



2025 Employee Benefits Summary



IMPORTANT: EMPLOYEE BENEFIT INFORMATION ENCLOSED



Overview

AlloSource is proud to present employees with a premium benefits package. Employees are eligible for most benefits on the first of the month following 30 days of employment unless otherwise noted on the specific benefit. Employees are immediately eligible for the Employee Assistance Program (EAP), Paid Holidays, Time Off, and 403(b) deferral. Part-time employees are eligible for some benefits on a pro-rated basis.

This brochure contains only a brief description of AlloSource's employee benefits. Employees should consult the official policy or plan documents for detailed information, including eligibility requirements, exclusions and limitations. To the extent that the terms of this summary conflict with the terms of a plan document, the terms of the plan document will govern. Employees may also contact Human Resources if they are unsure of the nature of any benefit or the manner for which it is administered. AlloSource reserves the right to modify or discontinue any of its employee benefits or plans at any time, with or without notice, as allowed by law.

Benefit Eligibility

For the purpose of determining the allowance of certain employee benefits, employees are classified as:

- Full-Time Employee – An employee who is normally scheduled to work at least 30 hours per week on a regular and continuous basis. Full time employees are eligible to participate in Company provided benefits.
- Part-Time Employee – An employee who is normally scheduled to work at least 20 hours or more but less than 30 hours per week on a regular and continuous basis. Part-time employees are eligible for some Company provided benefits on a partial or pro-rated basis.

An employee working less than 1000 hours a year or less than 20 hours per week is not eligible for any company benefits.

Eligible Dependents

If you are eligible for coverage, you may also enroll the following eligible dependents:

- Legal Spouse/Domestic Partner with affidavit.
- Children under age 26 for Medical, Dental and Vision.
- Children who are disabled, live with you and depend on you for support.

Medical Insurance

AlloSource offers two medical plan designs for all employees. Both plans offer flexibility and access to many primary care doctors and specialists so employees can choose the plan to best suit their needs and those of their dependents. Both plans will cover you in the case of a catastrophic event. Both plans offer access to telehealth. Both plans offer access to the onsite AlloCares clinic.

Local Plus Network

Both medical plans access Cigna’s Local Plus Network. The network is designed to deliver cost-effective, quality care for today’s busy, on the go families.

- More top quality providers make it easier to choose and use quality care.
- Access to any LocalPlus network across the country.
- When away from a LocalPlus network, the Away From Home Care feature provides coverage at in-network cost.
- To find a provider go to [Cigna.com](https://www.cigna.com). Click on Find Providers, Select Medical Plans and then choose the LocalPlus network.

Cigna– PPO Plan

The premiums you pay in the (Preferred Provider Plan) PPO are higher compared to the High Deductible Health Plan (HDHP) because your deductible and out of pocket maximum is lower. The PPO plan is a traditional medical plan. You pay copays for things like office visits and prescriptions, but you must meet your deductible and pay coinsurance for larger things like hospitalizations.

Cigna– (HDHP) High Deductible Health Plan

The premiums you pay in the High Deductible Health Plan (HDHP) are lower compared to the PPO because in the HDHP you pay the contracted cost of all of your services until you’ve met your deductible. Once your deductible has been met you will pay 25% (coinsurance) of the contracted cost up to the out-of-pocket maximum. Additionally, because AlloSource’s HDHP plan is a qualified plan per IRS regulations, you can contribute to a Health Savings Account (HSA) that allows you to save money on a pre-tax basis to pay for qualified medical, dental and vision expenses.

