MRIGlobal

2027
Benefits Guide



TABLE OF CONTENTS

Note: If you are unable to resolve your issues with the insurance carrier, please contact your MRIGlobal Benefits Resource or your Bukaty Service Team. Contact information can be found on pages 3 and 4 of this document.

YOUR MRIGLOBAL BENEFITS RESOURCE 3

YOUR BUKATY SERVICE TEAM 4

CONTACT INFORMATION 5

ELIGIBILITY AND COVERAGE 6

BENEFITS ON THE GO – *SWIPE BENEFITS APP* 7

HOW TO FIND A NETWORK PROVIDER 8

MEDICAL PLANS: *Blue Cross Blue Shield of Kansas City* 9

HEALTH SAVINGS ACCOUNT: *UMB* 15

FLEXIBLE SPENDING ACCOUNTS: *Navia Benefit Solutions* 17

DENTAL PLANS: *Cigna* 19

VISION PLANS: *VSP* 20

LIFE AND AD&D: *Sun Life* 21

SHORT & LONG-TERM DISABILITY: *Sun Life* 24

ACCIDENT: *Sun Life* 25

CRITICAL ILLNESS/CANCER: *Sun Life* 27

HOSPITAL INDEMNITY: *Sun Life* *28*

LEGAL PLAN: *MetLife* 29

IDENTITY THEFT PLANS: *MetLife Aura* 30

EMPLOYEE ASSISTANCE PROGRAM: *EFR Employee & Family Resources* *31*

PARENTAL LEAVE / PARENTAL SUPPORT 32

RETIREMENT AND FINANCIAL PLANNING 33

PAYROLL INFORMATION 33

TIME OFF & LEAVE 34

EMPLOYEE PERKS 35

PRESCRIPTION DRUG NOTICE 36

RIGHTS & DISCLOSURES 37

MRIGlobal

2027 BENEFITS GUIDE

Welcome to your **2027 Benefits**!

At MRIGlobal, we are proud to be a mission-driven organization committed to improving lives and advancing science. The work we do creates real-world impact across communities, industries, and nations, and every employee contributes to that mission.

Just as we invest in our mission, we invest in our people. Your benefits are an important part of that commitment. They are designed to support your health, well-being, financial security, professional growth, and work-life balance so you can thrive both at work and beyond.

As you explore this guide, we hope you see it as more than a summary of your benefits. It reflects our commitment to supporting you and your family while fostering an environment where everyone has the opportunity to succeed, make a difference, and do their best work.

Whether you're reviewing your options during Open Enrollment, navigating a life event, planning for the future, or simply exploring available resources, our People Operations team is here to help. Start with **Julia McCullough**, Benefits Manager, who can connect you with the information and support you need.



Julia McCullough, Benefits Manager
jmccullough@mriglobal.org
(816) 326-5520

This benefits guide provides an overview of the benefit programs offered at MRIGlobal, but does not create any express or implied contractual rights, guarantees, or promises of continued employment or benefits. The specific terms and conditions of the benefits are governed by the applicable legal plan documents, including insurance contracts. Changes in the benefit provisions, subsequent to the publication of this guide, will take precedence over its contents. MRIGlobal reserves the right to modify, suspend, or terminate any benefit plan at any time. Because benefit provisions may change after publication, please contact a representative of the People Operations department if you have questions or need to confirm that you have the most current information about your benefits.

MEET YOUR BUKATY SERVICE TEAM

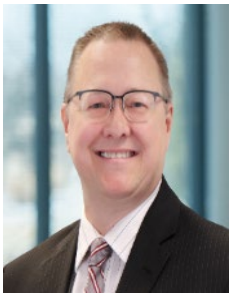
Your dedicated service team is available to help address claims, billing, and other benefit-related questions. Please contact them by phone or email.



Liz Heller

Principal
lheller@bukaty.com
913-653-8368

Liz oversees all aspects of your employee benefits program.



Chris Stitt

Account Executive
cbstitt@bukaty.com
913-396-0861

Chris is your primary point of contact to assist with day-to-day administrative and service questions.



Jami Musselman

Benefits Consultant
jmusselman@bukaty.com
913-521-4002

Jami oversees all aspects of your employee benefits program.



Melissa Findley

Account Manager
mfindley@bukaty.com
913-647-5549

Melissa is your secondary point of contact to assist with day-to-day administrative and service questions.



Joe Holdenried

Sr. Financial Consultant
jholdenried@bukaty.com
913-647-5538

Joe works on plan design analysis, benefit modeling, and plan recommendations to ensure a comprehensive benefit package.

INSURICA express

Medicare Assistance

Insurica
913-333-3380
www.broker-source.com

BUKATY COMPANIES
Expertise you experience®

4601 College Blvd, Ste 100
Leawood, Kansas 66211
www.bukaty.com

CONTACT INFORMATION

PEOPLE OPERATIONS - BENEFITS	**Julia McCullough, Benefits Manager** Phone: 816-326-5520 Email: jmccullough@mriglobal.org
MEDICAL	**Blue Cross Blue Shield of Kansas City** Group #: 29560000 Customer Service: 888-989-8842 Website: www.mybluekc.com
PRESCRIPTION BENEFIT – COST SAVINGS TOOL	**Rx Savings Solutions** Customer Service: 800-268-4476 Website: http://myrxss.com Email: support@rxsavingssolutions.com
WELLNESS PROGRAM	**MRIGlobal Wellness Works** Email: benefits@mriglobal.org
DENTAL	**Cigna** Group #: 3212464 Customer Service: 800-244-6224 Website: www.cigna.com
VISION	**VSP** Group #: 12146841 Customer Service: 800-877-7195 Website: www.vsp.com
LIFE & DISABILITY, ACCIDENT / CRITICAL ILLNESS / HOSPITAL INDEMNITY / FMLA / MEDICAL LEAVE	**Sun Life** Group #: 962714 Customer Service: 800-247-6875 Website: www.sunlifeconnect.com
LEGAL SERVICES	**MetLaw / Hyatt Legal Plans** Customer Service: 800-821-6400 Website: www.members.legalplans.com (access code: 6110005)
IDENTITY THEFT	**MetLife Aura** Customer Service: 833-552-2123 Website: www.aura.com
FLEXIBLE SPENDING ACCOUNTS	**Navia Benefit Solutions** Customer Service: 800-669-3539 Website: www.naviabenefits.com/
HEALTH SAVINGS ACCOUNT	**UMB Bank** Customer Service: 866-520-4HSA (4472) Website: UMB.com/HSA/Individuals
EMPLOYEE ASSISTANCE PROGRAM	**EFR Employee & Family Resources** Customer Service: 800-327-4692 Website: www.efr.org
RETIREMENT – 403(B) PLAN (TAX DEFERRED ANNUITY PLAN)	**Empower Retirement** Customer Service: 866-467-7756 www.empowermyretirement.com
COBRA	**Navia Benefit Solutions** Customer Services: 800-675-7341 Website: https://app.naviabenefits.com/#/login

ELIGIBILITY AND COVERAGE

NEW HIRE	You are eligible to participate in the employee benefits plan if you work at least 20 hours per week. Coverage will begin on the first day of the month following, or coinciding with, your first day of employment. *(Coverage for Business Travel Accident Insurance begins on your first day of employment)*
NEW HIRE DEPENDENTS	Eligible dependents may also participate beginning on the first day of the month following, or coinciding with, the employee's first day of full-time employment. Eligible dependents include your legal spouse, domestic partner (with proper documentation), and/or dependent child(ren) up to age 26. If your child is disabled prior to age 26 and incapable of self-sustaining employment and dependent on you for support, they may continue to be covered as your dependent, regardless of age.
QUALIFYING LIFE EVENTS	Eligibility outside of open enrollment or the new hire period: Documented qualifying life event to change coverage must be submitted to the carrier within 30 days of the event. Qualifying events are as follows: • Marriage • Divorce and/or legal separation • Death or loss of a dependent (including loss of dependent status) • Birth or adoption of a child • Change in spouse's employment status causing loss or gain of benefits coverage • Change in your employment status • Eligibility for Medicare
OPEN ENROLLMENT	Changes outside your new hire period and a qualifying life event can be made once a year when the company policy renews.
TERMINATION OF COVERAGE	**Medical, Dental, and Vision Plans:** Coverage for employees, spouses, domestic partners, and dependents ends on the last day of the month in which the employee worked. Coverage for dependents turning age 26 ends on last day of the month in which they turn 26. **Life/Disability/Accident/Critical Illness Plans/Hospital Indemnity:** Coverage for employees (and covered spouses, domestic partners, and children) ends on the termination date. Coverage for dependents turning age 26 ends on the day they turn 26.

MRIGLOBAL BENEFITS ON THE GO!

Mobile-Enabled Benefits Website

Your One-Stop Resource for Benefits & Wellness

The mobile-enhanced website will give you online access to the information and tools you need regarding benefits and wellness.

- **Available 24/7**
- **Access from Work and Home**

The Website Provides Access To:

- **Benefits Overview**
- **Medical**
- **HSA**
- **Dental**
- **Vision**
- **Employee Assistance Program (EAP)**
- **Accident & Critical Illness**
- **FSA**
- **Contacts**
- **Enrollment**
- **Disability**
- **Life / AD&D**
- **Cobra**



Employee Mobile App Instructions for Android

- **Go to https://www.mriglobal.swipebenefits.com/**
- **Tap the menu button on the top right (3 vertical dots)**
- **Select "Add to Home Screen" Then the "Add" button**

Employee Mobile App Instructions for iPhone & iPad

- **Go to https://www.mriglobal.swipebenefits.com/**
- **Tap the button on the bottom that resembles an arrow coming out of a box**
- **Select "Add to Home Screen" then the "Add" button**

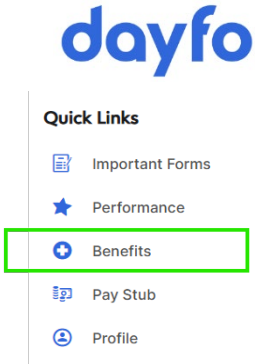
From this point, you can access your employee benefits information by clicking on the quick launch icon on your home screen.

