

2023 Employee Benefits



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We all work together to make Sun Com a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2023 benefits from A to Z. If you have questions throughout your enrollment, please contact the Sun Com Benefits team.

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See **page 30** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Sun Com, LP. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.



Eligibility & Enrollment

Sun Com offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

If you are a full-time employee of Sun Com who is regularly scheduled to work at least 30 hours a week, or an employee who meets benefits eligibility based on ACA requirements you are eligible to participate in the medical, dental, vision, life and disability plans and additional benefits.

When Does Coverage Begin?

Your elections are effective on the first of the month after 60 days of employment or 60 days after your newly eligible date. You won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event. You have 60 days from your hire date/newly eligible date to make elections in Paycom.



Eligible Dependents

Dependents eligible for coverage in the Sun Com benefits plans include:

- ▶ Your legal spouse (or common-law spouse where recognized).
- ▶ Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
- ▶ Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

In order to verify your dependent(s), you may provide one of the eligible documents below:

- ▶ Marriage certificate
- ▶ Child's birth certificate or adoption papers
- ▶ If employee is a step-parent, proof that the step-child is a tax dependent (claimed as a dependent on tax filings)
- ▶ Court order confirming employee has legal custody of a child

These documents should be loaded into Paycom. Please complete your on-line enrollment first and add your documents as a second step.

Please submit your dependent verification documents during the Open Enrollment period. Any documents submitted after November 14th may result in a delay in your dependents' benefits being effective as of January 1, 2023. Any verification documents not submitted by December 31, 2022, may be denied coverage for the 2023 plan year.



Thoughts & Tips: You cannot change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Common qualifying events include:

- A change in your legal marital status (marriage, divorce or legal separation)
- A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Enrollment in Medicare or Medicaid
- Eligibility for coverage through the Marketplace
- A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- A change in your spouse's employment status (resulting in a loss or gain of coverage)

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)
- Death in the family (leading to change in dependents or loss of coverage)

When a Qualifying Life Event occurs, **you have 30 days to request changes to your coverage** and provide the required documents to confirm the change in status. The required documents should be loaded into Paycom. Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to Sun Com's Benefits Department. Don't miss out on a chance to update your benefits!



Preparing For Your Enrollment

As a committed partner in your health, Sun Com absorbs a significant amount of your benefit costs. Your contributions for medical, dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of Sun Com, must elect coverage for yourself in order to elect any dependent coverage.

To-Do



Verify your address and contact info.

Make sure we have your most recent address, email address and phone number updated in Paycom to ensure accurate delivery of ID cards and important information. If you have experienced a change to any of your demographic information, please login to Paycom and update your contact information.



Consider your HSA.

An HSA can help cover healthcare costs including dental and vision services and prescriptions. Should you enroll in the HDHP medical benefit plan, HSA can help with your long-term financial goals. For 2023, the maximum amount you can contribute is \$3,650 for individual plans and \$7,300 for family plans.



Check to see if your providers are in-network.

Going in-network often saves you money. Check to make sure your providers are covered in-network.



If adding dependents, be sure to upload documents before the enrollment deadline.





Medical Benefits

Medical benefits are provided through BlueCross BlueShield of Texas. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2023 plan year that ends on December 31, unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

Medical Plan Summary

This chart summarizes the 2023 medical coverage provided by BlueCross BlueShield of Texas. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HDHP		PPO	
ANNUAL DEDUCTIBLE				
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDIVIDUAL	\$4,000	\$9,000	\$2,000	\$3,500
FAMILY	\$8,000	\$18,000	\$4,000	\$7,500
COINSURANCE (PLAN PAYS)	80%*	50%*	80%*	50%*
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
INDIVIDUAL	\$6,000	\$18,000	\$6,000	\$18,500
FAMILY	\$12,000	\$36,000	\$12,000	\$37,500
COPAYS/COINSURANCE (EMPLOYEE PAYS)				
PREVENTIVE CARE	No charge	50%*	No charge	50%*
PRIMARY CARE	20%*	50%*	\$45 copay	50%*
SPECIALIST VISIT	20%*	50%*	\$60 copay	50%*
DIAGNOSTIC CARE (LABS & X-RAY)	20%*	50%*	No charge	50%*
IMAGING (CT/PET SCANS, MRIS)	20%*	50%*	20% Coinsurance*	50%*
URGENT CARE	20%*	50%*	\$50 copay	50%*
EMERGENCY ROOM	20%*	20%*	\$500 copay, then 20%*	\$500 copay, then 20%*

*After Deductible

	HDHP	PPO
BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$51.35	\$90.75
EMPLOYEE + SPOUSE	\$125.76	\$222.32
EMPLOYEE + CHILD(REN)	\$99.79	\$176.40
EMPLOYEE + FAMILY	\$154.20	\$272.57

Both of our medical plans have embedded deductibles. An embedded deductible means that any one person enrolled in a family plan does not have to meet the full family deductible for the after-deductible benefits such as co-insurance and HDHP Rx copays to begin. This applies to medical visits and services as well as to your prescriptions. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible has been met, every family member on the plan will experience the after-deductible benefits for the remainder of the plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same applies for the out-of-pocket maximum.



Medical Benefits

How to Find a Provider

Visit www.bcbstx.com, then follow the steps below:

1. Click Find a Doctor (in the United States)
2. Enter a ZIP code or city and state
3. When asked, enter the prefix “ZGP”

This will return a list of in-network providers under the Sun Com medical plans.

You can also call Customer Care at **800-521-2227** for a current list of BlueCross BlueShield of Texas in-network providers.



How to Pick a Plan

Which plan is right for you? When deciding, consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a PPO (Preferred Provider Organization) work?



You'll pay more in premiums out of your paycheck, but perhaps less at the time of service.



You're able to choose from a network of providers who offer a fixed copay for services. You also have fixed copays for prescriptions.



