



SUMMARY OF BENEFITS

BENEFITS EFFECTIVE January 1, 2026

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

<p>HOW TO ENROLL</p>	<p>1. Call the Benefits Call Center at 551-300-2730</p> <p>2. Use the Self-Service Portal by visiting https://benefits.plansource.com/.</p>
<p>WHEN TO ENROLL</p>	<p>You must call the Benefits Call Center or use the Self-Service Portal during your New Hire eligibility period. If you do not enroll before the end of your New Hire eligibility period, you will no longer be able to enroll until the next Open Enrollment, unless you have a Qualifying Life Event.</p>
<p>WHAT YOU NEED TO ENROLL</p>	<ul style="list-style-type: none"> • Dates of birth and Social Security numbers for you and any family members whom you want to cover. • Documentation that substantiates your dependents if you are enrolling them in medical, dental or vision. • ID cards for any other medical plans under which you or your family members are covered

IN-HOUSE BENEFITS OVERVIEW

<p>MEDICAL <i>Lucent Health</i></p>	<p>Option 1 VBP PPO Base Plan: Lowest Premiums / Highest Deductibles</p> <ul style="list-style-type: none"> • Compatible with a Health Savings Account <ul style="list-style-type: none"> • Trans-System contributes \$500 per individual (\$9.62 per pay period) or \$750 per family per year (\$14.42 per pay period) • \$4,000 / \$8,000 - Individual / Family Deductible (Embedded) • \$6,900 / \$13,800 - Individual / Family Out-of-Pocket Maximum <p>Option 2 VBP PPO Buy-Up Plan: Higher Premiums</p> <ul style="list-style-type: none"> • \$1,500 / \$4,500 - Individual / Family Deductible (Embedded) • \$7,150 / \$14,300 - Individual / Family Out-of-Pocket Maximum <p>Option 3 Cigna Network PPO Plan: Highest Premiums</p> <ul style="list-style-type: none"> • \$1,500 / \$4,500 - Individual / Family Deductible (Embedded) • \$7,150 / \$14,300 - Individual / Family Out-of-Pocket Maximum
<p>MEDICAL NETWORKS</p>	<p>Options 1 & 2:</p> <ul style="list-style-type: none"> • <i>Indiana/Texas/Washington Residents:</i> HealthSmart Network • <i>All Other Residents:</i> PCHS/Multiplan Network <p>Option 3:</p> <ul style="list-style-type: none"> • Cigna PPO Network
<p>Teladoc Primary360</p>	<p>Your anytime, anywhere health & mental care benefit.</p> <ul style="list-style-type: none"> • Option 1 VBP PPO Base Plan: Up to \$55 Copay • Option 2 & Option 3: \$0 Copay

IN-HOUSE BENEFITS OVERVIEW continued

DENTAL <i>Lucent Health through the Cigna PPO Network</i>	<ul style="list-style-type: none"> • \$50 / \$150 – Individual / Family Deductible • Insurance will coverage a maximum of \$1,500 worth of services in a calendar year. • Preventive care is covered at 100%. After your deductible is met, basic services are covered at 80% and major services are covered at 50% at in-network providers.
VISION <i>VSP</i>	<ul style="list-style-type: none"> • <i>Exams & Eyeglass Lenses:</i> \$10 Copay (once every calendar year) • <i>Frames:</i> Up to \$130 allowance + 20% off remaining balance at participating providers (once every calendar year) • <i>Elective Contact Lenses:</i> \$130 allowance (once every calendar year)
LIFE & DISABILITY <i>Mutual of Omaha & Trustmark</i>	<p>Mutual of Omaha:</p> <ul style="list-style-type: none"> • <i>Employer-Paid Life and AD&D Benefit:</i> 1x annual salary up to \$100,000 • <i>Optional Life and AD&D up to 5x your annual salary (max \$100,000)</i> <ul style="list-style-type: none"> • Dependent coverage options available • <i>Optional Short-Term & Long-Term Disability available</i> <p>Trustmark:</p> <ul style="list-style-type: none"> • <i>Optional Whole Life with Long-Term Care</i> <ul style="list-style-type: none"> • IMPORTANT: For employees interested in the Long-Term Care product, please call the Benefits Call Center. This product is not available via online enrollment.
ADDITIONAL COVERAGE <i>Guardian</i>	<ul style="list-style-type: none"> • <i>Optional Accident, Critical Illness, and Hospital Indemnity</i>
401(K) Retirement Savings Plan	<ul style="list-style-type: none"> • American Funds: Group # 1353537-01 • Eligible after 6 months of employment • 100% Company Match up to 3% of your contribution • Contact: (800) 204-3731 https://myretirement.americanfunds.com/

Semi-Monthly Contributions (24 Deductions)	Medical Option 1 VBP Base Plan \$4,000 HDHP	Medical Option 2 VBP Buy-Up Plan \$1,500 PPO	Medical Option 3 Cigna Network \$1,500 PPO	Dental	Vision
Employee Only	\$42.09	\$64.84	\$157.50	\$4.09	\$1.43
Employee + Spouse	\$266.18	\$313.95	\$503.51	\$17.01	\$3.88
Employee + Child(ren)	\$129.68	\$172.90	\$331.77	\$8.88	\$2.60
Employee + Family	\$364.00	\$443.63	\$702.06	\$22.79	\$5.78

The contributions above do not include the spousal surcharge or tobacco surcharge(s) below.