ENROLLMENT PROCESS:

To start the enrollment process: Log-in to Dayforce

Dayforce: https://sso.dayforcehcm.com/mriglobal

Click **Log-in > Benefits > Overview > Start/Continue Enrollment** in the Enrollments box



FIND A NETWORK PROVIDER

SAVE MONEY BY STAYING IN-NETWORK

MEDICAL: BlueCross BlueShield of Kansas City
Direct Link: https://www.bluekc.com/consumer/member-benefits/find-a-doctor.html → Continue as a Guest → I have or might get a Blue KC health plan through my employer → Select Network *(Select Preferred-Care Blue or BlueSelect Plus)*
Website: https://www.bluekc.com/ → Find Care → Continue as a Guest → I have or might get a Blue KC health plan through my employer → Select Network (*Select Preferred-Care Blue or BlueSelect Plus*)

DENTAL: Cigna
Direct Link: https://www.cigna.com → Find a Doctor → Employer or School → Search by Doctor Type, Name or Group Practice

VISION: VSP
Direct Link: https://www.vsp.com/eye-doctor → Enter zip code or address → Search



PPO PLAN

Preferred-Care Blue Network

Kansas City

MRIGlobal contributes a monthly allowance toward the cost of medical premiums. The following tables give you an overview of how plan options work and what your responsibilities are. A complete summary of benefits is available upon request.

NETWORK BENEFITS	$800 Deductible Copay Plan
Calendar Year Deductible Individual / Family	$800 / $1,600
Coinsurance Plan Pays You Pay	 80% After Deductible 20% After Deductible
Out-of-Pocket Maximum Individual / Family	$7,900 / $15,800
Office Visit Copays: Primary Care Specialist Preventive Services	 $20 Copay $40 Copay $0 Copay
Retail Pharmacy Prescription Drug Coverage *(up to 34 day supply)*: Tier 1 / Tier 2 / Tier 3 Specialty	$5 / 20% *(max $100)* / 40% *(max $150)* *50% (max $750)*
Retail Pharmacy Prescription Drug coverage *(35-102 day supply)*: Tier 1 / Tier 2 / Tier 3 Specialty	$10 / 20% *(max $200)* / 40% *(max $300)*
Mail Order Prescription Drug Coverage: Tier 1 / Tier 2 / Tier 3	$10 / 20% *(max $200)* / 40% *(max $300)*
Urgent Care Facility	$40 Copay
Inpatient Hospital Care	Deductible & Coinsurance
Outpatient Hospital Care	Deductible & Coinsurance
Lab Services Performed in a Provider's Office/Independent Lab/Urgent Care Facility	$0 Copay
X-Ray	Deductible & Coinsurance
Other Radiology Procedures *(MRI, CT/PET Scan, MRA)*	Deductible & Coinsurance
Outpatient Surgery and Scopes	Deductible & Coinsurance
Emergency Services	$150 Copay, then Deductible & Coinsurance
Physical Therapy, Occupational Therapy, and Skeletal Manipulations *(limited to 60 visits per calendar year)*	Deductible & Coinsurance
Speech & Hearing Therapy *(limited to 20 visits per calendar year)*	Deductible & Coinsurance

Semi-Monthly Rates – *Employee Pays*	
$800 Deductible Copay Plan	**Employee Pays**
Employee Only	$89.57
Employee/Spouse	$257.93
Employee/Children	$197.04
Employee/Family	$365.41

You can earn points to reduce your health premiums the following year by participating in Blue KC's A Healthier You.

Earn 3000-3999 points: $5 semi-monthly discount.
Earn 4000 – 4999 points: $10 semi-monthly discount.
Earn 5000+ points: $20 semi-monthly discount.

See page 12 for more information on how to earn points.

BLUESAVER HSA PLAN

Preferred-Care Blue Network

Kansas City

MRIGlobal contributes a monthly allowance toward the cost of medical premiums. The following tables give you an overview of how plan options work and what your responsibilities are. A complete summary of benefits is available upon request.

NETWORK BENEFITS	$3,500 Deductible Blue Saver HSA Plan
Employer Contributions per Calendar Year *(Contributions are prorated for new hires according to hire date)*	**Employee - $500** **Employee + 1 or more - $1,000**
Calendar Year Deductible Individual / Family	$3,500 / $7,000
Coinsurance Plan Pays You Pay	 80% After Deductible 20% After Deductible
Out-of-Pocket Maximum Individual / Family	$6,650 / $13,300
Office Visit Copays: Primary Care Specialist Preventive Services	 Deductible & Coinsurance Deductible & Coinsurance $0 Copay
Retail Pharmacy Prescription Drug Coverage *(up to 34-day supply)*: Tier 1 / Tier 2 / Tier 3 Specialty	**Deductible, then:** $5 / 20% *(max $100)* / 40% *(max $150)* 50% *(max $750)*
Retail Pharmacy Prescription Drug coverage *(35 - 102-day supply)*: Tier 1 / Tier 2 / Tier 3	**Deductible, then:** $10 / 20% *(max $200)* / 40% *(max $300)*
Mail Order Prescription Drug Coverage: Tier 1 / Tier 2 / Tier 3	**Deductible, then:** $10 / 20% *(max $200)* / 40% *(max $300)*
Urgent Care Facility	Deductible & Coinsurance
Inpatient Hospital Care	Deductible & Coinsurance
Outpatient Hospital Care	Deductible & Coinsurance
Lab Services Performed in a Provider's Office/Independent Lab/Urgent Care Facility	Deductible & Coinsurance
X-Ray	Deductible & Coinsurance
Other Radiology Procedures *(MRI, CT/PET Scan, MRA)*	Deductible & Coinsurance
Outpatient Surgery and Scopes	Deductible & Coinsurance
Emergency Services	Deductible & Coinsurance
Physical Therapy, Occupational Therapy, and Skeletal Manipulations *(limited to 60 visits per calendar year)*	Deductible & Coinsurance
Speech & Hearing Therapy *(limited to 20 visits per calendar year)*	Deductible & Coinsurance

Semi-Monthly Rates – *Employee Pays*	
$3,500 Deductible HSA Plan	**Employee Pays**
Employee Only	$51.92
Employee/Spouse	$168.29
Employee/Children	$124.26
Employee/Family	$238.60

You can earn points to reduce your health premiums the following year by participating in Blue KC's A Healthier You.

Earn 3000-3999 points: $5 semi-monthly discount.
Earn 4000 – 4999 points: $10 semi-monthly discount.
Earn 5000+ points: $20 semi-monthly discount.

See page 12 for more information on how to earn points.

EPO SPIRA CARE PLAN *(For KC Employees Only)*

Spira Care, Blue Select Plus PPO network

Kansas City

MRIGlobal contributes a monthly allowance toward the cost of medical premiums. The following tables give you an overview of how plan options work and what your responsibilities are. A complete summary of benefits is available upon request.

NETWORK BENEFITS	Spira Care Plan
Deductible Individual / Family *(per calendar year)*	$500 / $1,000
Out-of-Pocket Maximum Individual / Family *(includes deductible)*	$6,600 / $13,200
Coinsurance Plan Pays You Pay	100% After Deductible 0% After Deductible
Visits to a Spira Care Center: • Office Visit – Routine • Office Visit – Urgent/Acute • Chronic Disease Care *(excluding drugs &equipment)* • Outpatient Mental Health, Behavioral Health, and Substance Abuse Services • Labs • X-Ray *(basic diagnostic x-rays for fracture and other injuries or illness)* • Preventive Screenings & Immunizations *(children &adults)*	$0 Copay
Visits to another Physician's Office • Primary Care Physician • Specialist • Other Services & Procedures performed in a provider's office and not included with an office visit • Urgent Care Center • Preventive Screenings & Immunization (children & adults) • Labs performed in a Provider's Office/Independent Lab/Urgent Care Facility • Allergy Testing and Treatment	 Deductible Deductible Deductible Deductible $0 Copay Deductible Deductible
Retail Pharmacy Prescription Drug Coverage *(up to 34-day supply)*: Tier 1 / Tier 2 / Tier 3	$15 / $50 / Deductible
Retail Pharmacy Prescription Drug Coverage *(35 – 102-day supply)*: Tier 1 / Tier 2 / Tier 3	$15 / $125 / Deductible
Mail Order Prescription Drug Coverage: Tier 1 / Tier 2 / Tier 3	$15 / $125 / Deductible
Inpatient | Outpatient Hospital Care	Deductible
X-Ray Services	Deductible
Radiology Procedures (MRI, CT/PET Scans, MRA) *prior authorization required*	Deductible
Outpatient Surgery and Scopes	Deductible
Emergency Services	Deductible
Physical Therapy, Occupational Therapy, and Skeletal Manipulations *(limited to 60 visits per calendar year)*	Deductible
Speech & Hearing Therapy *(limited to 20 visits per calendar year)*	Deductible

Semi-Monthly Rates – *Employee Pays*	
Spira Care Plan	**Employee Pays**
Employee Only	$79.09
Employee/Spouse	$227.77
Employee/Children	$174.00
Employee/Family	$322.68

You can earn points to reduce your health premiums the following year by participating in Blue KC's A Healthier You.

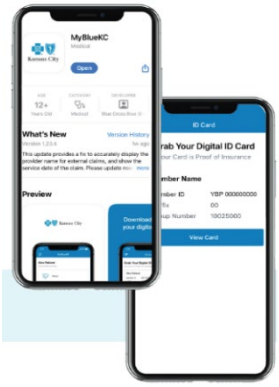
Earn 3000-3999 points: $5 semi-monthly discount.
Earn 4000 – 4999 points: $10 semi-monthly discount.
Earn 5000+ points: $20 semi-monthly discount.

See page 12 for more information on how to earn points.

