

2025

Benefits Guide

Full-Time Colleagues





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WELCOME TO SAVISTA!

We're committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans.

Although this guide contains an overview of benefits, for complete information about the plans please review the Summary Plan Description (SPD).



BENEFITS AT A GLANCE

Benefit Option	Full Benefits Package Colleagues working 30+ hrs./wk.	Who Pays	
		Savista	You
Medical, Dental and Vision	Yes	✓	✓
Health Savings Account	Yes	✓	✓
Flexible Spending Accounts	Yes		✓
Accident Insurance	Yes		✓
Critical Illness Insurance	Yes		✓
Hospital Indemnity Insurance	Yes		✓
Basic Life AD&D	Yes	✓	
Supplemental, Spouse and Dependent Life	Yes		✓
Short - Term Disability	Yes	✓	
Core Long-Term Disability	Yes	✓	
Buy-Up Long-Term Disability	Yes		✓
Employee Assistance Program	Yes	✓	
MDLIVE - Virtual Physician	Yes	✓	✓
Tobacco Cessation and Healthy Rewards Programs	Yes	✓	
Legal Plan	Yes		✓
Perkspot - Savista Discount Program	Yes	✓	
Calm Premium	Yes	✓	
Pet Insurance	Yes		✓
Burnalong	Yes	✓	
401(k)	Yes	✓	✓



WHO IS ELIGIBLE?

Benefits are available to all full-time colleagues working a minimum of 30 hours per week and their dependents. For ONCO colleagues, your benefits will become effective on September 1, 2025.

Eligible dependents include:



Your legal spouse or domestic partner



Your children from birth to age 26

(Including your natural/legally adopted/stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support)

Please note that Savista requires dependent verification documentation such as birth and marriage certificates to add/update dependents.

HOW TO ENROLL

To sign up for benefits, visit Workday before the end of your enrollment period. If you have any questions about your plans or enrollment please reach out to the Savista Benefits Center by calling 1 (866) 430-3007 or email savistabenefits@lockton.com.

MAKING CHANGES

Outside of open enrollment, a new hire event, or a job status change, a qualifying life event is your only opportunity to make benefit changes during the year. Make sure to complete the life event change in Workday within 30 days of a qualifying life event. Qualifying life event changes include (but are not limited to) the events listed below:

- Birth, legal adoption or placement for adoption
- Change in marital status
- Dependent child reaches age 26
- Spouse gains or loses employment or eligibility with current employer
- Death of a covered dependent
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP
- Change in residence that changes eligibility for coverage
- Court-ordered change

ENROLLMENT DEADLINES



New Hire

ENROLLMENT OPPORTUNITY

Upon your acceptance of your offer of employment, your new hire event will open & remain open until August 31, 2025.

COVERAGE EFFECTIVE DATE

September 1, 2025



Qualified life event

ENROLLMENT OPPORTUNITY

Changes must be made within 30 days of life event

COVERAGE EFFECTIVE DATE






Date of life event



QUALIFYING LIFE EVENTS

Changes to your coverage due to a qualifying life event must be made within **30 days** of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

Life Event	Documentation Required
	Birth of a child <ul style="list-style-type: none"> • Proof of birth provided by the hospital OR • Copy of child's state issued birth certificate showing the employee's name as the parent
	Adoption of a child <ul style="list-style-type: none"> • Copy of final court order with presiding judge's signature and seal OR • Copy of adoption final decree with presiding judge's signature and seal
	Marriage <ul style="list-style-type: none"> • Copy of your state issued marriage certificate
	Divorce <ul style="list-style-type: none"> • Copy of your divorce decree
 	Loss of Coverage (you, your spouse or your child) <ul style="list-style-type: none"> • A letter from a government agency indicating your ineligibility for state coverage OR • A letter from your spouse or parent's employer indicating that you are no longer eligible for coverage • All forms of proof above must indicate who, what and when coverage was lost
	Gain of Coverage (you, your spouse or your child) <ul style="list-style-type: none"> • A letter from a government agency indicating your eligibility for state coverage OR • A letter from your spouse's employer indicating enrollment in other coverage OR • An ID card from another carrier indicating enrollment • All forms of proof above must indicate who, what and when coverage was gained • Turning 65 and qualifying for Medicare
	Change in dependent age eligibility <ul style="list-style-type: none"> • No documentation required for a dependent on your plan that is turning age 26 • If you are turning 26 and lost coverage through your parent, follow the documentation requirements for loss of coverage

