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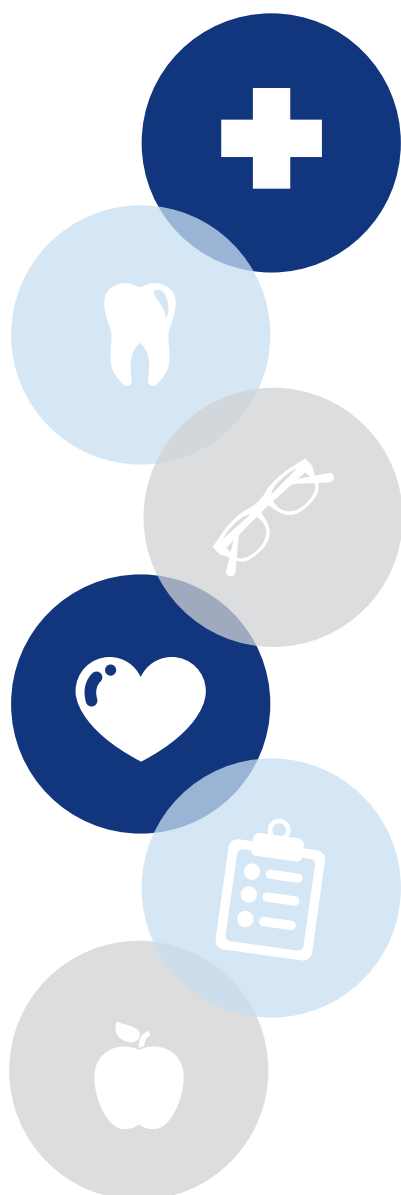


EMPLOYEE BENEFIT HIGHLIGHTS



Table of Contents

Contact Information.....	1
Introduction.....	2
Online Benefit Enrollment.....	2
Group Insurance Eligibility.....	3-4
Medical Insurance.....	5-8
Enhanced Plan Coverage Discount.....	5
Virtual Care.....	5
Summary of Benefits and Coverage.....	5
Medical Plan Resources.....	6
Cigna OAPIN Base Plan At-A-Glance.....	7
Cigna OAP Enhanced Plan At-A-Glance.....	8
Dental Insurance.....	9-14
Humana DHMO HS205 Plan At-A-Glance.....	10
Humana DPPPO Low Plan At-A-Glance.....	12
Humana DPPPO High Plan At-A-Glance.....	14
Vision Insurance.....	15-16
Humana Vision Plan At-A-Glance.....	16
Flexible Spending Accounts.....	17-18
Employee Assistance Program.....	19
Basic Life and AD&D Insurance.....	19
Voluntary Life and AD&D Insurance.....	20
Voluntary Short Term Disability.....	21
Long Term Disability.....	21
Supplemental Benefits.....	22
LYNX Wellness.....	23
Claims, Billing & Benefit Assistance.....	24
Notes.....	24





Contact Information

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	LYNX Wellness	Sara Holtzman	Phone: (407) 254-6012 Email: sholtzman@golynx.com
	Medical Insurance	Cigna Healthcare	Customer Service: (800) 244-6224 www.mycigna.com
	Prescription Drug Coverage & Mail Order Program	Express Scripts Pharmacy through Cigna Healthcare	Customer Service: (800) 835-3784 www.mycigna.com
	Virtual Care	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.mycigna.com
	Dental Insurance	Humana	Customer Service: (800) 233-4013 www.humana.com
	Vision Insurance	Humana	Customer Service: (877) 398-2980 www.humana.com
	Flexible Spending Accounts	Chard Snyder, a WEX Company	Customer Service: (800) 982-7715 www.chard-snyder.com
	Basic Life and AD&D Insurance	The Standard	Customer Service: (800) 628-8600 www.standard.com
	Voluntary Life and AD&D Insurance	The Standard	Customer Service: (800) 628-8600 www.standard.com
	Voluntary Short Term Disability Insurance	The Standard	Customer Service: (800) 368-2859 www.standard.com
	Long Term Disability Insurance	The Standard	Customer Service: (800) 368-1135 www.standard.com
	Employee Assistance Program	Aetna Resources For Living SM	Customer Service: (888) 238-6232 www.resourcesforliving.com Username: LYNX Password: EAP
	Supplemental Benefits	Trustmark	Customer Service: (800) 918-8877 www.trustmarksolutions.com
	Legal Insurance	LegalShield	Customer Service: (800) 654-7757 www.legalshield.com
	Claims, Billing & Benefit Assistance	Gehring Group	Customer Service: (800) 244-3696 Email: LynxBenefits@gehringgroup.com



Introduction

LYNX provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the LYNX Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources.