MyBlueKC.com *A wealth of information at your fingertips*

MyBlueKC Mobile App

The MyBlueKC mobile app makes it easy to manage your Blue KC coverage. The app will help you understand your healthcare plan and how it works.



Registration is simple! If you've already registered your member account on **MyBlueKC.com**, you can use that same login for the app. Otherwise, follow the steps to easily register. The app provides a customized experience based on your plan and coverage.

A Healthier You™

Take Control, Get Healthier, Earn Chances to Win Gift Cards

You can download the MyBlueKC mobile app to access A Healthier You anytime, wherever you go. Simply click the **Health & Wellness** tab to access A Healthier You.

Access the A Healthier You portal for wellness support and helpful digital tools:

Log in to MyBlueKC.com and click on Health & Wellness > A Healthier You.

OR

Download the MyBlueKC app from the App Store or Google Play. Open the app and tap the Health & Wellness tab > A Healthier You

MyBlueKC.com

MyBlueKC mobile app

Take your Health Risk Assessment.

Connect a device to track your steps, sleep, nutrition and more.

Complete health actions to earn points to enter monthly sweepstakes.

Get reminders for actions to help you stay on top of preventive care and chronic conditions.

Lifestyle Program Benefit

Get healthier with this covered benefit that helps you lose weight.

If you qualify, we'll match you with a program that fits your lifestyle and keeps you on track with one-on-one support from a trained health coach, including virtual options.

BlueKC has partnered with Solera to offer you a personalized experience from leading health solutions like WW (Weight Watchers® Reimagined). And the best part? It's completely paid for by your health plan if you qualify.

Find out if you qualify by taking a brief quiz at GoSolera.com/BlueKC.

Download the Blue KC Care Management app and use access code **kchelpwelcome.**



GoSolera.com/BlueKC

Blue KC Care Management

Diabetes Self-Management

Strips, lancets and a digital glucose monitor, at no additional cost.



When you have diabetes, there's a lot to keep up with every day. **The Livongo for Diabetes** program makes it easier to keep track of your blood sugar. If you qualify, we'll send you a free glucose meter, plus all the strips and lancets you need. This easy digital program helps track your glucose and provide instant support for abnormal readings.

Sign up by visiting Join.Livongo.com/BlueKC/register and use code BlueKC or calling 800-945-4355.

Download the Blue KC Care Management app and use access code **kchelpwelcome** to learn more.

Join.Livongo.com

Blue KC Care Management

Kansas City

MyBlueKC.com *A wealth of information at your fingertips*

Behavioral Health Services

Behavioral healthcare refers to the prevention, diagnosis, and treatment of mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.

24/7 Mindful Advocate Support

Blue KC members have access to behavioral healthcare services included in their health plans like:

- 24/7 Mindful Advocate support
- Online tools for wellbeing and resilience
- Virtual care
- Psychotherapy or group counseling, inpatient and outpatient rehabilitation or medication assisted treatment
- Primary care providers, therapists, psychologists, and psychiatrists
- Digital program on prevention and treatment of substance use disorder
- Expedited access network

Match the right care and services:

Call 833-302-MIND (6463) or call the behavioral health number on your member ID card.

For a mental health emergency, call 988 or 911.

Chat is also available at **988lifeline.org/chat**

Call **1-800-799-SAFE (7233)** or text "START" to **88788** for crisis intervention and information for victims of domestic violence and those calling on their behalf.

Chronic Condition Management

Here to help you manage your condition every step of the way.

If you live with a chronic condition, you're not alone. With support from Blue KC, you can learn how to avoid potential problems and keep your health problems from getting worse.

Chronic condition management supports conditions like:

- Asthma (including Pediatric Asthma)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes (including Pediatric Diabetes)
- Heart Disease
- Heart Failure
- High Blood Pressure

How to get started:

Step 1: Using your mobile device, search for **Blue KC Care Management** in the App Store or Google Play, or scan the QR code below to download the Care Management app.

Step 2: When prompted, use access code **kchelpwelcome**.

Step 3: Create an account.

Step 4: Follow the instructions to set up your account.

Contact our team of chronic condition clinical professionals:

Call 816-395-2060, email Care_Management@BlueKC.com, or download the Blue KC Care Management app and use access code **kchelpwelcome.**

Blue KC Care Management

Use RX Savings Solutions to Save on Prescriptions

Rx Savings Solutions (RxSS) is an online tool that helps you find ways to save money on your prescription drugs.

Your health plan offers this service free of charge to all members and their dependents enrolled in medical benefits.

RxSS' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. For assistance, please contact the RxSS Pharmacy Support team at 1-800-268-4476. Receive notifications when new savings opportunities are available.

Start saving with RX Savings Solutions:

Step 1: Log into **MyBlueKC.com**

Step 2: Select Plan Benefits, then Pharmacy.

Step 3: Select Shot & Save with Rx Savings Solutions (or use the quick link: MyRxSS.com/BlueKC).

See your current savings opportunities or search for any medication for savings. You can also view your prescription history and share with your doctors.

If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

Access your pharmacy benefits and RxSS:

Visit MyBlueKC.com or use the quick link: MyRxSS.com/BlueKC .

MyRxSS.com

Kansas City

MyBlueKC.com *A wealth of information at your fingertips*

Blue365®

Blue365® offers premier health and wellness discounts at no additional cost to you.

With Blue365, great deals are yours for every aspect of your life. Save on workout apparel, meal programs, gym memberships and much more! Redeeming deals is easy as 1-2-3. Check out the instructions below and start redeeming today!

Step 1: Visit **Blue365deals.com/BlueKC**.

Step 2: Click the **Join** button located in the top right corner of the page.

Step 3: Enter your Blue KC member information to see exclusive deals available to members of select Blue Cross Blue Shield organizations. To check your eligibility, simply enter the first three characters of your member ID.

Step 4: To complete your registration, enter your personal information, accept the Terms and you are ready to enjoy the discounts.

Oncology Utilization Management

Blue KC, through their partnership with **OncoHealth**, offers a cutting-edge, technology-driven approach to cancer care. This partnership helps ensure cancer treatments are appropriate, cost-effective, and focused on patient safety and better health outcomes.

Iris Virtual Oncology Care Services

Employees facing cancer often need extra support but may not know where to turn. With Iris by OncoHealth, that help is always there.

- When symptoms arise after-hours, an Iris nurse is just a call away.
- When emotional support is needed, an Iris dietitian is available to provide expert guidance.

With Iris, employees are equipped with access to support between oncology visits, empowering them to manage their well-being with confidence.

With Iris, you gain access to:

- ❖ 24/7 personalized medical support from licensed oncology nurses
- ❖ Oncology-specific emotional health support from licensed therapists
- ❖ Tailored nutrition support from oncology-specialized registered dietitians
- ❖ Extensive disease- and treatment-specific content and activities

High-Cost Drug Discount Program

Blue KC's High-Cost Drug Discount Program helps members find and take advantage of manufacturer copay assistance programs that can help lower the copay/coinsurance for these specialty drugs.

How it works

The High-Cost Drug Discount Program maximizes manufacturer copay dollars to help minimize plan cost and help keep member cost low at the pharmacy.

- Members will be identified based on their prescription claims for eligible drugs in the program.
- Members with eligible medications will be contacted by phone and mail for program introduction and manufacturer assistance enrollment.
- Once enrolled, members don't need to do anything else regarding their prescriptions.
- Members pay the same or less with some copay cards covering most or all of the cost, depending on the manufacturer.
- Members choosing not to enroll will be subject to cost-sharing indicated in their benefit schedule.
- High-Cost Drug Discount Program team is available for any questions or assistance.

Blue KC Care Management App

Manage your health and take control of your wellness and ongoing health conditions.

With the Blue KC Care Management app, you can find resources and connect with our local Kansas City Care Team today to help you manage a condition, such as diabetes, asthma or cancer, maternal health support, weight loss, smoking cessation, pain management and more.

Download the Blue KC Care Management App.

Scan the QR code or search for Blue KC Care Management in the App Store or Google Play and use access code kchealth to sign up.

GET IT ON Google play

Download on the App Store

Kansas City

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is an individually owned, tax-favored account that allows individuals to pay for qualified health care expenses. To set up or contribute to an HSA, you must be covered by a qualified High-Deductible Health Plan (HDHP). Premiums associated with an HSA-qualified plan are usually lower than a traditional plan, allowing employees to capture the savings and fund their HSA account. Similar to a 401(k) savings plan, individuals can make tax-deductible contributions into an HSA, and the account can earn interest tax free. HSA funds can be used to pay for any qualified out-of-pocket medical expenses. HSAs are also commonly used to pay for deductible and prescription drug expenses. Once the deductible is met, the health plan begins paying some or all covered expenses, depending on the plan selected.

Tax Savings

One of the best benefits of an HSA is that it offers triple tax savings on all contributions. This means that any HSA contribution can be made either pre-tax or is tax deductible at year-end. Any interest income or earnings on investments tied to your HSA also remain tax free. Lastly, as long as the HSA funds are used to pay for qualified health care expenses, then no taxes will be charged upon distribution.

HSA Benefits

- 100% of unused funds roll over year-after-year.
- Portable — the HSA goes with you even if you switch employers.
- Can pay for the eligible expenses of your legal spouse and tax dependents regardless of their insurance.
- Can be used for Medicare premiums as well as qualified long-term care premiums.

Who is Eligible to Participate in an HSA?

In general, to be eligible for an HSA, you must meet the following criteria:

1. You must be covered under an HDHP and cannot have other health care coverage.
2. You cannot be enrolled in Medicare.
3. You cannot be claimed as a dependent on someone else's tax return.

Is There a Contribution Limit to an HSA Account?

The U.S. Treasury Department establishes annual contribution limits for HSAs and HSA-qualified health plans, which are adjusted each year for inflation.

2027 IRS HSA CONTRIBUTION LIMITS	
Individual	$4,500
Family	$9,000
Catch-up contribution (Age 55+)	$1,000

You may change your election amount any time during the plan year.