Cigna Medical Plan	Cigna PPO Plan			Cigna HDHP Plan		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Annual Deductible (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000		\$3,000 / \$6,000 embedded deductible: \$3,300 per individual	\$6,000, \$12,000 embedded deductible: N/A	
Annual Out-of-Pocket (Including Deductible)	\$8,000 / \$16,000	\$16,000/\$32,000		\$8,000 / \$16,000	\$16,000/\$32,000	
Coinsurance	25%	40%		25%	40%	
Office Visit Copay (Primary/Specialist)	100% after \$10 / \$20 copay	40% after deductible		25% after deductible	40% after deductible	
Preventive Care (per visit)	100%	40% after deductible		100%	40% after deductible	
Diagnostic X-ray & Lab	\$10 copay	40% after deductible		25% after deductible	40% after deductible	
Emergency Room Care	100% after \$500 copay			25% after deductible		
Urgent Care	100% after \$50 copay	40% after deductible		25% after deductible	40% after deductible	
Hospital Services	25% after deductible	40% after deductible		25% after deductible	40% after deductible	
Prescription Drugs Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3 / Specialty	\$0 / \$40 / \$70 / \$200	In-Network Coverage Only		25% after deductible	In-Network Coverage Only	
Prescription Drugs Mail-order (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$0 / \$80 / \$140	In-Network Coverage Only		25% after deductible	In-Network Coverage Only	
Contribution Rates (Per-Pay-Period)	Prime¹	Select²	Basic³	Prime¹	Select²	Basic³
Employee	\$90.00	\$110.00	\$130.00	\$34.00	\$59.00	\$84.00
Employee + Spouse	\$266.00	\$293.00	\$320.00	\$147.00	\$175.00	\$204.00
Employee + Child(ren)	\$252.00	\$263.00	\$287.00	\$139.00	\$163.00	\$190.00
Employee + Family	\$379.00	\$418.00	\$455.00	\$218.00	\$257.00	\$296.00
Part-Time Contribution Rates (Per-Pay-Period)						
Employee		\$204.00			\$156.00	
Employee + Spouse		\$622.00			\$436.00	
Employee + Child(ren)		\$555.00			\$400.00	
Employee + Family		\$876.00			\$618.00	

Prime¹: Non-tobacco user/complete biometric screening in 2025

Select²: Tobacco user/complete biometric screening in 2025/Non-tobacco user/no biometric screening

Basic³: Tobacco user/no biometric screening



Head-to-toe virtual care from MDLIVE.®

It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

3 easy steps to connect to care

Virtual care visits are convenient and easy. To schedule an appointment:

1. Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)
2. Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE
3. Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.

Visit myCigna.com to make an appointment for virtual care today.

Cigna Pathwell Bone & JointSM

A pain-free experience.

If you have joint pain, it can affect everything. Your body. Your mind. And how you're feeling emotionally. Cigna Pathwell Bone & Joint* offers a new standard of musculoskeletal (MSK) care that combines a national network of high-quality providers, clinical expertise, coordinated support and intuitive digital tools to empower you to take charge of your health.

With Cigna Pathwell Bone & Joint, you'll have access to:

- Dedicated support – Work one-on-one with a Cigna care advocate who has clinical expertise in low back pain and osteoarthritis of the hip and knee. They'll help you understand your options and create a personalized plan based on your goals.
- Intuitive digital experience – Enjoy access to our user-friendly digital tools that put personalized activities and exercises, expert content, care navigation, and progress trackers right at your fingertips.
- Guidance to the care you need – Choose from a network of chiropractors, physical therapists and mental health professionals available in person or virtually.
- Surgery benefit – When surgery is the optimal option, you can choose from a selection of in-network orthopedic surgeons and facilities that meet Cigna's rigorous quality criteria, with low or zero cost for surgery.
- The best part? This program is included in your medical plan at no additional cost.

Ready to put an end to joint pain?

Visit cignabackpainhelp.com or call 877.505.58754 to learn more about Cigna Pathwell Bone & Joint.



IdentityForce

Protecting Privacy And Security

Now is the time to protect what is most important. As our digital activity expands, fraud and scams increase exponentially, along with vulnerabilities that result from having sensitive personal information exposed. It's why IdentityForce offered through Cigna will be included in your Cigna medical coverage at no additional cost for you and any child(ren) living in your household up to age 26.2 We're here to provide you with award-winning identity theft protection built to proactively monitor, alert, and help fix any identity theft compromises.



