2025

HELPING YOU UNDERSTAND
Your Benefit Choices

Benefit Eligibility & Enrollment Options

BENEFIT ELIGIBILTY
Welcome to the 2025 benefit enrollment guide for regular, full-time team members of Carmel Country Club. As a valued member of our team, you are eligible for a variety of benefits that can help you and your eligible dependents achieve health and wellness goals.

BENEFIT PLAN YEAR
January 1-December 31, 2025

ENROLLMENT OPTIONS

NEW HIRE ENROLLMENT
You and your eligible dependents may enroll in benefits if you are hired as a regular, full-time team member, or have a status change from part-time to full-time status. Benefits would begin after 90 days of continuous full-time employment.

ANNUAL OPEN ENROLLMENT
Open Enrollment is the time of year when you can add, remove or make changes to your existing benefits, which become effective the following plan year. The open enrollment period typically occurs in November into December. You will receive a reminder from Human Resources before the open enrollment period begins. Anyone who does not make changes during this timeframe can not make any changes again until the next plan year, unless they have a qualified Life Event.

LIFE EVENT
A Life Event is a significant change in your personal or family situation that affects your benefits eligibility or needs. If you have a life event, you must notify the Human Resources department within 30 days of the event and provide the necessary documentation, which may include proof of life event such as loss of coverage from the carrier, marriage certificate/divorce decree, birth/death certificates, etc.

Examples of Life Events:

- Getting married or divorced
- Having or adopting a child
- Moving to a new state or country
- Experiencing a death in the family
- Losing or gaining other health coverage
- Becoming disabled
- Retiring

Enrollment Tips

- You will use the ADP mobile app or ADP Workforce Now website to enroll in benefits.
- Be sure to have all eligible dependent information handy: Date of Birth and Social Security Number. You must enter this information to submit enrollments.

When Eligibility Ends:

<u>If your employment ends</u>, medical benefits will end on the last day of the month of termination and all other benefits end the day after your last day worked – for you and all eligible dependents. Cobra continuation of coverage may be available through Catapult. You will receive information in the mail to your address on record and you are responsible for signing up and paying premiums directly through Catapult. You will be responsible for the full premium (team member plus Carmel's contribution amount), plus 2% administration fee.

<u>Dependent children who turn age 26</u> during the benefit plan year will lose coverage on the last day of the month the child turns age 26.

Benefit Carrier Contact Information

MEDICAL & PERSCRIPTION
Blue Cross Blue Shield NC
Group Number: 6132780
888-206-4697
www.blueconnectnc.com
Insurance card will be mailed to your home. Temporary cards can be printed once registered on BCBS website.

AMAZON PRIME PHARMACY (MAIL SERVICE)
855-963-4546
amazon.com/bluecrossnc

HEALTH REIMBURSEMENT ACCOUNT (HRA)
Health Equity
866-735-8195
www.healthequity.com

FLEXIBLE SPENDING ACCOUNTS (FSA)
Catapult
704-522-8011
www.mycatapultbenefits.org (select Participant login)
View eligible expenses/shop items: www.fsastore.com
Debit card will be mailed to your home (new enrollees).

DENTAL
MetLife
Group Number: 05975764
800-275-4638
www.metlife.com/mybenefits
You will not be mailed an insurance card. Providers should verify coverage with group number, date of birth and social security number. You may register with MetLife to view your benefits online.

VISION
MetLife
Group Number: 05975764
800-275-4638
www.metlife.com/mybenefits
You will not be mailed an insurance card. Providers should verify coverage with group number, date of birth and social security number. You may register with MetLife to view your benefits online.

BASIC LIFE AND ACCIDENTAL DEATH
USAble
Group Number: 50026777
800-370-5856
www.USAblelife.com

DISABILITY
USAble
Group Number: 50026777
800-370-5856
www.USAblelife.com

VOLUNTARY BENEFITS
Legal Shield & ID Shield
704-576-7959

EMPLOYEE ASSISTANCE PROGRAM (EAP)
Call: 800-370-5856
New Directions: www.ndbh.com
Select *EAP Member* option
Enter company ID: SGE3F

TELADOC
Save yourself a trip to the doctor and make a call, instead! 1-800-835-2362

Medical – Blue Cross Blue Shield NC PPO

IN-NETWORK BENEFITS	In-Network	Out-of-Network
DEDUCTIBLE		
Individual	$5,000	$10,000
Family	$10,000	$20,000

Your Deductible is the amount of money you must pay for covered services in a benefit period (January to December) before Blue Cross NC begins to pay for covered services. The deductible does not include copayments, coinsurance, charges more than the allowed amount, amounts exceeding any maximum, or charges for noncovered services.

Refer to the Health Reimbursement Account (HRA) section to understand how your HRA works with your Deductible. Carmel pays a significant amount of your deductible for you after you meet your requirement!

