

2024 Benefits Guide

Health and wellness benefits for
you and your family.



TAYLOR™



Taylor’s mission is to create opportunity and security for all. This Guide outlines our comprehensive benefit programs which support our mission. The following pages outline a robust benefit program that encourages healthy lifestyles, promotes wellness by providing premium discounts, fun wellness challenges throughout the year and providers like Vida, Wellworks for You and Lockton Nurse Advocate to assist with managing your chronic conditions. We also provide for your future security with life, disability and retirement offerings summarized in this Guide.

If you are new to Taylor — welcome to the team! If you are using this Guide for Open Enrollment, please review the changes for 2024 carefully to ensure you enroll in the benefits needed for you and your family.

Thank you!

Carolyn Erickson
Chief Human Resources Officer

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NEW FOR 2024

Are you in the right medical plan? Alex can help!

Alex by Jellyvision will help you select the right medical plan for you and your family. Most people say choosing their medical plan is stressful. It's hard to know if you're selecting the best plan for your needs. Let Alex walk you through this important decision. Simply answer a few questions regarding your health and prescriptions. Alex does the rest by highlighting which plan is best for you based on your needs and explains why. Check out this fun and innovative new tool [here](#).

Maintenance medication — more pharmacy options

Many of you told us you want to fill maintenance medications **at a pharmacy of your choice** instead of at CVS. We have heard you.

Starting in 2024, you can fill maintenance medications at **any pharmacy within the CVS/Caremark network**. We still encourage you to fill a 90-day cycle to save both you and the health plan dollars. If you enjoy the CVS mail order, you can continue using that program as usual.

Fidelity replaces HSA Bank for health savings accounts

One of the advantages of having an HSA is you can use your funds as a retirement account. With that in mind, Taylor will move our HSAs to Fidelity in 2024. You will now see your HSA next to your 401(k) in the Fidelity portal. It will be easier for you to track your progress towards your savings goals. You may roll over your balance from HSA Bank to Fidelity if you choose. Look for more details in December on how to rollover your existing HSA to Fidelity.

Virtual physical therapy with Hinge Health

Are you struggling with back and joint pain?
Have you had a recent injury?
Preparing for surgery?
Just trying to be pain free?

Hinge Health provides all the tools you will need to get moving again — all from the comfort of your home using virtual physical therapy. Your treatment plan is tailored to your specific needs and includes a consultation with a physical therapist, exercises appropriate for your needs and instructions on how to complete the exercises. Hinge Health provides wearable sensors that monitor your progress and guide you through the exercises. Download the app now or [click here](#).





Improved long-term disability

Taylor will cover the entire cost of long-term disability coverage. If you qualify for long term disability benefits, you will receive 60% of your earnings up to a maximum of \$15,000 per month AND you will now receive benefits through normal Social Security retirement age. Employees are no longer required to pay for the extended long-term disability coverage.

Your dental plan just got better

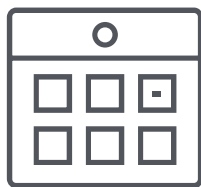
Starting in 2024, the cost of your diagnostic and preventive dental care will not count against your annual maximum allowance of \$1,250. In the past, diagnostic and preventive care was applied to this annual maximum, which meant fewer dollars available to you when big dental expenses came up. Now, the annual maximum of \$1,250 will go further and remove barriers to needed care.

Shatterproof — Substance abuse and addiction support resources

Addiction is not a choice but a disease that changes the brain. It can affect literally anyone and that is why Taylor has partnered with Shatterproof, an advocacy group dedicated to ending the devastation that addiction causes families. Visit justfive.org/taylor to learn more about how to identify an addiction, who is at risk and how to help those in need.

Your vision dollars go further

Taylor has increased the annual allowance available to you each year towards the cost of your contact lenses or frames from \$150 to \$170. As the cost of care increases, we want to ensure your coverage grows to meet the need.



ENROLLING IN BENEFITS

Open enrollment

During open enrollment, you have the option to make changes to your coverage. This year, open enrollment is October 30 through November 13. If you do not complete your open enrollment in Workday, your 2023 elections will carry into 2024 with the exception of flexible spending account.

New hires

If you're new to Taylor, you have 30 days from your hire date to enroll in benefits. Your date of hire counts as day one.

Next steps

- Log in to www.myworkday.com/taylor or use the Workday app to locate your benefit task in your inbox.
- Instructions are provided for you at each step along the way.
- Collect the legal names, dates of birth and Social Security Numbers for dependents.
- Remember, FSA elections need to be made every year. If you choose to participate, your current year enrollment will NOT carry over into next year.

QUALIFYING LIFE EVENTS

If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period unless you have a qualifying life event as defined by the IRS.

It is your responsibility to complete a Change Benefit task in Workday or to contact HRConnect for assistance. The change MUST be completed within 30 days of your life event.

Here are some examples of qualifying life events:

- Birth, legal adoption, or placement for adoption
- Marriage, divorce, or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours
- You or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP)
- You or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event.

QUESTIONS?

HRConnect is available to answer your questions (877-252-9861 or HRConnect@taylor.com).



EMPLOYEE ELIGIBILITY

You are eligible for the following benefits on your date of hire if you are regularly scheduled to work 20 or more hours per week and not classified as a temporary employee.

- Medical insurance
- Dental insurance
- Vision insurance
- Basic life insurance
- Supplemental life insurance
- Flexible spending account
- Health savings account
- Employee assistance program
- Wellness
- FEDlogic

On the first day of the month following 180 days in which you are regularly scheduled to work 20 or more hours per week, you are eligible for the following benefits:

- Short-term disability
- Long-term disability

401(k) eligibility

If you are age 21 or older and employed in a regular classification, you will be automatically enrolled in the 401(k) plan.

Eligibility and leave of absence

During an approved leave of absence, benefits may be continued for up to 6 months provided you continue to pay your portion of the required premium for the coverages you have elected. If your continuous leave of absence extends beyond six months, your coverage will end, and COBRA may be offered as applicable.

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



DEPENDENT ELIGIBILITY

Generally, the following individuals may be eligible dependents for our benefit plans. The company reserves the right to audit dependent elections.

Spouse

- Legally married for purposes of federal law
- Common law when recognized by the state of residence

Dependent children to age 26

- Natural born
- Adopted
- Stepchildren and/or foster children
- Eligible dependents include adopted children, disabled dependents, dependent grandchildren (who meet the plan's eligibility requirement) and children under legal guardianship. Dependents such as grand/disabled/adopted child(ren) are subject to review/approval by the insurance carrier.

Family members working at Taylor

We are fortunate to have employees who also have family members working within Taylor. As a reminder, employees may be covered as an employee or a dependent, but not both (no double coverage). A few examples:

- Both spouses work for Taylor: If the employee is enrolled in their own medical, dental or vision coverage, they cannot be covered as a dependent on their spouse's plan. Children may be covered by one parent, but not by both parents.
- Both spouses (or a child) work for Taylor: Every benefit eligible employee has basic life insurance provided by Taylor, so supplemental spouse coverage is not an option when your spouse is also employed by Taylor in a benefit eligible position. If you have a child working in a benefit eligible position, you cannot elect supplemental child life insurance since your child has basic life insurance.