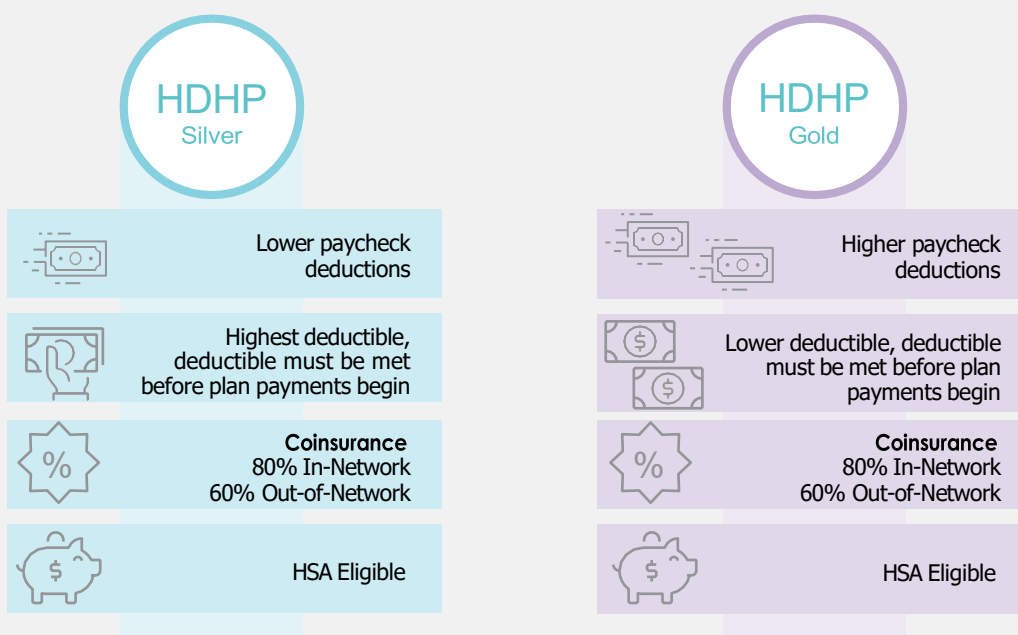


MEDICAL PLANS



Your medical benefits are provided by Cigna and provide coverage for both in-network and out-of-network providers. You will always have better benefits when visiting in-network providers.

Medical and prescription benefits help you stay well and get the care you and your family need. You have access to an extensive network of high-quality, lower cost providers. Your plans also offer many resources and tools to help you maintain a healthy lifestyle.



Medical	HDHP Silver	HDHP Gold
Annual deductible (Individual/Family)	\$3,000/\$6,000	\$2,000/\$4,000
Out-of-pocket maximum (Individual/Family)*	\$7,000/\$14,000	\$4,500/\$9,000
HSA Seed Money (Individual/Family)	\$650 / \$1,300	\$650 / \$1,300
Medical Coverage		
Coinsurance	You pay 20% after deductible	You pay 20% after deductible
Doctor Office Visits	You pay 20% after deductible.	You pay 20% after deductible.
Preventive Care	No cost	No cost
Specialist Visits	You pay 20% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 20% after deductible.	You pay 20% after deductible.
Inpatient Hospital (per stay)	You pay 20% after deductible	You pay 20% after deductible
Emergency Room	You pay 20% after deductible.	You pay 20% after deductible.

In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

* Includes Deductible and Copayments

This is only a partial list of the covered benefits. For a complete list of covered in- and out-of-network services, please refer to the Cigna Medical Silver and Gold Summary Plan Descriptions found on

Silver Plan: <https://online.flippingbook.com/view/187908415/>

Gold Plan: <https://online.flippingbook.com/view/188659266/>

Premiums for medical coverages can be found on page 20.



ADDITIONAL MEDICAL PLAN INFORMATION

Find A Network Provider

Download the myCigna.com mobile app to find a network provider.

This simple-to-use app can help make life easier (and healthier) while you're on the go. You can also contact Cigna directly at **(866) 401-4041**.

Digital ID Cards

Unless required by the state you live in, Cigna will no longer automatically mail physical medical ID cards. Instead, you can securely login to myCigna.com or the myCigna App to see or download your ID card. You can also request a physical ID card through myCigna.com.

Why In-Network Providers?

Using an in-network provider can work to your advantage through:

- **Peace of mind** – In-network providers agree to meet quality-of-care guidelines, so you know your providers are accountable for the quality of care they provide.
- **Lower costs** – In-network rates for their services; you cannot be charged more than those rates. In addition, the plan may cover more of the cost of services.
- **Convenience** – In-network providers file claims for you so you have less paperwork.
- **Extensive network** – You may choose from hundreds of thousands of nationwide providers.

Cigna Mobile App

The Cigna myCigna Mobile app lets you easily access your healthcare information and gives you tools to help estimate costs, manage claims and find providers — anytime and anywhere. It's built to be your go-to healthcare resource when you're on the go.