IMPORTANT NOTES



The Consolidated Appropriations Act, 2021 included the requirement of the No Surprises Act which took effect on January 1, 2022 for health care providers, facilities, and health plans. The No Surprises Act was designed to protect patients from surprise medical bills for situations such as emergency care or out-of-network provider charges at in-network facilities. It is important to note that if a patient wishes to obtain services from out-of-network providers or facilities and acknowledges receipt of the information, the patient is knowingly waiving the protections of the law. Ground Ambulance services may not be covered as in-network.

Online Benefit Enrollment

LYNX provides employees with an online benefits enrollment and timekeeping platform through Dayforce.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans and timekeeping. Employee also has access to:

- View current benefit and retirement selections
- Make changes to retirement elections
- Make changes to personal information such as address, phone and email
- Make changes to beneficiary information
- Make changes to tax and payroll information



To Access Dayforce:

- ✓ Log on to www.dayforcehcm.com/mydayforce/login.aspx or download the Dayforce Mobile App.
- ✓ New Users may sign in using the Company Code, Employee ID number as the username, and the default password using employee birthday (MMDD), exclamation point (!), and last four digits of employee social security number.

For example, an employee with the birthday December 30 and the last four digits of social security number of 5678 would enter:

Company Code: lynxdf

User Name: 1234

Password (new users only): 1230!5678

- ✓ During the annual Open Enrollment Period, employee may make changes to benefit selections by navigating to Benefits and following the prompts to Start Enrollment.
- ✓ Newly hired employees may complete benefit enrollment in Dayforce within the first 60 days of employment.

For account access assistance or for more information regarding benefit changes, please contact LYNX Human Resources at (407) 254-6219 or (407) 254-6147.



Group Insurance Eligibility



LYNX's group insurance plan year is January 1 through December 31.

Employee Eligibility

Bargained Union employees are eligible to participate in LYNX's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the pay period following 60 days of employment.

Administrative employees are eligible to participate in LYNX's insurance plans if they are full-time or part-time employees working a minimum of 20 hours per week. Coverage will be effective the first day of the first full pay period following 60 days of employment.

Separation of Employment

If employee separates employment from LYNX, insurance will continue through the end of the pay period in which separation occurred. Other coverage may terminate on the last date of employment or end of month. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

An over-age dependent (taxable dependent) may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

Dependent Age Requirements *(Continued)*

Dental Coverage: A dependent child may be until the day upon which the child turns age 26.

Vision Coverage: A dependent child may be until the day upon which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact Human Resources if further clarification is needed.

Dependent Documentation Requirements

All dependents must have an established legal relationship to the employee to be covered under the benefit program. The types of documentation accepted are as stated in the table below.

Dependent Relationship	Documentation Required
Spouse	• Copy of legal government issued marriage license
Dependent Child(ren) Under Age 26	• Original copy of government-issued birth certificate(s) OR adoption certificate(s) naming employee or employee spouse as the child's parent.
Child(ren) under Legal Guardianship, Custody or Foster Care Under Age 26	• Original copy of court documents showing legal guardianship OR legal custody OR foster care placement.

For further information regarding acceptable dependent documentation and submission, please contact Human Resources.



Group Insurance Eligibility *(Continued)*

Taxable Dependents

Employee covering adult child(ren) under employee's medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. Contact Human Resources for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made **ONLY** during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.



Medical Insurance

LYNX offers medical insurance through Cigna Healthcare to benefit-eligible employees. A brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Cigna Healthcare

Customer Service: (800) 244-6224 | www.mycigna.com

Enhanced Plan Coverage Discount

Employees enrolled in the Cigna Enhanced OAP Plan may qualify for the Enhanced Plan Coverage Discount upon completion of annual health goals. Enhanced Plan Coverage Discount applies toward the premium of the covered member when medical claims prove completion of the following goals:

Health Assessment – Must be completed between January 1 and July 31 at www.mycigna.com or on the mobile app.

Biometric Screening – Bloodwork must be completed between Aug 1 of the previous year and July 31 of the current year at Quest or LabCorp for automatic processing of goal completion. If bloodwork is completed at a physician's office or other independent clinical lab, employee's physician will be required to complete the Cigna Wellness Screening Form available at www.mycigna.com.

Annual Preventive Exam – Physician must code the visit as preventive for automatic processing or a Visit Verification Form may be obtained from Human Resources for the physician to complete. Must be completed between Aug 1 of the previous year and July 31 of the current year.

Employees hired prior to March 1, 2026 must complete all 2027 Enhanced Plan Goals prior to July 31, 2026. Please note, complete goals may require up to 45 days to populate in myCigna. Employees are not required to account for this reporting lag when planning for completion of their coverage goals.