If you enjoy budgeted copays for doctors visits and prescriptions, you may consider enrolling in the PPO.



Preventive care services are covered at 100%

How does a HDHP (High Deductible Health Plan) work?



You'll pay less in premiums. (Think less money from your paycheck.)



Preventive care services are covered at 100%.



You'll pay for the full cost of non-preventive medical services until you reach your deductible. Once you've hit your deductible, you will only pay 20% of the cost of services. For 2023, our HDHP will be utilizing a copay structure after the deductible is met.



You may be eligible to enroll in and use a Health Savings Account (HSA) if you enroll in the HDHP Medical Plan. An HSA can provide a safety net for all of your medical costs and triple-tax advantages.



For persons who have limited medical visits during the year or who may enjoy the tax benefits of the HSA to set aside tax-free funds for medical care, you may consider the HDHP to minimize your premiums and utilize an HSA as a tax-saving vehicle.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Maxor. That means you will have a separate ID card for medical care and a separate ID card for prescriptions that is different from your BCBS Medical ID card. Information on your prescription coverage and a list of network pharmacies is available online at www.maxorplus.com or by calling the Customer Care number on your Maxor ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

	HDHP		PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)				
RX DEDUCTIBLE	Included in Medical Deductible Copay applies after medical deductible has been met		\$200 Rx Deductible Copay applies after Rx deductible has been met	
GENERIC	\$15 copay	Not Covered	\$15 copay	Not Covered
PREFERRED	\$45 copay	Not Covered	\$45 copay	Not Covered
NON-PREFERRED	\$80 copay	Not Covered	\$80 copay	Not Covered
SPECIALTY DRUGS	Preferred: 20% Coinsurance, \$250 Min/Prescription Non-Preferred: 20% Coinsurance, \$275 Min/Prescription	Not Covered	Preferred: 20% Coinsurance, \$250 Min/Prescription Non-Preferred: 20% Coinsurance, \$275 Min/Prescription	Not Covered
MAIL ORDER RX (90-DAY SUPPLY)*				
	Included in Medical Deductible Copay applies after medical deductible has been met		\$200 Rx Deductible Copay applies after Rx deductible has been met	
GENERIC	\$37.50 copay	Not Covered	\$37.50 copay	Not Covered
PREFERRED	\$112.50 copay	Not Covered	\$112.50 copay	Not Covered
NON-PREFERRED	\$200 copay	Not Covered	\$200 copay	Not Covered
SPECIALTY DRUGS	Not Covered	Not Covered	Not Covered	Not Covered

*It is important to ensure you have a short-term (30 day) supply of your Rx before ordering your 90-day supply until your mail order Rx comes in. Please note that if your total prescription cost is below the copay, you only have to pay for the cost of your prescription.

Mail Order RX (90-Day Supply)

Sun Com' mail order Rx program is through MXP Pharmacy. You have the ability to have your long-term (or maintenance) medicines delivered right to your door. Your doctor may send prescriptions electronically, by fax, or the doctor may call it in as well. Any paper scripts must be mailed in. For questions, call **800-687-8629** and speak to a Member Advocate.

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Register or log into your account at members.maxorplus.com.

From here you can check:

- If your Rx is available at no charge before reaching your deductible
- What category your prescription falls into

Be sure to have your Maxor ID card or BCBSTX ID card to register Your Maxor member ID and group number is the same as your ID and group number found on your BCBS TX ID card.



Health Savings Account

Having an HSA is an excellent way to put aside tax-free funds to cover your out-of-pocket expenses for all of your healthcare needs (medical, dental & vision). In order to participate in a Health Savings Account (HSA), you must be enrolled in a High Deductible Health Plan (HDHP). An HSA is a personal healthcare bank account used to pay for qualified healthcare expenses and funded by you. HSA contributions and withdrawals for qualified healthcare expenses are tax free. Sun Com's HSA is administered through WEX.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

WEX will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified healthcare expenses, with no need to submit receipts for reimbursement. We recommend that you hold onto your receipts for tax reporting purposes. You must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, dental care visits, prescription expenses, laser eye surgery and more. Check out IRS Publication 502 on www.irs.gov for a complete list of eligible expenses.

Eligibility

You are eligible to contribute to an HSA if:

- ▶ You are enrolled in an HSA-eligible High Deductible Health Plan.
- ▶ You are not covered by your spouse's non-HDHP.
- ▶ Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- ▶ You are not eligible to be claimed as a dependent on someone else's tax return.
- ▶ You are not enrolled in Medicare or TRICARE.
- ▶ You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for healthcare services, and when to reimburse yourself. You can save and carry over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change plans. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in the company-sponsored HSA, you must elect the HDHP with Sun Com. Complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. Once you elect to enroll in an HSA, you will receive an email from WEX with instructions on how to register through the WEX web portal.

Plan. Spend. Save.

Contributions to an HSA are made through payroll deductions on a pre-tax basis when you open an account with WEX. The money in this account (including interest and investment earnings) grows tax free. When the funds are used for qualified healthcare expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified healthcare expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

Investment Options

Once your HSA account reaches \$1,000, you have the option to invest in interest-bearing accounts or mutual funds. Since HSA dollars carry over from year to year, HSAs are a valuable long-term investment option. For more information about your investment options, visit www.wexinc.com.

The HSA account employee monthly fee is \$1.40 per month.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

HSA contributions in excess of the IRS annual contribution limits (\$3,850 for individual coverage and \$7,750 for family coverage for 2023) are not tax deductible and are generally subject to a 6% excise tax.

The minimum employee contribution amount to participate in an HSA account is \$11.54 per pay period (\$300 annually). This amount is pro-rated depending on your date of hire.

HSA Balance Rollover

The Sun Com HSA is established with WEX. For more information on how to roll over funds from another HSA account, please contact WEX at **800-487-1485** or go online at www.wexinc.com.