Plan Features

- Privacy & Security
- Credit Monitoring
- Restoration Services

Three Ways to Enroll

1. Cigna medical employees who have provided their email addresses on myCigna.com® will receive a registration link via email from IdentityForce.
- 2) Call 833.580.2523
- 3) Visit <https://cigna.identityforce.com/starthere>

Choose your path to Emotional Well Being

Behavioral Health Resources

Worry Less. Enjoy Life More.

Happify, a Cigna partner, is a free app with science-based games and activities designed to help you:

- Defeat negative thoughts
- Boost health and performance
- Gain confidence
- Reduce stress and anxiety
- Increase mindfulness and emotional well-being

Sign up and download the free app today at happify.com/Cigna.

\$ NO COST

ENROLLED CIGNA MEMBERS



Cigna Emotional Well-Being Programs



Cigna's Total Behavioral Health Services, Cigna's Total Behavioral Health Services connects you to resources for emotional health and well-being. Through Cigna's Total Behavioral Health Services, you get:

- Three face-to-face visits with a licensed behavioral health provider in Cigna's employee assistance program network
- Live chat with an employee assistance program advocate
- Unlimited telephone counseling and access to work-life resources applies if accessed through the Allosource medical plan.

Go to myCigna.com or call 877.231.1492 for live assistance.

\$ NO COST

ENROLLED CIGNA MEMBERS

A Holistic Mental Healthcare Solution



MeruHealth is a proven solution for stress, depression, and everything in between - in your pocket! As a Cigna member, you have access to the Meru Health's program that includes the following for improving your emotional and mental health:

- Proven techniques to change unwanted thoughts and habits
- Short mindfulness practices for balancing mood and energy
- Wearable biofeedback training to increase focus and manage stress
- Lessons and practices to improve sleep and nutrition

Go to www.meruhealth.com/cigna or call 833.940.1385 to get started.

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

iPrevail



iPrevail is a digital therapeutics platform, designed by experienced clinicians to help you take control of the stresses of everyday life and challenges associated with life's difficult transitions.

- You will take an assessment to determine what programs and support are right for you.
- Interactive video lessons, 1:1 coaching, support communities and wellness activities to meet your needs.
- Engage at your own pace.

Go to myCigna.com to receive your personalized program.

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

Feeling Better Starts With A Single Message



Talkspace provides online therapy with a licensed clinician via private message and live video. Talkspace offers:

- Your own therapist - Once you're matched, you'll be working with the same licensed therapist every time.
- Write when you want - You can set aside some time every day, or write when the mood strikes you. Your room is always open.
- Regular responses - Therapists respond 1-2 times per day. If you need more, simply schedule a video chat.

Go to www.talkspace.com/Cigna or call 1.800.273.8255 to get started.

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

MDLive Behavioral Health



MDLive services include behavioral health services. Consult with a counselor or psychiatrist from your home, office or on-the-go. Cost share varies by the level of provider accessed. Call or schedule a time online that works for both you and the therapist. Go to MDLIVEforCigna.com or call 1.888.726.3171.

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

Headspace



One-on-one mental health support, plus guided meditation and mindfulness. Meet Headspace: your personal guide to caring for your mind. Stress less, focus more, and sleep soundly with hundreds of guided exercises. Get one-on-one guidance from mental health coaches and clinicians. And connect to confidential, time-saving local resources to help you navigate life's challenges.

Get started with Headspace Care today! work.headspace.com/UDR/member-enroll

Have a question? Visit help.headspace.com

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

Brightside Health



Brightside and your health plan have partnered to provide you personalized mental health care when you need it. With Brightside, you will receive:

- Unlimited messaging with your care team
- Virtual visits
- Convenient progress tracking
- Check-ins when you need them
- Data-driven medication support
- Life-changing interactive lessons between visit

Begin your healing journey at brightside.com/insurance

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

Monument



Monument offers a holistic online alcohol treatment program, tailored to your personal goals.

- Specialized Therapy
- Therapist Moderated Groups
- Medication Options
- 24/7 Anonymous Forum

Get started at joinmonument.com

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

Therapy isn't always easy.



Finding it should be.