Here are some terms you'll see in this guide:

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your medical insurance begins to pay.

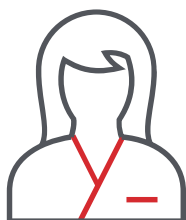
IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

LIMITED NETWORK: A smaller network of providers who consistently deliver both lower costs and higher quality through care that is patient-centered, evidence-based, appropriate and coordinated. A Limited Network does not include coverage for out-of-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

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

REASONABLE AND CUSTOMARY: The amount of money a medical plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the medical plan considers normal or acceptable, you may have to pay the difference.



MEDICAL

Blue Cross Blue Shield of Minnesota | www.bluecrossmn.com/taylor | (866) 289-5154

Taylor is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. The medical plan options remain unchanged and include PPO Plus, PPO, HSA Plus and HSA. These four medical plans are administered by Blue Cross Blue Shield of Minnesota and include prescription coverage through CVS/Caremark.

Employees can elect a medical and prescription drug plan without enrolling in the dental or vision plan.

After completing your enrollment in a medical plan, ID cards will be mailed to your home address from BCBS and CVS for pharmacy coverage.





Blue Cross Blue Shield features

Blue Cross Blue Shield of Minnesota | www.bluecrossmn.com/taylor | (866) 289-5154

Blue365

This free program offers generous discounts and is an online destination (www.blue365deals.com/bcbsmn) offering exclusive health and wellness deals to make maintaining a healthy lifestyle simple and affordable. The program is available to employees and families enrolled in our medical plan. Blue365 partners with retailers to provide discounts on fitness gear, gym memberships, vision care, healthy eating options, pet supply discounts and so much more. Save on leading brands like Fitbit®, Nutrisystem®, Garmin®, EyeMed, Reebok and others.

Blue Distinction Centers and Blue Distinction Centers+

These facilities have a proven history of delivering exceptional care and results. With two levels of recognition, you and your doctor can choose the option that best meets your needs for the following services: **bariatric (weight-loss) surgery, knee and hip replacement, spine surgery, and transplants.**

Find a Doctor and Care Cost Estimator

Blue Cross's website now provides Care Cost Estimator and Find a Doctor tools (www.bluecrossmn.com/taylor) that help you be a consumer of healthcare. Shop around local providers to see how costs for procedures may vary from one facility to the next.

Doctor on Demand

More convenient than ever, Doctor on Demand (www.doctorondemand.com/bcbsmn) provides telemedicine/virtual appointments to treat common issues and prescribe medications all at a **lower cost**. From rashes to colds, stress management to diabetes management, individualized treatment plans are created around you. See the following pages to understand how each plan covers Doctor on Demand services.

HINGE HEALTH

hinge.health/taylor | hello@hingehealth.com | (855) 902-2777

We are excited to announce that as of September 1, Hinge Health has joined our comprehensive benefit program. Hinge Health focuses exclusively on our musculoskeletal (joint and muscle) needs and provides personalized exercise and physical therapy in a digital environment. Hinge Health is provided at no cost to employees and dependents enrolled in a Blue Cross Blue Shield medical plan.

Hinge Health gives you the tools you need to lessen pain, recover from injuries and prepare for surgery when needed.

Here are three reasons to consider Hinge Health:

- Simple access to digital joint and muscle clinic to get you moving on your time schedule — when and where you want to
- Complete care team including physical therapists, board certified health coaches, physicians and orthopedic surgeons to guide you through the process
- Personalized care plan developed specifically for you with dedicated support

Here's one more reason to consider Hinge Health — if you don't have the technology to use their digital offerings, Hinge Health will provide you with a tablet with access to their website to help you achieve your goals.

LEARN MORE

To learn more about how Hinge Health can help you, please contact them at (855) 902-2777, hello@hingehealth.com or visit their website hinge.health/taylor.



NOT SURE IF THIS PLAN IS RIGHT FOR YOU? [CLICK HERE!](#)

Medical and prescription drug plan summary

PPO Plus

*DEDUCTIBLE DOES NOT APPLY
**AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$1,500	\$4,000
Family	\$3,000	\$8,000
Coinsurance (what you pay after the deductible)		
	20%	40%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	40%**
Retail health clinic visit	\$20 copay*	40%**
Physician office visit	\$25 copay*	40%**
Specialist visit	\$35 copay*	40%**
Doctor on Demand medical and psychology/psychiatry	\$0 copay*	40%**
Urgent care	\$25 copay*	40%**
Emergency room	20%**	20%**
Inpatient care	20%**	40%**
Outpatient care	20%**	40%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	\$10	\$10
Preferred brand name	20% (\$40 min./\$80 max.)	20% (\$40 min./\$80 max.)
Non-preferred brand name	50% (\$60 min./\$120 max.)	50% (\$60 min./\$120 max.)
Specialty	20% (\$75 min./\$150 max.)	20% (\$75 min./\$150 max.)
90-day supply (mail order or retail)		
3 times the medication for only 2.5 times the cost		
Generic	\$25	No coverage
Preferred brand name	20% (\$100 min./\$200 max.)	No coverage
Non-preferred brand name	50% (\$150 min./\$300 max.)	No coverage

Medical and prescription bi-weekly payroll contributions

PPO Plus	Taylor cost	Your cost
Employee	\$197.20	\$135.52
Employee + child(ren)	\$404.26	\$277.81
Employee + spouse	\$493.01	\$338.80
Family	\$631.04	\$433.67

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

**NOT SURE IF THIS PLAN IS
RIGHT FOR YOU? [CLICK HERE!](#)**

PPO

***DEDUCTIBLE DOES NOT APPLY
AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (what you pay after the deductible)		
	20%	40%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	40%**
Retail health clinic visit	\$40 copay*	40%**
Physician office visit	\$40 copay*	40%**
Specialist visit	\$60 copay*	40%**
Doctor on Demand medical and psychology/psychiatry	\$0 copay*	40%**
Urgent care	\$40 copay*	40%**
Emergency room	20%**	20%**
Inpatient care	20%**	40%**
Outpatient care	20%**	40%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	\$10	\$10
Preferred brand name	20% (\$40 min./\$80 max.)	20% (\$40 min./\$80 max.)
Non-preferred brand name	50% (\$60 min./\$120 max.)	50% (\$60 min./\$120 max.)
Specialty	20% (\$75 min./\$150 max.)	20% (\$75 min./\$150 max.)
90-day supply (mail order or retail)		
3 times the medication for only 2.5 times the cost		
Generic	\$25	No coverage
Preferred brand name	20% (\$100 min./\$200 max.)	No coverage
Non-preferred brand name	50% (\$150 min./\$300 max.)	No coverage

Medical and prescription bi-weekly payroll contributions

PPO	Taylor cost	Your cost
Employee	\$212.80	\$103.71
Employee + child(ren)	\$436.54	\$212.33
Employee + spouse	\$543.12	\$248.18
Family	\$681.60	\$331.27

