$2.31. Both plans have 'Waive benefit' and 'View all plans' buttons. A note at the top states 'You are enrolled in the following plans. You can make changes until the enrollment period closes.'

- Eligible Benefits –These are other benefit plans that are available for you to enroll in. If you select a benefit plan in the eligible benefits section, the enrollment will be moved to the Enrolled Benefits section

This screenshot displays the 'Eligible Plans' section. The sidebar remains the same. The main area lists three eligible plans: 'Vision' (Vision, All Employees) with 1 option, 'Health Savings Account' (HSA) with 1 option, and 'FSA Health Care' with multiple options. Each plan has a 'View all plans' button. At the bottom, there are 'Finish later', 'Back', and 'Next' buttons.

# EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS

View available plans will allow the employee to view the plans that are available in that plan grouping.

## Eligible Plans

You're eligible to enroll in the following plans.

Medical

Multiple available options  
You have 3 benefit options available to choose from. See what is right for you!

Waive benefit View all plans

Waive benefit should only display for benefit plan types that require a waive reason. Employees should only select Waive benefit if you do not want to continue enrollment in a benefit or are not enrolled currently and a waive reason is required.

If you chose to waive a benefit, you will be required to select a Waive Reason.

Waive Benefit

Are you sure you want to waive Dental benefit?

⚠️ Waiving this benefit means you do not require coverage. You can still enroll in the plan while the enrollment period is open.

Waive Reason

Select a reason

- Coverage does not meet my needs
- Do not want to be insured
- Participating in Domestic Partner's Plan
- Participating in Parent's Plan
- Plan to participate in State Exchange Plan
- Participating in Spouse's Plan
- Participating in State Exchange Plan
- Too Expensive

No, cancel Yes, waive benefit

Employer cost per paycheck \$13.85

While enrolling in a plan, please be sure to indicate which dependents should be covered in the Covered Individuals section, if applicable. Then proceed with your enrollment.

## Available Plans

### Medical

Select the plan that meets your needs and add the dependents you want to cover.

⚠️ Your company requires you to enter a reason to waive this coverage.

#### Covered Individuals

☒ John Snow (You) ☐ Sally Snow (Spouse)

#### 4 Plans Available

##### PPO

(1 individual selected)

Provider

Employer cost per paycheck  
\$245.90

Your cost per paycheck  
\$112.52

Select plan

##### RC HDHP

(1 individual selected) [Additional details](#)

Waive benefit

Back

**Note:** The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Fam-ily) is driven by which dependents you enroll.

## EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS

When you choose to enroll in a plan, it will display the Per Paycheck cost for the employee and employer. Preview and enroll may include some additional information needed (i.e., PCP-ID and beneficiary designations).

**Medical PPO**  
(1 individual selected)

Provider  
**Imagine360**

Employer cost per paycheck  
**\$60.00**

Your cost per paycheck  
**\$57.00**

⚠ Confirm the details for this plan selection or waive this benefit.

[Confirm details](#)

**Confirm Details**

PPO

Medical PPO

Covered Individual  
You

Primary Care Physician Details

John Snow

Enter Primary Care Physician Details

First Name

Last Name

ID Number

Per Paycheck Costs

Total Cost Per Paycheck  
**\$57.00**

[Back](#)

[Confirm](#)

Review your enrollment, costs, and covered individuals carefully before clicking on Confirm.

Once confirmed, you will receive a confirmation message that you are now enrolled and the enrollment will be displayed under Enrolled Plans.

### Select Benefits

You enrolled in RC PPO, Medical PPO.

📅 47 days left to enroll

Effective: October 1, 2022

Employer cost per paycheck  
**\$60.00**

Your cost per paycheck  
**\$57.00**

[Go to section](#)

### Selected Plans

You are enrolled in the following plans. You can make changes until the enrollment period closes.