PRESCRIPTION DRUG COVERAGE



Prescriptions are included with your health plan and are administered by Cigna. Prescriptions can be filled at many participating pharmacies throughout the U.S, or through Cigna’s [mail-order](#) program if you take maintenance medications. Prescription drugs taken regularly, such as high blood pressure drugs, are considered maintenance medications. Specialty medications are available through Cigna.

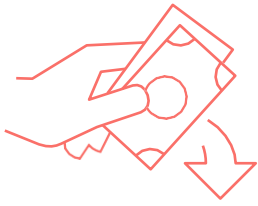
The amount you pay for prescription drugs will count toward your out-of-pocket maximum and is subject to the annual deductible. You do not have a separate prescription drug deductible.

Medical	HDHP Silver	HDHP Gold
Prescription drugs		
Retail (30-day supply)		
Generic	You pay 20% after deductible.	You pay 20% after deductible.
Brand preferred	You pay 20% after deductible.	You pay 20% after deductible.
Brand non-preferred	You pay 20% after deductible.	You pay 20% after deductible.
Mail order (90-day supply)		
Generic	You pay 20% after deductible.	You pay 20% after deductible.
Brand preferred	You pay 20% after deductible.	You pay 20% after deductible.
Brand non-preferred	You pay 20% after deductible.	You pay 20% after deductible.

Members can obtain non-Health Care Reform Preventive generic drugs at no cost through mail order.

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting www.MyCigna.com.
- Discount sites like GoodRx and WellRx can help you instantly save (please note: prescriptions acquired under these plans do not go through your insurance).
- Ask if a generic/mail order is available.
- Generic contraceptives and diaphragms are covered and available at no cost.
- See if your drug has a Patient Assistance Program.



HEALTH SAVINGS ACCOUNT (HSA)



AVAILABLE TO COLLEAGUES IN THE GOLD / SILVER PLAN.

Don't forget!
You must open an HSA through Fidelity.

The Health Savings Account (HSA) is offered through Fidelity and is available to colleagues enrolled in the Gold or Silver Medical plan. An HSA is a tax-advantaged savings account that can be used for your qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions based on your needs.

HSA Advantages



You can use the account to pay for qualified healthcare expenses.



Unspent dollars roll over each year and are yours to keep if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.



Savista will contribute \$650 for colleague-only coverage, and \$1,300 for family coverage, for either Silver or Gold plans.



Funds in the HSA reduce your taxable income, you do not pay taxes on the amount allocated to your account.

Savista Contributes to your HSA!

Savista will make a contribution to your HSA - up to \$650 for colleague-only coverage or up to \$1,300 for other coverage levels. Remember, the total amount you can contribute to the HSA for the plan year includes this contribution from the company. You can earn up to an additional \$350 toward your HSA by completing wellness activities! You can earn \$200 for yourself as a colleague, and \$150 for your spouse/domestic partner! If you plan to participate in MotivateMe, those dollars count towards your annual limit so please take this into consideration when electing how much to contribute.

How Do I Access / Make Contributions to My HSA?

You can manage your HSA at www.Netbenefits.com. You'll set up your payroll contributions during your enrollment period and can make changes at any time throughout the year (although it may take between 1–2 payroll periods for any changes to be processed).

Enrollment Tier	2024 IRS Maximum	2025 IRS Maximum
Individual	\$4,150	\$4,300
Family	\$8,300	\$8,550
Annual Catch-Up Contribution (age 55 & older)	\$1,000	\$1,000

Keep in mind that both what you contribute to your HSA and what Savista contributes as an employer contribution and through the MotivateMe Wellness Program counts towards the IRS maximum. Be sure include any dollars you contributed to your ONCO HSA (if applicable) in 2025 when determining how much to contribute for the remainder of the year.

HEALTH REIMBURSEMENT ARRANGEMENTS

If you are enrolled in any portion of Medicare, you are no longer eligible to contribute to a HSA, but we do offer an HRA where you can earn Motivate Me dollars and also receive the employer contribution. In addition, 6 months prior to age 65 you can no longer contribute to a HSA if you are going to be on Medicare. Colleagues need to contact benefits@savistarc.com if they need to be switched from an HSA to an HRA.



FLEXIBLE SPENDING ACCOUNT (FSA)





What is a Flexible Spending Account?

A flexible spending account (FSA) is an account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paychecks.

When electing an FSA, you will set an annual contribution amount. As long as you are not participating in a health savings account, you can use a healthcare flexible spending account (FSA) to pay your out-of-pocket expenses tax-free. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes. Savista offers three different FSAs through Cigna. The goal is to choose an amount that will cover medical or dependent care expenses, but that is not so high that the money will be forfeited at the end of the year. Colleagues are allowed to carry over \$660 of unused funds to the next plan year.