Virtual Care

Cigna provides access to virtual care services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Virtual care should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with virtual care, such as:

- ✓ Acne
- ✓ Allergies
- ✓ Cold and Flu
- ✓ Fever
- ✓ Headache/Migraine
- ✓ Rash
- ✓ Sore Throat
- ✓ Stomachache
- ✓ UTIs and More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact MDLIVE through Cigna.

Cigna Healthcare

MDLIVE | Customer Service: (888) 726-3171 | www.mycigna.com

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during the Open Enrollment Period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From:	Human Resources
Address:	455 N. Garland Ave. Orlando, FL 32801
Phone:	(407) 841-2279
Email:	banderson@golynx.com

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (407) 841-2279.



Medical Plan Resources

Cigna Healthcare offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Cigna's customer service at (800) 244-6224 or visit www.mycigna.com.

Cigna Wellness Incentives *(Medically Enrolled Employees)*

LYNX has partnered with Cigna to provide wellness incentives to all active, full-time employees enrolled in one (1) of the LYNX medical insurance plans. Employees can earn gift cards by completing wellness goals. To track wellness incentive progress, www.mycigna.com or download the mobile app.

LYNX Wellness Partner Program *(Non-Medically Enrolled Employees)*

Employees that are not enrolled in one (1) of the LYNX medical insurance plans have the option to enroll in the LYNX Partner Program to earn wellness incentives. All full-time, non-medically enrolled employees are eligible for this program. Participants can earn a \$250 gift card by providing proof of completion of various wellness-related activities. For more information on this program or to enroll, employees must email wellness@golynx.com before July 31, 2026.

Cigna Healthy Rewards

Healthy Rewards is a discount program. Enrolled members have the option to use this program and receive discounts on health products and programs by showing ID card when paying and let the savings begin. For more details regarding Healthy Rewards, please contact Cigna's customer service at (800) 870-3470 or visit www.mycigna.com.

Cigna Pathwell Bone and Joint®

Employees enrolled in one (1) of the LYNX medical insurance plans have access to Cigna Pathwell Bone & Joint®, a Condition-Specific Care program that helps members access the treatment they need for spine, hip, knee or shoulder-pain. The program connects members with designated providers when care is needed, and a Clinical Care Advocate is assigned to collaborate one-on-one to customize care to the member's unique needs. For more information, contact Cigna's customer service.

Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

Cigna Healthcare

Customer Service: (800) 244-6224 | www.mycigna.com

OMADA Virtual Health Coaching

LYNX has partnered with Cigna and OMADA Health to provide eligible employees with free access to digital coaching programs for Diabetes Prevention, Diabetes Management and Hypertension Management. These programs are available to eligible plan members and their adult dependents at no additional cost.

Participants in these programs receive:

- ✓ A dedicated health coach
- ✓ A digital fitness device such as a scale, glucometer and/or a blood pressure cuff
- ✓ Weekly lessons on the OMADA app
- ✓ Accountability and support groups

Participants in the Diabetes management program also receive:

- ✓ Free testing strips
- ✓ Free generic diabetes prescriptions
- ✓ Reduced co-pay rates for Preferred Brand diabetes prescriptions

To learn more or check eligibility, please visit www.OMADAhealth.com/LYNX

Foodsmart Offered through Cigna

Foodsmart participates in the Cigna network as a provider of virtual nutrition counseling. Access to Foodsmart's registered dietitians and services are available to Cigna members 18 years or older, and ages 13-18 with parent or guardian participation. Coverage and benefits are subject to the customer's eligibility, specific plan design and benefit limitations.

Foodsmart's telehealth experience provides easy access to registered dietitians who can create a customized food program that is tailored to the customer's budget and health goals, including nutrition counseling related to weight management, gut health, irritable bowel syndrome, diabetes, hypertension, and heart health.

Eligible customers can engage with Foodsmart via telephone, email, or Foodsmart's digital platform. Copays and deductible apply for additional visits. To schedule sessions with a registered dietitian, contact details below.

Foodsmart

Customer Service: (844) 542-1678 | Email: telenutrition@foodsmart.com
www.foodsmart.com/members/cigna-healthcare



Cigna OAPIN Base Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus network.



Plan References

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.*



Important Notes

- Services received by providers or facilities **not** in the Open Access Plus network, will not be covered.
- Cigna does not provide physical ID cards. To access a digital ID card, please contact Cigna's customer service, or download from the Cigna's mobile app or www.mycigna.com.

