

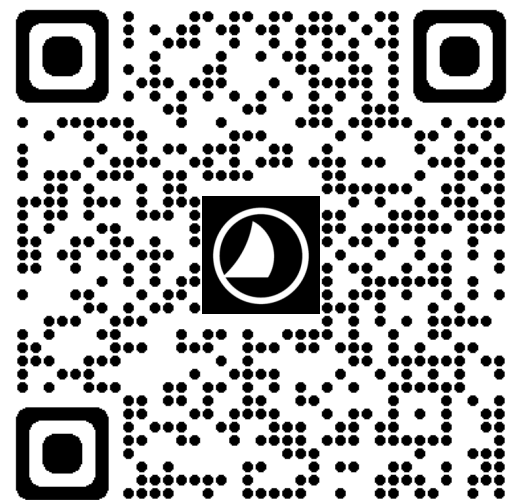


Benefits

January 1, 2024 – December 31, 2024



The attached is a very limited overview of the benefits offered by Navigators. For detailed information, please use the QR code to visit navbenefits.org for all plan information.



Welcome

We encourage you to review this guide carefully with your family. You have many options to choose from and it is important that you understand the available coverage options. This overview will provide you with the tools for your next step – Visiting The Navigators benefits website at www.NavBenefits.org.

Eligibility

- ▶ All regular, Headquarter (Administrative) Employees who work a minimum of 30 hours per week
- ▶ All regular, full-time Field Salaried Employees who work a minimum of 20 hours per week
- ▶ Your legally married spouse
- ▶ Children through the end of the month they turn age 26

When Coverage Begins

- ▶ **New Hires:** Coverage is effective on the first of the month following your date of hire.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1.
- ▶ **Qualifying Work/Life Events:** Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event.

How to Enroll

- ▶ Log into Workday
- ▶ Complete the Benefits Event in your Workday Inbox

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	UHC Platinum PPO Requires PCP Designation		UHC Gold HDHP		UHC Silver HDHP	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year) Individual / Family	\$2,000 / \$6,000	\$6,000 / \$18,000	\$2,000 ² / \$4,000 ² Aggregate	\$4,000 ² / \$8,000 ² Aggregate	\$3,200 / \$6,400	\$6,400 / \$12,800
Co-Insurance	20%*	40%*	20%*	40%*	20%*	40%*
Out-of-Pocket Maximum (per calendar year) Individual / Family	\$6,000 / \$12,000	\$18,000 / \$36,000	\$4,000 ³ / \$8,000 ³	\$8,000 ³ / \$16,000 ³	\$6,000 / \$12,000	\$12,000 / \$24,000
Covered Services						
Office Visits (physician/specialist)	\$35 / \$75 copay	40%*	20%*	40%*	20%*	40%*
Virtual Visits	Varied Copays	N/A	0%*	N/A	0%*	N/A
Routine Preventive Care	No charge	40%*	No charge	40%*	No charge	40%*
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Urgent Care Facility	\$75 copay	40%*	20%*	40%*	20%*	40%*
Prescription Drugs (Tiers)						
Retail Pharmacy (30-day supply)	\$25 / \$55 / \$100/ 20% \$250 max	N/A	20%* / 30%* / 50%*	N/A	20%* / 30%* / 50%*	N/A
Mail Order (90-day supply)	\$50 / \$110 / \$200 / 20%	N/A	20%* / 30%* / 50%*	N/A	20%* / 30%* / 50%*	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any individual.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a bank account specifically for health expenses. When paired with a High Deductible Health Plan (HDHP), an HSA enables an employee to save money by using pre-tax funds to pay for eligible health expenses. Funds from the HSA that aren't used at the end of the tax year roll over and earn interest tax free.

You can open an HSA if all the following are true:

- You are not enrolled in Medicare or receive Social Security benefits,
- You are covered by an HSA-qualified High Deductible Health Plan (HDHP), such as The Navigators HDHP Plans,
- You cannot be claimed as a dependent by another person,
- You are not covered by an additional, non-HDHP insurance program.

To Open Your Fidelity HSA:

- Log in to [NetBenefits.com](https://www.netbenefits.com)
- Click the **Open** link next to **Health Savings Account**
- Follow the online instructions

Flexible Spending Account (FSA)

The Flexible Spending Account (FSA) is available to those who are not eligible for the HSA. The FSA allows members with other health insurance to use pre-tax dollars to pay for eligible benefits. You are allowed to contribute any amount, up to the annual elected maximum.

When participating in the plan you elect a portion of your paycheck to be put into your FSA. The amount you elect is taken out before you pay federal income taxes, Social Security taxes, and state taxes. It's a great way to save money and pay for your out-of-pocket dental, vision, and health expenses!