LEARN HOW TO BENEFIT FROM YOUR HSA AT MYHSAPLANNER.COM! VISIT THE WEBSITE TO LEARN ABOUT:

- THE BENEFITS OF HEALTH SAVINGS ACCOUNTS
- HOW MUCH TO CONTRIBUTE EACH YEAR
- YOUR POTENTIAL SAVINGS OVER TIME





Commuter Benefits from WEX

Commuter benefits allow you to put money from your paycheck aside each month, before taxes are taken out, for qualified mass transit and parking expenses. You can save up to 30 percent (based on a 30 percent tax bracket) or more on your costs commuting to and from work.

Commuter Benefits are only available to those employees in specified zip codes. If you live in a zip code that is zoned for Commuter Benefits, you will see the eligibility to enroll when you login to Paycom. Take advantage of Commuter Benefits from WEX! You can use your WEX issued HSA debit card to cover the cost of a variety of transportation and parking expenses. Eligible modes of transportation include but aren't limited to:

- ▶ Train
- ▶ Bus
- ▶ Subway
- ▶ Ferry
- ▶ Vanpool (must seat at least 6 adults)
- ▶ Parking or parking meter near your place of employment

View WEX's eligible expense list at <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/>.

Availability of funds

Your funds become available as you contribute to the plan, generally within 2-3 days after your payroll contribution.

The IRS sets the maximum dollar amount you can set aside each month as a part of your commuter benefit. The 2023 monthly pre-tax contribution limit is:

- ▶ Transit - \$300
- ▶ Parking - \$300

Any money contributed to your transit or parking benefit rolls over every month until it is used, or you are no longer eligible.

Contribution Changes

You can adjust the amount you contribute to the plan each month at any time. No qualifying event is needed.

Rollover and use-or-lose funds

The commuter plan is flexible, and your funds will continue to roll over month to month until the funds are used. However, your funds will no longer be available if you terminate employment.

Get hours back in your day

The average one-way commute to work is nearly 30 minutes! By using public transit, you can use that time to read news, text friends or get a start on your day. Studies have shown that people who commute to and from work in a method other than a private vehicle are less stressed.





Dental Benefits with Lincoln Financial

Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Sun Com offers affordable plan options for routine care and beyond. Coverage is available from Lincoln Financial.

Network Dentists

Lincoln Financial has a nationwide network of dental providers available to you. Choosing an in-network provider will help you save money when you use your dental benefits. If you choose to use a provider that does not participate in your plan's network, your out-of-pocket costs will be higher and you will be responsible for any charges outside of what the plan will pay (R&C). To find a network dentist, visit www.lfg.com/public/employersorganizations.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Dental Plan Summary

This chart summarizes the 2023 dental costs and coverage provided by Lincoln Financial.

	BASE		BUY UP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
INDIVIDUAL	\$50		\$50	
FAMILY	\$150		\$150	
ANNUAL MAXIMUM				
PER PERSON	\$1,000		\$2,000	
COVERED SERVICES				
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%	100%	100%	100%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%*	80%*	80%*	80%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%*	50%*	50%*	50%*
ORTHODONTICS Adults and Child(ren) Covered	Not Covered		50%	
ORTHODONTIC LIFETIME MAXIMUM	Not Covered		\$2,500	
BI-WEEKLY CONTRIBUTIONS				
EMPLOYEE ONLY	\$7.32		\$10.26	
EMPLOYEE + SPOUSE	\$15.48		\$20.37	
EMPLOYEE + CHILD(REN)	\$18.58		\$24.21	
EMPLOYEE + FAMILY	\$26.73		\$34.33	

*After Deductible
Note: Out-of-network benefits are based on the reasonable & customary (R&C) charges outside of what the plan will pay



Thoughts & Tips: Access your dental benefits through the Lincoln Financial Dental App! The app can be used to find in-network providers and access your digital ID card.



Vision Benefits with VSP

Don't wear glasses? Even you shouldn't skip an annual eye exam! Sun Com provides you and your family access to quality vision care with a comprehensive vision benefit through VSP.

Network Vision Providers

VSP has a nationwide network of vision providers available to you through the VSP network. Choosing an in-network provider will help you save money when you use your vision benefits. If you choose to use a provider that does not participate in the VSP network, your out-of-pocket costs will be higher and you will be responsible for any charges outside of what the plan will pay. To find a network vision provider, visit www.vsp.com.

Vision Premiums

Premium contributions for vision are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the 2023 vision costs and coverage provided by VSP.

		VSP		
		IN-NETWORK	OUT-OF-NETWORK*	FREQUENCY
EXAMS				
	COPAY	\$20 copay	Up to \$45	Once every 12 months
LENSES				
	SINGLE VISION	\$20 copay	Up to \$30	Once every 12 months
	BIFOCAL	\$20 copay	Up to \$50	
	TRIFOCAL	\$20 copay	Up to \$60	
	LENTICULAR	\$20 copay	Up to \$75	
	PROGRESSIVE	\$20 copay	Up to \$50	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	FITTING AND EVALUATION	Up to \$60	Not Covered	Once every 12 months
	ELECTIVE	Up to \$150	Up to \$125	
	MEDICALLY NECESSARY**	Covered in full	Up to \$210	
FRAMES				
	COPAY	\$150 Allowance, then 20% off over balance	Up to \$50	Once every 12 months
BI-WEEKLY CONTRIBUTIONS				
	EMPLOYEE ONLY		\$2.77	
	EMPLOYEE + SPOUSE		\$5.24	
	EMPLOYEE + CHILD(REN)		\$6.16	
	EMPLOYEE + FAMILY		\$8.65	

*You are responsible for filing your own claim when seeing an out-of-network provider
 **Contact lenses are defined as medically necessary when the patient has an eye disease or prescription that has to be managed with contacts because glasses can't provide sufficient correction

Thoughts & Tips: Our vision plan covers many more additional vision benefits. Contact VSP at VSP.com to learn more about these benefits! Once enrolled, you can register online as well as download the digital app for access to in-network providers and a digital ID card. ID cards are not mailed and are not needed when visiting an in-network provider!