Network	Open Access Plus
Calendar Year Deductible (CYD)	In-Network
Individual	\$1,250
Family	\$2,500
Coinsurance	
Member Responsibility	20%
Calendar Year Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician (PCP) Office Visit	\$20 Copay
Specialist Office Visit	20% After CYD
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Bloodwork)*	20% After CYD
X-rays	20% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD
Outpatient Surgery in Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care (Per Visit)	20% After CYD
Hospital Services	
Inpatient Hospital (Per Admission)	20% After CYD
Outpatient Hospital (Per Visit)	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room (Per Visit; Waived if Admitted)	20% After CYD
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services (Per Admission)	20% After CYD
Outpatient Services (Per Visit)	20% After CYD
Outpatient Office Visit	20% After CYD
Prescription Drugs (Rx)	
Generic	\$10 Copay
Preferred Brand Name	\$50 Copay
Non-Preferred Brand Name	\$80 Copay
Mail Order Drug (90-Day Supply)	2.5x Retail Copay



Cigna OAP Enhanced Plan At-A-Glance

Network	Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Individual	\$800	\$1,600
Family	\$1,600	\$3,200
Coinsurance		
Member Responsibility	20%	40%
Calendar Year Out-of-Pocket Maximum		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$20 Copay	40% After CYD
Specialist Office Visit	\$35 Copay	40% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	20% After CYD	40% After CYD
X-rays	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center (Per Visit)	\$150 Copay	40% After CYD
Physician Services at Surgical Center	No Charge	40% After CYD
Urgent Care (Per Visit)	\$50 Copay	40% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	40% After CYD
Emergency Room (Per Visit; Waived if Admitted)	20% After CYD	20% After In-Network CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	20% After CYD	40% After CYD
Outpatient Services (Per Visit)	20% After CYD	40% After CYD
Outpatient Office Visit	\$20 Copay	40% After CYD
Prescription Drugs (Rx)		
Generic	\$10 Copay	40% Coinsurance
Preferred Brand Name	\$50 Copay	40% Coinsurance
Non-Preferred Brand Name	\$80 Copay	40% Coinsurance
Mail Order Drug (90-Day Supply)	2.5x Retail Copay	Not Covered



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus network.



Plan References

*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.



Important Notes

Cigna does not provide physical ID cards. To access a digital ID card, please contact Cigna's customer service, or download from the Cigna's mobile app or www.mycigna.com.



Dental Insurance

Humana DHMO HS205 Plan

LYNX offers dental insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana DHMO HS205 Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$4.89
Employee + 1	\$9.69
Employee + 2 or More	\$17.23

In-Network Benefits

The DHMO HS205 plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Humana DHMO HS205/Prepaid network to receive covered services. There is no coverage for services received out-of-network.

The DHMO HS205 plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The DHMO HS205 plan does not cover any services rendered by out-of-network facilities or providers.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.

Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per 12 calendar months covered under the preventive benefit.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

Humana

Customer Service: (800) 233-4013 | www.humana.com



Humana DHMO HS205 Plan At-A-Glance

Network		Humana DHMO HS205/Prepaid	
Calendar Year Deductible (CYD)		In-Network	
Per Member		Does Not Apply	
Per Family			
Waived for Class I Services?			
Calendar Year Benefit Maximum			
Per Member		Does Not Apply	
Class I Services: Diagnostic & Preventive Care		Code	In-Network
Routine Oral Exam (2 Per 12 Months)		0120	No Charge
Routine Cleanings (2 Per 12 Months)		1110	
Complete X-rays (1 Every 3 Years)		0210	
Bitewing X-rays (2 Per 12 Months)		0272	
Class II Services: Basic Restorative Care			
Fillings (Amalgam, 3 Surface)		2160	\$5 Copay
Fillings (Resin, 3 Surface Posterior)		2393	\$80 Copay
Simple Extractions (Erupted Tooth or Exposed Root)		7140	No Charge
Root Canal Therapy (Molar)*		3330	\$250 Copay
Surgical Removal of Tooth (Impacted)		7240	\$85 Copay
Full Mouth Debridement (1 Every 5 Years)		4355	\$50 Copay
Class III Services: Major Restorative Care			
Crowns (Porcelain Fused to Metal)		6750	\$270 Copay**
Bridges (Porcelain Fused to Metal)		6240	\$270 Copay**
Dentures		5110/20	\$375 Copay**
Class IV Services: Orthodontia			
Benefit - Child		8080	\$2,195 Copay
Benefit - Adult		8090	\$2,195 Copay
Retention		8680	\$455 Copay



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select Humana DHMO HS205/Prepaid network.



Plan References

*Excluding final restoration.