Employer Contributions Per Calendar Year: $500 – Employee / $1,000 – Employee + 1

How To Access Your Online HSA through UMB

Our enrollment files that flow to BCBS trigger enrollment and a UMB account for a new participant to be opened.

After you enroll, you will receive your account number and debit card in the mail within 5 to 7 business days.

Questions? Call 866-520-4472 from 7 a.m.-7:30 p.m. Monday-Friday CT; and on Saturday from 8 a.m.-5 p.m. CT.

ELIGIBLE HSA EXPENSES

Eligible Medical Expenses	
Acupuncture	Therapy, physical or speech
Alcoholism treatment	Eyeglasses, prescription *(includes prescription sunglasses and over-the-counter reading glasses)*
Ambulance Service	Fertility treatment *(ovulation predictor kits and pregnancy tests, in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)*
Artificial limb/teeth	Guide dog or other animal used to assist persons with physical disabilities
Bandages, Band-Aids, wraps, and splints	Health institute
Breast-reconstructive surgery following a mastectomy	Hearing aids and batteries
Birth control pills *(Norplant, ovulation kits)*	Hospital services
Braille books and magazines	Insulin, syringes
Chiropractor professional fees	Laboratory fees
Christian Science Practitioner fees	Lead-based paint removal
Contact Lenses/solution	Legal fees *(fees you pay that are necessary to authorize treatment for mental illness)*
Contraceptives	Meals *(only as part of inpatient hospital care)*
Crutches/braces & supports	Nursing home *(if necessary for medical care and only the portion for medical services)*
Dental treatment	Nursing services
Diagnostic services and tests	Operations *(not cosmetic in nature)*
Drug dependence treatments	Orthodontia
Drugs *(prescriptions)*	Orthopedic devices
Eye Surgery *(includes cataract, LASIK, etc.)*	Osteopath fees
Physical therapy	Oxygen equipment
Pregnancy test kits	Transplants *(donor expenses, if you pay those expenses)*
Psychologist fees	Transportation and related travel expenses for person seeking treatment
Schools and education *(for mentally impaired or physically disabled person – see IRS publication 502)*	Treatment for learning disability caused by mental or physical impairment or nervous system disorders
Special home for person adjusting from life in mental institution to community living	Vaccinations
Speech Therapy	Weight-Loss program *(only if medically necessary to treat existing disease such as heart disease and undertaken under physician's direction)*
Sterilization procedures *(vasectomy or tubal ligation)*	Wheelchair
Stop-smoking program	Wigs *(upon the advice of physician for mental health of patient)*
Surgical fees (for legal operations not cosmetic in nature)	X-ray fees

FLEXIBLE SPENDING ACCOUNTS (FSA)

HEALTH CARE FSA

How does a Health Care FSA work?

A Health Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents – even if they're not covered under your primary health plan.

You choose an annual election amount, up to $3,500 In 2027. At the beginning of the plan year, your account is prefunded, and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

Why should I enroll in a Health Care FSA?

Almost everyone has some level of predictable and non-reimbursable medical needs. If you expect to incur medical expenses that won't be reimbursed by another plan, you'll want to take advantage of the savings an FSA offers.

Money contributed to a health care FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving on health care expenses in addition to bringing home more money!

How do I use my Health Care FSA to pay for eligible expenses?

You can use the smart debit card we'll provide to pay for eligible health care expenses. Or you can pay with your personal funds and submit a claim for reimbursement.

Simple to use and easy to save

A Health Care FSA is easy to use and simple to understand. Here are some helpful hints to know before you take advantage of your tax savings:

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- Save your receipts when you spend your Health Care FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at www.NaviaBenefits.com or through the mobile app.

- **You can't change your election amount during the plan year, unless you experience a change in status or qualifying event (like a marriage, divorce, etc.).**

LIMITED PURPOSE HEALTH CARE FSA *FOR USE WITH THE $3,500 DEDUCTIBLE HSA PLAN*

Limited Purpose Health Care FSA?

If you enroll in the Health Savings Account (HSA) this account will allow you to contribute **in 2027 up to $3,500** pre-tax per calendar year to pay for dental and vision expenses not covered by insurance.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Dependent Care Account

A Dependent Care Account (DCA) allows you to set aside pre-tax dollars for eligible dependent care expenses, such as day care for a child, up to age 12, so you and/or your spouse can work, look for work, or attend school full time. Elder care may be eligible for reimbursement as well. **In 2027 you can contribute up to $7,500, or $3,500** if you are married and filing separate tax returns.

Health Care & Limited Purpose Health Care Account (FSA)
These accounts include a grace period provision.

Grace Period – You have until March 15, 2027 to request reimbursement for eligible expenses incurred in 2026.

Dependent Care Account (DCA)
This account includes a grace period. You have until March 15, 2027 to request reimbursement for eligible expenses incurred between January 1, 2026 through December 31, 2026.

Health Care FSA, Limited Purpose Health Care FSA & Dependent Care FSA
If you terminate in 2027, you have 90 days from your date of termination to request reimbursement for eligible expenses incurred between January 1, 2027 and your date of termination.

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ELIGIBLE FSA EXPENSES

HEALTH CARE EXPENSES	DEPENDENT CARE FSA EXPENSES
Acupuncture	After school program
Ambulance service	Au Pair
Artificial limb/teeth	Babysitting *(work-related, in your home or someone else's home)*
Bandages, Band-Aids, wraps, and splints	Babysitting by your relative who is not a tax dependent *(work-related)*
Birth control pills *(Norplant, ovulation kits)*	Before or after school programs
Chiropractor professional fees	Child care
Contact Lenses/solution	Dependent care *(while you work, to enable you to work or look for work)*
Contraceptives	Extended care *(supervised program before or after regular school hours)*
Crutches/braces & supports	Housekeeper who cares for child *(only portion of payment attributable to work-related child care)*
Dental treatment	Nanny
Diagnostic services and tests	Nursery school
Drugs *(Prescriptions)*	Payroll taxes related to eligible care
Eye Surgery *(includes cataract, LASIK, etc.)*	Preschool
Physical therapy	Registration fees *(required for eligible care, after actual services are received)*
Pregnancy test kits	Sick child care
Psychologist fees	Summer day camp
Schools and education *(for mentally impaired or physically disabled person – see IRS publication 502)*	Transportation to and from eligible care *(provided by your care provider)*
Speech Therapy	Tutoring
Stop-smoking program	Adult day care center
Therapy, physical or speech	Elder care *(while you work, to enable you to work or look for work)*
Eyeglasses, prescription *(includes prescription sunglasses and over-the-counter reading glasses)*	Elder care *(in your home or someone else's)*
Hearing aids and batteries	Senior day care
Hospital services	
Insulin, syringes	
Laboratory fees	
Orthodontia	
X-ray fees	

DENTAL PLANS

CIGNA Dental

MRIGlobal will contribute a monthly allowance toward the cost of dental premiums. Regular dental checkups are important to maintain good dental health. The dental plans cover routine checkups and many other types of dental services.

BENEFITS	Buy-Up Plan		Base Plan	
Annual Maximum Benefit	$1,500		$1,500	
Deductible for Class II and Class III Services *(below)*	$50 / $100 (Family)		$75 / $150 (Family)	
	Network	Non-Network	Network	Non-Network
Class I: Diagnostic & Preventive Services • Oral Examinations (evaluations), *2 per calendar year* • Bitewing X-Rays, *2 per calendar year* • Full-Mouth X-Rays, *once in any 36-month period* • Dental Prophylaxis (cleaning, scaling, and polishing including periodontal maintenance procedures following active therapy), *2 per calendar year* • Topical Fluoride Application for dependent children under age 19, *1 per calendar year* • Sealants for Dependent Children under age 14, *1 treatment per tooth every 36 months (limited to posterior tooth)* • Space Maintainers for Dependent Children under age 19, *limited to non-orthodontic treatment* • Emergency Care to Relieve Pain	Plan Pays: 100%	Plan Pays: 100% of MAC	Plan Pays: 100%	Plan Pays: 100% of MAC
Class II: Basic Restorative Services • Restorative: fillings • Endodontics: minor and major • Periodontics: minor and major • Oral Surgery: minor and major • Anesthesia: general and IV sedation • Repairs: bridges, crowns and inlays, *replacement every 60 months if unserviceable and cannot be repaired* • Repairs: dentures, *replacement every 60 months if unserviceable and cannot be repaired* • Denture Relines, Rebases and Adjustments, *covered if more than 6 months after installation*	Plan Pays: 80%	Plan Pays: 80% of MAC	Plan Pays: 70%	Plan Pays: 70% of MAC
Class III: Major Restorative Services • Inlays and Onlays • Prosthesis Over Implant, *replacement every 60 months if unserviceable and cannot be repaired* • Crowns: prefabricated stainless steel/resin, *replacement every 60 months if unserviceable and cannot be repaired* • Crowns: permanent cast and porcelain, *replacement every 60 months if unserviceable and cannot be repaired* • Bridges and Dentures, *replacement every 60 months if unserviceable and cannot be repaired*	Plan Pays: 60%	Plan Pays: 60% of MAC	Plan Pays: 50%	Plan Pays: 50% of MAC
Orthodontic Dental Services *(deductible waived)* • Orthodontia (dependent children under age 19)	Plan Pays: 50% up to $2,000 lifetime maximum		Not Covered	

Semi-Monthly Dental Rates – *Employee Pays*	Buy-Up Plan	Base Plan
Employee Only	$6.15	$5.26
Employee/Spouse	$15.82	$13.52
Employee/Child(ren)	$13.16	$11.27
Employee/Family	$22.63	$19.35

VISION PLANS

You have the option to purchase vision insurance for yourself and your family. Annual eye exams are important to your overall health. During your eye exam, a doctor will look for vision problems and signs of other health conditions, like diabetic eye disease, high blood pressure and high cholesterol.