COINSURANCE *(applies after deductible is met)*		
Member Cost Share %	You pay 20% after deductible	You pay 50% after deductible

Coinsurance is the sharing of charges by Blue Cross NC and you for covered services, after you have met your deductible. The coinsurance listed is your share of the cost of a covered services.

MEMBER COPAYMENT(S)		
Primary Care (PCP) - Office Visit	$20 copay	50% after deductible
Virtual Visit	$10 copay	Not Available
Specialist - Office Visit	$40 copay	50% after deductible
Urgent Care Facility	$40 copay	$80 copay
Emergency Room Visit	$300 copay	$300 copay

Copayments are fixed dollar amount you must pay for some covered services at the time you receive them. Copayments are not credited to the deductible; however, they are credited to the Total Out of Pocket Limit.

OUT-OF-POCKET (OOP) MAXIMUM		
Individual	$6,000	$12,000
Family	$12,000	$24,000

The Total Out of Pocket Limit is the dollar amount you pay for covered services in a benefit period before Blue Cross NC pays 100% of covered services. This includes the amount paid toward the deductible, coinsurance and copayments. It does not include charges over the allowed amount, premiums, penalties and charges for noncovered services.

Tips Using Your Medical Plan

BCBS NC PPO
In-Network & Out-of-Network

Benefits of PPO

The PPO option offers you the freedom to see any provider when you need care.

You have access to a large network of providers in the nation. You may use both in-network and out-of-network providers, but you will realize your biggest savings with in-network providers.

Most expenses, such as office visits, emergency room and prescription drugs, are covered by a copay. Other expenses are subject to a deductible and coinsurance.

How do I find an In-Network Provider?

Register with BCBS NC online or on the mobile app and use their "Find Providers" search feature.

www.blueconnectnc.com

Primary Care Physician (PCP)

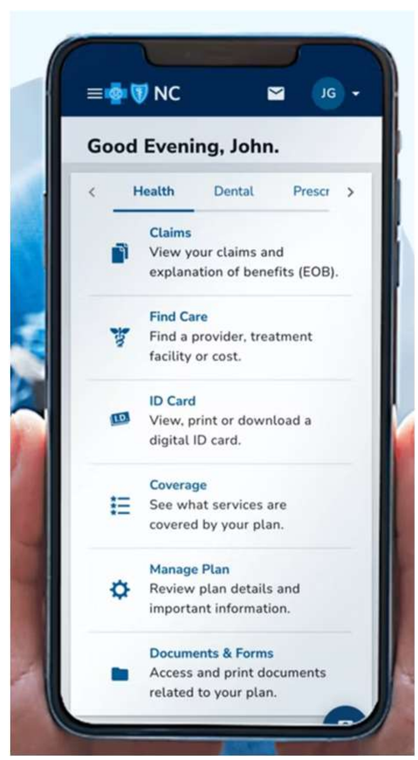
For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms look a lot like the urgent care centers you are likely used to, but the costs and services are drastically different. In general, consider an urgent care center as an extension of your PCP, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns could save you hundreds of dollars.

NC | Blue Connect

Download the BCBS mobile app to gain access to your claims, virtual ID cards, coverage information and more!



Health Reimbursement Account

Carmel Country Club is pleased to pay a generous portion of the deductible on your behalf through a Health Reimbursement Account (HRA).

An HRA is a type of benefit account that Carmel funds and uses to pay for some of your qualified medical expenses so that you can meet your deductible with less money out of your pocket. The HRA is managed by HealthEquity Bank, a BCBS NC company, and they will also administer the HRA.

Depending on your enrollment level, Carmel pays the following towards your medical deductible:

Individual Deductible is $5,000, but you only pay the first $500. Carmel will pay the remaining $4,500!

Family Deductible is $10,000**,** but you only pay the first $1,000, then Carmel will pay the remaining $9,000!

Which qualified medical expenses will be covered by HRA?
The Carmel County HRA pays for covered expenses applied to your deductible.

How are claims processed with HRA?
You do not need to complete a form or file a claim to HealthEquity. Claims processed by BCBS NC are submitted to HealthEquity electronically and automatically.

HealthEquity will in turn process claims up to $4,500 for individual or $9,000 for family coverage and pays your provider directly.

Please note: *When a healthcare provider confirms your insurance benefits before a procedure, such as surgery, they have visibility only into your BCBS NC insurance coverage and not your Health Equity HRA account. As a result, they will see your BCBS NC plan deductible as $5,000 / $10,000 and may request payment for costs up to that deductible, which could be more than what you would actually owe. In such instances, inform the provider about your HRA account and decline payment for any charges beyond your true obligation for the procedure. Once the insurance claim is processed, your HRA will cover the additional eligible expenses.*

Where can I keep track of how much I have paid into my portion of the deductible?
Once you register your account with BCBS NC, you can track what you have paid toward your portion of the deductible. Once you meet your requirement, and when HealthEquity starts to pay on your behalf, you can verify payments are being made by registering and logging into HealthEquity.