You can choose to participate in one or both accounts, and it's not necessary to sign up specific family members for these accounts.

	 Healthcare FSA	 Dependent Care FSA
Maximum Contribution	Up to \$3,300	Up to \$5,000
Eligible Expenses	Medical visit copays, deductible expenses, prescriptions drug costs, and more.	Daycare expenses or summer camp for children under age 13 or care for dependent adults.
Eligibility	You must NOT be enrolled in an HSA	You and your spouse must be employed, looking for work, or your spouse must be a full-time student.
Key Dates/Deadlines*	You must incur expenses by December 31, 2025, and submit expenses by March 31, 2026.	
When can I enroll?	As a New Hire, during Open Enrollment, or through a Qualified Life Event	
Tax Considerations	Carefully estimate your annual contribution, since any balance remaining in your FSA(s) at the end of the plan year will be forfeited due to the IRS "use it or lose it" rule. However, you are allowed to rollover up to \$660 to the next year. If you have additional questions about FSA(s) contact a tax professional.	
Benefits	Your FSA contributions are automatically deducted from each paycheck before taxes are withheld, which lowers your taxable income.	



Limited Purpose

You may use pre-tax dollars from your Limited-Purpose FSA for select services including:

- Use it to pay for dental and vision expenses only (not medical).
- Contribute up to \$3,300 in 2025.



FSA'S AND HSA'S

	HSA	Limited-Purpose FSA	Healthcare FSA	Dependent Care FSA
Available with these plans	Cigna Gold and Silver HDHP	Enrolled in HSA		Any plan — you do not have to be enrolled in Savista's medical plan
Debit card use available	Yes	Yes	Yes	Yes
Change your contribution amount anytime	Yes	No	No	No
Access only funds that have been deposited	Yes	No	No	Yes
Use the money for	All eligible healthcare expenses	Only dental and vision expenses (not medical)	All eligible healthcare expenses	Eligible dependent care expenses, including child daycare for children up to age 13 and care for dependent adults
Access to the entire elected amount at the beginning of the plan year	No	Yes	Yes	No
Use it or lose it at year-end	No	Carry over up to \$660	Carry over up to \$660	Yes
Documentation required	For tax-filing and IRS audit purposes only.	For submission with reimbursement request	For submission with reimbursement request	For submission with reimbursement request

Make sure you're using the right account.

Important! The dependent care FSA cannot be used to pay for medical expenses. Similarly, the healthcare FSA cannot be used to pay for dependent-care expenses.





This will be the final year of the MotivateMe program. It will be replaced with a similar program in 2026!

Savista is committed to better health for our colleagues, and as part of that commitment, we focus on your personal well-being! Savista has collaborated with Cigna to provide the MotivateMe platform to help you stay healthy AND earn contributions to your HSA account to cover medical expenses!

Find out how the program works

- MotivateMe helps you earn rewards for completing activities that can improve your health.
- You can earn up to \$200 HSA dollars during the program year.
- Your spouse is also eligible for the wellness program and can earn \$150 per year if covered under the Savista medical plan.

How you earn your rewards

- Take the Personal Health Assessment first! Even if you have completed the assessment in a prior year, you must complete it every plan year to be eligible to earn rewards.
- You can still earn points for completing additional activities, but you will not unlock any of the payout until you complete the Personal Health Assessment.
- You can locate the assessment under the “Wellness” tab of your personal account at www.myCigna.com.

If you complete your Health Assessment, every month you will be entered into a drawing. The sooner you complete your assessment the more drawings you are entered into. Each month we select two winners that earn a \$50 Amazon gift card.

Start earning rewards right away

- You can start earning incentive dollars immediately, and any activities you or your spouse participate in will immediately count towards the incentive dollars.
- Visit the MotivateMe platform to check your activity status.
- You should see points automatically populate approximately 2-4 weeks after completing the specific activities. Award dollars are deposited in your HSA approximately mid-month following the month in which you completed point-earning activities.
- Please note that it may take longer to see credits for certain events such as doctor visits & screenings, or tests.

Sample Wellness Activities	Reward Earned
Get my annual OB/GYN exam (preventive exam)	\$100 HSA deposit
Get a flu shot	\$50 HSA deposit
Get a mammogram (preventive exam)	\$50 HSA deposit
Get a colon cancer screening (preventive exam)	\$50 HSA deposit



Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less. If you choose an out-of-network provider, you may be billed the difference between what Delta Dental pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit www.deltadental.com.