BENEFITS *VSP Signature Network*	Buy-Up Plan		Base Plan	
	Network	Non-Network Allowance	Network	Non-Network Allowance
Routine Exams *(every calendar year)*	$15 Copay	Up to $50	$15 Copay	Up to $50
Routine Retinal Screenings *(every calendar year)*	Up to $39 Copay		Up to $39 Copay	
Essential Medical Eye Care *(available as needed)* *Retinal imaging for members with diabetes covered-in-full, additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more*	$20 Copay		$20 Copay	
Frames *(Buy-Up Plan: every calendar year. Base Plan: every other calendar year.)*				
• Featured Frame Brands	$220 Allowance + 20% off balance	Up to $70	$170 Allowance + 20% off balance	Up to $70
• Other Frame Brands	$200 Allowance + 20% off balance		$150 Allowance + 20% off balance	
Standard Plastic Lenses *(every calendar year)*				
• Single	$15 Copay	Up to $50	$15 Copay	Up to $50
• Lined Bifocal	$15 Copay	Up to $75	$15 Copay	Up to $75
• Lined Trifocal	$15 Copay	Up to $100	$15 Copay	Up to $100
• Lenticular	$15 Copay	Up to $125	$15 Copay	Up to $125
Lens Enhancements *(every calendar year)*				
• Standard progressive lenses	$0 Copay	N/A	$0 Copay	N/A
• Premium progressive lenses	$0 Copay	N/A	$80 - $90 Copay	N/A
• Custom progressive lenses	$0 Copay	N/A	$120 - $160 Copay	N/A
Contacts (Instead of Glasses) *(every calendar year)*	$200 Allowance	Up to $105	$150 Allowance	Up to $105
Contact Lens Exam (Fitting and Evaluation) *(every calendar year)*	Up to $60 Copay	N/A	Up to $60 Copay	N/A
Additional Savings				
• Glasses and Sunglasses	20%-30% savings	N/A	20%-30% savings	N/A
• Laser Vision Correction	Avg 15% discount	N/A	Avg 15% discount	N/A
VSP LightCare™ *Allows members to use their frame allowance towards ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.*	$15 Copay $200 Allowance		$15 Copay $150 Allowance	

Semi-Monthly Vision Rates – *Employee Pays*	Buy-Up Plan	Base Plan
Employee Only	$12.24	$6.46
Employee/Spouse	$17.41	$9.19
Employee/Child(ren)	$21.03	$11.13
Employee/Family	$33.58	$17.72

BASIC LIFE/AD&D

Sun Life

Coverage is provided by MRIGlobal and is effective on the first day of the month following, or coinciding with, your first day of full-time employment.

BENEFITS	
Benefit Amount	2X Annual Salary, up to $1,000,000
Guarantee Issue Amount	$650,000
Benefit Reduction	*Benefits reduce by 35% at age 65; an additional 15% at age 70, and an additional 15% at age 75*

VOLUNTARY LIFE / AD&D

Sun Life

You have the option of purchasing additional life insurance for yourself, your spouse, and your child(ren), beyond what MRIGlobal has provided for you.

BENEFITS	Voluntary Life
Employee	
Increments	$10,000
Minimum Benefit	$10,000
Maximum Benefit	Lesser of 7x Earnings or $1,000,000
Guarantee Issue Amount*	$250,000
Benefit Reduction	Benefits reduce to 65% at age 65, to 50% at age 70, and to 35% at age 75
Spouse	
Increments	$10,000
Minimum Benefit	$10,000
Maximum Benefit	$100,000, *not to exceed 100% of Employee Benefit Amount*
Guarantee Issue Amount*	$50,000
Benefit Reduction *(based on employee age)*	Benefits reduce to 65% at age 65, to 50% at age 70, and to 35% at age 75
Child(ren)	
Increments	$10,000
Minimum Benefit	$10,000
Maximum Benefit	$20,000, *not to exceed 100% of Employee Benefit Amount*
Guarantee Issue Amount*	$20,000
Limitations	Children covered from live birth up to the age of 26
Benefit Reduction *(based on employee age)*	Benefits reduce to 65% at age 65, to 50% at age 70, and to 35% at age 75

Maximum amount allowed without **evidence of insurability, when first eligible.*

Evidence of Insurability

You will be required to answer health questions if (1) you do not elect coverage when it is first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit an Evidence of Insurability application, which must be approved by Sun Life before the coverage takes effect.

Semi-Monthly Voluntary Life Rates

Employee Rates by Age										
Coverage Amount	<34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-99
$10,000	$0.30	$0.40	$0.65	$1.10	$1.65	$2.75	$3.10	$5.80	$9.55	$31.35
$20,000	$0.60	$0.80	$1.30	$2.20	$3.30	$5.50	$6.20	$11.60	$19.10	$62.70
$30,000	$0.90	$1.20	$1.95	$3.30	$4.95	$8.25	$9.30	$17.40	$28.65	$94.05
$40,000	$1.20	$1.60	$2.60	$4.40	$6.60	$11.00	$12.40	$23.20	$38.20	$125.40
$50,000	$1.50	$2.00	$3.25	$5.50	$8.25	$13.75	$15.50	$29.00	$47.75	$156.75
$100,000	$3.00	$4.00	$6.50	$11.00	$16.50	$27.50	$31.00	$58.00	$95.50	$313.50
$150,000	$4.50	$6.00	$9.75	$16.50	$24.75	$41.25	$46.50	$87.00	$143.25	$470.25
$200,000	$6.00	$8.00	$13.00	$22.00	$33.00	$55.00	$62.00	$116.00	$191.00	$627.00
$250,000	$7.50	$10.00	$16.25	$27.50	$41.25	$68.75	$77.50	$145.00	$238.75	$783.75
$300,000	$9.00	$12.00	$19.50	$33.00	$49.50	$82.50	$93.00	$174.00	$286.50	$940.50
$350,000	$10.50	$14.00	$22.75	$38.50	$57.75	$96.25	$108.50	$203.00	$334.25	$1097.25
$400,000	$12.00	$16.00	$26.00	$44.00	$66.00	$110.00	$124.00	$232.00	$382.00	$1254.00
$450,000	$13.50	$18.00	$29.25	$49.50	$74.25	$123.75	$139.50	$261.00	$429.75	$1410.75
$500,000	$15.00	$20.00	$32.50	$55.00	$82.50	$137.50	$155.00	$290.00	$477.50	$1567.50
$550,000	$16.50	$22.00	$35.75	$60.50	$90.75	$151.25	$170.50	$319.00	$525.25	$1724.25
$600,000	$18.00	$24.00	$39.00	$66.00	$99.00	$165.00	$186.00	$348.00	$573.00	$1881.00
$650,000	$19.50	$26.00	$42.25	$71.50	$107.25	$178.75	$201.50	$377.00	$620.75	$2037.75
$700,000	$21.00	$28.00	$45.50	$77.00	$115.50	$192.50	$217.00	$406.00	$668.50	$2194.50
$750,000	$22.50	$30.00	$48.75	$82.50	$123.75	$206.25	$232.50	$435.00	$716.25	$2351.25
$800,000	$24.00	$32.00	$52.00	$88.00	$132.00	$220.00	$248.00	$464.00	$764.00	$2508.00
$850,000	$25.50	$34.00	$55.25	$93.50	$140.25	$233.75	$263.50	$493.00	$811.75	$2664.75
$900,000	$27.00	$36.00	$58.50	$99.00	$148.50	$247.50	$279.00	$522.00	$859.50	$2821.50
$950,000	$28.50	$38.00	$61.75	$104.50	$156.75	$261.25	$294.50	$551.00	$907.25	$2978.25
$1,000,000	$30.00	$40.00	$65.00	$110.00	$165.00	$275.00	$310.00	$580.00	$955.00	$3135.00

Semi-Monthly Spouse Rates by Age *(rates are based on the employee's age)*										
Coverage Amount	<34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-99
$10,000	$0.30	$0.40	$0.65	$1.10	$1.65	$2.75	$3.10	$5.80	$9.55	$31.35
$20,000	$0.60	$0.80	$1.30	$2.20	$3.30	$5.50	$6.20	$11.60	$19.10	$62.70
$30,000	$0.90	$1.20	$1.95	$3.30	$4.95	$8.25	$9.30	$17.40	$28.65	$94.05
$40,000	$1.20	$1.60	$2.60	$4.40	$6.60	$11.00	$12.40	$23.20	$38.20	$125.40
$50,000	$1.50	$2.00	$3.25	$5.50	$8.25	$13.75	$15.50	$29.00	$47.75	$156.75
$60,000	$1.80	$2.40	$3.90	$6.60	$9.90	$16.50	$18.60	$34.80	$57.30	$188.10
$70,000	$2.10	$2.80	$4.55	$7.70	$11.55	$19.25	$21.70	$40.60	$66.85	$219.45
$80,000	$2.40	$3.20	$5.20	$8.80	$13.20	$22.00	$24.80	$46.40	$76.40	$250.80
$90,000	$2.70	$3.60	$5.85	$9.90	$14.85	$24.75	$27.90	$52.20	$85.95	$282.15
$100,000	$3.00	$4.00	$6.50	$11.00	$16.50	$27.50	$31.00	$58.00	$95.50	$313.50

Semi-Monthly Child Rates	
Coverage Amount	Semi-Monthly Costs
$10,000	$0.25
$20,000	$0.50

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

You have the option of purchasing additional accidental death and dismemberment (AD&D) insurance for yourself, your spouse, and your child(ren), beyond what MRIGlobal has provided for you.

BENEFITS	Voluntary AD&D
Employee	
Increments	$10,000
Minimum Benefit	$10,000
Maximum Benefit	Lesser of 7x Earnings or $1,000,000
Guarantee Issue Amount*	$250,000
Benefit Reduction	Benefits reduce to 65% at age 65, to 50% at age 70, and to 35% at age 75
Spouse	
Benefit	40% of the Employee Benefit amount if also enrolling children, or 50% of the Employee Benefit amount if NOT enrolling children
Maximum Benefit	$500,000
Limitation	Coverage ends when Employee turns age 70
Benefit Reduction	Benefit reductions apply when Employee Benefit is reduced
Child(ren)	
Benefit	10% of the Employee Benefit Amount if also enrolling spouse 15% of the Employee Benefit Amount if NOT enrolling spouse
Maximum Benefit	$25,000
Benefit Reduction	Benefit reductions apply when Employee Benefit is reduced

Covered Accidental Injuries	Benefit Amounts Paid
Accidental Death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

A full list of covered accidental injuries is available upon request.