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

***DEDUCTIBLE DOES NOT APPLY**
****AFTER DEDUCTIBLE**

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$3,200	\$6,000
Family	\$6,000	\$12,000
Coinsurance (what you pay after the deductible)		
	20%	20%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	20%**
Retail health clinic visit	20%**	20%**
Physician office visit	20%**	20%**
Specialist visit	20%**	20%**
Doctor on Demand medical and psychology/psychiatry	0%**	20%**
Urgent care	20%**	20%**
Emergency room	20%**	20%**
Inpatient care	20%**	20%**
Outpatient care	20%**	20%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	\$10	\$10
Preferred brand name	20% (\$40 min./\$80 max.)	20% (\$40 min./\$80 max.)
Non-preferred brand name	50% (\$60 min./\$120 max.)	50% (\$60 min./\$120 max.)
Specialty	20% (\$75 min./\$150 max.)	20% (\$75 min./\$150 max.)
90-day supply (mail order or retail)		
3 times the medication for only 2.5 times the cost		
Generic	\$25	No coverage
Preferred brand name	20% (\$100 min./\$200 max.)	No coverage
Non-preferred brand name	50% (\$150 min./\$300 max.)	No coverage

Medical and prescription bi-weekly payroll contributions

HSA Plus	Taylor cost	Your cost
Employee	\$212.80	\$93.84
Employee + child(ren)	\$436.54	\$192.06
Employee + spouse	\$543.12	\$223.48
Family	\$681.60	\$299.65

Employer contribution to HSA

- **\$150 annually or \$5.77 per bi-weekly payroll.**
- **See health savings account section for details and features.**

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

*DEDUCTIBLE DOES NOT APPLY
**AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Coinsurance (what you pay after the deductible)		
	0%	0%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	0%**
Retail health clinic visit	0%**	0%**
Physician office visit	0%**	0%**
Specialist visit	0%**	0%**
Doctor on Demand medical and psychology/ psychiatry	0%**	0%**
Urgent care	0%**	0%**
Emergency room	0%**	0%**
Inpatient care	0%**	0%**
Outpatient care	0%**	0%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	0%**	0%**
Preferred brand name	0%**	0%**
Non-preferred brand name	0%**	0%**
Specialty	0%**	No coverage
90-day supply (mail order or retail)		
Generic	0%**	No coverage
Preferred brand name	0%**	No coverage
Non-preferred brand name	0%**	No coverage

Medical and prescription bi-weekly payroll contributions

HSA	Taylor cost	Your cost
Employee	\$212.80	\$63.14
Employee + child(ren)	\$436.54	\$135.80
Employee + spouse	\$543.12	\$156.26
Family	\$681.60	\$215.38

Employer contribution to HSA

- **\$150 annually or \$5.77 per bi-weekly payroll.**
- **See health savings account section for details and features.**

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

Minnesota Twin Cities Limited Network

Is this option right for you?

First check whether any of the statements below apply to you.

- I have family members who live outside the Minnesota Twin Cities metropolitan area or out of state who are covered under my medical plan (e.g., college students).
- I live outside of the Minnesota Twin Cities metropolitan area (see map).
- I want the option to get care out-of-network.
- I get medical care through any of the following providers and do not want to change who I get my care from.
 - Gillette Children's
 - HealthPartners
 - Park Nicollet
 - HCMC (Hennepin Healthcare)
 - Mayo



If any of the above statements apply to you, then the Minnesota Twin Cities Limited Network is not a good fit for you.

If the statements above do not apply to you, this Limited Network plan may be a good option for you to consider. Major providers include the following and a complete list is available using the Find a Doctor tool at www.bluecrossmn.com/taylor:

- Allina Health
- Ridgeview Medical Center
- Fairview Health Services
- St. Francis Regional Medical Center
- North Memorial Health
- University of MN Physicians
- Northfield Hospitals and Clinics
- University of MN Children's Hospital

Doctor on Demand services are also available within the Limited Network option.

There is no out-of-network coverage except in emergency situations.

Minnesota Twin Cities Limited Network

Medical and prescription bi-weekly payroll contributions

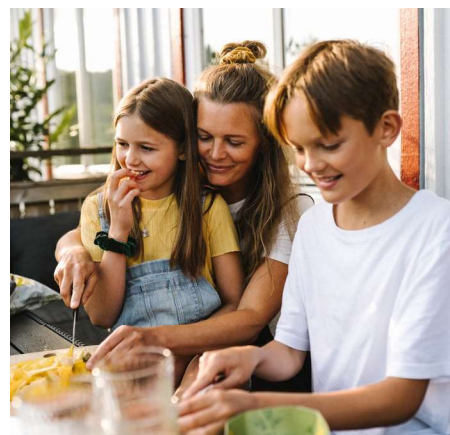
PPO Plus: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$177.48	\$121.97
Employee + child(ren)	\$363.84	\$250.03
Employee + spouse	\$443.70	\$304.92
Family	\$567.94	\$390.30

PPO: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$212.80	\$72.06
Employee + child(ren)	\$436.54	\$147.44
Employee + spouse	\$543.12	\$169.06
Family	\$681.60	\$229.98

HSA Plus: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$212.80	\$63.17
Employee + child(ren)	\$436.54	\$129.20
Employee + spouse	\$543.12	\$146.82
Family	\$681.60	\$201.53

HSA: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$212.80	\$34.91
Employee + child(ren)	\$436.54	\$77.94
Employee + spouse	\$543.12	\$85.68
Family	\$681.60	\$125.05

*ID cards for members in the Limited Network will list the network as High Performance Network.



PLAN CHANGES HAVE OCCURRED FOR 2024.

Please review the updated Kaiser details below.

Kaiser-California plan

Kaiser Permanente | www.kp.org | 800.464.4000

Taylor is pleased to offer employees living in California the choice to enroll in the HMO (Health Maintenance Organization) plan with Kaiser Permanente. There are a few important considerations to make before you decide if the Kaiser plan is right for you.

No deductible

- There is no deductible under this plan.

Copayments

- Most services include copayments, except for routine and preventive care which are offered at no charge. All copayments apply to the out-of-pocket maximum.

Coinsurance

- While most services include copayments, there are a few services that now require 30% coinsurance payment. These include specialty drugs, emergency room, inpatient hospital care and outpatient care.

No out-of-network coverage

- This plan only includes coverage with Kaiser providers.

Kaiser

Medical	Kaiser In-network
Deductible	
Employee only	\$0
Family	\$0
Coinsurance	0%
Out-of-pocket maximum	
Employee only	\$4,000
Family	\$8,000
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)	No charge
Retail health clinic visit	\$40
Physician office visit	\$40
Specialist visit	\$50
Urgent care	\$40
Emergency room	30% coinsurance
Inpatient care	30% coinsurance
Outpatient care	30% coinsurance
Prescription drugs	Employee pays
Retail (30-day supply)	
Generic	\$15 copay
Brand name	\$40 copay
Specialty	30% coinsurance up to \$250 max.
Mail order (100-day supply)	
Generic	\$30 copay
Brand name	\$80 copay

Kaiser bi-weekly payroll contributions

Kaiser	Taylor cost	Your cost
Employee	\$212.80	\$125.04
Employee + child(ren)	\$436.54	\$256.02
Employee + spouse	\$543.12	\$301.46
Family	\$681.60	\$399.47

Employees may elect Kaiser without enrolling in the dental or vision plan.

NO OUT-OF-NETWORK COVERAGE

Registered domestic partners

Registered domestic partners may be enrolled in the Kaiser Plan and you will be required to provide documentation prior to January 1.