Dental

Key Dental Benefits	UHC Incentive PPO		UHC Passive PPO (AL, LA, MS, & TX)	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year) Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum (per calendar year) Individual / Family	\$1,250	\$1,000	\$1,250	\$1,250
Covered Services				
Preventive Services	No charge	20%	No charge	0%
Basic Services	20%*	50%*	20%*	20%*
Major Services	50%*	70%*	50%*	50%*
Orthodontia (Child only)	50%*; \$1,000 Max. Benefit	50%*; \$1,000 Max. Benefit	50%*; \$1,000 Max. Benefit	50%*; \$1,000 Max. Benefit

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

Key Vision Benefits	UHC	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$40
Materials Copay	\$10	N/A
Lenses (once every 12 months)		
Single Vision		Up to \$40
Bifocal	No charge after materials copay	Up to \$60
Trifocal		Up to \$80
Frames (once every 24 months)	Covered up to \$130	Up to \$45
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$125	Up to \$100



Life and AD&D

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through The Standard.

Benefit Amount

Employee	1.5 Times your annual earnings, up to a \$200,000 maximum
Spouse	50% of the Employee Amount, up to \$50,000 maximum
Child(ren)	\$10,000

Supplemental Life/AD&D (Employee-paid)

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; maximum is lesser of \$250,000 or five times annual earnings	\$150,000
Spouse/RDP	\$10,000 increments; not to exceed 100% of employee additional life coverage	\$50,000

¹ During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Short-Term Disability

Provided at NO COST to you

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	90 Days

Voluntary Long-Term Disability

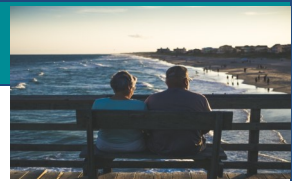
Provided at NO COST to you

Benefit Percentage	66.33%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Basic and Supplemental Retirement Plans

The Navigators 403(b) Retirement Plan (90142) offers several ways for you to save towards your future retirement goals. To meet your savings goal, your retirement plans include a wide range of investment options to choose from. Detailed fund options for both plans can be found at www.navbenefits.org/saving-for-the-future or by visiting the **Fidelity® Investments** website at www.netbenefits.com. The 403(b) plan includes three contribution types to save on your own as well as a monthly employer contribution. Here is a simple overview of your retirement:

	Supplemental 403(b) Basic Employer Contributions	Supplemental 403(b) Employee Contributions
Eligibility	One year of service 1,000 hours worked and 21+ years old	All employees
Enrollment	Automatic	Enroll anytime at www.netbenefits.com ; Automatic enrollment after 2 years ¹
Contributions	5.5%	3% after 2 years; 1% increase ¹ annually to 9%
Vesting	Always 100% Vested	Always 100% Vested
Taxation	Withdrawals ² subject to income tax	Traditional Pre-Tax contributions and earnings subject to income tax upon withdrawal ² Roth contributions and earnings are tax-free upon withdrawal ² After-Tax contributions are tax-free upon withdrawal ² , but earnings will be subject to income tax



⁵ Employees may opt out of automatic enrollment or automatic deferral increases for the 403(b)

² Withdrawals made before age 59 1/2 may be assessed an early withdrawal penalty. Contact your Retirement Plans Administrator for more details on taxation

Employee Assistance Program (EAP)

Optum EAP is here to help

People face all kinds of challenges that can cause stress at home and work. The Optum Employee Assistance Program (EAP) is here to support you in managing whatever issues life sends your way, including:

- ▶ Family and parenting issues
- ▶ Relationship problems
- ▶ Legal consultations: criminal matters, living wills, divorce, etc.
- ▶ Life changes, personal crises
- ▶ Mediation services: child custody, real estate, collections, etc.
- ▶ Stress related to work or personal issues
- ▶ Financial services: bankruptcy, retirement planning, taxes, etc.
- ▶ Setting goals to live your best life



Contact Optum EAP

- Phone: 855.205.9185 (24/7/365)
- Online: liveandworkwell.com (24/7/365)
– Access Code: UMREAP
- No charge to member



Optum EAP is available to all employees and anyone living in their household.

- Unlimited 24/7/365 access to Masters-level specialists and liveandworkwell.com
- Unlimited talk time with experts skilled in solution focused consultation and motivational interviewing
- Immediate access to help with referrals to a clinician, attorney, financial planner, mediation specialist, or other provider
- Completely confidential service with no bills, co-pays or deductibles.