Prescription Drugs

TRADITIONAL DRUGS

TIER 1 (GENERIC) | Lowest copay:
Most drugs in this category are generic drugs. Members pay the lowest copay for generics, making these drugs the most cost-effective option for treatment.

TIER 2 | Higher copay:
This category includes preferred, brand name drugs that don't yet have a generic equivalent. These drugs are more expensive than generics, and a higher copay.

TIER 3 | Highest copay:
In this category are nonpreferred brand name drugs for which there is either a generic alternative or a more cost-effective preferred brand. These drugs have the highest copay. Make sure to check for mail order discounts that may be available.

SPECIALTY DRUGS

TIER 4 | Lowest specialty drug copay:
Tier 4 specialty drugs are generally more effective and less expensive than nonpreferred specialty drugs in tier 5.

TIER 5 | Highest specialty drug copay:
These drugs have the highest copay for specialty drugs, usually because there may be a more cost-effective generic or preferred brand available.

Your prescription drug plan is part of your BCBS medical enrollment. The copay of drug is based on the tier in which it falls.

Rx Copays	
TIER 1	$10
TIER 2	$25
TIER 3	$45
TIER 4	$60
TIER 5	25%

Helpful Rx Cost Savings Tools & Tips:

ASK YOUR DOCTOR
Many times, there are generic or different manufacturers that will save you money at the pharmacy.

MAIL ORDER
Amazon Pharmacy will save you time and money. Many drugs are available in a 90-day supply, rather than the 30-day retail supply. Typically, you will pay less if you choose to get a mail order 90-day supply.

GOOD Rx
There are many tools online that you can use to save on prescription costs. One being GoodRx.com, an online Rx database that allows you to find what pharmacy is the cheapest for your specific prescription. Additionally, you may be able to find a coupon that will greatly reduce your cost. It is important to remember that many of the coupons can only be used outside of your plan (will not count towards your maximums).

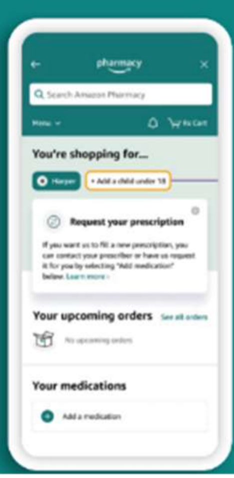
Save Time & Money - Amazon Pharmacy

amazon pharmacy

Getting started with Amazon Pharmacy is easy

Skip the pharmacy lines and get started today to enjoy the benefits:

- Upfront pricing
- Easy as shopping on Amazon
- Customer care available via the phone, or chat online with a representative
- Save time and money
- Pharmacist support
- Amazon Pharmacy offers different prescription supply options, including 90-days



You may also sign up dependents under 18:

- Start with your own Amazon Pharmacy account
- Elect to add a dependent under 18 to your account
- Then the dependent's account is tied to your account and you can now add or ship the medications

TelaDoc Health

Teladoc HEALTH

Contact Teladoc

Talk with a Doctor

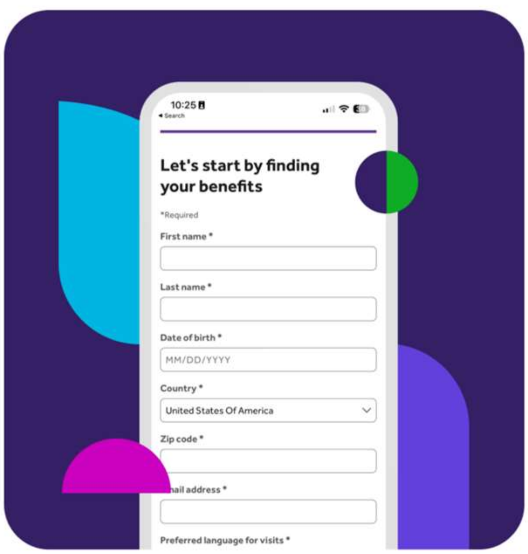
Resolve your Issue

Talk to U.S. board-certified doctors and nurse practitioners, 24/7

Doctors virtually diagnose, treat, and prescribe medication

Get medical treatment for a wide range of conditions:

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever[4]
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems[4]
- And more
- Addictions
- Anxiety
- Depression
- Grief and loss
- Relationship issues
- And more



Download the Teladoc mobile app
(iOS- / Android-supported)

Go to ***Teladoc.com*** and click **"Log in/Register"**

Call 1-800-835-2362 (1-800-TELADOC)

How TelaDoc Works:

The first time you or an eligible dependent uses TelaDoc, you will need to set up an account and complete the patient registration process to gather medical history, pharmacy preference, primary care physician contact information, and insurance information.