In accordance with current tax regulation, if your registered domestic partner is not a tax dependent for you, there will be taxable income reported on your W2.

Kaiser features

Kaiser Permanente | www.kp.org | 800.464.4000

Convenient ways to get what you need

You've got more ways to get quality care than ever before, so it's easier to stay on top of your health.

Video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente care team and any specialists you've been referred to.

In-person care

Kaiser Permanente offers same-day, next-day, after-hours and weekend services at many of our locations.

Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.

Prescription delivery

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.

24/7 advice

Get on-demand support with 24/7 care advice by phone.

E-visit

Use our online symptom checker for certain conditions and get personalized care advice within a few hours.

Care away from home

You're covered for emergency care anywhere in the world. When you're not in a Kaiser Permanente area, get urgent care from any provider, including MinuteClinic locations (in select CVS and Target stores) or Concentra urgent care centers.

Online wellness tools

Visit www.kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts and recipes from world-class chefs.

Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress and more — all at no cost. Learn more at www.kp.org/healthylifestyles.

Personal wellness coaching

Get help reaching your health goals. Work one on one with a wellness coach by phone at no cost. Find out more at www.kp.org/wellnesscoach.

Special rates for members

Enjoy reduced rates on services that can help you stay healthy — like gym memberships, massage therapy and more. Explore your options at www.kp.org/choosehealthy.



PHARMACY

CVS/Caremark | www.caremark.com | (800) 405-6432

Prescription drug coverage for the PPO Plus, PPO, HSA Plus and HSA plans is provided through CVS/Caremark.

What you pay for your prescriptions will depend on which medical plan you choose and what type of prescriptions you need. The plan classifies drugs by four levels; generic, preferred brand, non-preferred brand and specialty. Each level of drug has a different cost. Generic medications are the lowest cost options. See medical and prescription drug plan summary pages for details on coverage.

Starting in 2024, you can fill maintenance medications at any pharmacy within the [CVS/Caremark network](#). We still encourage you to fill a 90-day cycle to save both you and the health plan dollars. You receive 3 times the medication for only 2.5 times the cost.

If you enjoy the CVS mail order, you can continue using the program as usual.

From time to time you may have a need for short term prescription (antibiotic, pain medication, etc). In these cases, the prescription may be filled at any pharmacy within the CVS/Caremark network.

Save money with [mail service pharmacy](#)

While no longer a requirement to use CVS for 90 day refills, the mail order service remains an easy and cost efficient way to receive maintenance medication. With **one 90-day supply, you pay only 2.5 times instead of 3 times** the monthly copayment, so you can be sure you're paying a lower price. Mail delivery also means no more monthly trips to the pharmacy, and with automatic refills, you won't need to keep track of refill schedules either. CVS will alert you ten days before a refill in case you need to change the delivery date or location. To get started, visit www.caremark.com/mailemailservice or call customer care at **(800) 405-6432**.

CVS value formulary

To avoid paying more for your medication, ask your doctor to write you a prescription for a generic or listed brand prescription drug. More information can be found on the value formulary, including the formulary itself, at the following location: <http://info.caremark.com/highvalueplan>

PrudentRx (applies only to PPO Plus and PPO plans)

What is PrudentRx?

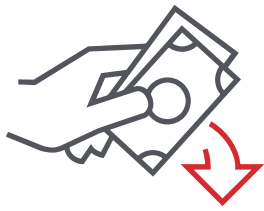
The PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means \$0 out-of-pocket (OOP) for any medications on your plan's exclusive specialty drug list when you fill by CVS Specialty Pharmacy.

PrudentRx will work with manufacturers to get copay card assistance and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

Copay assistance is a process in which drug manufacturers provide financial support to you by covering all or most of your cost share for select medications, in particular specialty medications. The PrudentRx Copay Program will help you get copay assistance from drug manufacturers to reduce your cost share for eligible medications, thereby out-of-pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

All eligible members will be automatically enrolled in The PrudentRx Copay Program, but you can choose to opt out of the program by calling **(800) 578-4403**.





HEALTH SAVINGS ACCOUNT (HSA)

Fidelity | www.netbenefits.com | (800) 835-5095

One of the advantages of having an HSA account is that you can use those funds as a retirement account. With that in mind, Taylor will transition the HSA accounts to Fidelity. You will soon see your HSA account alongside your 401k account making it easier to track your consolidated savings. You will have the ability to rollover your balance from HSA Bank to Fidelity.

Using a health savings account when enrolled in an HSA medical plan can play a valuable role in your overall health and financial wellness. Here are a few key things to know about an HSA:

The account is YOURS

It is an individual account that you own. Funds can be used to pay for out of pocket medical, dental and vision expenses that are not covered by your HSA medical plan.

You receive a triple tax advantage with an HSA:

- Contributions are made pre-tax
- Funds used to pay medical expenses are not taxed
- Account balances may be invested and earnings/interest grow tax free

You decide:

- How much to contribute (up to the IRS limits)
- When to use the funds and
- How to invest your account balance

EMPLOYER CONTRIBUTIONS

Taylor will continue to contribute **\$5.77 bi-weekly, up to \$150 per year**, to the Health Savings Accounts of all employees who are enrolled in either the HSA Plus or HSA plans.

Your balance carries over at the end of the year — no “use it or lose it.”

- Once you reach age 65, you may use funds in the account for non-medical expenses (subject to income tax since they are not medical expenses).

You are eligible to contribute to an HSA in 2024 if:

- You are enrolled in a high-deductible health plan (HDHP) such as the HSA Plus or HSA plan.
- You are not covered by your spouse’s medical plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration (VA) benefits in the past three months, with the exception that if you are a veteran with a disability rating from the VA, any hospital care and/or medical services received from the VA may be disregarded for purposes of HSA eligibility.
- You are not opening a healthcare flexible spending account (FSA) in 2024.

IMPORTANT! How much you can contribute into an HSA in 2024

Age bracket	Employee maximum contribution	Taylor contribution	IRS combined limit
Under age 55 in 2024	\$4,000 individual or \$8,150 family	\$150.00	\$4,150 individual or \$8,300 family
55 or older in 2024 catch-up eligible	\$5,000 individual or \$9,150 family	\$150.00	\$5,150 individual or \$9,300 family

How to access/make contributions to your HSA

Once your account is open, you can access it via www.netbenefits.com. You'll set up your payroll contributions in Workday and may change your contribution anytime during the year.

More details about health savings accounts

The company pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

If you decide to contribute to your Health Savings Account, you will see two separate pre-tax deductions on your payroll: one for your medical plan premium and one for your contribution to your HSA.

How to pay expenses from your HSA

Debit card

- To help prevent misuse of HSA funds, the debit card is only authorized at merchants that provide medical products and services

Online transfers (through member website)

- Establish and verify external bank account
- One-time or recurring transfers (both incoming and outgoing transfer options)





WELLNESS

Wellworks For You | www.wellworksforyoulogin.com | (800) 425-4657

We all know how important it is to proactively manage your and your family's health. We are committed to helping you achieve optimal health — encouraging you to be active, live a healthy lifestyle and make good health decisions. Our plan options offer you the opportunity to be rewarded for healthy behaviors in the form of a discount on your medical insurance premium.