Cost of Medical Benefits Glen Eyrie, HQ, and Admin

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Glen Eyrie, HQ, Admin. Cost Sharing

Gold HDHP

Coverage Tier	Employee Deduction	Navigators Dept.	Total
Employee Only	\$118.00	\$472.00	\$590.00
Employee + Spouse	\$310.00	\$929.00	\$1,239.00
Employee + Child(ren)	\$280.00	\$841.00	\$1,121.00
Employee + Family	\$502.00	\$1,504.00	\$2,006.00

Glen Eyrie, HQ, Admin. Cost Sharing

Silver HDHP

Coverage Tier	Employee Deduction	Navigators Dept.	Total
Employee Only	\$108.00	\$432.00	\$540.00
Employee + Spouse	\$284.00	\$851.00	\$1,135.00
Employee + Child(ren)	\$257.00	\$770.00	\$1,027.00
Employee + Family	\$459.00	\$1,378.00	\$1,837.00

Glen Eyrie, HQ, Admin. Cost Sharing

Platinum PPO

Coverage Tier	Employee Deduction	Navigators Dept.	Total
Employee Only	\$127.00	\$507.00	\$634.00
Employee + Spouse	\$333.00	\$999.00	\$1,332.00
Employee + Child(ren)	\$301.00	\$904.00	\$1,205.00
Employee + Family	\$539.00	\$1,618.00	\$2,157.00

Cost of Medical Benefits

Field Staff Fundraising Responsibility

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Gold HDHP	
Coverage Tier	Monthly Premium
Employee Only	\$590.00
Employee + Spouse	\$1,239.00
Employee + Child(ren)	\$1,121.00
Employee + Family	\$2,006.00

Overseas Field '24	
Coverage Tier	Monthly Premium
Employee Only	\$407.21
Employee + Spouse	\$895.85
Employee + Child(ren)	\$773.69
Employee + Family	\$1,262.34

Silver HDHP	
Coverage Tier	Monthly Premium
Employee Only	\$540.00
Employee + Spouse	\$1,135.00
Employee + Child(ren)	\$1,027.00
Employee + Family	\$1,837.00

2nd Year EDGE (Grandfathered Gold Plan)	
Coverage Tier	Monthly Premium
Employee Only	\$431.00
Employee + Spouse	\$956.00
Employee + Child(ren)	\$941.00
Employee + Family	\$1,542.00

Platinum PPO	
Coverage Tier	Monthly Premium
Employee Only	\$634.00
Employee + Spouse	\$1,332.00
Employee + Child(ren)	\$1,205.00
Employee + Family	\$2,157.00

Staff in Training (Grandfathered Gold Plan)	
Coverage Tier	Monthly Premium
Employee Only	\$526.00
Employee + Spouse	\$1,126.00
Employee + Child(ren)	\$976.00
Employee + Family	\$1,820.00



Cost of Dental and Vision Benefits

All Staff

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Dental Cost Sharing

Coverage Tier	Employee Deduction	Navigators Dept.	Total
Employee Only	\$29.77	\$0.00	\$29.77
Employee + Spouse	\$59.54	\$0.00	\$59.54
Employee + Child(ren)	\$77.57	\$0.00	\$77.57
Employee + Family	\$113.72	\$0.00	\$113.72

Vision Cost Sharing

Coverage Tier	Employee Deduction	Navigators Dept.	Total
Employee Only	\$6.22	\$0.00	\$6.22
Employee + Spouse	\$11.79	\$0.00	\$11.79
Employee + Child(ren)	\$13.84	\$0.00	\$13.84
Employee + Family	\$19.47	\$0.00	\$19.47



All Staff

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UMR/United Healthcare	(877) 816-3596	www.umar.com
Health Savings Account (HSA)	Fidelity HSA	(800) 343-0860	NetBenefits.com
Flexible Spending Account (FSA)	Fidelity HSA	(800) 343-0860	NetBenefits.com
Dental	United Healthcare	(877) 816-3596	www.myuhc.com
Vision	United Healthcare	(877) 816-3596	www.myuhc.com
Life/AD&D	The Standard	(800) 628-8600	www.standard.com
Short-Term Disability	The Standard	(800) 628-8600	www.standard.com
Long-Term Disability	The Standard	(800) 628-8600	www.standard.com
Employee Assistance Program (EAP)	Optum EAP	(855) 205-9185	Liveandworkwell.com
401(k) Retirement Plan	Fidelity Investments	(800) 343-0860	NetBenefits.com

Benefits Website

Our benefits website www.navbenefits.org can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

Laura Hogan
(719) 201-7413
Laura.hogan@hubinternational.com

The HR Benefits Department
(719) 594-2441
Benefits@navigator.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