Preventive Care

Did you know getting your annual Preventive Care exam is an important part of managing your health? Our BCBS plans cover preventive care services — at no cost to you! For more information on preventive care through BlueCross BlueShield, go to www.bcbstx.com, click the Providers tab at the top of the page, go to the “Clinical Resources” tab, and on the left side of the page click “Preventive Care Guidelines.”

Screening tests and routine checkups are considered preventive, which means they’re often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), common covered services include:



Wellness visits, physicals and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity and diabetes



Pediatric screenings for hearing, vision, obesity and developmental disorders



Anemia screenings, breastfeeding support and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Women

- ▶ **Well-woman Exam:** You should see your gynecologist yearly for a well-woman exam.
- ▶ **Mammograms:** Once you’re over 50, you should have a mammogram at least every two years. If your family has a history of breast cancer, get tested annually starting at age 35.
- ▶ **Pap smears:** Starting at age 21, you should get a Pap smear at least every three years until you turn 65.

Children

- ▶ Routine measuring of height and weight
- ▶ Immunizations against diseases
- ▶ Dental cleaning and exams
- ▶ Vision checks

Men

- ▶ **Abdominal aortic aneurysm:** Men ages 65 to 75 who have ever smoked should have this one-time ultrasound.
- ▶ **Prostate exam:** Most men who are not high-risk can wait until age 50 to get a prostate exam.
- ▶ **Cardiovascular:** Men are 28% more likely than women to be hospitalized for congestive heart failure, so make sure you’re tested regularly.

What tests do you need, and when?

All Adults

- ▶ **Blood pressure:** Adults ages 40 or older and those with increased risk of high blood pressure should be screened annually. Adults ages 18 to 39 with normal blood pressure and no other risk factors should be screened every 3 to 5 years.
- ▶ **Cholesterol test:** Get your cholesterol checked every five years. If you have risk factors for heart disease, talk to your doctor about more frequent testing.
- ▶ **Colonoscopy:** Once you reach age 50, talk to your doctor about getting a colonoscopy.
- ▶ **Diabetes screening:** You should be tested for diabetes if your blood pressure is above 135/80, you take high blood pressure medication, you’re older than 45, or your body mass index (BMI) is over 25.



We encourage everyone enrolled in either of the Sun Com medical plan options to take advantage of the preventive benefits that are available to you on an annual basis. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs.



Where To Go For Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. You think you may have broken a bone, but do not want to wait in the emergency room or incur emergency room costs to find out. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.



PRIMARY CARE CENTER

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- ▶ Routine checkups
- ▶ Immunizations
- ▶ Preventive services
- ▶ Manage your general health

What are the costs and time considerations?***

- ▶ Requires a copay and/or coinsurance
- ▶ Normally requires an appointment
- ▶ Usually little wait time with scheduled appointment



NURSE LINE

When would I use this?

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*

Answers to questions regarding:

- ▶ Symptoms
- ▶ Medications and side effects
- ▶ Self-care home treatments
- ▶ When to seek care

What are the costs and time considerations?***

- ▶ Nurse lines are available 24 hours a day, 7 days a week
- ▶ This service is free as part of your medical insurance
- ▶ Access your BCBSTX nurseline by calling **800-581-0393**



TELEMEDICINE

When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

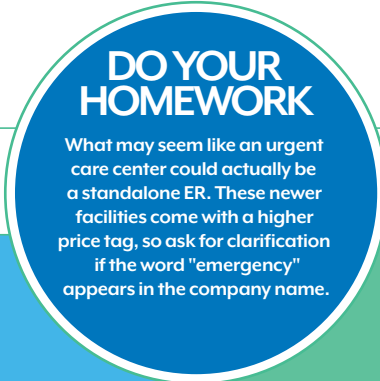
- ▶ Cold & flu symptoms
- ▶ Allergies
- ▶ Bronchitis
- ▶ Urinary tract infection
- ▶ Sinus problems

What are the costs and time considerations?***

- ▶ There is a \$45 fee that applies to your deductible if you are on the HDHP plan, and a \$0 copay if you are on the PPO plan
- ▶ Access to care is usually immediate
- ▶ Some states may not allow for prescriptions through telemedicine or virtual visits



URGENT CARE CENTER



DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



EMERGENCY ROOM

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- ▶ Strains, sprains
- ▶ Minor broken bones (e.g., finger)
- ▶ Minor infections
- ▶ Minor burns
- ▶ X-rays

What are the costs and time considerations?***

- ▶ Requires a copay and/or coinsurance that is usually higher than an office visit
- ▶ Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first

What are the costs and time considerations?***

- ▶ Requires a much higher copay and/or coinsurance
- ▶ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- ▶ Heavy bleeding
- ▶ Chest pain
- ▶ Major burns
- ▶ Spinal injuries
- ▶ Severe head injury
- ▶ Broken bones

*This is a sample list of services and may not be all-inclusive. **Costs and time information represent averages only and are not tied to a specific condition or treatment.



Live in Your Prime, Discover Your Total Wellness

Ready to get in step with health and wellness? You're not in this alone — Sun Com wants to help move you forward toward a healthier life via Well onTarget through BlueCross BlueShield (BCBS). Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work. Once you are enrolled in either of the BCBS health plans, you can start taking advantage of this program.