Dental	Delta Dental Low Plan*	Delta Dental High Plan*	DHMO Plan
	In-network	In-Network	In-Network
Annual Deductible	\$50/\$150	\$50/\$150	No deductible
Calendar-year maximum per member	\$1,000	\$3,000	No calendar year maximum
Preventive/Diagnostic services	Covered 100%	Covered 100%	Covered 100%
Basic Services	You pay 20% after deductible	You pay 20% after deductible	Copay varies based on services rendered
Major Services	You pay 60% after deductible	You pay 50% after deductible	Copay varies based on services rendered
Orthodontia: Children to age 19	Not covered	You pay 50% after deductible	Covered for children and adults - copay varies based on services rendered.
Orthodontia lifetime maximum	Not covered	\$1,500	No lifetime maximum

*Plan includes out-of-network benefits, see plan summary for additional details.



Premiums for both dental and vision coverages can be found on page 20.

The vision plan is built around the EyeMed providers, who offer higher benefits at a lower cost to you. When you need services, consider using an in-network provider to get the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit www.eyemed.com.

Vision	Eyemed Vision Plan	
Plan Features	In-network	Out-of-network
Exam (one per 12 months)	\$10 copay	\$50
Prescription glasses (once per 12 months)		
Single Vision	Covered after \$20 copay	\$40 allowance
Bifocal Trifocal		\$60 allowance
Non Preferred Brand		\$80 allowance
Frames (once per 12 months)	\$150 allowance, 20% off coverage	\$70 allowance
Contact lenses		
Contact lenses (elective)	\$130 allowance	\$105 allowance
Contact lenses (medically necessary)	\$0 copay; covered in full	\$210 allowance
Laser Vision Correction (Lasik or PRK from U.S. Laser Network™)	15% off Retail Price or 5% off promotional price	N/A

Colleagues can elect dental and/or vision regardless of whether they are enrolled in medical.



EMPLOYEE ASSISTANCE PROGRAM



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

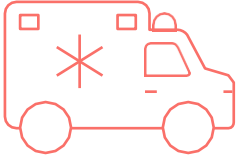
- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to **three visits**, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.



LIFE INSURANCE




Free

Basic Life Insurance and AD&D

We provide Basic Life and AD&D insurance at no cost to you!

Insurance coverage	Benefit
Basic Life and AD&D	Benefit Amount: 1x base annual salary (up to \$750,000) Age Reduction: 65: 65%, 70: 50%

Beneficiary Reminder: Make sure you have named a beneficiary for your Basic and Voluntary life insurance benefits in Workday. It is important to name a primary and secondary beneficiary and are reflected in Workday in the event that a life claim is made to ensure the funds go to the appropriate party.

Voluntary Life and AD&D

Voluntary Life Insurance is available to you, your spouse, and your dependent children. You must be enrolled in Voluntary Colleague Life coverage in order to cover your spouse or children.

If you don't enroll in Voluntary Life Insurance when it's first available to you, or elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Insurance coverage	Benefit	
Voluntary Colleague life	Colleague: Min of \$10,000, up to lesser of 5x base annual salary or \$1.5 million	Guaranteed Issue - \$300,000
Voluntary Spouse life	Spouse/Domestic Partner: \$5,000 increments up to \$250,000	Guaranteed Issue - \$30,000
Voluntary Child life	Live birth to 6 months: \$2,000 6 months to age 26: \$10,000 (Flat) Guaranteed Issue: N/A	Guaranteed Issue - N/A

Cost: Voluntary life insurance rates for colleagues and spouse are age based.







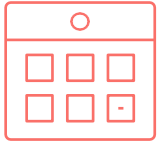
DISABILITY

unum™

These plans give you income protection in the event you are ill or injured in a non-work related injury, and can't come to work. If you don't enroll in Disability coverage when it's first available, you may be required to complete an Evidence of Insurability (EOI) form.

Short-term disability benefits		
When benefits begin	7 days	
Weekly benefit percentage	60% of weekly earnings	
Maximum weekly benefit	\$2,500	
Maximum benefit period	90 days	
Cost		
Long-term disability benefits		
	Employer paid	Buy-Up Option (Colleague Paid)
When benefits begin	90 days	90 days
Monthly benefit percentage	40% of monthly earnings	Additional 20%
Maximum monthly benefit	\$12,000	\$12,000
Maximum benefit period	Social Security Normal Retirement Age	Social Security Normal Retirement Age
Cost		Based on compensation (see rate in Workday when you elect your benefits)

These plans and coverages do have a pre-existing conditions limitation meaning that you may be denied benefits depending on the policy language.



LEAVE ADMINISTRATION

unum™

Call 1.866.868.6737,
Monday - Friday, 8 AM – 5PM EST

Chat online with a virtual
assistant, 24 hours a day,
7 days a week.