If you do not elect this benefit when you are first eligible, you will be required to wait 6 months until you are eligible to elect coverage again.

Semi-Monthly Voluntary AD&D Rates

Coverage Amount	Semi-Monthly Rates
$10,000	$0.25
$20,000	$0.50
$30,000	$0.75
$40,000	$1.00
$50,000	$1.25
$100,000	$2.50
$150,000	$3.75
$200,000	$5.00
$250,000	$6.25
$300,000	$7.50
$350,000	$8.75
$400,000	$10.00
$450,000	$11.25
$500,000	$12.50

SHORT-TERM DISABILITY

MRIGlobal will pay 100% of the cost for you to have short-term disability coverage. This important benefit provides financial security in the event of a short-term illness or accident that doesn't allow you to work.

BENEFITS	
Weekly Benefit	Weeks 1 - 8: 100% of Weekly Earnings Weeks 9 – 26: 80% of Weekly Earnings
Elimination Period	• 0 Days if admitted to hospital as an Inpatient • 0 Days if confined to a hospital for at least 4 hours and not released to return to work the next workday • 0 Days if receiving outpatient procedure and not released to return to work the next workday • 3 days if none of the above apply
Maximum Benefit Duration	26 Weeks

LONG-TERM DISABILITY

MRIGlobal will pay 100% of the cost for you to have long-term disability coverage. In the event of an extended illness or disabling accident, this coverage provides a steady stream of income to cover essential expenses.

BENEFITS	
Monthly Benefit	60% of Monthly Earnings, to a Maximum of $10,000
Elimination Period	180 days
Own Occupation Definition	2 Years
Maximum Benefit Duration	Benefits may be paid up to Social Security Normal Retirement Age (SSNRA), or longer, depending on your age at disability.
Pre-Existing Condition Exclusion	If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, no benefit will be paid for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services, or a prescription for drugs or medicine.

VOLUNTARY ACCIDENT PLAN

Sun Life

You have the option of purchasing accident coverage for yourself, your spouse, and your children. Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. Fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose.

BENEFITS	AMOUNT	
Dislocations	**Open (Surgery)**	**Closed (No Surgery)**
Hip	$4,000	$2,000
Knee, ankle, or bones of the foot	$3,000	$1,500
Elbow, wrist, shoulder, or lower jaw	$1,000	$500
Collarbone or bones of the hand	$1,000	$400
Finger(s) or toe(s)	$400	$200
Fractures	**Open (Surgery)**	**Closed (No Surgery)**
Hip or thigh	$5,000	$2,500
Skull-depressed	$10,000	$5,000
Skull-simple	$4,000	$2,000
Vertebral processes or Multiple ribs	$1,000	$500
Bones of the face, nose, shoulder, hand, wrist, elbow or heel	$1,500	$750
Leg	$3,000	$1,500
Vertebrae, sternum or pelvis	$2,400	$1,200
Upper jaw or upper arm	$1,400	$700
Lower jaw, collarbone, forearm, foot, ankle or kneecap	$900	$450
Rib	$800	$400
Finger	$400	$200
Toe or Coccyx	$600	$300
Additional Injuries		
Eye injury – surgical repair	$300	
Eye injury – object remove	$200	
Brain injury	$500	
Paralysis – monoplegia, uniplegia	$2,500	
Paralysis – hemiplegia	$10,000	
Paralysis – paraplegia	$25,000	
Paralysis – quadriplegia	$50,000	
Coma	$10,000	
Concussion	$200	
Burns	**2nd Degree**	**3rd Degree**
20-40 square centimeters	$300	$750
41-65 square centimeters	$600	$1,500
66-160 square centimeters	$800	$4,500
161-225 square centimeters	$800	$10,000
More than 225 square centimeters	$1,000	$10,000
Skin graft	50% of the applicable Burn Benefit	
Lacerations		
No sutures and treated by doctor	$35	
Single laceration under 5 cm with sutures	$65	
5-15 cm with sutures (total of all lacerations)	$250	
Medical Services		
Diagnostic Exam – Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI *(1 time per benefit year)*	$200	
Diagnostic Exam – X-ray (1 time per covered accident)	$50	
Accident Emergency Treatment, non-emergency room (once per covered accident)	$75	

Medical Services *(continued)*	
Physician's Follow-up Treatment, non-emergency	$75
Physical Therapy (per visit up to 10 visits per covered	$20
Medical Devices	$200
Epidural Pain Management (up to 2 times per covered accident)	$100
Prescription drug	$25
Prosthesis (one)	$750
Prosthesis (two)	$1,500
Anesthesia	$100
Blood, Plasma, or Platelet Transfusion	$400
Hospital	
Hospital Admission (once per benefit year)	$1,000
Hospital Confinement (per day up to 365 days per covered accident)	$300
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if confined immediately to ICU)	$1,500
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	$300
Ambulance (Ground)	$300
Ambulance (Air)	$1,000
Emergency Room Admission	$100
Family Lodging (per day up to 30 days per benefit year)	$150
Transportation (100 or more miles up to 3 times per covered accident)	$150
Rehabilitation Unit (per day up to 30 days per covered accident)	$100
Surgery	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	$750
Open Surgery	$1,500
Exploratory Surgery or Debridement	$100
Tendon/Ligament/Rotator Cuff Tear	$75
Torn Knee Cartilage	$250
Ruptured/Herniated Disc	$250
Emergency Dental	
Emergency Dental extraction	$150
Emergency Dental crown	$400
Wellness	
Wellness Screening Benefit (once per benefit year)	$50
Life and Dismemberment losses*	
Accidental Death	$50,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	$25,000
Loss of one hand, foot, leg, or arm	$15,000
Loss of sight of one eye or loss of one eye	$25,000
Two or more fingers or toes	$3,000
One finger or one toe	$1,500
Loss of hearing of one ear or loss of one ear	$25,000

Semi-Monthly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Employee Pays	$3.97	$7.01	$11.52	$14.56

VOLUNTARY CRITICAL ILLNESS & CANCER

Sun Life

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

BENEFITS		
Employee Critical Illness Benefit Amounts	Employees may choose a lump sum benefit of $15,000 - $30,000 in $5,000 Increments.	
Spouse Critical Illness Benefit Amount	Spouses may choose a lump sum benefit of $15,000 - $30,000 in $5,000 Increments (not to exceed 100% of Employee Amount).	
Dependent Critical Illness Benefit Amount	Dependents may choose a lump sum benefit of $2,500 - $15,000 in $2,500 Increments (not to exceed 50% of Employee Amount).	
Core Conditions	**Initial Diagnosis**	**Recurrence**
Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End-stage Kidney Disease, Occupational HIV/Hepatitis B, C, or D	100%	100% of face amount
Coronary Artery Bypass Graft	25%	25% of face amount
Angioplasty	5%	5% of face amount
Cancer Conditions		
Invasive Cancer	100%	100% of face amount
Non-Invasive Cancer	25%	25% of face amount
Skin Cancer	5%	5% of face amount
Supplemental Conditions Option 1		
Complete Blindness, Loss of Speech, Complete Loss of Hearing	100%	N/A
Supplemental Conditions Option 2		
Benign Brain Tumor, Paralysis, Coma, Severe Burns	100%	N/A
Supplemental Conditions Option 3		
Advanced ALS or Lou Gehrig's disease	100%	N/A
Advanced Alzheimer's, Advanced Parkinson's	100%	N/A
Childhood Conditions – child only		
Down syndrome, Cerebral palsy, Cystic fibrosis, Cleft lip/palate, Type 1 diabetes mellitus, Muscular dystrophy, Complex congenital heart disease, Spina bifida	100%	N/A
Wellness Benefit		
Annual wellness screening benefit	Employee: $50, Spouse: $50, Child: $50	
Additional Provisions		
Maximum benefit	1 time per condition	
Recurrence waiting period	12 months	
Cancer recurrence waiting period	12 months	
Recurrence maximum	Unlimited	

Semi-Monthly Employee and Spouse Rates

Coverage Amt	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
$15,000	$1.13	$1.65	$2.48	$3.60	$5.55	$8.10	$11.85	$16.95	$24.75	$36.60	$55.95	$79.95
$20,000	$1.50	$2.20	$3.30	$4.80	$7.40	$10.80	$15.80	$22.60	$33.00	$48.80	$74.60	$106.60
$25,000	$1.88	$2.75	$4.13	$6.00	$9.25	$13.50	$19.75	$28.25	$41.25	$61.00	$93.25	$133.25
$30,000	$2.25	$3.30	$4.95	$7.20	$11.10	$16.20	$23.70	$33.90	$49.50	$73.20	$111.90	$159.90

Employee and spouse premiums are calculated with the employee's age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an employee reaches the starting age of the next age band.

Semi-Monthly Children Rates

Coverage Amount	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Pays	$0.03	$0.05	$0.08	$0.10	$0.13	$0.15

VOLUNTARY HOSPITAL INDEMNITY

Sun Life

You have the option to purchase voluntary hospital indemnity insurance for yourself, your spouse, and your children. You must enroll as an employee to get coverage for your spouse or dependent. Hospital Indemnity insurance supplements your medical insurance by offsetting the cost of hospital inpatient stays. These plans, while not comprehensive like major medical plans, help defray some of the out-of-pocket costs associated with major medical plans.