Begin the Sun Com of Your Wellness

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment. Now you have a step-by-step plan to guide you on the way to living your best life. The suite of programs and tools include:

- ▶ **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more.
- ▶ **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- ▶ **Blue PointsSM Program:** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- ▶ **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- ▶ **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- ▶ **Fitness Tracking:** Get Blue Points for tracking activity with popular fitness devices and mobile apps.
- ▶ **Nutrition Help:** Members can choose a nutrition app to connect and monitor their food intake via the View Nutrition page. Enter calorie targets, carbs, fats, protein and more. Apps include Fitbit, MyFitnessPal and others.
- ▶ **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more.

How to Access the Portal

Use your Blue Access for MembersSM (BAMSM) account:

- ▶ Log in to BAM at bcbstx.com/members. If this is your first time logging in, you will need to register your account. Click Register Now on the login screen. Please note that you will need your BCBSTX ID number before you can register.
- ▶ Once you are in BAM, click on the Well onTarget link on the left side of the screen. You will be taken to the portal.

If you have any questions about Well onTarget, call Customer Service at **877-806-9380**.





Virtual Medicine

When you're sick, the last thing you want to do is leave the cozy comfort of your home. Or sometimes you're just too on the go to pop in for a visit. Virtual medicine is a convenient and easy way to talk to a doctor fast.

Telemedicine

We provide a telemedicine benefit through MDLive to you and your dependents. MDLive offers on-demand access to board-certified doctors through online video or telephone. You and your family can be treated for general health issues in the comfort of your own home. Telemedicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.MDLIVE.com/bcbstx.

MDLive doctors can treat many medical conditions, including:

- ▶ Cold & flu
- ▶ Rash
- ▶ Bronchitis
- ▶ Respiratory infection
- ▶ Bladder & urinary tract infection
- ▶ Sinus problems
- ▶ Pink eye
- ▶ Sore throat
- ▶ Stomach ache

Virtual visits aren't good for conditions requiring an exam or test, complex or chronic problems, or emergencies, including sprains or broken bones.

Access Virtual Visits

Visit www.MDLIVE.com/bcbstx to request a virtual visit. Once you register and request a consult, you will pay your portion of the service costs according to your medical plan, and then enter a virtual waiting room. During your visit you can talk to a doctor about your health concerns, symptoms and treatment options.

Did You Know?

Telemedicine visits can also be used as a normal doctor's visit. Have a conversation with your doctor to see how to schedule a visit.



	HDHP	PPO
MEDICAL	\$48* cost before deductible is met; 20% coinsurance after deductible is met	\$0 copay
ALL OTHER PSYCHIATRIC/PSYCHOTHERAPY/MEDICATION MANAGEMENT SERVICES	\$90* cost before deductible is met; 20% coinsurance after deductible is met	\$0 copay
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$200* cost before deductible is met; 20% coinsurance after deductible is met	\$0 copay

*Cost is associated with fair market value of service and subject to increase



Do Healthy Your Way with Omada!

Once you are enrolled in either of the BlueCross BlueShield medical plans, you will have access to the Omada program to help manage your health. This program is designed to help prevent diseases like diabetes and heart disease, and provide guidance on your long-term health.

Omada - Diabetes & Hypertension Prevention & Healthy Living

Are you pre-diabetic, have high blood pressure, or have spoken with your doctor about your diabetes and heart disease risk factors? Omada can help you prevent developing type 2 diabetes and/or heart problems and manage your health to build lifelong healthy habits. Using the latest technology with ongoing support, you can make the changes that matter most — whether that's around eating, activity, sleep or stress. **To see if you're eligible, go to [omadahealth.com/Sun Comcomms](http://omadahealth.com/SunComcomms).**

- ▶ Eat healthier: learn the fundamentals of making smart food choices.
- ▶ Increase activity: discover easy ways to move more and boost your energy.
- ▶ Overcome challenges: gain skills that allow you to break barriers to change.
- ▶ Strengthen habits: zero in on what works for you, and find lasting motivation.
- ▶ Stay healthy for life: continue to set and reach your goals with strategies and support.

If you or your adult family members are enrolled in our Blue Cross Blue Shield of Texas health plans and are at risk for type 2 diabetes or heart disease, the Omada program is included in your benefits!

With Omada, you will get your own:



▶ **Interactive program**



▶ **Wireless smart scale**



▶ **Professional health coach**

▶ **Weekly online lessons**



▶ **Small group of participants**



Ready to enroll? Scan the QR code to start getting healthy, your way!





Wondr – Lose Weight Without Counting Calories

No points, plans, or counting calories!

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. This behavioral science-based program was created by a team of doctors and clinicians and is clinically-proven for lasting results.

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods. Sun Com has partnered with Wondr Health to help you improve your health at no cost to you.

What to Expect



Learn more or apply at [wondrhealth.com/Sun Comcomms](https://wondrhealth.com/SunComcomms). There is a minimum BMI requirement of 25 in order to be eligible for Wondr.



You'll receive a Welcome Kit to kick off the program after your application's been accepted.



Sign in online or on our mobile app (available on App Store and Google Play) to access weekly video lessons and our mindful eating tools.



Watch our weekly master classes. On your start date, you can sign in to view your Week 1 videos and start your journey to better overall health.



Learn life-changing skills during the program's first phase—WondrSkills™, then move to the skill reinforcement phase—WondrUp™, and keep the momentum going in the skill maintenance phase—WondrLast™.





Ovia – Gain Control of Your Parenting Journey

Ovia Health is offered through Sun Com’s medical plan options at no extra cost. Get daily, personalized family health support and data feedback to guide you through every transition and important moment.

On-demand Health Coaching Services

From baby sleep coaching to breastfeeding support, receive expert advice and follow personalized health programs throughout your fertility, pregnancy, and parenting journey

Customized Ovia Experience With Your Benefits

Ovia personalizes your program to help you make the most of your benefits, whether that means breast pump reimbursements, pregnancy coverage, or fertility insurance

Concierge 1-to-1 Support From Family Health Experts

Ovia’s in-house coaching team of licensed family health professionals and parenting experts are here to guide and support you every step of the way, 7-days-a-week with unlimited sessions



The Science Behind Ovia

Ovia Health works with the world’s leading academic institutions to take on the most complex challenges in women’s and family health. Our findings are elevating the standards of care for women and families around the world.