When you (and your spouse) enroll in a medical plan, you have the opportunity to earn points based on your individual wellness screening. Each point is worth \$120 annually. Discounts to premiums for wellness do not carry over from a prior year.

Additional details on the Wellness Program for next year will be shared soon.

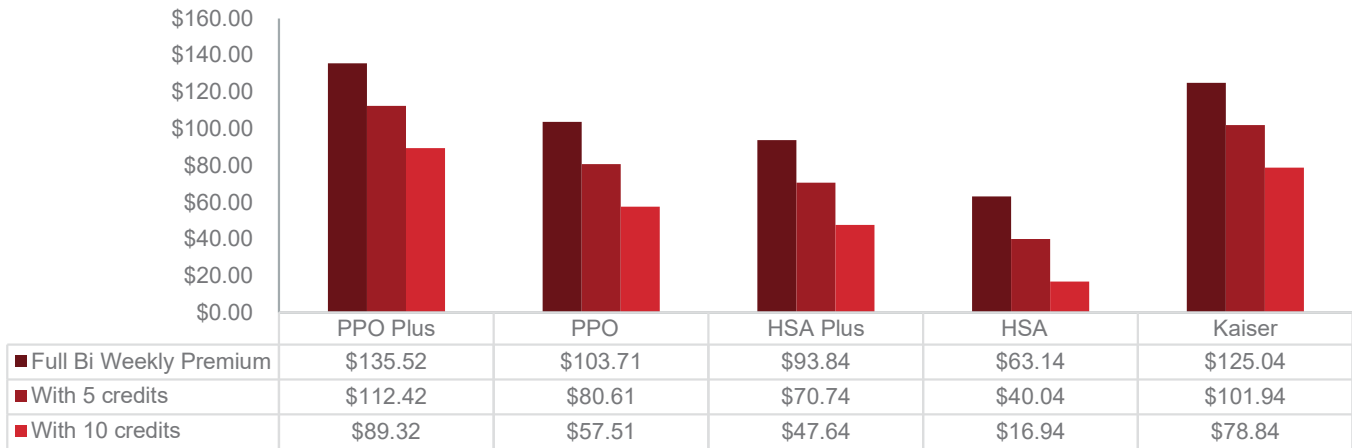


How you can save on your premiums (you pay bi-weekly)

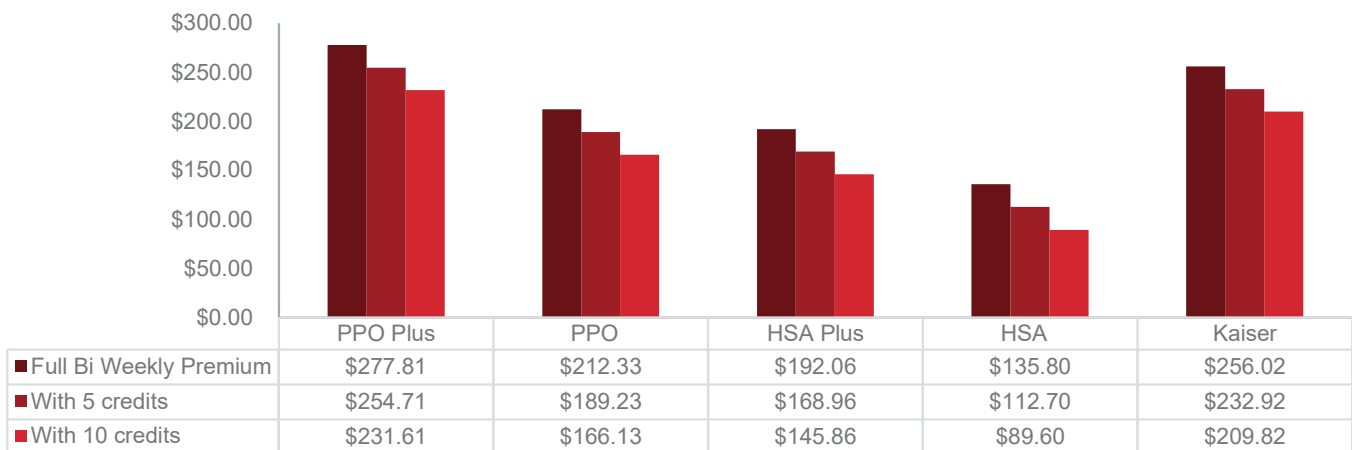
Below are a few examples of the impact of achieving your wellness credits and receiving discounts on your 2024 premiums. For the full chart of savings, visit the Wellness and Benefits hub:

<https://employees.taylor.com>

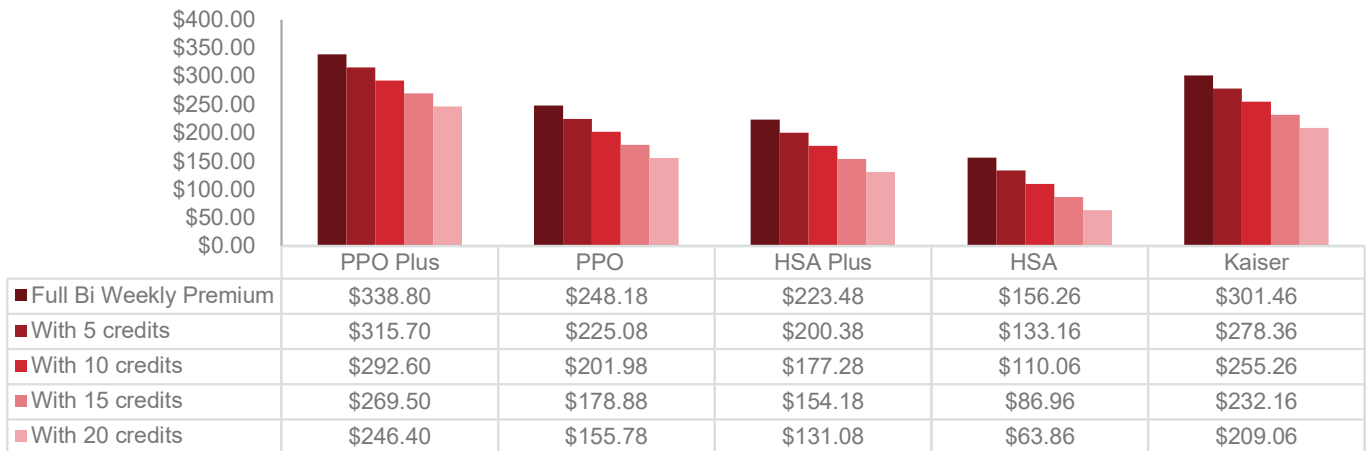
Employee only



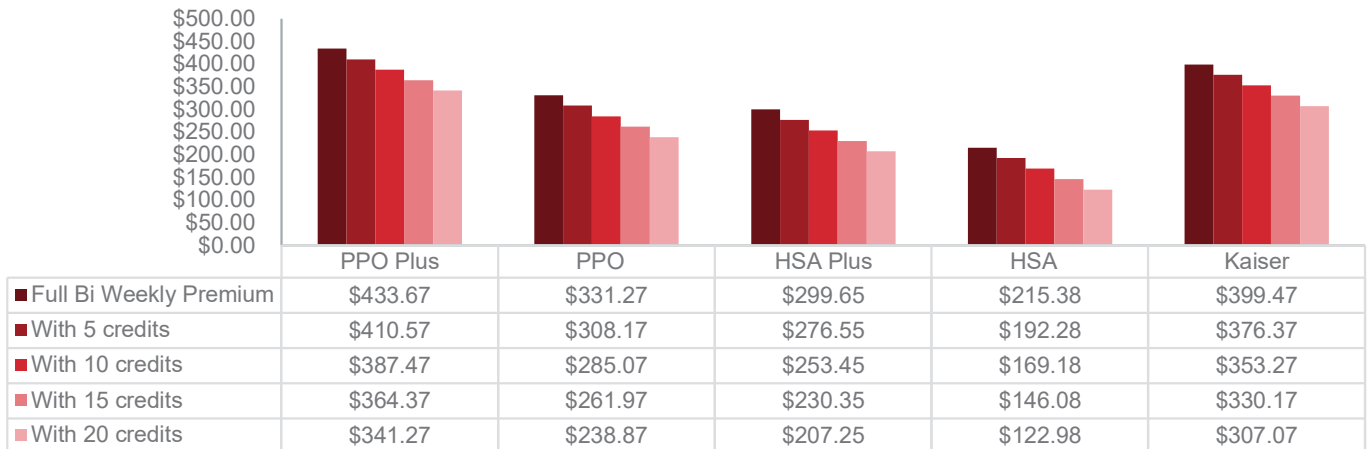
Employee + Child(ren) coverage



Employee + spouse coverage



Family coverage



If you think you might be unable to meet certain wellness program standards required to receive the incentives, you might qualify for an opportunity to receive the incentive by meeting an alternative requirement such as completing other activities that may be available to you under the wellness program. Please contact Wellworks For You (800) 425-4657 or www.wellworksforyoulogin.com if you have any questions about the wellness program and/or determine whether you may be eligible to receive an incentive by meeting an alternative requirement.



What do you get with Vida Health?

Vida Health matches you to a free health coach or therapist who can help you:



Lose weight



Lower your blood sugar to manage or prevent diabetes



Feel less stressed



Improve blood pressure or cholesterol to improve your heart health



Feel healthier and happier overall

Your coach or therapist will develop a personal plan and guide you every step of the way. You can sign up for Vida now.

With Vida's human coaches and therapists empowered by a mobile app, you can access a customized program designed for you and your health goals.

To get started

1. Download the free Vida Health app to your phone.
2. Choose "Taylor" as your organization to activate your free account.
3. Pick the health areas you want to focus on, then choose a coach or therapist to workwith.
4. Schedule your first session to get started reaching your goals.

If you have any questions or need help signing up, you can contact Vida's support team at support@vida.com.

To be eligible for the Vida program, you need to be enrolled in one of Taylor's health plans and you need to have a chronic condition that is supported by this program. Your spouse and any dependents covered on your health plan who are 18 years or older and who have a chronic condition, are also eligible. This program is not available to those under age 18.



LOCKTON NURSE ADVOCATE

Lockton Nurse Advocate | taylorlna@lockton.com | (833) 782-7403

Taylor is committed to helping you stay healthy and has partnered with Lockton Nurse Advocate to provide a supportive benefit to help you understand your current health and support you to improve or maintain your overall health.

Through the voluntary Lockton Nurse Advocate Program, you are provided with a dedicated registered nurse that will:

- Learn about your health and lifestyle.
- Listen to your specific needs and obstacles, and work with you to set goals while supporting you in achieving them.
- Discuss risk factors and best practice medical care.
- Help you effectively use your health insurance plan benefits.
- Inform you about company wellness activities.
- Connect you with appropriate health resources.
- Provide in-network physician information and answer health questions.

Your participation is important! Our nurse advocates are an important resource for helping you live your healthiest life. A nurse may reach out to you, and we encourage you to participate — it could be the most important decision you make.

Information shared between you and your nurse is confidential.





PUBLIC BENEFIT ADVOCACY

www.fedlogicgroup.com | services@fedlogicgroup.com | (877) 837-4196

Taylor has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. The service is confidential, unlimited and provided at no cost to you.

Reasons to call FEDlogic

- You've reached or are approaching Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security benefits
- You or a household family member has been diagnosed with a major illness
- You have a child with a disability or who was born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace or COBRA
- You need help exploring alternative healthcare avenues based on your income
- You are currently on dialysis (ESRD)
- You need help exploring unemployment benefits

How FEDlogic works

- **MAKE A PHONE CONSULTATION APPOINTMENT.** Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.
- **TELL FEDLOGIC YOUR STORY, ASK QUESTIONS AND LEARN.** You don't have to go through complex and confusing information to try to figure out what applies to you. They take the time to listen to your story and understand your needs, concerns and goals. Then they empower you with the information you need so you can maximize your benefits and make the best decision for your situation.
- **ENROLL FOR BENEFITS.** Once you feel confident you have the information you need to make the best decision for you and your family, FEDlogic will walk you through the application and approval process.
- **RELAX AND CELEBRATE.** Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve.



ADDICTION SUPPORT

Shatterproof | justfive.org/taylor

Addiction is not a choice but a disease that changes the brain. It can affect literally anyone and that is why Taylor has partnered with Shatterproof, an advocacy group dedicated to ending the devastation that addiction causes families. Shatterproof is a national nonprofit organization dedicated to reversing the addiction crisis in the U.S.

Shatterproof ...

- Transforms addiction treatment.
- Is shifting attitudes and behaviors to remove the stigma that surrounds our loved ones with this chronic condition.
- Educates and empowers our employees to learn more about substance abuse and get support.

To learn more about substance use and addiction support, visit [Shatterproof](https://Shatterproof.org).





DENTAL PLAN

Delta Dental of Minnesota | www.deltadentalmn.org | (800) 448-3815

Your dental plan is designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner.

Access to regular checkups and good preventive care is key to long-term oral health. In addition to visiting your dentist for regular preventive care, talk to your dentist about your specific oral health needs.

When you enroll in the dental plan, you may visit any provider in either the Delta Dental Premier or Delta Dental PPO network. The same benefit levels apply in each of these two networks. If you choose to use an out-of-network dentist, your out-of-pocket cost will be higher because those providers can charge amounts that would otherwise not be accepted by Delta Dental of Minnesota.

Once enrolled, Delta will mail your ID card(s) to your home.

2024 plan enhancement!

Starting in 2024, cost of your diagnostic and preventive dental care no longer counts against your annual maximum. It just got easier making the choice to see your dentist for regular checkups. You now get to save the \$1,250 to go toward expensive and unexpected dental costs. Taylor wants your dental coverage to go further for you, and now it does.



Dental plan highlights

Deductible	Benefit
Individual	\$50
Family	\$150
Annual maximum	\$1,250/person
Preventive	
Oral exams, X-rays These costs do not count against your annual maximum.	100%
Basic	
Fillings, endodontic treatment, periodontic treatment	80%
Major	
Crowns, prosthetics	50%
Orthodontia	
Adults and dependent child(ren)	50%
Lifetime orthodontia plan maximum (per individual)	\$1,750

Bi-weekly dental contributions

	Taylor cost	Your cost
Employee	\$6.00	\$9.00
Employee + Child(ren)	\$16.14	\$24.20
Employee + Spouse	\$12.00	\$17.99
Family	\$24.11	\$36.17





VISION PLAN

VSP | www.vsp.com | (800) 877-7195

The annual allowance you have each year to pay for the cost of contact lenses or frames has been increased to \$170. You now have more to spend under your plan. The plan is designed to cover much of the cost for affordable care and materials when you use in-network providers and shop smart.