BENEFITS	Low Plan	High Plan
First Day Benefits *(payable per benefit year)*		
First Day Hospital	$500 per day 1 day	$1,000 per day 1 day
Confinement Benefits *(payable per benefit year)*		
Hospital Confinement	$100 per day 30 days *Payable with First Day Benefits*	$200 per day 30 days *Payable with First Day Benefits*
ICU Confinement	$100 per day 30 days *Payable with First Day Benefits* *Payable with Hospital Confinement*	$200 per day 30 days *Payable with First Day Benefits* *Payable with Hospital Confinement*
Additional & Enhanced Benefits *(payable per benefit year)*		
Observation Unit Stay *Not payable with any confinement benefits*	$100 per day 1 day	$100 per day 1 day
Covered Conditions		
Newborn Care	Complications only; payable under Hospital or ICU Confinement	Complications only; payable under Hospital or ICU Confinement
Complications of Pregnancy	Included	
Normal Pregnancy	Included	
Normal Pregnancy Waiting Period	No Waiting Period	
Mental/Nervous	Included	
Substance Abuse	Included	
Sickness and Accidents	Sickness: 24-hour coverage; Accident: 24-hour coverage	
Pre-existing Condition Limitation	Not included	

Semi-Monthly Rates

Semi-Monthly Rates	Low Plan	High Plan
Employee Only	$7.84	$13.17
Employee/Spouse	$14.62	$25.94
Employee/Children	$12.14	$21.00
Family	$18.92	$33.77

LEGAL PLAN

MetLife

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being. MetLife Legal Plans provides you, your spouse/domestic partner and dependents with access to a network of experienced attorneys. Having an attorney on your side can help reduce worry, stress, and financial burden when legal matters arise.

BENEFITS

Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors	• Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (Uncontested) • Garnishment Defense • Guardianship	• Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets[3]	• Driving Privileges Restoration	• Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Not sure if a Legal Plan is right for you?
Get an idea of what and how we can make it easy to get the legal help you may need through your life. Scan the QR code or visit www.legalplans.com/whyenroll.

Scan to access:
Why choose MetLife Legal Plans?

Semi-Monthly Employee Rates – *Employee Pays* *(covers spouse and dependents)*	**$12.02**

IDENTITY THEFT PLANS

MetLife · AURA
Identity & Fraud Protection

In a world of online everything, employees need more than just identity theft protection. MetLife +Aura provide comprehensive all-in-one protection against threats to employees' and their families' identities, personal devices, and privacy from a leading brand in identity protection and cybersecurity.

MetLife + Aura Identity & Fraud Protection is an award-winning solution that provides employees and families with proactive protection from identity theft, scams and cybercrime — all in one place.

Identity Theft & Financial Fraud Protection	Protection	Protection Plus
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Credit Reports & Scores	1 Bureau	3 Bureaus
Monthly Credit Score Tracker & Insights[3]	✓	✓
Credit, Bank & Utility Account Freeze	✓	✓
Home & Vehicle Title Monitoring	✓	✓
Bank Fraud & Financial Transaction Monitoring	✓	✓
High-Risk Transaction Alerts	✓	✓
Utility Account Monitoring	✓	✓
Dark Web Monitoring	✓	✓
Digital Vault	✓	✓
SSN & Identity Authentication Alerts	✓	✓
Public & Court Records Monitoring	✓	✓
USPS Address Monitoring	✓	✓
Social Media Monitoring & Takeover Alerts	✓	✓
Social Media Privacy Checkup & Optimization	✓	✓
Experian Credit Lock		✓
Credit Score Simulator		✓
Gamertag Monitoring		✓
Payday/Specialty Loan Block		✓

Smart Family Safety	Protection	Protection Plus
Unrestricted family definition	✓	✓
Private, Full-feature Aura Account per Adult	✓	✓
Separate, Individual $5M Insurance Policy per Adult[1]	✓	✓
Sex Offender Geo Alerts	✓	✓
Secure Family Sharing	✓	✓

Digital Parenting & Mental Health	Protection	Protection Plus
Child Mental Wellbeing Insights[4]		
Daytime and Nighttime Trends & Benchmarking	✓	✓
Social Persona & Connections	✓	✓
Sentiment & Emotional Tone Analysis	✓	✓
Behavior Change Detection	✓	✓
Personalized Parent Insights & Recommendations	✓	✓
Safe Gaming	✓	✓
Cyberbullying & Online Predator Protection	✓	✓
Parental Controls		
Content Filtering & Blocking	✓	✓
Screentime Management & Schedules	✓	✓
Safe Search & Pause the Internet	✓	✓
Child Identity Protection		
Child SSN Monitoring	✓	✓
3-Bureau Child Credit Freeze Wizard	✓	✓

Scam & Cybercrime Prevention	Protection	Protection Plus
Automated Data Broker & Spam List Removal	✓	✓
Password Manager & Automated Password Change	✓	✓
Email Alias	✓	✓
Safe Web Browsing with Anti-Tracker & Ad-Blocker	✓	✓
IP Address Monitoring	✓	✓
Wi-Fi Security VPN	2 Devices Per Adult	Unlimited Devices
Antivirus	2 Devices Per Adult	Unlimited Devices
Mobile Phone Takeover Protection	✓	✓
Unusual Transaction Alerts	✓	✓
Call Scam Protection		✓
Text Scam Protection		✓
Email Scam Protection		✓

Services Restoration & Reimbursement	Protection	Protection Plus
$50K Cyber Insurance Policy[2]		✓
$5M Identity Theft Insurance Policy Per Adult[1]	✓	✓
White Glove Fraud Resolution Service	✓	✓
Full-Service Resolution for Pre-Existing ID Thefts	✓	✓
Credit File Fraud Alerts Assistance	✓	✓
Online Resolution Tracker	✓	✓
24/7/365 US-based Customer Support	✓	✓
Mobile App (iOS & Android)	✓	✓

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

No one can prevent all identity theft or monitor all transactions effectively.

3. The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your Equifax credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.

4. Users are responsible for making their own parental decisions. Aura's services are not intended to diagnose, treat, cure, or prevent any disease or medical condition. The services are for informational purposes and cannot replace the services of physicians or medical professionals. Always seek the advice of your physician or other qualified healthcare provider with any questions about medical conditions or treatment. Aura's services do not monitor for all content or a child's behavior in real time. Some alerts and/or insights are created using generative AI and may not be fully accurate, complete, or timely.

Semi-Monthly Rates – *Employee Pays*	Protection	Protection Plus
Individual	$3.48	$5.48
Family	$5.98	$8.48

EMPLOYEE ASSISTANCE PROGRAM & MENTAL HEALTH

EFR EMPLOYEE & FAMILY RESOURCES

Employee and Family Resources is your mental wellness benefit through your employer, that provides you access to personalized 1:1, group, and self-serve resources for your well-being, so that you can be the best version of yourself – at home, at work, and in your relationships. With EFR, you can navigate challenges spanning Emotional, Professional, Relationships & Family, Physical Health, and Financial Management. www.efr.org

Phone-Based Support *(Unlimited) 800-327-4692* — ***As Needed***

Call us any time you have an issue, concern, or question. You have 24/7/365 access to masters-level counselors.

In-Person or Telehealth Counseling — ***6 Sessions Per Year***

Arrange counseling sessions with a masters-level counselor near your home or work.

Togetherall — ***As Needed***

Join Togetherall's free and anonymous online community available 24/7/365 for mental health support and a sense of connection. The platform also includes access to a library of self-assessments and other mental health resources.

Life Coaching — ***6 Sessions Per Year***

Speak with a life coach and receive tailored advice on matters involving time management, work-life integration, goal setting, communication skills, and other areas of personal growth.

Financial Consultation — ***30-Minute Session***

Speak with a financial professional about each separate issue, and access a free financial check-up, financial library, and a variety of other financial tools.

Childcare Resources — ***As Needed***

Receive childcare resource referrals where locally available. All referrals are state licensed/certified childcare providers.

Eldercare Resources — ***As Needed***

Access information, referral resources, and support involving the care for an aging family member.

Wellness Education — ***As Needed***

Wellness challenges, monthly motivators, and campaigns to support total well-being using the 8 dimensions of wellness.

Mobile App — ***As Needed***

Mobile app for Android and IOS users providing access to EAP resources right at your fingertips.

Wellness Training — ***Up to 4 Annually***

Explore the latest research and information on health and well-being with a variety of virtual or in-person 30-minute wellness training. Topics include, but are not limited to: stress, mindfulness, self-care, retirement readiness, financial freedom, ergonomics, sleep, goal setting, brain and heart health, nutrition, exercise fundamentals, and more.

Individual Nutrition Consulting — ***6 Sessions***

Individuals can explore the many ways nutrition plays a role in their well-being through virtual consulting sessions with a Registered and Licensed Dietitian. Coaching for health optimization regarding diabetes, metabolic syndrome, and food allergies, as well as meal planning and healthy habit building.

Retirement Readiness Consultation — ***Up to 4 Sessions***

Individuals have access to one-on-one financial consultation services with an independent financial advisor to explore long term financial planning and prepare for retirement. This four-stage process provides clarity and confidence to prepare for and eventually move into retirement by assessing current financial and investment standings and retirement expense and paycheck projection. Mid-year and annual check-ins are provided to address specific questions or needs.

Stretch Breaks — ***Up to 2 Sessions***

Up to two 15-minute virtual stretch breaks to inspire people to find movement in their workday. Stretch breaks are adaptive to any workplace or work station.

Mindful — ***Up to 2 Sessions***

Up to two 15-minute virtual mindful moment breaks that focus on stress reduction and mindfulness. Mindful moment topics include, but are not limited to: gratitude, guided relaxation, grounding exercises, body scan, and more

Monthly Wellness Webinar — ***Monthly***

Access to monthly webinars encompassing multiple dimensions of well-being. These sessions are designed to motivate people to make incremental, sustainable changes in their health and well-being. Sessions are recorded and available for on-demand viewing year-round.

MRIGLOBAL PARENTAL BENEFITS

Looking Out for Moms-To-Be and Babies

Your pregnancy is covered by your Blue KC health plan – starting with your first doctor's visit. Coverage varies, so be sure to check your plan for details. Most cover prenatal care, childbirth, post-birth breastfeeding equipment and birth control, and more.