Each time you have a virtual visit, you will be asked some brief medical questions, including questions about your current medical concern. If appropriate, you will then be connected using secure live audio and video technology to a doctor licensed to deliver care in the state you are in at the time of your visit. You and the doctor will discuss your medical issue, and, if appropriate, the doctor may write a prescription for you.

Virtual doctors use e-prescribing to submit prescriptions to the pharmacy of your choice. Costs for the virtual visit and prescription drugs are based on, and payable under, your medical and pharmacy benefit.

A parent or legal guardian must be present for children under the age of 18.

Flexible Spending Account (FSA)

Carmel Country Club
Plan Year: January 01, 2025 – December 31, 2025

A Flexible Spending Account allows you to set aside pre-tax dollars for eligible medical, dental, vision and childcare expenses. Don't lose the chance to put money back into your pocket this year. You already pay enough for health & childcare don't pay taxes on it too!

ELIGIBILITY: All full-time employees who work 30 or more hours per week may participate in the Medical Flexible Spending account and the Dependent Care Spending Account following a six (6) month waiting period.

PLAN YEAR MAXIMUMS

Medical FSA $3,300 - Rollover Feature!

Dependent Care FSA $5,000 (Childcare)

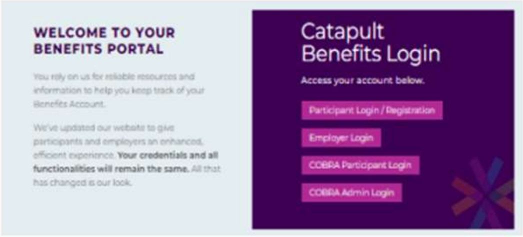
PLAN RULES:

- Your funds may only be used for expenses that occur or have a date of service within the current plan year.
- Participants with an existing Medical FSA balance at the end of the plan year's run-out (2/28/2026) may roll over a maximum of $660 to the next plan year. Amounts more than $660 will be forfeited.
- **Last day submit claims for reimbursement is 2/28/2026.**
- Terminated employees have 60 days following their last day to turn in claims that were incurred on or prior to their date of termination.

CREATING YOUR ONLINE ACCOUNT

****All information needs to be created using the Employee's name, social security number, and card number****

1. Go to www.mycatapultbenefits.org and click "Participant"
2. Click on "Register"
3. Enter your first name, last name & mailing zip code.
4. Chose verification method, add code sent to your e-mail or phone number
5. Create a username and password
6. Setup security questions
7. Review information
8. Submit



DIRECT DEPOSIT

For faster reimbursement, a direct deposit form can be downloaded from www.mycatapultbenefits.org (Forms & Resources) and emailed to benefits@letscatapult.org Or you can add your banking information online through the participant portal. By clicking on your profile and selecting Edit Reimbursement Method.

Flexible Spending Account (FSA)

Example of FSA Tax Savings

A team member earning $30,000 elects $1,000 into a Health Care FSA. The payroll deduction is $110.42 based on a 24-pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the team member a tax savings of $574.

		Without FSA	With FSA
Gross Income		$30,000	$30,000
FSA Contributions		$0	-$2,650
TAXABLE INCOME		**$30,000**	**$27,350**
Estimated Taxes			
	Federal	$3,090*	-$2,817*
	State	$1,104**	$1,106**
	FICA	$2,295	$2,092
AFTER TAX EARNINGS		**$23,511**	**$21,435**
Eligible Out-Of-Pocket Expenses		$2,650	$0
AVAILABLE/SPENDABLE INCOME		**$20,861**	**$21,435**

That's a savings of $574 for the year!

*This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice. *Varies, assumes 10.30%; **Varies, assumes 3.68%*

ELIGIBLE EXPENSES WITH FSA *

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books & magazines
- Breast pumps & lactation supplies
- Chiropractors
- Co-insurance, co-pay & deductibles
- Cost of operations & related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices & batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy & lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers & wheelchairs
- X-rays and more

A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.

PAYING FOR ELIGIBLE SERVICES & EXPENSES

Visit the FSA Store at www.FSAstore.com, where you can purchase FSA-eligible products without a prescription online. Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts. *If you use a personal form of payment to pay for eligible expenses* out-of-pocket*, you can submit an FSA claim form along with your original receipts for reimbursement.*

Dental

Basic and Premier Plans

We are pleased to offer two different levels of dental plans from which to choose, based on the needs of you and your eligible dependents: Basic Plan or Premier Plan.

On either plan, you have the freedom to select the dentist of your choice; however, when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf. Register online with MetLife to find in-network providers.