Sondermind is available to help you find a licensed therapist who is available to see you in-person or for an online video session. For more information, Talk to a Wellness Coordinator at (844) THERAPY, Monday - Friday 7 AM - 7 PM MT and Saturday 8 AM - 5 PM MT.

\$ COST SHARE APPLIES*

ENROLLED CIGNA MEMBERS

Employee Assistance Program



The Employee Assistance Program (EAP) is a free resource that helps you manage personal issues and concerns for you and your household members. This benefit is provided in partnership with Supportline. Supportline offers expert guidance to help address and resolve everyday issues.

- In-the-moment support: Reach a licensed clinician by phone 24/7/365
- Short-term counseling: Access up to six (6) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.
- Financial expertise: Planning and consultation with a licensed financial counselor.
- Convenience resources: Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.
- Legal consultation: By phone or in-person with a local attorney.
- Confidentiality: SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.
- Convenient, on-the-go support

Download the Supportline mobile app today! or call 1.888.881.LINC (5462) supportline.com username: allosource

*Service costs vary by level of provider and service option. Contact Cigna for specific pricing by service option. Member responsibility 25% after annual out-of-pocket maximum deductible has been met. After the annual out of pocket maximum has been met, then the Plan plays 100% for covered benefits for the remainder of the calendar year.



Dental Insurance



AlloSource offers a dental plan through Delta Dental of Colorado. The plan design is such that employees can use any dentist; however, greater benefits are recognized when services are received from preferred providers in the network. The calendar year maximum benefit is \$2,000. Please refer to the policies and Certificates of Coverage available on the AlloWeb. Please access Delta Dental’s website for a list of in-network providers at www.deltadentalco.com.

Delta Dental Plan	In-Network	Out-of-Network
Annual Maximum Benefit (Individual)	\$2,000 per member per calendar year	
Deductible	\$50 per member per calendar year / \$100 per family per calendar year	
Diagnostic and Preventive Oral Evaluation and Cleaning Fluoride Sealants Space Maintainers Bitewing X-Rays/Full Mouth X-Rays	100% deductible waived	100% deductible waived
Basic Restorative Fillings Endodontics/Periodontics Simple Extractions Oral Surgery	20% after deductible	20% after deductible
Major Restorative Crowns Dentures Implants	50% after deductible	50% after deductible
Adult Orthodontic Services (\$1,500 Lifetime Max)	50% after deductible	50% after deductible
Child Orthodontic Services (\$1,500 Lifetime Max), Child to age 19	50% after deductible	50% after deductible
Contribution Rates (Per-Pay-Period)	Per-pay-period	
Employee Only	\$9.00	
Employee + Spouse	\$19.00	
Employee + Child(ren)	\$21.00	
Employee + Family	\$31.00	
Part-Time Contribution Rates (Per-Pay-Period)	Per-pay-period	
Employee Only	\$12.00	
Employee + Spouse	\$28.00	
Employee + Child(ren)	\$31.00	
Employee + Family	\$46.00	

Vision Insurance



The Vision Insurance Plan offered through VSP is a PPO plan that provides network and out-of-network benefits for eye exams, lenses, frames and contact lenses. The plan charges co-pays and members pay extra for upgraded materials. Greater benefits are recognized when services are received from preferred providers. Please refer to the policies and Certificates of Coverage available on the AlloWeb. Please access VSP's website for a list of in-network providers at www.vsp.com.

VSP Vision Plan	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copay	\$45 copay
Eyeglass Lenses/Frames	\$20 copay	\$20 copay
Lenses (every 12 months) Single / Bifocal / Trifocal / Lenticular	\$20 copay	\$30 / \$50 / \$65 / \$50 reimbursement
Frames (every 24 months)	\$130 allowance	\$70 allowance
Contact Lenses (every 12 months)	\$130 allowance	\$105 allowance
Laser Correction	15% discount	Not Covered
Contribution Rates (Per-Pay-Period)	Per-pay-period	
Employee Only	\$1.00	
Employee + Spouse	\$2.00	
Employee + Family	\$4.00	
Part-Time Contribution Rates (Per-Pay-Period)	Per-pay-period	
Employee Only	\$1.50	
Employee + One	\$3.00	
Employee + Family	\$6.50	





Life and Accidental Death & Dismemberment Insurance

AlloSource provides Basic Term Life Insurance through Prudential, in the amount of 2x annual base pay up to a maximum of \$200,000. In addition, employees also have Accidental Death and Dismemberment (AD&D) coverage in the amount of 2x annual base pay up to \$200,000. Full-time employees are eligible on the first day of the month following 30 days of employment. Please refer to the policies and Certificates of Coverage available on the AlloWeb.