**Additional laboratory charges may apply for some services. Please see the carrier's summary plan document or contact Humana's customer service for details specific to a procedure.



Dental Insurance

Humana DPP0 Low Plan

LYNX offers dental insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana DPP0 Low Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$7.42
Employee + 1	\$15.31
Employee + 2 or More	\$28.86

In-Network Benefits

The DPP0 Low Plan plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Humana PPO/Traditional Preferred. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Humana PPO/Traditional Preferred provider. Humana reimburses out-of-network services based on what it determines as the Usual, Customary & Reasonable (UCR). The UCR is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Humana's UCR and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The DPP0 Low plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the DPP0 Low plan will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the Humana DPP0 Low plan includes an Extended Annual Max benefit of 30% coinsurance for preventive, basic, and major services for the remainder of the calendar year.

Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Download member ID cards
- Locate a provider
- View claims

IMPORTANT NOTES

- Each covered family member may receive up to three (3) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pretreatment Plan" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.

Humana

Customer Service: (800) 233-4013 | www.humana.com



Humana DPP0 Low Plan At-A-Glance

Network	PPO/Traditional Preferred	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$1,000
Extended Calendar Year		
Benefit Maximum**	Plan Pays: 30%	Plan Pays: 30%
Class I Services: Preventive Services		
Routine Oral Exam (3 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Year)		
Bitewing X-rays***		
Class II Services: Basic Services		
Fillings (Amalgam or Composite)	Plan Pays: 70% After CYD	Plan Pays: 70% After CYD (Subject to Balance Billing)
Simple Extractions		
Complete X-rays (1 Every 5 Years For Ages 12 or Older)		
Oral Surgery		
Periodontal Services (Non-Surgical)		
Class III Services: Major Services		
Endodontics (Root Canal; 1 Per Tooth Per Lifetime)	Plan Pays: 40% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Crowns		
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum		\$1,000
Benefit (Dependent Children Up To Age 18)	Plan Pays: 40%	Plan Pays: 40% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select PPO/Traditional Preferred network.



Plan References

*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

**Extended Calendar Year Benefit Maximum: Additional coverage for basic and major services after the Calendar Year Benefit Maximum is met. Orthodontia is excluded.

***Bitewing X-rays: Two (2) films per year under age 10. Four (4) films per year ages 10 and older.



Dental Insurance

Humana DPPO High Plan

LYNX offers dental insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana DPPO High Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$12.12
Employee + 1	\$24.70
Employee + 2 or More	\$44.88

In-Network Benefits

The DPPO High Plan plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Humana PPO/Traditional Preferred. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Humana PPO/Traditional Preferred provider. Humana reimburses out-of-network services based on what it determines as the Usual, Customary & Reasonable (UCR). The UCR is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Humana's UCR and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The DPPO High plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the DPPO High plan will pay for each covered member is \$1,500 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the Humana DPPO High plan includes an Extended Annual Max benefit of 30% coinsurance for preventive, basic, and major services for the remainder of the calendar year.

Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Download member ID cards
- Locate a provider
- View claims

IMPORTANT NOTES

- Each covered family member may receive up to three (3) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pretreatment Plan" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.

Humana

Customer Service: (800) 233-4013 | www.humana.com



Humana DPPO High Plan At-A-Glance

Network	PPO/Traditional Preferred	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum**		
Per Member		\$1,500
Extended Calendar Year		
Benefit Maximum**		Plan Pays: 30%
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (3 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (3 Per Year)		
Bitewing X-rays***		
Class II Services: Basic Restorative Care		
Fillings (Amalgam or Composite)	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Oral Surgery		
Periodontal Services (Non-Surgical)		
Complete X-rays (1 Every 5 Years For Ages 12 or Older)		
Class III Services: Major Restorative Care		
Endodontics (Root Canal Therapy)	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Crowns		
Bridges		
Dentures		
Simple Extractions		
Class IV Services: Orthodontia		
Lifetime Maximum		\$1,000
Benefit (Dependent Children Up To Age 18)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select PPO/Traditional Preferred network.