VSP DIABETIC EYECAREPLUS PROGRAM

If you have diabetic eye disease, glaucoma or age-related macular degeneration, you can receive:

- A covered-in-full retinal screening (digital imaging of the inside of the eye)
- Additional services that track and monitor diabetic eye disease progression
- Follow-up medical eye exams deemed necessary by your VSP doctor
- An additional eye exam with refraction for changes in vision due to diabetes medication(s)

	In-network	Out-of-network
Annual exam	\$15 copay	Up to \$50
Frames (every 24 months)	\$170 allowance + 20% off amounts over allowance	Up to \$70
Standard lenses (every 12 months)		
Single vision	\$20 copay	Up to \$50
Lined bifocal	\$20 copay	Up to \$75
Lined trifocal	\$20 copay	Up to \$100
Lined lenticular	\$20 copay	Up to \$125
Standard progressive lenses	Covered in full	Up to \$75
Contact lenses		
Contact lenses	\$60 copay for lens exam \$170 allowance	Up to \$105
KidsCare plan (up to age 26)		
• Exams, frames and lenses every calendar year	Two covered exams \$170 frame and contact allowance	Not covered
• Contacts (every calendar year in lieu of glasses)	Polycarbonate lenses covered in full	

Employee bi-weekly vision payroll contributions

	Employee contribution
Employee	\$3.96
Employee + Child(ren)	\$6.78
Employee + Spouse	\$5.69
Family	\$10.84

You will not receive a vision ID card. Your ID number is your employee number or the last four digits of your Social Security Number. You can find your employee number on Workday>Personal Information>About Me.



SPENDING ACCOUNTS

Optum | www.optumhealthfinancial.com | (800) 243-5543

Flexible spending accounts let you set aside pre-tax money to help pay for eligible expenses relating to healthcare, dependent day care, parking and/or transit expenses.

	Healthcare FSA	Dependent day care FSA	Commuter expense reimbursement accounts (parking/transit)
Eligible expenses	<p>Copayments, coinsurance, deductibles, dental expenses, vision expenses, prescription drugs.</p> <p>See IRS Publication 502 for a complete list.</p>	<p>Eligible child (under 13) and adult care expenses such as day care, before and after-school care, preschool, nursery school, summer day camps.</p> <p>See IRS Publication 503 for a complete list.</p>	<p>The Commuter Expense Reimbursement Accounts (CERA) allow you to pay for qualified transit and parking expenses using money you have set aside pre-tax.</p> <p>See IRS Publication 15-B for details.</p>
Maximum Contribution	\$3,050 (min. of \$100) annually	\$5,000 annually (\$2,500 per year if you are married and file a separate tax return.)	<p>Transit Passes or Commuter Highway Vehicle — \$300/month</p> <p>Parking — \$300/month</p>
Funds availability	Your entire election is available to you at the beginning of the plan year.	Works on a “dollar in/dollar out” process. You are only eligible to be reimbursed for the current balance that has been withheld as of the date of your request.	Works on a “dollar in/dollar out” process. You are only eligible to be reimbursed for the current balance that has been withheld as of the date of your request.
Portability	No	No	No
Forfeiture	IRS rules require you to forfeit any unused money in your healthcare FSA if you do not submit expenses by March 31 of the following plan year.	IRS rules require you to forfeit any unused money in your dependent day care FSA if you do not submit expenses by March 31 of the following plan year.	Unused amounts are carried over from year to year.
Grace period	Medical claims incurred in the first 75 days following the plan year can be covered by outstanding funds from the previous year.	N/A	N/A

IMPORTANT NOTES

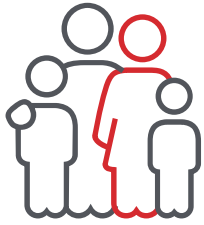
- If you elect to participate in the HSA Plus or HSA medical plan, you will not be eligible to participate in the Healthcare Flexible Spending Account. You can still participate in the Dependent Day Care and/or the Commuter program.
- Flexible Spending Account elections must be made every year if you choose to participate. Current year enrollments do not carry over into the following year.

Payment card

The Optum healthcare FSA payment card allows you to get faster access to your FSA dollars. Pay for eligible expenses with your card instead of paying cash.

Note: Purchases you make with your FSA payment card may require supporting documentation, so always keep your receipts! Optum will make every effort to electronically verify your card transactions, as required by the IRS. If Optum is not able to verify a transaction, you will receive a letter requesting an itemized receipt or explanation of benefits (EOB). If the required documentation is not received within the stated time period, your card will be suspended. If you are not able to provide appropriate documentation, any unverified card purchases will be reported as taxable income.





LIFE INSURANCE

Lincoln Financial Group | www.lincolnfinancial.com | (888) 480-0156

All eligible employees are automatically covered by basic life and AD&D (accidental death and dismemberment) insurance at no cost. In addition to your basic life insurance, you have the option to enroll in supplemental coverage for yourself and your eligible family members.

Basic life insurance

The basic life plan automatically provides life and AD&D insurance of one times your salary, up to \$400,000, at no cost.

Employee supplemental life insurance

Supplemental life and AD&D coverage is paid by you with post-tax dollars.

- Employee supplemental life provides you the ability to increase your coverage by \$10,000 or \$20,000 without proving evidence of insurability (EOI).
 - If your increased level of supplemental insurance exceeds \$400,000, then EOI will be required.

Supplemental life insurance rates Bi-weekly rate/\$10,000			
Age	Rate	Age	Rate
Under 25	\$0.27	50-54	\$1.12
25-29	\$0.30	55-59	\$1.93
30-34	\$0.38	60-64	\$2.55
35-39	\$0.42	65-69	\$4.62
40-44	\$0.51	70+	\$7.44
45-49	\$0.73		

HOW TO CALCULATE YOUR SUPPLEMENTAL LIFE INSURANCE COST

Example: \$100,000	/10,000 =	10 units of coverage	x	Rate for a 30 year old (\$0.38)	=	\$3.80 bi-weekly
<hr/> Amount elected		<hr/> units of coverage		<hr/> Life and AD&D rate above (based on your age on Jan. 1)		<hr/> Your bi-weekly cost

Spouse and child(ren) life insurance

Dependent life insurance provides a benefit to you in the case of the death of your spouse or your dependent child(ren).

You can enroll in spouse life insurance or increase your current coverage amount by one level (\$0-\$5,000 or \$5,000-\$10,000 or \$10,000-\$25,000).

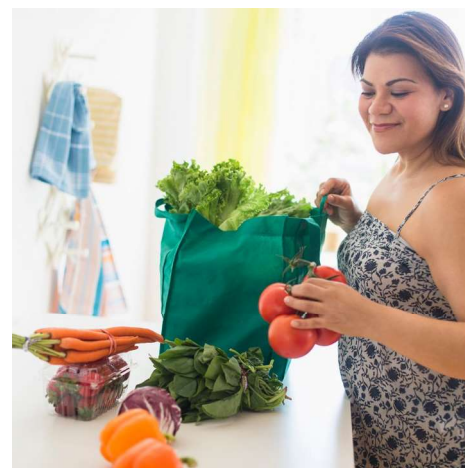
You can add life insurance for your child(ren) or increase current coverage by one level (\$0-\$5,000 or \$5,000 to \$10,000).