How to request a leave of absence	How to manage your leave of absence
<ul style="list-style-type: none"> Visit unum.com/claims and register for an account. Download the Unum Customer App from the applicable App Store. Then, register for your account. Or login using the account you created on the web. Once you have logged onto the Unum leave website or app, a “virtual leave assistant” will guide you through the process of requesting an absence step-by-step. 	<ul style="list-style-type: none"> Check your claims status. Change your contact information. Choose your communication preference for leave updates – via phone, virtual assistant, or text message. Add or update the doctors/medical providers associated with your leave request. Upload documents required for your leave request. Check your available leave. Verify or edit your personal payment information.

Preparing For Your Leave	Preparing for your return
<p>Need for absence claims</p> <ul style="list-style-type: none"> Your supervisor’s name and telephone number. The last day you worked and your first day absent. The date you expect to return to work (if you know) or your actual return day if you’ve already started back to work. <p>Need for disability claims</p> <ul style="list-style-type: none"> Your health care provider’s name, address and phone number. The date you were injured/or your illness began. The dates of your visits with your health care provider specific to the condition associated with your claim, including your first, most recent and next scheduled visits. Any work restrictions or limitations your healthcare provider has recommended. 	<p>Return-to-work verification call</p> <ul style="list-style-type: none"> About a week before your expected return to work, a Unum representative will call you to verify the date (provided by the physician). A completed Fitness for Duty Forms may be required if you plan to return to work before your scheduled leave end date. Please send the completed form to leaveinfo@savistarcm.com <p>Confirmation email</p> <ul style="list-style-type: none"> On your return-to-work date (or the next scheduled work day after an “approved-through” date), Unum will email the designated contact at Savista to confirm that you have returned to work.

For questions or support with the
Leave of Absence process, please contact
leaveinfo@savistarcm.com

Download the Unum Mobile App

Google Play
for Android



App Store
for Apple






VOLUNTARY BENEFITS

Get a financial safety net when it's most important!

Life is unpredictable, and even the best medical insurance will not cover everything — leaving you with out-of-pocket expenses. These voluntary benefit options can offer additional peace of mind by ensuring that you have help paying unanticipated out-of-pocket expenses. You can even use the money you receive to pay for non-healthcare expenses: groceries, housing, car payments, utilities, childcare or whatever you decide!

Review the chart below to understand the voluntary supplemental medical benefit choices available to you.

	Accident Insurance	Critical Illness Insurance	Hospital Indemnity Insurance
What is it	Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered accident.	Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered critical illness.	Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered hospital stay.
What it covers	Hospitalization, injuries, surgical procedures, physical therapy, ambulance, and more.	Some cancers, heart attack, stroke, coma, kidney failure, major organ transplant, and more.	First-day hospital confinement; daily hospital confinement; intensive care unit (ICU) confinement.
Benefit amount	Plan pays on a schedule according to the covered injury or occurrence.	You may elect a \$10,000 benefit or a \$20,000 benefit; your spouse or dependent child may receive up to 50% of your coverage amount.	Plan pays a set amount for your initial confinement and a preset per diem for every day as an inpatient, up to a plan maximum.
How it works	Lump-sum payment directly to you; you decide how to spend the benefit.		

These coverages have pre-existing limitations

Learn More

To learn more about supplemental medical insurance plans or to review a complete list of covered benefits, call Unum at (800) 275-8686.

Accident Insurance - <https://online.flippingbook.com/view/386299321/>

Critical Illness - <https://online.flippingbook.com/view/386646740/>

Hospital Indemnity - <https://online.flippingbook.com/view/386497146/>



LEGAL INSURANCE



What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

What does it cost?

UltimateAdvisor®

Colleague/ Family: \$18.25 monthly

CONSUMER PROTECTION

- Auto repair
- Buy or sell a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

CRIMINAL MATTERS

- Juvenile
- Parental responsibility

DEBT-RELATED MATTERS

- Debt collection
- Garnishments
- Personal bankruptcy
- Student loan debt

DRIVING MATTERS

- License suspension/revocation
- Traffic tickets

TAX ISSUES

- IRS tax audit
- IRS tax collection

FAMILY

- Adoption
- Guardianship/conservatorship
- Name change
- Pet-related matters
- Divorce

SERVICES FOR TENANTS

- Contracts/lease agreements
- Eviction
- Security deposit
- Disputes with a landlord

REAL ESTATE & HOME OWNERSHIP

- Buying a home
- Deeds
- Foreclosure
- Contractor issues
- Neighbor disputes
- Promissory notes
- Real estate disputes
- Selling a home

WILLS & ESTATE PLANNING

- Powers of attorney
- Trusts
- Will

What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

More details please!