Surcharges That May Impact Your Medical Contributions

Spousal Surcharge	A \$50 per month surcharge will apply for employees electing coverage for a spouse who has access to group health coverage through their employer. An annual affidavit will be required for all spouses enrolling in the medical plan.
Employee Tobacco Surcharge	If you use nicotine, your medical rates will increase by \$80 per month . Completion of a tobacco cessation program will result in a lower rate and a refund for any extra premiums paid.
Spouse Tobacco Surcharge	If your covered spouse uses nicotine, your medical rates will increase by an additional \$80 per month . Completion of a tobacco cessation program will result in a lower rate and a refund for any extra premiums paid.

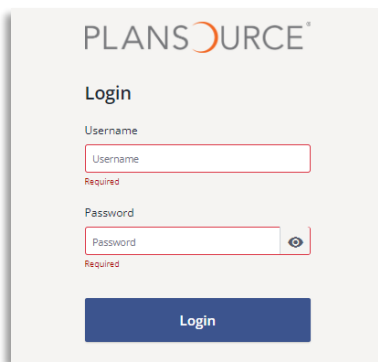
BENEFITS ELIGIBILITY TABLE

Your benefits effective date is based on your hire date. Please find your hire date window below to determine your enrollment date.

You must elect your benefits prior to the month of your 'Enrollment Date' listed below.

Date of Hire	Enrollment Date
January 1 January 2-31	March April
February 1-28/29	May
March 1-3 March 4-31	May June
April 1-2 April 3-30	June July
May 1-2 May 3-31	July August
June 1-2 June 3-30	August September
July 1-3 July 4-31	September October
August 1-3 August 4-31	October November
September 1-2 September 3-30	November December
October 1-3 October 4-31	December January
November 1-3 November 4-30	January February
December 1 (Not leap year) December 1 (Leap year) December 2-31	February March March

PLANSOURCE Enrollment Instructions



Login to the enrollment website: <https://benefits.plansource.com>

- **USERNAME:** Your username is the following. **The first initial of your first name**, up to the **first six characters of your last name**, and the **last four of your SSN**. For example, if your name is Jane Anderson and the last four of your SSN is 1234, your username would be janders1234.
- **PASSWORD:** Your birthdate in YYYYMMDD format. For example: if your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password.

Get Started

Launch Enrollment

During open enrollment, click on “Enroll – Annual.” If you are a new hire – this link will say “New Hire – Enroll.” Click on “Make a Change to My Benefits” if this is a qualifying event.

View or Change

Enroll

Follow the enrollment through each step of the enrollment process from top to bottom.

In making your elections, choose the plan option of choice or select the “Decline” option and then select “Continue” after each election has been made until you reach the confirm page.

Review & Confirm

Confirm Enrollment Selections

Once you complete all coverage elections, you will land on the Confirmation Statement. Click the “Confirm Enrollment” button at the bottom of the page to complete your enrollment process.



Your anytime, anywhere healthcare benefit

Start using your
Teladoc Health
benefits.



Your care options with Primary360 include:

Primary Care

Manage your overall health—body and mind—
with a U.S. board-certified primary care provider
and care team of nurses and medical assistants.
From routine checkups to ongoing care, visits are
easy to schedule when it's convenient for you.

- Annual checkups and preventive care
- Prescriptions
- Lab orders and recommended screenings
- Referrals to in-person (and in-network) specialists
- Support for chronic conditions



Mental Health

Have real conversations and see progress with a
therapist of your choice. Available 7 days a week
from the privacy of your own home.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

Activate your benefit and schedule your visit today

Visit [TeladocHealth.com](https://www.TeladocHealth.com)
Call 1-800-835-2362 | Download the app  | 



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Trans-System		4. Employer Identification Number (EIN)	
5. Employer address 7405 S. Hayford Rd.		6. Employer phone number 509-623-4000	
7. City Cheney	8. State WA	9. ZIP code 99004	
10. Who can we contact about employee health coverage at this job? Human Resources			
1. Phone number (if different from above)		1. Email address humanresources@trans-system.com	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Coverage is offered to all full time employees working more than 30 hours per week.

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and child(ren)

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue) **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

X Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \$145.77

b. How often? Weekly Every 2 weeks Twice a month X Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

a. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Signature

Date