Voluntary Life

In addition to Basic Term Life Insurance, employees have the option to purchase additional Life Insurance coverage through Prudential in \$1,000 units up to the lesser of 5x your annual base pay or \$500,000. The employee guaranteed issue amount is \$150,000, only available upon initial hire date.

In addition, employees can purchase the lesser of 100% of the employee Voluntary Life amount or \$500,000 in \$1,000 units for spousal coverage. The spouse guaranteed issue amount is \$25,000, only available upon initial hire date. Dependent coverage can be elected in \$2,500 increments to \$10,000.

Disability Coverage

AlloSource provides employer-paid Short and Long Term Disability coverage through Prudential for full-time employees. Both plans are integrated to provide employees with continuous coverage in the event of a non-work related injury or illness. Please refer to the policies and Certificates of Coverage available on the AlloWeb.

Short-Term Disability

This plan covers 60% of an employee's pre-disability weekly earnings. The maximum weekly benefit is \$2,500 after a 7-day elimination period. Employees may receive disability income benefits for up to 12 weeks.

Long-Term Disability

This plan covers 60% of an employee's pre-disability monthly earnings. The maximum monthly benefit is \$15,000 after a 12-week elimination period. Employees may receive disability income benefits for up to the social security retirement age.

Health Savings Account (HSA)

Health Savings Accounts are bank accounts in which you set aside pretax dollars from each paycheck to be used for qualified Medical, Dental and Vision expenses. The HSA allows you the flexibility to change your contribution amount each pay period as your healthcare needs change. You decide whether to use the funds in your HSA to pay for current health care expenses or save the money in your account for future healthcare needs.

To participate, you must be enrolled in the HDHP plan and elect to open an account with Optum Bank. If you are enrolled in the HDHP, AlloSource may incentivize your wellness participation by contributing to an HSA. The Employer contribution counts towards the annual maximum that you can contribute.

As a pre-tax benefit, the IRS has placed limits on the total amount that can be contributed to your account in any one calendar year. In 2025, the IRS has limited the annual contribution to \$4,300 for employee only and \$8,550 for employee plus one or more coverage. Employees over age 55 are entitled to an additional catch-up contribution of up to \$1,000.

The balance in an HSA rolls over from year to year, allowing you to save what you don't use and if you leave AlloSource you will take the account with you. You also have the option to save the money in your HSA for expenses you have in retirement. If you choose to save for your future, you can withdraw the money from your account and use it for any expenses (not just healthcare) without tax penalties, if withdrawn after age 65.

When you enroll, you'll receive a debit card that can be used to pay for your healthcare expenses. Keep in mind that you must accumulate the money in your account before you can use it to pay for eligible healthcare expenses. HSA funds spent on items that are not qualified healthcare expenses will be taxed as income and subject to an additional 20% penalty. One of the best features of an HSA is the long-term potential for growth. Since the balance rolls over from year to year, any money you don't spend increases over time, allowing you to build up your savings. In addition, when your balance reaches \$2,000, you have the option to open a secondary account, called an HSA Investment Account.

Health Savings Investment Account

An HSA Investment Account gives you a way to invest for the future as a complement to your interest-earning HSA Cash Account described previously. If you have more funds in your Cash Account than you are likely to spend in healthcare expenses in the near future, the HSA Investment Account provides you the option of investing in mutual funds as part of a longer-term savings program.

Optum will provide you with information on investment options once your account balance exceeds \$2,000.