Basic Plan		
Services	**In-Network**	**Out-of-Network**
Deductible - Calendar Year	$50 per team member; $100 per family	$50 per team member; $100 per family
Maximum - Calendar Year	$750	$750
Type A - Preventive	100% (oral exams, basic cleanings, x-rays)	100% (oral exams, basic cleanings, x-rays)
Type B - Basic	80% (fillings, oral surgery, simple extractions)	80% (fillings, oral surgery, simple extractions)

Premier Plan		
Services	**In-Network**	**Out-of-Network**
Calendar Year Deductible	$25 per team member; $50 per family	$25 per team member; $50 per family
Calendar Year Maximum	$1,250	$1,250
Type A – Preventive	100% (oral exams, basic cleanings, x-rays)	100% (oral exams, basic cleanings, x-rays)
Type B – Basic	100% (fillings, oral surgery, simple extractions)	80% (fillings, oral surgery, simple extractions)
Type C – Major	60% (crowns, bridgework, dentures, inlays, onlays)	50% (crowns, bridgework, dentures, inlays, onlays)
Type D – Orthodontic Dependent Child	50% ($5,000 lifetime maximum)	50% ($5,000 lifetime maximum)

Vision

This plan allows you to use the eye care professional of your choice. However, when you visit a participating in-network provider, you receive higher levels of coverage. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

Services	**In-Network**	**Out-of-Network**
Exam (Once every 12 months)	$10 copay	$45 allowance
Materials	$10 copay	Note: Special payment and reimbursement terms apply for material purchases at Costco.
Plastic Lenses:	Covered in full: Single Vision Bifocal Trifocal Lenticular Progressive	$35 allowance
Frames Members choose from any frame available at provider locations.	$130 allowance $70 allowance at Wal-Mart, Sam's Club, Costco	$70 allowance
Contact Lenses Includes fit, follow-up, materials	$130 Allowance (in lieu of eyeglass lenses/frames)	Elective: $105 allowance Necessary: $210 allowance

Need to locate a participating In-Network provider?
Visit www.vsp.com/find-eye-doctors and search by location, doctor name, or office name.

2025 Rates for Medical, Dental & Vision

MEDICAL - Blue Cross Blue Shield NC, Group Number: 6132780

Carmel is pleased to contribute to the majority of your medical cost for this benefit. Your share below deducts on a pre-tax basis.

Coverage Level	Your Total Bi-Weekly Cost	Your Total Monthly Cost	Total Monthly Cost Paid by Carmel Country Club
Team Member	$38.13	$82.61	$568.41
Team Member + Spouse	$251.23	$544.33	$916.56
Team Member + Child(ren)	$130.27	$282.25	$911.72
Team Member + Family	$322.50	$698.74	$1,326.58

DENTAL – MetLife, Group Number: 05975764

	Basic		***Premier***	
Coverage Level	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Team Member	$9.24	$20.01	$20.32	$44.02
Team Member + Spouse	$19.22	$41.64	$42.76	$92.64
Team Member + Child(ren)	$27.20	$58.93	$48.40	$104.87
Team Member + Family	$40.49	$87.72	$76.06	$164.79

VISION – MetLife, Group Number: 05975764

Coverage Level	Bi-Weekly	Monthly
Team Member	$3.57	$7.73
Team Member + Spouse	$7.13	$15.45
Team Member + Child(ren)	$7.57	$16.40
Team Member + Family	$10.71	$23.20

Basic Life & Accidental Death Dismemberment (AD&D)

Life Insurance & AD&D provides financial protection for your loved ones in the event of your unexpected death or injury. Life insurance helps replace lost income, covering everyday expenses and future needs, while AD&D insurance offers additional coverage for accidents, ensuring you're protected in case of serious injury or death due to an accident. Both offer peace of mind, knowing that your family is supported, no matter what happens.

Make sure to add your beneficiaries to all life insurance enrollments

It's very important to designate beneficiaries for your life insurance to ensure that your assets will be distributed according to your direction.

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions. You can have more than one beneficiary when you designate a percentage to each (total must equal 100%).

It is also important that you name a **Contingent Beneficiary.** A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can have more than one contingent beneficiary when you designate a percentage to each (total must equal 100%).

You can change beneficiaries at any time. You should review your beneficiaries on a regular basis to ensure they are updated as your life changes.

Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

Be sure to have beneficiary details handy: Date of Birth and Social Security Number. You must enter this information to submit enrollments.

USAble Life
Live life. You're covered.℠

Eligibility: Team members are automatically enrolled in this benefit after successfully completing 90 days of regular, full-time employment. This benefit is provided by Carmel Country Club at no cost to the team member.

Benefit Detail	Coverage
Basic Life & AD&D	1(x) annual salary up to $350,000 max. If death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiar(ies) in addition to your basic life insurance.

Voluntary Life Insurance and AD&D

Benefit Eligibility: All regular, full-time team members have the option of purchasing additional Voluntary Life and AD&D Insurance for themselves, spouse and eligible dependents. A team member must purchase voluntary life insurance for themselves in order to enroll a spouse or dependent. You must assign beneficiaries.