See the complete list of what your plan covers at:

www.ARAGlegal.com/myinfo

Access Code: 18761sav

Let's Talk! Call ARAG at (800) 247-4184



BI-WEEKLY PAYROLL DEDUCTIONS

Pre-Tax Deductions

Medical	HDHP Silver	HDHP Gold
Colleague	\$84.90	\$128.88
Colleague + Spouse	\$215.69	\$307.99
Colleague + Child(ren)	\$194.52	\$277.79
Family	\$308.62	\$440.01

**Premiums for domestic partners and their eligible dependents are subject to applicable IRS regulations, with after-tax deductions and imputed income.*

Tobacco Surcharge

All colleagues are required to identify their tobacco-use status during enrollment. Colleagues who identify that they or their covered family members use tobacco will pay a biweekly tobacco surcharge of \$50 or up to \$1,300 annually for medical coverage.

Avoid the tobacco surcharge! To enroll in the Cigna Tobacco Cessation Program or if you have questions, call (855) 246-1873. If you want to enroll online, visit www.myCigna.com, select the “My Health” tab, then “Programs and Resources,” then select “Health Assistant” from the drop-down menu.

Working Spouse Surcharge

Savista is asking all spouses to obtain coverage through their own employer if eligible for 2025. Colleagues whose spouses have access to other employer-sponsored medical coverage, but still choose to receive coverage for their spouse under a Savista Medical Plan in 2025, will pay a biweekly surcharge of \$50 or up to \$1,300 annually.

Dental & Vision	Dental Low Plan	Dental High Plan	DHMO	Vision Plan
Colleague	\$3.43	\$13.09	\$1.80	\$3.18
Colleague + Spouse	\$7.20	\$27.49	\$3.78	\$6.05
Colleague + Child(ren)	\$6.52	\$24.87	\$3.42	\$6.36
Family	\$10.29	\$39.28	\$5.40	\$9.36

Note: Additional rate information can be found in your enrollment portal.

After Tax Deductions

Voluntary Benefits	Accident - Low Plan	Accident - High Plan	Hospital Indemnity - Low Plan	Hospital Indemnity - High Plan
Colleague	\$2.05	\$4.16	\$11.09	\$16.49
Colleague + Spouse/ Domestic Partner	\$3.24	\$6.46	\$19.86	\$30.36
Colleague + Child(ren)	\$3.90	\$7.62	\$14.65	\$22.08
Family	\$5.08	\$9.92	\$23.42	\$35.96

Critical Illness and Voluntary Life rates are age based and can be found in Workday.



ADDITIONAL BENEFITS



Calm Premium Meditation and Relaxation

Millions of people are experiencing lower stress, less anxiety, improved focus, and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

Contact information

To activate your free Calm Premium subscription, scan the QR code or visit:

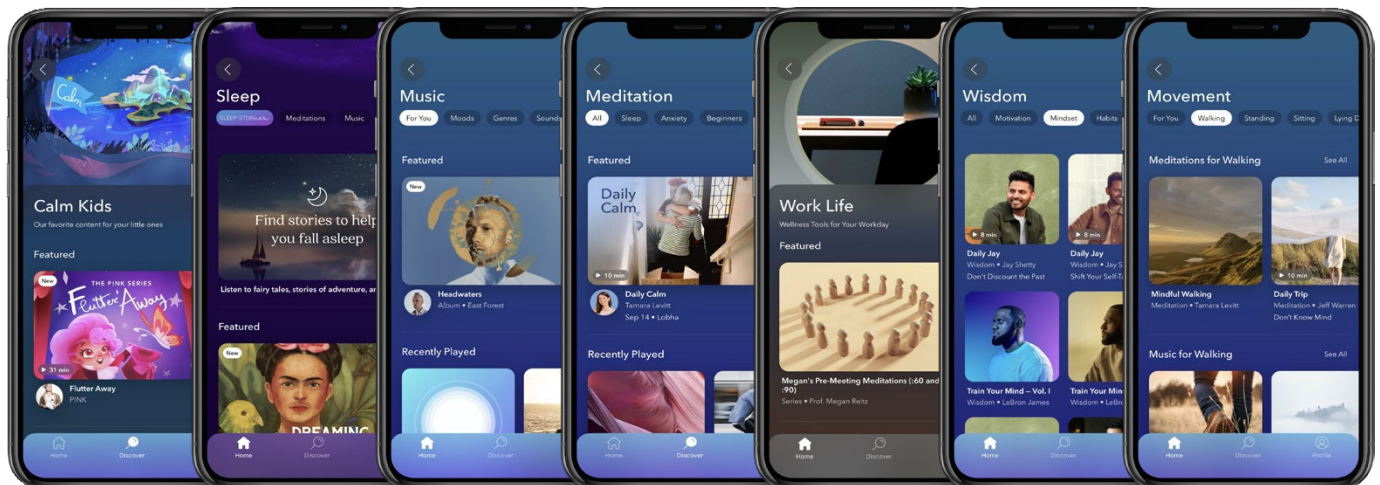
www.calm.com/b2b/savistarcm/subscribe



Who pays?