As a reminder, every benefit eligible employee has basic life insurance provided by Taylor, so supplemental spouse coverage is not an option when your spouse is also employed by Taylor in a benefit-eligible position. If you have a child working in a benefit-eligible position, you cannot elect supplemental child life insurance since your child has basic life insurance.

Coverage choices and rates

Spouse life insurance bi-weekly rates		
\$5,000	\$10,000	\$25,000
\$0.59	\$1.18	\$2.95

Child(ren) life insurance bi-weekly rates	
\$5,000	\$10,000
\$0.76	\$1.52





DISABILITY PLANS

Lincoln Financial Group | www.lincolnfinancial.com | (888) 480-0156

You become eligible for these benefits on the first of the month coinciding with or next following 180 days of continuous service in an eligible status.

Short-term disability

Short-term disability is provided at no cost to you and provides income protection if you cannot work due to non-work-related illness or injury and includes maternity. Short-term disability begins to pay benefits after you cannot work for seven consecutive calendar days. After seven days, short-term disability will pay 67% of your pre-disability earnings, once approved.

Benefits will continue for up to 25 weeks following the seven day waiting period, as long as you remain disabled. When short-term disability benefits end, you may be eligible to receive long-term disability benefits.

Long-term disability

NEW! 100% paid by Taylor

Taylor will pay the full premium cost for LTD coverage for all eligible employees.

Once your disability claim is approved, these benefits begin after short-term disability benefits end. During the first 24 months of disability, you are considered disabled if unable to perform the material duties of your own occupation. After 24 months, to be considered disabled, you must not be able to perform the duties of any occupation for which you are suited by prior training, education and experience. As long as you remain disabled, the long-term disability plan will continue to pay benefits for up to when you reach Social Security normal retirement age (SSNRA).



Benefit details

- Monthly benefit amount
 - 60%
- Monthly benefit maximum
 - \$15,000
- Benefits begin
 - After 180 days
- Benefits duration
 - Social Security normal retirement age



EMPLOYEE ASSISTANCE PROGRAM (EAP)

EmployeeConnectSM | www.guidanceresources.com | (888) 628-4824 |
Username: LFGSupport | Password: LFGSupport1

EmployeeConnectSM with Lincoln Financial Group offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With EmployeeConnectSM, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 online resources

EmployeeConnectSM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit www.guidanceresources.com or download the GuidanceNowSM mobile app. You'll find:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

EmployeeConnectSM counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor. You'll receive customized information for each work-life service you use.

LifeKeys[®]

- EstateGuidance[®] will preparation
- GuidanceResources[®] Online
- Identity theft
- Assistance at a difficult time
- Financial services
- Legal support
- Support with day-to-day concerns

TravelConnect[®] services

- Medical assistance
- Safety services



MORE PERKS

Looking for great discounts? Check out the “Offers and Discounts” page on Compass where you will find details on the following:

Perks at Work provides discounts on:

- Pet insurance and pet product discounts
- Entertainment discounts
- Discounts on travel, household needs, electronics, tax preparation and more.

Taylor Discounts

- Available on invitations, announcements, cards and other Taylor-produced items
- Direct discounts with companies including Delta, Verizon, T-Mobile, AT&T and more
- Educational discounts with Rasmussen University and Capella University





401(K) RETIREMENT PLAN

Fidelity | www.netbenefits.com | (800) 835-5095

Your retirement plan is an important part of your benefits package. It's an excellent way to prepare for your future while enjoying tax benefits along the way. Taylor will match a percentage of your contributions after you complete six months of service.

Automatic enrollment

As a new employee, you are eligible for the plan if you have been hired into a regular position and have attained age 21. If you take no action, you will be automatically enrolled in the plan with a contribution of 5% of your pay. You will receive additional information from Fidelity regarding this enrollment and how you may change this contribution level, either up or down; how to select investments; and name your beneficiary.

There is no need to wait for the 35 days to enroll. After your first week of employment, Fidelity will have your employment details and you will be able to update your enrollment.

Automatic increase

Your contribution rate will auto-increase by 1% annually, up to 10%, unless you opt out.

Company match

The company will match 50% of your contributions up to the first 5% of your eligible pay. You become eligible for the match after six months of service from your hire date.

WHAT'S RIGHT FOR YOU?

It's your plan, and you're in control of your account.

You can set your contribution rate, pick the investments that you think are best for you, and choose between pre-tax and/or Roth (after-tax) contributions.

CONTRIBUTION LEVELS

You can contribute up to 80% of your eligible pay subject to IRS dollar limits. If you want to get the full company match, you'll need to contribute at least 5%. Contributing less is like leaving money on the table.

CONTRIBUTION TYPES

You can choose pre-tax and/or Roth (after tax) contributions in any combination. Pre-tax and Roth contributions have different tax benefits, so one may be more advantageous to you than the other.

CONTRIBUTION LIMITS

The IRS limits how much you can contribute to a 401(k) plan in any year. For 2023, that limit is set at \$22,500. If you are age 50 or older at the end of the calendar year, you can also make a catch-up contribution of up to \$7,500. The 2024 limit is expected to be announced soon.



HELP AND SUPPORT

You have lots of help and support when it comes to benefits. Use this page to find the support you need. Remember, HRConnect should be your first stop regarding general enrollment and eligibility questions.

Contact the specific plan administrators listed for questions regarding claims or information specific to coverage, providers, etc.

BCBS of MN

Medical

(866) 289-5154

www.bluecrossmn.com/taylor

Doctor on Demand

www.doctorondemand.com/bcbasmn

CVS

Pharmacy

(800) 405-6432

www.caremark.com

Delta Dental of Minnesota

Dental

(800) 448-3815

www.deltadentalmn.org

EmployeeConnect

Employee assistance program

(888) 628-4824

www.guidanceresources.com

FEDlogic

Public benefit advocacy

(877) 837-4196

www.fedlogicgroup.com

Fidelity

Retirement

(800) 835-5095

www.netbenefits.com

Health Savings Account

(800) 835-5095

www.netbenefits.com

Hinge Health

Virtual Physical Therapy

(855) 902-2777

hinge.health/taylor

Kaiser Permanente

Medical

(800) 464-4000

www.kp.org

Lincoln Financial Group

Disability insurance

(888) 480-0156

www.lincolffinancial.com

Life insurance

(888) 480-0156

www.lincolffinancial.com

Lockton Nurse Advocate

Wellness

(833) 782-7403

Email: taylorlna@lockton.com

Optum

COBRA

(866) 301-6681

www.optumhealthfinancial.com

Flexible spending accounts

(800) 243-5543

www.optumhealthfinancial.com

Shatterproof

Addiction support resource

justfive.org/taylor/

Vida

Wellness

www.vida.com/taylor

VSP

Vision

(800) 877-7195

www.vsp.com

Wellworks For You

Wellness

(800) 425-4657

www.wellworksforyoulogin.com



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