Benefit Detail	Voluntary Life and Voluntary AD&D
Team Member Voluntary Life & AD&D	$10,000 increments to 7x annual earnings, $500,000 maximum
Team Member Guaranteed Issue	$150,000
Spouse Voluntary Life & AD&D	$5,000 increments to 50% of team member amount, $100,000 maximum
Spouse Guaranteed Issue	$30,000
Child(ren) Amount up to age 26	$2,500 increments, maximum of $10,000 (Reduced benefit of $1,000 for children under 6 months old.)

Voluntary Life and AD&D Rates per $1,000		
Team Member and/or Spouse (based on team member age for both)	**Age of team member**	**Rates**
Voluntary Life rates (per $1,000)	Under 25	$0.08
	25-29	$0.08
	30-34	$0.10
	35-39	$0.14
	40-44	$0.16
	45-49	$0.26
	50-54	$0.43
	55-59	$0.72
	60-64	$1.15
	65-69	$1.86
	70+	$3.50
Dependent Child Life (one enrollment covers all children)		$0.200 per $1,000
AD&D	Spouse	$0.030 per $1,000
	Child	$0.030 per $1,000

Guaranteed Issue (GI) and Evidence of Insurability (EOI)

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI form).

Any amount elected over the GI will require EOI. If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI form and submit to Human Resources by the deadline stated.

In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

Disability

SHORT-TERM | LONG-TERM

SHORT-TERM DISABILITY (STD)

Administered by Carmel Country Club

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income while you are away from work, so you can focus on getting better and worry less about keeping up with your bills.

If a regular, full-time team member becomes disabled due to a serious illness, a surgical recuperation, or for the birth of a child, short term disability benefits may be paid.

Enrollment Eligibility: Regular, full-time team members who have completed 90 days of service will be automatically enrolled in STD benefits.

Benefit Detail	Short-Term Disability Income
Benefits Begin	On the 31st day of disability
Benefit Duration	Up to 60 days
Percentage of Income Paid	66.7% of your monthly income
Maximum Benefit Amount	$7,500

LONG-TERM DISABILITY (LTD)

Administered by USAble

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years.

Long Term Disability provides financial protection for you by paying a portion of your income while you are out of work, so you have financial support to manage your disability and your household.

LTD will be administered through USAble and are provided at no cost to you. The plan pays 60% of a regular, full-time team member's salary, to a maximum of $5,000 per month for a qualified disability.

Benefits may begin after you have been disabled for 90 days and approved by the administrator.

Enrollment Eligibility: Regular, full-time team members who have completed 90 days of service will be automatically enrolled in LTD benefits.

Benefit Detail	Long-Term Disability Income
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	60% of your monthly income
Maximum Benefit Amount	$5,000
Pre-existing Exclusion	3/12 Elimination Period: 90 days

** Pre-Existing condition is defined as any condition which you have done any of the following at any time during the 3 months just prior to your effective date of coverage:*

Received medical treatment or consultation; or
Taken or were prescribed drugs or medicine; or
Received care or service, including diagnostic measures.

ID Shield – Identity Theft Protection


License


Social Security


Medical


Criminal


Minors


Financial


Social Media

What would an ID thief do with *your* identity?

- Destroy your good name
- Obtain medical care
- Apply for loans
- Buy a home or car
- Sell drugs
- Change your medical data
- Destroy your child's identity without you knowing
- Get you arrested for their crimes
- Buy prescription drugs
- Get your tax refund
- Ruin a career opportunity
- Get jobs and the IRS fines you for their unpaid taxes
- Open cell phone accounts
- Get DUI/speeding tickets
- Rent properties
- Give you a criminal record


We Protect

PRIVACY & REPUTATION MANAGEMENT

We protect your private data, identity and reputation by helping you delete harmful information or photos so you can present your best self to the world and begin to **take control of your online presence.**

SECURITY MONITORING & PROTECTION

We monitor your credit, social security number, financial accounts, licenses, address changes, court records, medical data, login credentials, the dark web and more, **ensuring everything connected to you is safe!**

We Monitor

CONSULTATION

Get advice, assistance and alerts for online scams, credit scores and reports, credit freezes, medical records, criminal records, sex offender searches, data breaches, lost wallet protection and more. **Plus 24/7 emergency assistance!**


We Restore

FULL SERVICE RESTORATION

Our service **provides a dedicated licensed private investigator AND a $3,000,000 protection plan.** They will help to restore your identity back to exactly the way it was if a compromise does occur.

IDShield Plans are available at individual or family rates. A family rate covers the member, member's spouse and dependents under 26.