Get Plugged In

Ovia utilizes three smartphone apps offering personalized maternity and family benefits.

- ▶ Ovia Fertility
- ▶ Ovia Pregnancy
- ▶ Ovia Parenting



With each app you have access to:

- ▶ Daily personalized articles & tips to help you achieve your goals
- ▶ Unlimited in-app messaging with a Registered Nurse health coach
- ▶ Instant analysis & feedback on your health data
- ▶ Information about your fertility, maternity & family benefits

Don’t wait to get started with Ovia Health!

1. Download the app that’s right for you:
2. Select “I have Ovia Health as a benefit” during signup
3. Select Blue Cross and Blue Shield of Texas as your health plan
4. Enter your employer (optional)
5. Explore Ovia Health!



Protect Your Loved Ones

It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Life insurance provides financial protection and security in the event of an absence or unexpected event. Securing life insurance now ensures your family will be protected for the future.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Sun Com provides employees with Basic Life and AD&D insurance as part of your basic coverage through Lincoln Financial, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death. Should you leave Sun Com, you will have the ability to convert this policy to individual coverage.

Your Basic Life and AD&D insurance benefit is \$10,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.



What's a beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life and AD&D offered by Sun Com.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth, Primary or Contingent beneficiary status, and what percentage of your benefit will be allocated to each. **Please note:** that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may generally be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. Be sure to check your state guidelines for other beneficiary age restrictions. If you need assistance, contact your own legal counsel. For help with designating your beneficiary in Paycom, please contact the Benefits Department.

You MUST designate and/or update your beneficiaries in Paycom. Please be sure that allocations equal 100% if you are designating more than one beneficiary.



Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by Sun Com may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions on a post-tax basis.

VOLUNTARY EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	Increments of \$10,000
BENEFITS PAYABLE	To designated beneficiaries
MAXIMUM BENEFIT	\$500,000 or 5x annual salary
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts over the guarantee issue amount of \$250,000 and/or adding coverage during open enrollment of more than \$10,000 over your current election.

VOLUNTARY SPOUSE LIFE/AD&D

COVERAGE AMOUNT	Increments of \$5,000
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	\$250,000, not to exceed 2.5x employee's annual salary or 50% of employee benefit
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts over the guarantee issue amount of \$30,000 and/or adding coverage during open enrollment of more than \$5,000 over your current election.

VOLUNTARY CHILD LIFE/AD&D

COVERAGE AMOUNT	Ages 6 months to 26 years (if unmarried & full-time student): \$10,000
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	None

To submit your Evidence of Insurability (EOI), go online to:
<https://www.mylincolnportal.com/customer/public/login>
 Company Code: Sun ComCOMMN

VOLUNTARY LIFE/AD&D RATES		
RATE/\$1,000 (BI-WEEKLY)		
AGE* AS OF 1/1/2023	EMPLOYEE	SPOUSE
<25	\$0.067	\$0.133
25-29	\$0.080	\$0.159
30-34	\$0.107	\$0.212
35-39	\$0.120	\$0.238
40-44	\$0.133	\$0.265
45-49	\$0.200	\$0.398
50-54	\$0.307	\$0.610
55-59	\$0.574	\$1.141
60-64	\$0.881	\$1.751
65-69	\$1.696	\$3.368
70 +	\$2.750	\$5.462

*Rates are based on employee age. Voluntary Life/AD&D rates will change during the year if you enter a new age bracket.

VOLUNTARY CHILD LIFE/AD&D RATE
RATE/\$1,000 (BI-WEEKLY)
\$0.20

Note: The Voluntary Child Life/AD&D rate covers all children 6 months to age 26.



Income Protection

Maintaining your quality of life counts on your income. Sun Com offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Basic Short Term Disability (STD) Insurance

Sun Com will automatically enroll all full-time employees enrolled in the medical plan into Short Term Disability (STD) at no cost to you. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time.

WEEKLY MAXIMUM BENEFIT	\$1,000
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	11 weeks

Voluntary Short Term Disability (STD) Insurance

If you are not enrolled in the medical plan, you can purchase Voluntary Short Term Disability (STD) insurance. Voluntary STD is a post-tax benefit deduction. Certain exclusions, along with pre-existing condition limitations, may apply. Please note that Evidence of Insurability (EOI) is required if you chose to enroll in Voluntary STD coverage post open enrollment.

WEEKLY MAXIMUM BENEFIT	\$1,000
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	11 weeks
BI-WEEKLY RATE PER \$10 OF WEEKLY BENEFIT	\$0.186

Basic Long Term Disability (LTD) Insurance

Sun Com will automatically enroll all full-time employees (regardless of their medical plan participation) into the long term disability plan at no cost to you. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or the Benefits Department for details.

MONTHLY MAXIMUM BENEFIT	\$5,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



TO CALCULATE HOW MUCH YOUR VOLUNTARY STD COVERAGE WILL COST:

\$	÷ 52 =	\$	× 60%	\$	× \$0.186	\$	÷ \$10	\$
Annual Salary		Weekly Income		Weekly Benefit		Amount		Bi-Weekly Premium



Thoughts & Tips: Nearly 6% of working Americans will experience a short term disability due to illness, injury or pregnancy on average every year.