Important Points about HSAs

- Employees enrolled in Medicare are not able to contribute money to an HSA
- If an employee is claimed as a tax dependent by another individual, then that employee cannot participate in an HSA
- Expenses for children up to age 26 will only be deemed eligible if the child is considered a taxable dependent

Health Reimbursement Arrangement (HRA)

If you are enrolled in the PPO, AlloSource may incentivize your wellness participation by contributing to an HRA. When you enroll, you'll receive a debit card that can be used to pay for your healthcare expenses. Keep in mind that you must accumulate the money in your account before you can use it to pay for eligible healthcare expenses.

You may use funds in this account to pay for any out-of-pocket healthcare expenses. Funds in this account will rollover year over year. However, if you leave the company the funds in this account will be forfeited.

Flexible Spending Account (FSA)

AlloSource participates in a Cafeteria Plan for all medical, dental and vision plans to be paid on a pre-tax basis. Employees may also elect to withhold a portion of their gross salary each pay period to pay for healthcare and/or dependent care expenses with pretax dollars. It is important that employees estimate their expenses carefully based on what they expect to spend during the plan year. IRS rules require that any unused money be forfeited

Healthcare FSA

A healthcare FSA is a pre-tax benefit account used to pay for eligible medical, dental and vision out of pocket expenses not covered by your health plan. If you are enrolled in a High Deductible Health Plan (HDHP), you are not eligible to enroll in this plan. For the current plan year, you can contribute up to the annual IRS annual maximum.

Limited Purpose FSA

Employees may also participate in a Limited FSA plan in conjunction with the High Deductible Health Plan (HDHP) for dental and vision expenses only. For the current plan year, you can contribute up to the annual IRS annual maximum.

Dependent Care FSA

A dependent care FSA is a pre-tax benefit account used to pay for eligible dependent care services such as preschool, summer day camp, before or after school programs, and child or adult daycare.

For 2025, you can contribute up to \$2,500 per year if you are married and file a separate tax return. And \$5,000 per year if you are married and file a joint tax return.

Voluntary Pet Insurance

Employees can purchase voluntary pet insurance through Nationwide. Employees are able to insure their, dogs, cats, birds and exotic pets through the plan. There are several different coverage levels that may be elected. Contact Nationwide directly at 877-738-7874 or at www.petsnationwide.com to enroll and receive a 5% discount. This benefit is not withheld through payroll deductions.

Voluntary Supplemental Plans

Employees can buy voluntary plans through Colonial Life. These plans include an Accident Policy, Cancer Policy, Critical Illness Policy and a Whole Life Policy. These benefits are paid to help offset costs that may incur under circumstances that are covered through the policies. Please refer to the Benefits tab on the HR page of the AlloWeb.

403(b) Retirement Plan

Retirement benefits are provided through a 403(b) plan. All contributions are immediately 100% vested. Eligible employees (in general, those who normally work at least 20 hours per week, as defined in federal regulations) may participate immediately and may contribute up to the current IRS annual maximum. An automatic 6% (effective 1/1/2025) deferral will go into effect the first of the month, following one full calendar month of employment. Employees may actively decline the auto-deferral or increase the deferral percentage. Please refer to the AlloSource Employees Retirement Plan SPD documents available on the AlloWeb. Enrollment for your Retirement Plan is completed online at the Transamerica site allosource.trsretire.com or by calling 888.676.5512.

- Eligible employees who have completed one year of service are eligible for:
- Company match as determined by AlloSource
- A non-elective discretionary contribution may be funded on an annual basis as determined by AlloSource

Wellness Program

AlloSource is committed to offer employees a healthy balance of the mind, body and spirit that result in an overall feeling of well-being that will benefit both AlloSource, the employee and their family (spouse, domestic partners, and dependents). The Wellness Program offers opportunities to participate in wellness activities throughout the year. Employee's who have completed a biometric screening in 2024 are eligible to receive either the Select or Prime medical premium rate. Employees are encouraged to participate in the Program. Please refer to the 2025 Wellness Program Guide for more details.