Legal Shield – Legal Protection

PREVENTIVE LAW

- Unlimited telephone consultation
- Letters and phone calls on your behalf
- Legal contract and document review
- Will preparation and annual updates, including living will and power of attorney
- Access to legal forms online

MOTOR VEHICLE

- Moving traffic violation assistance
- Driver's license and record services
- Defense of criminal charges
- Automobile accident including personal injury and/or damages

TRIAL DEFENSE

- Defense of civil actions
- Pre-trial and trial assistance
- Coverage increases each year for the first 5 years

FAMILY SERVICES

- Advice and consultation on Family matter
- Discounted fees on divorce, separation, annulment, adoption and child custody

FINANCIAL SERVICES

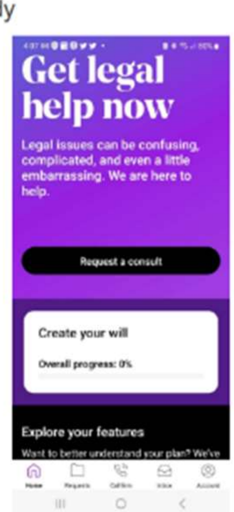
- Billing disputes
- Debt collections
- IRS audit consultation, advice or assistance

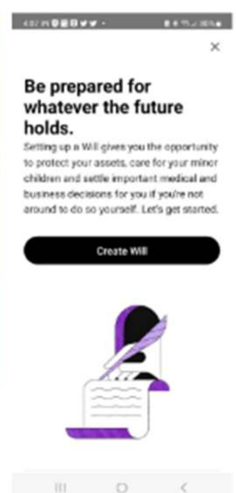
EMERGENCY ACCESS

24 hour access to your provider law firm if you are ever arrested, detained, or served with a warrant.

25% DISCOUNT

Discount from the attorney's standard hourly rates for services not covered, including pre-existing conditions.





Our Legal Plan Covers: The member, the member's spouse, never-married dependent children of the member or member's spouse under 26 years of age who are permanent residents of the member's household or full-time students, dependent children under age 18 for whom the member or member's spouse is legal guardian, any dependent child, regardless of age, who is physically disabled or mentally incapacitated and unable to make legally binding decisions, unable to be employed, 51% or more financially dependent upon the member and member's spouse and lives at home with the member or member's spouse.

Rates – Legal Shield / ID Shield

Whether you enroll in one or both products, each member has access to member perks, outlined in the mobile app!

IDShield™ | LegalShield™

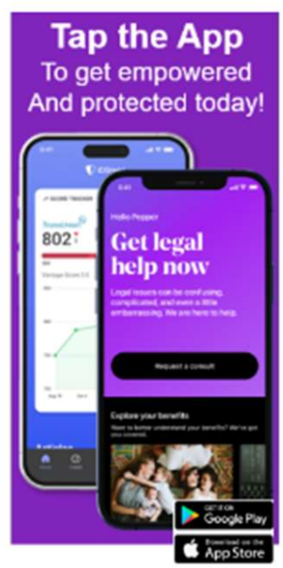
Plan	Individual Bi-weekly Rate	Family Bi-weekly Rate
ID Shield (Individual or Family option)	$4.13	$8.75
Legal Shield (Family option only)	Not Available	$7.36
Combo ID Shield + Legal Shield (Individual or Family Level refers to ID Shield only. Legal is family level with combo.)	$11.49	$14.26

Member Perks • Mobile App

Average savings per member is $50 per month!

A one-stop-shop to exclusive discounts.
FREE to all members! Updated daily!

- Apparel
- Automotive
- Beauty & Fragrance
- Books, Movies & Music
- Cell Phones
- Education
- Electronics
- Finance
- Flowers & Gifts
- Food
- Health & Wellness
- Home & Garden
- Home Services
- Jewelry & Watches
- Office & Business
- Pets
- Real Estate
- Moving Services
- Sports & Outdoors
- Tickets & Entertainment
- Toys, Kids & Babies
- Travel



Employee Assistance Program (EAP)

NEW DIRECTIONS®

When life's a little much, your EAP has you covered.

Life can be challenging. When your responsibilities start to feel overwhelming and showing up each day seems difficult, it's important to reach out for help. You can lean on your confidential Employee Assistance Program (EAP) for support.

Real support for real life.

A no-cost-to-you benefit from your workplace, your EAP can help you or anyone in your household:

- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Improve personal relationships
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life
- Be more present and productive at work
- Grow personal and career skills
- With legal advice or questions
- Assistance with budget or financial concerns

We're always here for you.

Life happens regardless of day or time. We are available 24 hours a day, 365 days a year. Whenever you need to reach out, we are here for you.

Your EAP can help you:

Reduce stress | Cope after crisis | Focus at work | Lead others
Navigate the legal system | Reduce debt | Live a healthier life
Support and improve relationships | Be resilient

EAP services are 100% confidential and no-cost to you.