Plan References

*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

**Extended Calendar Year Benefit Maximum: Additional coverage for basic and major services after the Calendar Year Benefit Maximum is met. Orthodontia is excluded

***Bitewing X-rays: Two (2) films per year under age 10. Four (4) films per year ages 10 and older.



Vision Insurance

Humana Vision Plan

LYNX offers vision insurance through Humana to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Vision Insurance – Humana Vision Plan

26 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$3.43
Employee + 1	\$6.86
Employee + 2 or More	\$10.08

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Humana Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Mobile App

Mobile app provides on-the-go access to the vision benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View benefits
- Locate a provider
- Download member ID cards
- View claims

Humana

Customer Service: (877) 398-2980 | www.humana.com



Humana Vision Plan At-A-Glance

Network		Humana Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$5 Copay	Up to \$30 Reimbursement
Contact Lens Exam <i>(Fit and Follow-Up)</i>	Standard Lens	Up to \$40 Copay	Not Covered
	Premium	10% Off Retail	
Retinal Imaging		Up to \$39 Copay	Not Covered
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		12 Months	
Contact Lenses		12 Months	
Lenses			
Single		\$15 Materials Copay	Up to \$25 Reimbursement
Bifocal		\$15 Materials Copay	Up to \$40 Reimbursement
Trifocal		\$15 Materials Copay	Up to \$60 Reimbursement
Frames			
Allowance		Up to \$175 Allowance 20% Off Balance Over \$175	Up to \$65 Reimbursement
Contact Lenses*			
Non-Elective <i>(Medically Necessary)</i>		\$0 Copay	Up to \$200 Reimbursement
Elective	Conventional	\$175 Allowance 15% Off Balance Over \$175	Up to \$104 Reimbursement
	Disposable	Up to \$175 Allowance	



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select Humana Insight network.



Plan References

*Contact lenses are in lieu of spectacle lenses.



Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



Flexible Spending Accounts

LYNX offers Flexible Spending Accounts (FSA) administered through Chard Snyder, a WEX Company. The FSA plan year is from January 1 to December 31.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,300. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$7,500 if single or married and file a joint tax return (\$3,750 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.

A sample list of qualified Health Care expenses eligible for reimbursement include, but not limited to, the following:

- | | | |
|---|--|-------------------------------|
| ✓ Prescription/Over-the-Counter Medications | ✓ Physician Fees and Office Visits | ✓ LASIK Surgery |
| ✓ Menstrual Products | ✓ Drug Addiction/Alcoholism Treatment | ✓ Mental Health Care |
| ✓ Ambulance Service | ✓ Experimental Medical Treatment | ✓ Nursing Services |
| ✓ Chiropractic Care | ✓ Corrective Eyeglasses and Contact Lenses | ✓ Optometrist Fees |
| ✓ Dental and Orthodontic Fees | ✓ Hearing Aids and Exams | ✓ Sunscreen SPF 15 or Greater |
| ✓ Diagnostic Tests/Health Screenings | ✓ Injections and Vaccinations | ✓ Wheelchairs |

Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(Continued)*

FSA Guideline

- The Health Care FSA and Dependent Care FSA allows a 2.5 month grace period at the end of the plan year. The grace period allows additional time to incur claims and use any unused funds on eligible expenses after the plan year ends. Once the grace period ends, any unused funds still remaining in the account will be forfeited.
- The Health Care FSA has a 90 day run out period at the end of the plan year to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year and/or grace period.
- Employee can enroll in an FSA only during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners healthcare expenses are not eligible for reimbursement in the employee FSA as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail, fax, online or through the Chard Snyder Mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. Chard Snyder may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to LYNX. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!



An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$9,628	-\$9,825
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$39,372	\$39,175
Tax Savings	\$197	

***Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year. This rule is known as "use-it or lose-it."*

Mobile App

Mobile app provides on-the-go access to the FSA benefit account. Download the Mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- Request reimbursement
- View item for eligibility
- Manage expenses
- View and upload receipts

Chard Snyder, a WEX Company

Phone: (800) 982-7715 | www.chard-snyder.com



Employee Assistance Program

LYNX cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Aetna. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes six (6) visits with a specialist, per person, per issue, per year, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will not receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Aetna Resources For LivingSM

Customer Service: (888) 238-6232 | www.resourcesforliving.com

Username: LYNX | Password: EAP

Basic Life and AD&D Insurance

Basic Term Life Insurance

LYNX provides Basic Term Life insurance at no cost to all eligible employees through The Standard. Eligible employees will receive a benefit amount of one (1) times their annual salary to a maximum of \$200,000.

Accidental Death & Dismemberment Insurance (AD&D)

Also, at no cost to employee, LYNX provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount is two (2) times the Basic Term Life benefit, partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- Reduces to 65% of the benefit amount at age 70
- Reduces to 50% of the benefit amount at age 75
- Reduces to 35% of the benefit amount at age 80

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of \$50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Dayforce/Human Resources.

The Standard

Customer Service: (800) 628-8600 | www.standard.com



Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through The Standard. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or dependent child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$200,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$300,000, up to five (5) times the employee's annual salary.
- Benefit amounts are subject to the following age reduction schedule:
 - › Reduces to 65% of the benefit amount at age 70
 - › Reduces to 50% of the benefit amount at age 75
 - › Reduces to 35% of the benefit amount at age 80
- **Annual Election Option:** Enrolled eligible employees may increase coverage up to one (1) unit of \$10,000 up to the Guaranteed Issue amount without being subject to EOI.