Travel Assistance Services

Travel incidents can range from slightly inconvenient to severely disruptive. IMG's Travel Assistance Services offer the right mix of technology, customer service, and custom communications to help keep you safe, healthy, and connected while traveling. Services include assistance with emergency medical transport, loss passport and travel documents, language interpretation, dispatch of a physician and natural disaster evacuation. You can access these services toll free from within the U.S. at +1.855.847.2194 and from anywhere in the world at +1.317.927.6881

Paid Holidays

AlloSource observes the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (two days), Christmas (two days), and 1 floating holiday.* Full-time employees working 30-40 hours per week are eligible for 8 paid hours for each holiday. Part-time employees working 20-29 hours per week are eligible for 4 paid hours for each holiday. All holidays must be used in the current year. Please refer to the Benefits Offering Policy for details.

*All employees hired on or before June 30th are eligible for a floating holiday which must be used in the current year.

Shoe And Eye Protection Program

AlloSource provides a shoe and eyewear allowance for employees working in dedicated areas. Certain staff may be required to meet a special dress code such as wearing uniforms or protective clothing, depending on the nature of their job responsibility.



Frequently Asked Questions

When do elections become effective?

The benefit elections you make during this Open Enrollment are effective January 1, 2025.

How long are my health care benefit elections effective?

Your health care elections remain in effect for the entire plan year through December 31, 2025.

How do I enroll in benefits?

Log on to ADP Workforce Now (<https://workforcenow.adp.com>) click on Myself and then select Enrollments under Benefits. You will then be able to begin enrolling.

How can I make changes to my benefits?

Generally, you may not make any changes to your benefits throughout the year. However, if you have a qualified status change like a birth, marriage or adoption, you can update your coverage accordingly. You must contact HR within 30 days of the change.

Who can I cover on my plan?

You can cover yourself, your spouse or domestic partner and qualified dependents. Qualified dependents are your biological or adopted children up to age 26 (unless they are disabled), children of your spouse or domestic partner, or a person of whom you are the permanent legal guardian.

Can I have an HRA and also contribute to an HSA?

No, you cannot have both of these accounts due to IRS regulations not allowing first dollar coverage, which is what an HRA provides.

Can I have an FSA and an HSA?

Yes, you can contribute to an FSA and an HSA. However, you may only elect the Limited Purpose FSA. It can be used for dental and vision expenses.

What can I pay for with my FSA, HRA and/or HSA money?

You can use these accounts for qualified medical, dental and vision expenses as allowed by the IRS Publication 502. If you use these accounts for non-qualified expenses you will be subject to tax penalties.



Glossary Of Terms

Coinsurance

In a health insurance policy, the percentage of all eligible medical expenses, in excess of the deductible, that is shared by the employee and the plan.

Copayment

A flat amount that a medical plan member must pay at the time of service for certain medical services, such as office visits or prescription drugs.

Deductible

A flat amount of covered medical expenses that an insured must incur before the insurer will make any benefit payments under a medical expense policy.

Embedded Deductible

One person meets the individual deductible but the family deductible is not met, the plan will start to pay benefits for that person only.

Out-of-Pocket Maximum

A limit on the amount of medical expenses that a group member must pay out of his/her own pocket. Typically on an annual basis.

Prescription Drug Formulary

A list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value.

Preferred Provider Organization (PPO)

A managed care organization that contracts with a selected group of healthcare providers to deliver medical services to a specific group of covered individuals.

High Deductible Health Plan (HDHP)

Often called a high deductible health plan, a consumer directed plan is a health plan with lower premiums and a higher deductible for major care, like a hospitalization or surgery.

Health Savings Account (HSA)

A personal savings account that you can use to pay for current and future qualified medical expenses – tax-free. 2025 Contribution limits are \$4,300 Single \$8,550 Family with \$1,000 additional allowed for those 55 years and older.

Important Notices

Federal regulations require AlloSource to provide benefit eligible employees with the following notices:

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. Confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Andrea Castro-Fatjo, or the medical plan directly.

COBRA Continuation

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Allosource’s HR department.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

Women’s Health And Cancer Rights Act

AlloSource’s medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- 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
- Prosthesis and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Special Enrollment Rights - Life Events

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in AlloSource’s health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents’ other coverage.) However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage.)