Check www.MyBlueKC.com for more information under Health & Wellness > Health Programs > Pregnancy, or call customer service on your Member ID card.

Parental Leave Benefits

Parental Leave Highlights

Birth Parents: Relish 12 continuous weeks post-birth with 100% salary continuation.

Non-Birth Parents: Enjoy up to 6 continuous weeks post-birth with 100% salary continuation. Whether it's bonding with a newborn or welcoming an adopted child, this leave can be accessed anytime within the first 52 weeks following the significant event.

Eligibility: All full-time regular or percent-time employees can take advantage of these benefits, with zero waiting time.



RETIREMENT AND FINANCIAL PLANNING

MRIGlobal is Here to Support You

MRIGlobal is committed to helping you achieve your financial goals. The retirement benefit offered to you is industry-leading and award-winning. Take advantage of retirement and financial wellness resources – enroll in the 403(b), meet one-on-one with a financial coach, or join a financial education webinar. The choice is yours!

Empower Retirement serves as the Record Keeper for your 403(b) plan, managing and tracking your retirement plan assets. Empower is the country's 2nd largest retirement services company, ensuring that your savings are in expert hands. In the first month of your employment, you'll receive an enrollment packet with everything you need to start saving for your future.

Retirement Plan Features

Automatic Enrollment	New employees are eligible for retirement benefits immediately and are automatically enrolled. You will be automatically enrolled at a before tax rate of 8% Your contribution rate will automatically increase 1% annually until you reach 12% You may select a different deferral amount or choose to opt out of the Automatic Enrollment during the 45-day wait period prior to your participation date.
Double Your Money	With our 100% dollar-for-dollar match and up to 8% of your pay each pay period, your retirement savings can soar to **16% or more**!
Vesting	50% of MRIGlobal's matching contributions are yours after just 1 year, and a full 100% after 2 years of service.



To enroll, change your contribution %, or simply access your retirement account, please visit https://participant.empower-retirement.com/participant/#/login

PAYROLL INFORMATION

Payroll

Bi-Weekly Paydays	Employees receive paychecks every other Friday. Each paycheck covers the work you performed during the previous two weeks, based on the hours worked from Saturday through Friday.
Deductions	Benefit-related deductions are taken from 24 paychecks. All other deductions, like taxes, 403(b) retirement contributions, or court-ordered obligations, are consistently taken from each paycheck or specified in the deduction agreement.
Direct Deposit	You have the option to direct deposit your paychecks. Deductions may be spread across up to 5 different checking and/or savings accounts.
Electronic Pay Stubs	Electronic pay stubs are available every Wednesday before payday. You may view your pay stubs through the Dayforce app.

TIME OFF & LEAVE

Personal Time Off (PTO)

PTO is earned beginning on the first day of the month following, or coinciding with, your first day of employment. If you are hired within the first 5 workdays of the month, you will begin earning PTO immediately. PTO is granted at the beginning of each month for the prior month, according to the accrual schedule below.

Length of Service	Monthly Accrual	Maximum PTO Accrual
Up to 2 Years	10.00 Hours	160 Hours (4 weeks)
2 to 12 Years	13.33 Hours	200 Hours (5 weeks)
Over 12 Years	16.67 Hours	240 Hours (6 weeks)

Holidays

MRIGlobal provides 10 paid holidays per year. 9 are designated by MRIGlobal as company holidays, and 1 is a personal holiday to be used by December 31st.

Holiday	Date	Day of Week
New Year's Day	1/1/2027	Friday
Dr Martin Luther King Jr Day	1/18/2027	Monday
Memorial Day	5/24/2027	Monday
Independence Day	7/5/2027	Monday
Labor Day	9/6/2027	Monday
Thanksgiving	11/25/2027	Thursday
Day After Thanksgiving	11/26/2027	Friday
Winter Holiday	12/24/2027	Friday
Winter Holiday	12/27/2027	Monday
Personal Floating Holiday	Employee's Choice	1 Day

MRIGlobal will observe the following winter break:
2027: Friday, December 24, 2027 through Friday, December 31, 2027.

During this time, all offices will be closed. ***Staff may use paid or unpaid time off for any days that are not designated paid holidays. See People Ops for more information.***

Additional Paid Time Off

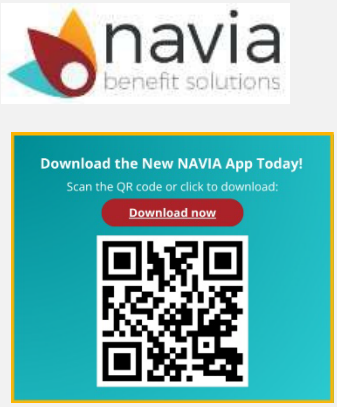
Type of Paid Time Off	Allowed Time Off
Military • **Short-Term Obligations** • **Emergency Duty**	 You may take 15 Workdays per calendar year with pay. You may take 5 Workdays per calendar year with pay.
Voting	You may take time off work, with pay, to vote if you cannot vote before or after your scheduled working hours.
Bereavement • **Immediate Family Members,** ***including person in loco parentis*** • **Other Family Members** • **Chosen Family or Close Friend** • **Loss of Pregnancy**	 You may take up to 40 hours of paid time off work. You may take up to 24 hours of paid time off work. You may take up to 8 hours in a full day increment once per calendar year, with approval. You may take up to 40 hours of paid time off work.
Jury & Witness Duty	If you are required to serve jury duty, or are subpoenaed as a witness for other than your own court case, you will receive regular pay. You may also retain any compensation received for jury duty.

EDUCATIONAL ASSISTANCE

Type of Assistance	Details
Student Loan Benefit Unlock Savi's Premium Features by registering at https://mriglobal.bysavi.com/ using your MRIGlobal email	**MRIGlobal has teamed up with SAVI to help you navigate student loans.** **Access the Savi Essential suite at no cost (covered by MRIGlobal!).** ***You can also invite friends and family to Savi's DIY Plan platform at no cost.*** **This comprehensive benefit covers:** • Full-service digital enrollment and recertification for Income-Driven Repayment plans (IDR). • Public Service Loan Forgiveness (PSLF) application and employer certification submission. • Unlimited 1x1 individualized support with a student loan expert, 24/7 loan monitoring, consolidation and help. • Troubleshooting for loan defaults and delinquencies. • Student loan expert review for all applications. ***Reach out to Savi's support through your Savi's account "Contact Support" button or call 1-833-382-3175, weekdays from 9 a.m. - 5 p.m. ET.***

Tuition Reimbursement
 	
• **Who's Eligible**
 	
• **How to Apply**
 	
• **Course Completion**
 	
• **Reimbursement Amounts**
  ○ **Undergraduate Courses**
  ○ **Graduate Courses**
	MRIGlobal supports your academic goals through our tuition reimbursement program.
	
	Full Time and Percent time regular employees are eligible for this benefit if they have been employed by MRIGlobal for at least 6 consecutive months.
	
	Complete the online tuition reimbursement application and director's acknowledgment form and submit it to the Benefits team. Make sure to submit your application before your class(es) begin.
	
	Once you've completed your course, send the Benefits team the itemized receipts and your grades. Aim for a grade (or its numeric equivalent) of a "C" or better for your reimbursement.
	
	Receive up to $5,250 in reimbursement per calendar year.
	Receive up to $8,500 in reimbursement per calendar year.

EMPLOYEE PERKS

Type of Perk	Details
Lifestyle Benefit 	Receive up to $350 reimbursement per plan year through Navia's Wellness Reimbursement Plan for wellness related expenses, such as: • gym memberships • sport/activity league fees • run/race entry expenses • fitness classes – including yoga • wellness/fitness apps • Function Health membership Claims for the reimbursement should be filed through Navia's Lifestyle Spending Account at https://app.naviabenefits.com/#/signup or the MyNavia smartphone app for Android or iPhone. To register for the first time, MRIGlobal's employer code is "MIB". You may also submit claims via email, fax or mail. Please note: Lifestyle reimbursements are **not** considered to be pre-tax benefits according to IRS regulations. Claims will be considered taxable income to employees upon reimbursement. After a reimbursement claim is processed, Navia will report the related reimbursement taxes to MRIGlobal to address in the next eligible pay period.
TicketsAtWork	Exclusive Travel & Entertainment Perks are available to theme parks, shows, movie tickets, and more with TicketsAtWork.com. Use Company Code **WOFMRIG** in order to access these perks.
Travel Assistance ***Sun Life & Assist America*** 	Emergency Travel Assistance & ID Theft Protection is provided by Sun Life. This travel assistance program immediately connects you to help if you experience an emergency while traveling at least 100 miles away from your permanent residence. This benefit includes Medical Support (24/7 global emergency response and medical referrals, emergency evacuation, and medical monitoring) and Travel Essentials (Rx and luggage assistance, referrals for travel hiccups).

RIGHTS & DISCLOSURES

This information is intended to be shared by employees with their spouse and dependents

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information, contact Bukaty Companies at 888-657-0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888-657-0440 for more information.

COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to36 months of continuation coverage.
- A child's loss of dependent status under the Plan- eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability must have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan). Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Us Informed of Status Changes
It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

Lifetime Limit
The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer- sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1.866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

Kansas – Medicaid
https://www.kancare.ks.gov
800.792.4884 HIPP: 800.967.4660

Missouri – Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573.751.2005

Maryland – Medicaid and CHIP
https://health.maryland.gov/mmcp/eligibility/Pages/generalrequirements.aspx
877.463.3464

Virginia – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
800.432.5924

IMPORTANT NOTICE FROM MRIGlobal

About your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage under our Employee Benefits Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Our review has determined that the prescription drug coverage offered under our medical benefits plans are, on average, expected to pay out as much as standard Medicare prescription drug coverage. Therefore, it is considered Creditable Coverage. Because your current coverage meets this standard, you can keep it without paying a higher premium (penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage may be affected. You should check with the carriers/vendors prior to joining a plan. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage
You should contact Human Resources for additional plan information. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage
Visit: **www.medicare.gov;** or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or Call **1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.** If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.