Voluntary Spouse Life and AD&D Insurance

New Hires may purchase Voluntary Spouse Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$50,000.**

- Employee must participate in the Voluntary Employee Life and AD&D plan for spouse to participate.
- Units can be purchased in increments of \$10,000 to a maximum of \$250,000 not to exceed 100% of the employee's Basic Life and Voluntary Life coverage amounts combined.
- Benefit amounts are subject to the following age reduction schedule, reducing as the employee ages:
 - › Reduces to 65% of the benefit amount at age 70
 - › Reduces to 50% of the benefit amount at age 75
 - › Reduces to 35% of the benefit amount at age 80
- **Annual Election Option:** Enrolled eligible employees may increase spouse coverage up to one (1) unit of \$10,000 up to the Guaranteed Issue amount without being subject to EOI.

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket (Based on Employee Age)	Employee/Spouse (Rate Per \$1,000 of Benefit)
< 30	\$0.11
30-34	\$0.13
35-39	\$0.22
40-44	\$0.34
45-49	\$0.50
50-54	\$0.74
55-59	\$0.85
60-64	\$1.07
65-69	\$2.15
> 69	\$4.28

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Coverage may be purchased for dependent child(ren) birth up to the date on which the dependent child reaches age 25 in increments of \$5,000 to a maximum of \$10,000.
- Monthly cost for Voluntary Dependent Child(ren) Life coverage elected is \$0.07 per \$1,000 for all eligible dependent child(ren) enrolled.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Employee Benefit Portal/Human Resources.

The Standard

Customer Service: (800) 628-8600 | www.standard.com



Voluntary Short Term Disability

LYNX offers Voluntary Short Term Disability (STD) insurance to all eligible employees through The Standard. The STD benefit pays employee a percentage of weekly earnings if employee becomes disabled due to an illness or non-work related injury.

Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of employee's weekly earnings up to a benefit maximum of \$2,500 per week.
- Employee must be disabled for a specified period prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin after the elimination period of their selected STD plan, as outlined on the table below.
- Employee deemed unable to return to work after the STD maximum benefit period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.

Plan Option	Monthly Premium (Rate per \$10 of weekly benefit)	Elimination Period	Benefit Period
Plan Option 1	\$0.18	120 Days	9 Weeks
Plan Option 2	\$0.26	90 Days	13 Weeks
Plan Option 3	\$0.45	60 Days	18 Weeks
Plan Option 4	\$0.64	30 Days	22 Weeks
Plan Option 5	\$0.77	15 Days	24 Weeks

The Standard

Customer Service: (800) 368-2859 | www.standard.com

Long Term Disability

LYNX provides Long Term Disability (LTD) insurance at no cost to all eligible employees through The Standard. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$10,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

The Standard

Customer Service: (800) 368-1135 | www.standard.com



Supplemental Benefits

Trustmark

Trustmark offers a variety of voluntary supplemental plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction post-tax for most offerings. Trustmark pays money directly to member, regardless of what other insurance plans member may have. Available plans include:

Accident Insurance – Provides cash benefits for expenses resulting from injuries on or off the job. Benefits are paid based on the injury and medical services received. The Accident Insurance includes a Wellness Benefit that pays up to \$200 annually for routine physicals and health screening tests.

Critical Illness Insurance – When diagnosed with a covered Critical Illness or Cancer (Invasive), Trustmark pays a lump sum benefit to help employee better cope financially. The Critical Illness Insurance also includes a Health Screening Benefit that pays up to \$100 per each insured person to receive one immunization or one health screening test per year.

Universal Life Insurance – Permanent life insurance with a death benefit payable employee's designated dependents. Premium remains fixed until age 100 and pays a higher benefit during working years up to age 70. The Universal Life Insurance includes a Long Term Care benefit that pays cash benefits when participating employee needs caregiving services.

To learn more about the Trustmark plans, contact Trustmark's customer service.

Trustmark

Customer Service: 800-918-8877 | www.trustmarksolutions.com

LegalShield

LYNX offers a legal protection plan through LegalShield on a voluntary basis via post-tax payroll deduction. The legal plan, administered by LegalShield, gives members direct access to a dedicated provider law firm for unlimited phone consultation on most personal and business legal matters, such as:

- ✓ Contract Review
- ✓ Family Law
- ✓ Real Estate
- ✓ Tax Audits
- ✓ Traffic Violations
- ✓ Wills & Estate Planning

Please see full plan details and limitations on the LYNX group website: www.shieldbenefits.com/lynx, or contact Dahlia Smith by using the contact information provided below.