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

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

COLORADO-Medicaid

Medicaid Website: <http://www.colorado.gov/>

Medicaid Phone: 1-800-221-3943

For all other states: (877) 267-2323, Ext. 61565

Notice Of Creditable Prescription Drug Coverage-Medicare Part D

AlloSource provides a "Notice of Creditable Prescription Drug Coverage" to all required employees. This notice states that under the AlloSource's medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare prescription Drug Coverage. You can use these accounts for qualified medical, dental and vision expenses as allowed by the IRS Publication 502. If you use these accounts for non-qualified expenses you will be subject to tax penalties.

Important Wellness Program Notice

AlloSource's wellness programs and activities are voluntary programs. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in a program you may be asked to answer voluntary questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

In some programs, employees who choose to participate can earn a small incentive. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources/Benefit Department.

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

On-Site Health Clinic

AlloSource’s On-Site Medical Clinic

The most important thing you can do for you and your family is to stay healthy. AlloSource has an on-site medical clinic that features a CONVENIENT, CONFIDENTIAL way to help you meet your healthcare needs. The clinic is staffed by medical professionals and offers a variety of services.

AlloCares Provides

- » Personal treatment plans and follow up for chronic disease management
- » Tobacco Cessation Management
- » Weight Management
- » Episodic Care (Sinus, Flu, General Medications)
- » Televisits
- » Laboratory Tests
- » Prescribe medications, with an onsite pharmacy.
- » NRT (Nicotine Replacement Therapy)

Clinic Cost

PPO Plan: The clinic is provided at no cost per visit.

HDHP Plan: The clinic is provided at a \$25 charge per visit. The \$25 will apply toward your deductible.

How do I Register?

Each family member covered under the AlloSource health plan must be registered separately. Once registration is open to you, follow the steps below to register and make appointments.

1. Go to mypremisehealth.com
2. Click Sign Up Now
4. Enter your personal information as it is entered in ADP
5. Click Submit
6. Complete steps to finish

How To Make An Appointment

1. Go to mypremisehealth.com
2. Enter your Username and Password
3. Click Sign In
4. The click on Schedule an Appointment (on top of screen).

If you need help, click on Contact Support.

Clinic Information

The clinic will operate 20 hours per week.

Normal Clinic Hours

Mondays: Noon -5:30pm

Wednesdays: 7:00am – 4:00pm

Fridays: 7:00am – 1:00pm



It’s easy to get medications you need at no cost to you.

Did you know that you and your dependents can get FREE generic medications at the AlloCares Health Clinic?

The AlloCares Health Clinic carries over 100 generic medications. Medications dispensed during the visit are FREE.

To obtain your generic medication:

1. Register for a CareHere account.
2. Make an appointment at the Health Clinic.
3. Bring your bottle(s) of meds or a list with dose/strength.
4. Go to your appointment and consult with the provider to have prescriptions filled.



Important Contact Information

Coverage	Carrier / Vendor	Phone	Website
Medical Insurance	Cigna	866.494.2111	www.mycigna.com
Dental Insurance	Delta Dental	800.610.0201	www.deltadentalco.com
Vision Insurance	VSP	800.877.7195	www.vsp.com
Life, and Voluntary Life and AD&D Insurance	Prudential	800.524.0542	www.prudential.com
Short and Long Term Disability	Prudential	800.842.1718	www.prudential.com
Voluntary Supplemental Insurance	Colonial Life	800.325.4368	www.coloniallife.com
Flexible Spending Accounts and Health Reimbursement Accounts	ThrivePass	866.855.2844	app.thrivepass.com
Health Savings Accounts	Optum	866.234.8913	www.optumbank.com
Employee Assistance Program (EAP)	SupportLinc	888.881.LINC (5462)	www.supportlinc.com
Voluntary Pet Insurance	Nationwide	877.738.7874	www.petsnationwide.com
Human Resources	Andrea Fatjo	720.484.2443	acfatjo@allosource.org
On-Site Medical Clinic	CareHere	720.844.3467	www.mypremisehealth.com



2025

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