Call: 800-370-5856
New Directions: www.ndbh.com
Select *EAP Member* option
Enter company ID SGE3F

Employee Assistance Program (EAP)

Stress, relationships, work and money. These are the most common reasons people reach out to EAP every year. No matter what issues you're facing, EAP is the perfect first step for you or your household members.

Counseling

Depending on your situation, your preference for help may change. That's why we offer several different ways for you to get what you need. Counseling is available in a variety of ways:

- Face-to-face
- Online
- Over the phone
- In-the-moment

Legal and financial resources

Navigating finances and/or the legal system can be overwhelming and confusing. Luckily, your EAP can help with services like:

- A no-cost-to-you, 30-minute consultation with a certified financial expert or attorney
- Online tools including budget templates, financial calculators, tax preparation documents, will builder, business agreements and other legal documents
- Emotional support and referrals to help you better manage your legal and financial challenges

Work/Life

Work/Life services can help you tackle your to-do list with specialists who can locate providers, get referrals and find resources for almost anything you and your household needs. You have free access to:

- Personalized consultation with a highly-trained specialist over the phone or through online chat
- Referrals to local providers and resources
- Tip sheets, checklists and other helpful tools

Work/Life topics may include family and caregiving, education, legal and financial, career and work, and health and wellness.

Coaching

Life coaching services are designed to promote self-awareness, clarify visions, values, intentions and goals. This service builds on strengths that you already have to help you set and achieve your goals. With coaching you can:

- Schedule telephonic sessions with one of our coaches
- Work with your coach to establish and meet goals
- Identify resources to keep you on track

Coaching topics may include managing stress, work/life balance, time management, personal challenges, setting and organizing priorities.

Online Services

Our comprehensive website, as well as our New Directions EAP mobile app, make it easy to access information regarding EAP benefits and requesting services. The website and app offer:

- Referrals via online intake
- Mental health toolkits
- Monthly live webinars and other training resources
- Substance use resources
- Resource Library includes webinars, calculators, videos, articles and much more.

How to reach your EAP

Support Line
800-624-5544

Online
eap.ndbh.com

Mobile app
Search for New Directions EAP

Download the App

Search for New Directions EAP in your app store.

EAP Services are 100% confidential and no-cost to you.

Team Member Perks

Golf Playing Privileges
Team Members may play golf or use the range at Carmel on non-holiday Mondays with advanced reservations with the Golf Shop on the Sunday before play. Team members may also host a family member as a guest up to twice a year with prior approval from their supervisor and Director of Golf. Request an available time by calling the Golf Shop, 704-945-3300.

Tennis Playing Privileges
Team Members may play tennis at Carmel and may bring a guest or use the ball machine. Team member tennis privileges occur between 1 PM and 6PM on Mondays. Please make your reservation with the Tennis Shop, (704) 945-3301, at least 24 hours in advance. Appropriate tennis clothing must be worn at all times.

Carmel Pro Shops Discount
Team members enjoy a discount on wholesale cost, plus 5% off when shopping for merchandise at our Golf Pro Shop and Tennis Shop.

Team Member Assistance
Through our generous Employee Assistance Fund, we offer several financial assistance opportunities, which include:

1. *Emergency Relief (Ongoing)* - Financial aid for eligible team members in the event of natural disaster, life threatening illness or injury, death, catastrophic circumstances, or military deployment. The application for assistance may be found on the Team Member Portal homepage or Club website.

2. 2. *Student Loan Reduction (November/December)* – To assist eligible team members in reducing outstanding debt from student loans. This process is held once a year. Watch the Team Member Portal Notifications for the policy, timeline and instructions on when and how to apply.

3. 3. *Scholarships (May/June)* – To assist eligible team members and their dependents in reaching their highest potential through education. This process is held once a year. Watch the Team Member Portal Notifications for the policy, timeline and how to apply

Consultation with Financial Wealth Advisor
Team members may meet 1-1 with certified wealth advisors for financial advice. Contact HR for information on scheduling an appointment.

Glossary of Terms

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

Explanation of Benefits — The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

Health Reimbursement Account (HRA) – The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

In-Network – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Maximum Out of Pocket — The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

Types of Beneficiaries:

Primary Beneficiary – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
Contingent Beneficiary – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance – The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments)

Copayment / Co-Pay -is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. (e.g., $20 for every visit to the doctor), while your insurance company pays the rest.

Deductible – The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

Dependents – Dependents are your:
Lawful spouse through a marriage that is lawfully recognized. Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children. Proof of relationship documentation will be required to add dependents to your plan(s).

Emergency Care that meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Glossary of Terms

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Out-Of-Pocket Maximum - the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services – including cost-sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.

Out-of Network - Any services received from an out-of-network provider, with the exception of a true emergency, will not be covered.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – An option to have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Premium - the amount you pay for insurance, using pre-tax or post-tax dollars.

Primary Care Dentist (PCD) – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Primary Care Physician (PCP) – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employer's benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.