IDShield

LegalShield also offers a voluntary pre-paid identity theft protection program, IDShield. IDShield offers comprehensive privacy and security monitoring. This plan will give employee, spouse and eligible dependent child(ren) access to their credit report plus daily monitoring of credit report and online privacy. If a victim of identity theft, this membership will provide an investigator to assist with the restoration process. This includes contacting State DMV, Medical Information Bureau, all 3 credit repositories, financial institutions, the Social Security Administration, and Criminal Records. To learn more about the benefits of this plan, contact Dahlia Smith by using the contact information provided below.

Legal Shield & IDShield Plans

Per Pay Period Cost (26)

	LegalShield	IDShield	LegalShield & IDShield
Employee + Family*	\$7.27	\$5.98	\$11.86

**Includes Employee and All Eligible Dependents; Contact LegalShield for Dependent Eligibility Information.*

LegalShield | Customer Service: (800) 654-7757

www.shieldbenefits.com/lynx

Agent: Dahlia Smith | Phone: (407) 325-0894



LYNX Wellness

The mission of the LYNX Wellness Program is to contribute to the overall performance of LYNX and its employees by passionately planning, promoting and implementing wellness opportunities for all employees in order to foster a culture of pride in personal health and well-being. The LYNX Wellness Program Administrator oversees the following programs as well as the Cigna programs listed with Medical Plan Resources. For more detailed information on any Wellness Programs, please reach out to wellness@golynx.com. To stay up-to-date on wellness programs and events at LYNX, please join the LYNX Wellness Mailing List by scanning the QR code to the right and entering employee email address.



Wellness Center

Employees who have completed the LYNX Wellness Center application may make use of the services provided through the on-site wellness centers, free of charge.

The LYNX Wellness Centers are located at LYNX Operations Center (LOC-B) on the 1st floor near the elevator, and LYNX Central Station (LCS) on the 2nd floor to the right of the Board Room. Wellness Center hours below are subject to change at any time. Employees should consult the LYNX Wellness page prior to accessing. For more information about the Wellness Centers, please contact Human Resources.

LOC-B Wellness Center

Open 24 Hours A Day, 365 Days a Year

Monday	12:00 am – 11:59 pm
Tuesday	12:00 am – 11:59 pm
Wednesday	12:00 am – 11:59 pm
Thursday	12:00 am – 11:59 pm
Friday	12:00 am – 11:59 pm
Saturday	12:00 am – 11:59 pm
Sunday	12:00 am – 11:59 pm

LCS Wellness Center

Monday	7:00 am – 7:00 pm
Tuesday	7:00 am – 7:00 pm
Wednesday	7:00 am – 7:00 pm
Thursday	7:00 am – 7:00 pm
Friday	7:00 am – 7:00 pm
Saturday	7:00 am – 7:00 pm
Sunday	7:00 am – 7:00 pm

Please Note: The LCS Wellness Center is closed on the third Thursday of each month from 9:00 am – 5:00 pm due to monthly Board of Directors meetings.

Health Coaching

On-Site Health Coaching

LYNX provides, at no cost to all employees, access to six (6) sessions per calendar year with the LYNX Wellness coordinator. Sessions are 30 minutes and provide employee with professional nutrition and exercise education. To schedule an appointment, call (407) 254-6012.

Lifestyle Management Programs through Cigna

Employees enrolled in one (1) of the LYNX medical plans have access to one-on-one coaching by phone with a professional Cigna Health Coach. Sessions are 15-20 minutes and may be scheduled for assistance with health goals such as:

- ✓ Weight Management
- ✓ Stress Management
- ✓ Tobacco Cessation

To enroll, access program workbooks and toolkits, or schedule a session, call (855) 246-1873.

Wellbeats

LYNX provides access to Wellbeats at no cost to all employees after date of hire. Wellbeats is a streaming service app that offers over 1,200 on-demand fitness, nutrition, and mindfulness classes. Employee can access expert-led instruction in topics such as:

- ✓ Yoga
- ✓ HIIT
- ✓ Mindfulness
- ✓ Meditation
- ✓ Nutrition and recipes
- ✓ And much more!

To access Wellbeats, employees must email wellness@golynx.com to request an account. Once an account has been created, employees may access Wellbeats by downloading the Wellbeats app from the App StoreSM or Google PlayTM or visiting the Wellbeats website.

Wellbeats | www.wellbeats.com

At the Gehring Group, our goal is to be your advocate and ensure issues are resolved as quickly as possible.



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