🔍 Medical

Waive benefit

[View all plans](#)

RC PPO

Effective: October 1, 2022

Who is covered?  
**You**

✔ Selected

Per Paycheck  
**\$57.00**

Pg. 18 | Allied Digital, LLC. | Employee Benefits 2026

# EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS

## Voluntary Life Elections and Beneficiaries:

When you elect Voluntary Life, you will also need to designate your beneficiaries. Start by clicking View available plans, and then choose the amount of coverage you want to elect from the drop down.

**Available Plans**

**Covered Individual**  
John Snow (You)

**1 Plan Available**

**BT - Voluntary Life**  
(1 individual selected)

**Select Coverage Amount**  
Additional Coverage: \$240,000.00  
Total Actual Coverage Amount: \$240,000.00

▲ Evidence of Insurability will be required for this enrollment.

▲ **Over The Limit - Approval Required**  
The Total Actual Coverage Amount is over the guarantee issue amount of \$150,000.00. That amount requires Evidence of Insurability (EOI) and approval from the insurance carrier.

**Per Paycheck Costs**

|  | Employer cost per paycheck | Your cost per paycheck |
|--|----------------------------|------------------------|
|  | \$0.00                     | \$17.50                |

Back

If the amount selected is over the Guarantee Issue amount, additional approval will be required, and you will be asked to complete Evidence of Insurability (EOI) and submit it to your employer. Your full election amount will not be approved until this process is completed.

Next you will want to enter your beneficiary designation. Including Primary and Secondary, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary or Secondary).

**Beneficiaries** [Add beneficiary](#)

Allocate the percentages of your benefits payout. You can divide the percent paid to as many beneficiaries as you want, but the total must equal 100%.

| Beneficiary       | Primary        | Secondary    |
|-------------------|----------------|--------------|
| Sally Snow Spouse | 100%           | 0%           |
| <b>Total</b>      | <b>100.00%</b> | <b>0.00%</b> |

▲ Confirm the details for this plan selection.

Confirm details

Click Confirm details and review your selection and beneficiary delegations.

### Confirm Details

**Voluntary Life**

**Covered Individual**  
You

**Coverage**  
Total Actual Coverage Amount  
\$240,000.00

**Beneficiaries**  
Sally Snow (Spouse) Primary (100.00%)

**Per Paycheck Costs**

|  | Employer Cost | Your Cost |
|--|---------------|-----------|
|  | \$0.00        | \$17.50   |

Back Confirm

## EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS

Continue through each plan type until all elections are complete and all tasks under the Action Required section are addressed. Review all selections/changes including the Eligible Benefits towards the bottom. When you have confirmed them, click Submit Enrollment.

**Open Enrollment**

- Welcome
- Manage Dependents
- Surveys
- Select Benefits
- Review and Submit**

**Review and Submit**

46 days left to enroll  
Effective: October 1, 2022

Employer cost per paycheck: **\$553.26**  
Your cost per paycheck: **\$293.17**

Your benefit elections will not be effective until you click Submit enrollment.

**Enrolled plans**  
You are enrolled in the following plans. You can make changes until the enrollment period closes.

Medical  
Effective: October 1, 2022  
PPO  
Who is covered?  
You and Sally Snow  
Enrolled  
\$253.17 Per Paycheck

Finish later Back **Submit enrollment**

**Submit enrollment**

You are about to submit your enrollment. Do you want to continue?

No Yes

## Enrollments

✓ You have completed your enrollment.  
You have successfully completed your Open Enrollment

**Open Enrollment** Submitted

46 days left to make changes

Manage enrollment

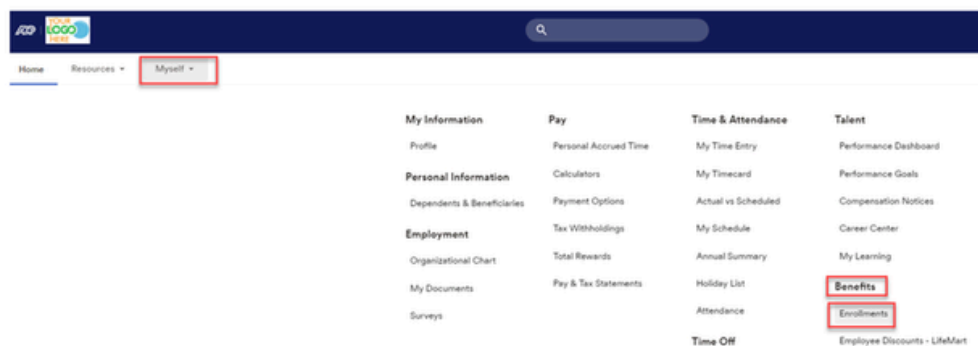
**Your Benefits**  
Review your current benefits, your previous year's benefits, or any changes due to a life event.