Additional Benefits

Sun Com cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes up to five* face-to-face visits per issue, per person, per year with a licensed professional. All services provided are confidential and will not be shared with Sun Com. You may access information, benefits, educational materials and more either by phone at **888-628-4824** or online at www.guidanceresources.com using **username: LFGsupport** and **password: LFGsupport!**

The Program provides referrals to help with:

- ▶ Emotional health and wellbeing
- ▶ Alcohol or drug dependency
- ▶ Marriage or family relationship problems
- ▶ Job pressures
- ▶ Stress, anxiety, depression
- ▶ Grief and loss
- ▶ Financial or legal advice

*Three visits in California in a 6 month period



Beneficiary Assist Program

Losing a loved one is never easy, but we're here to help. Sun Com' Beneficiary Assist Program through Lincoln Financial provides assistance with emotional, financial and legal issues that can arise after a loss. This program is offered at no cost to beneficiaries of the Basic Life and AD&D plan. Call **855-891-3684** to access loss counseling and financial/legal professionals on a confidential basis.

Services include:

- ▶ Unlimited phone contact for grief counseling, financial planning, funeral planning and legal advice up to one year from the date of claim approval
- ▶ Assessment and action planning to develop an individualized course of action
- ▶ Up to five face-to-face sessions, or equivalent professional time, for any combination of emotional, financial or legal counseling
- ▶ Referrals to additional resources to support specific situations like long-term grief counseling or complex probate and estate planning

Travel Assistance

With the Travel Assistance Program, toll-free emergency assistance is available to you and any dependents 24 hours a day, seven days a week, when traveling 100 or more miles from your primary home. Multilingual service professionals are ready to assist in more than 200 countries and territories. Key services include:

- ▶ Medical evacuation & medical search
- ▶ Dependent children assistance
- ▶ Emergency travel arrangements & emergency cash
- ▶ Locating lost items

To access the Travel Assistance Program, you can call **800-527-0218** or go online to www.lincoln4benefits.com and use **UnitedHealthcare Global ID: 322541** and **Group Name: Lincoln Financial Group.**

Beneplace Savings

Sun Com has partnered with Beneplace to offer you a top-notch employee discount program. The Sun Com Discount Marketplace platform features exclusive offers on products and services you use every day, including electronics, gifts and wireless service – just to name a few.

How to Access Your Discounts:

To take advantage of your employee discounts, visit <https://SunComcomms.savings.beneplace.com>.

There, you can search for a specific deal, or browse by category to find and compare products. Bookmark the site and visit often – new deals and seasonal discounts are added regularly. Also check out the “highlighted offers” section for even deeper limited-time deals.

Through the Sun Com Discount Marketplace, you'll find discounted gym memberships, wireless plans and the latest electronics. Plus, shop for tablets, computers and laptops from top providers like Dell, HP and Lenovo. Find all this and much more through your Sun Com Discount Marketplace





Retirement Planning

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Sun Com Cell Phone Companies Employee 401(k) Savings Plan provides you with the tools and flexibility you need to prepare. You can enroll in the plan at any time throughout the year!

PLAN AT A GLANCE	
PLAN NAME	Cell Phone Companies Employee 401(k) Savings Plan
RECORD KEEPER	Principal Retirement
WEBSITE	www.principal.com
ELIGIBILITY	First of the month following 60 days from your hire date

What is a 401(k)? This employer-sponsored retirement account can help build and create choices for your future self by saving money — tax free — from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

Eligible employees can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Principal. You may start making pre-tax and/or Roth contributions into the plan on the first of the month after completing 60 days of service. You must be at least 18 years of age to be eligible.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions will be taken out before taxes each pay period. However, you'll have to pay taxes on the funds when you withdraw them during retirement. If you choose the available Roth 401(k), contributions will be deducted from your paycheck after taxes — so you won't pay taxes when you withdraw during retirement. Once you retire, you might be in a higher tax bracket, so contributing after taxes now could save you money in the long run.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$20,500 for 2023. If you are age 50 or older this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals.

The maximum catch-up contribution is \$6,500 for 2023 — for a combined total contribution allowance of \$27,000. See your plan administrator for details.

The term "vested" refers to how much of your 401(k) funds you can take with you if or when you leave Sun Com. You are always 100% vested in the money you contribute to the plan and the earnings on that money.



Thoughts & Tips: When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 40%, so start building that nest egg now.



Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Principal at **800-547-7754** for details.

Regardless of which retirement account you choose or how much you contribute, it's important to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and rack up penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets in your account. The Sun Com 401(k) plan offers a selection of investment options for you to choose from. You are always 100% vested in your deferral contributions. Your company matching contributions will become 100% vested after 3 years of service. You may change your investment choices any time. For more details, refer to your 401(k) Enrollment Guide or visit www.principal.com.

Company Matching

Sun Com will match 50% of the first 6% of your salary deferrals for eligible participants. The matching contributions apply to both pre-tax and Roth 401(k) contributions and will be made annually at the end of the plan year. If you contribute at least 6% to the plan, you will receive the full matching contribution available from Sun Com.

As you are making your financial plans, this is a great opportunity to review and ensure you are saving at a level that will help you maintain your lifestyle in retirement.

You must contribute at least 6% of your pay to get the full company match.

For example: An employee with a salary of \$50,000 who contributes at least 6% to the Plan will receive a matching contribution of \$1,500.

- ▶ $\$50,000 \times 6\% = \$3,000$
- ▶ $\$3,000 \times 0.50 = \$1,500$

How Much Should I Be Saving?

Industry standards suggest saving, at a minimum, 12% to 15% of your income, inclusive of Sun Com' generous matching contribution. If you cannot afford to save that much right now, at least make sure to be saving up to the matching amount so you are not leaving free money behind.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Take Advantage of the Principal App

The Principal app is designed to save you time and money, access to retirement planning is just taps away! You can update paycheck contributions, manage investments, keep track of loan balances and more. Scan the QR code to download the app and get started planning for your future!





Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Elimination Period – The time period between an injury and the receipt of benefit payments. It is the length of time between the beginning of an injury or illness and receiving benefit payments from the insurer.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.



Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, so if you change jobs your account goes with you.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Medically Necessary – Healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- ▶ **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- ▶ **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- ▶ **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

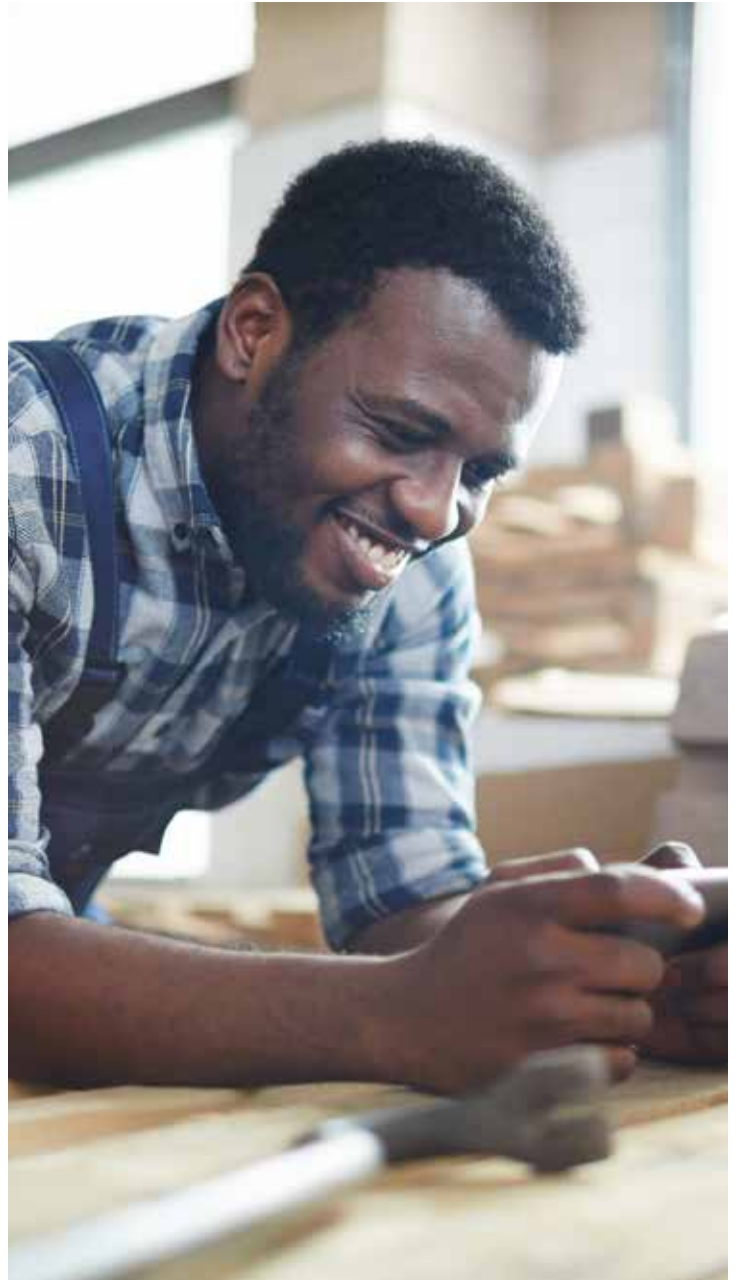
Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- ▶ **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- ▶ **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- ▶ **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- ▶ **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- ▶ **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- ▶ **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice from Sun Com Mobile, LLC About Your Prescription Drug Coverage and Medicare under the BlueCross BlueShield of Texas Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sun Com Mobile, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Sun Com Mobile, LLC has determined that the prescription drug coverage offered by the BlueCross BlueShield of Texas plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Sun Com Mobile, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Sun Com Mobile, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sun Com Mobile, LLC changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2023
Name of Entity/Sender:	Sun Com Mobile, LLC
Contact—Position/Office:	Human Resources
Address:	12808 W Airport Blvd #200-49 Sugar Land, TX 77478
Phone Number:	832-982-0342

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 832-982-0342.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 832-982-0342.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 832-982-0342.



Important Contacts

MEDICAL

BlueCross BlueShield of Texas
800-521-2227
www.bcbstx.com
PPO Group #: 154865
HDHP Group #: 265723

PHARMACY

Maxor
www.maxorplus.com
800-687-0707

TELEMEDICINE

MDLive
888-680-8646
www.MDLIVE.com/bcbstx

DENTAL

Lincoln Financial
800-783-2255
www.lincolnfinancial.com
Policy #: 000010224917

VISION

VSP
800-877-7195
www.vsp.com

HEALTH SAVINGS ACCOUNT

WEX
866-451-3399
www.wexinc.com

LIFE AND AD&D

Lincoln Financial
800-783-2255
www.lincolnfinancial.com
Policy #: 000010224917

DISABILITY

Lincoln Financial
800-783-2255
www.lincolnfinancial.com
Policy #: 000010224917

EMPLOYEE ASSISTANCE PROGRAM

Lincoln Financial
888-628-4824
www.guidanceresources.com
User Name: LFGsupport
Password: LFGsupport1

BENEFICIARY ASSISTANCE

Lincoln Financial
855-891-3684
www.guidanceresources.com
Web ID: LifeKeys

TRAVEL ASSISTANCE

UnitedHealthcare Global
800-527-0218
www.lincoln4benefits.com
UnitedHealthcare Global ID: 322541
Group Name: Lincoln Financial Group

COMMUTER BENEFITS

WEX
866-451-3399
www.wexinc.com

WILL PREPARATION

Lincoln Financial Group
855-891-3685
www.lincoln4benefits.com
Web ID = LifeKeys

401(K)

Principal Retirement
800-547-7754
www.principal.com

SUN COM BENEFITS DEPARTMENT

12808 W Airport Blvd #200-49
Sugar Land, TX 77478
832-982-0342