View benefits

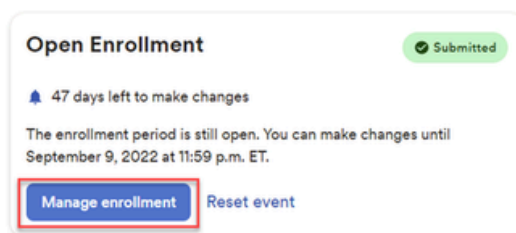
## EMPLOYEE BENEFITS ENROLLMENT PORTAL - ENROLLMENT INSTRUCTIONS

Note that your benefit elections will not be processed until you click Submit Enrollment. If you click Finish later instead, these enrollments will not be submitted to your HR team until you fully submit the enrollment changes.

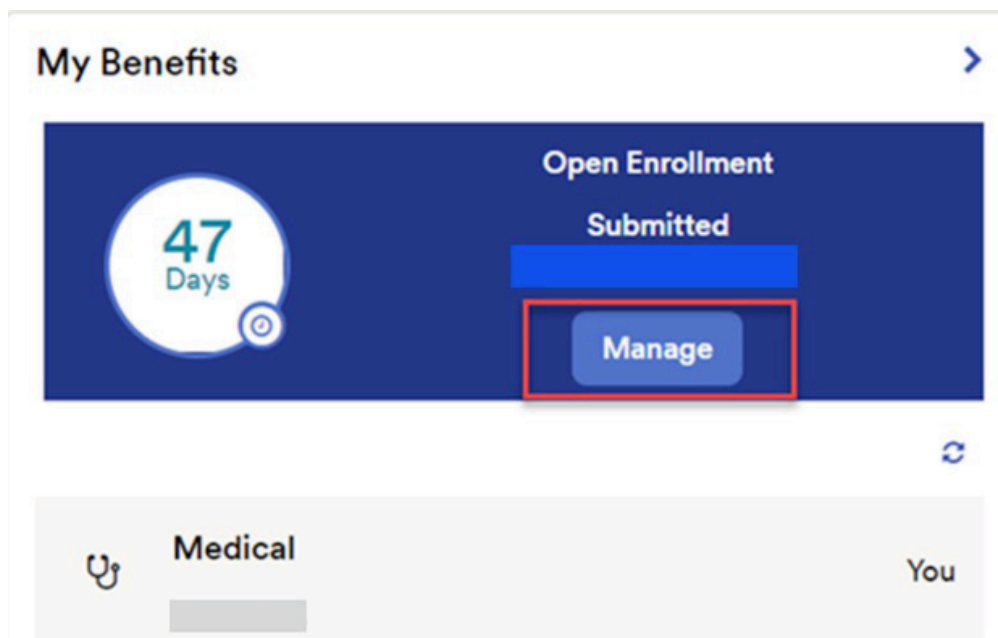
If you would like to make additional changes or modifications during the Open Enrollment Period, you may log in and navigate to Myself > Benefits > Enrollments and click the Manage Enrollment option in the Open Enrollment box. This will bring you back to the beginning of the profile to make any desired election changes.



### Enrollments



You may also navigate by finding the My Benefits tile on the homepage and select Manage. The tile will also reflect the “Submitted” status with the date and time of submission.





This summary provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this summary and the plan documents, the documents will govern. In addition, the plans described in this summary are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources at Allied Digital Services, LLC.

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**HR Contact Information:**

HRAdmin@allieddigital.net

Luz Garza (310) 431-2312

Gaurav Patel (310) 431-2367