Savista Pays for Membership

- Once you've signed up, you can add up to 5 friends and family (age 16 years or older) via the "Manage Subscription" page inside your Calm Premium account at www.calm.com



KIDS

SLEEP

MUSIC

MEDITATIONS

FOR WORK

WISDOM

MOVEMENT



ADDITIONAL BENEFITS



Burnalong

burnalong

Meet Burnalong, compliments of Savista, offering 50,000 live and on-demand classes! Challenge your coworkers and invite up to 4 additional members (all complimentary!) to join you on your wellness journey. This means you can invite friends, family members, or anyone else important in your life to join you on this wellness journey, at no extra cost. It's a fantastic way to extend your complimentary wellness offerings to those closest to you.

There is a class to meet you wherever you may be from beginner's to advanced. Attend nutrition programs, cooking classes, learn breathing and relaxation techniques, how to manage chronic medical conditions, and more, all on Burnalong.

The Burnalong Solution

- **Choice and diversity:** Discover new wellness classes and instructors, plus personalized wellness programs, across 60+ categories.
- **Social connection:** Get motivation from friends and family members you invite to join in live private group classes.
- **Personalization:** Receive AI-powered guidance plus access anytime, anywhere - via phones, tablets, computers, & smart TVs.

ADDING FRIENDS & FAMILY

Go to your profile picture and select Sub Accounts.

1. Select "Add Sub Account".
2. Complete and select "Add".

Note: To deactivate a Sub Account, simply click on the Sub Account's name and email and select "deactivate"

Contact information

Burnalong

join.burnalong.com/savista

customercare@burnalong.com



Previ-Colleague Cell Phone Discount



x SAVISTA

Savista colleagues get exclusive access to superior pricing through a \$99/year membership.

To get started, go to previ.com, and use the access code:

SAVBDPJ

On average, Previ members save \$1,252/year with an unlimited mobile plan through Previ. Savista colleagues are able to receive discounts starting at \$20/line*. All plans include:

- Unlimited premium data, talk, and text
- No contract
- Plans for watches & Tablets available
- All activation fees waived
- Priority customer support
- Bring your device and phone number
- Roll over current device financing to Previ
- Add up to 10 lines on 1 account

*Prices do not include taxes and fees

Contact information

Get started at previ.com, use the access code SAVBDPJ





PERK SPOT



Welcome to Your Discount Program

What is the Savista Discount Program?

Your Savista Discount Program is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories. That means there's something for everyone!

How to Navigate Your Discount Program

Local Offers

Located in the Quick Links section, Local Offers allow you to use your location to see all of the discounts near you, wherever you are! Discounts can be filtered by category and distance.

Interests

Let us know what you're interested in so we can ensure you're seeing the perks you'll most enjoy, front and center on your Discount Program Home Page.

Brands

Looking for something specific? The Brands tab, found in the Quick Links section, is an easy and quick way to search for all the discounts available to you.

Suggest a Business

Don't see what you're looking for? Head to the 'Suggest a Business' page, found in the upper right-hand corner of your Home Page, to suggest your favorite brands and local spots be added to your Discount Program.

Need Some Help? Reach Out To Us!

PerkSpot's customer service team works tirelessly to help you access your Discount Program and redeem deals easily. Below are some important details regarding customer service availability.

Hours

Monday - Friday
9am - 6pm

Phone Number

(866) 606-6057

Email

cs@perkspot.com

Support*

support.perkspot.com

**If you've still got some questions, visit support.perkspot.com to submit a request. Our bilingual Customer Service team will reach out and can answer any questions in both English and Spanish.*

Ready to save?

Head to savista.perkspot.com to get started!



Pet Insurance



Emergency trips to the vet are a reality of pet parenting. Tests, surgery and follow-up care can easily cost a thousand dollars and up — often resulting in a heartbreaking decision. Through Savista, you can get pet health insurance from MetLife to reimburse your bill from your preferred vet for a wide variety of illnesses, injuries, services, and treatments. Tailor your coverage to suit your unique situation. File a claim simply and quickly by many methods, including a mobile app.

Contact information

MetLife

(800) 438-6388

www.metlife.com/getpetquote

Who pays?

Colleague Discounted Rates

Not Payroll Deducted



Paid Time Off Benefits

Holiday Schedule – Savista offers a total of nine paid holidays for the calendar year. Eight are fixed holidays, with one floating holiday. Eligible colleagues receive the following paid holidays each year:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- One Floating Holiday

All regular Full time and Part time colleagues are eligible for PTO based on the schedule below.

Please refer to the PTO policy in the Colleague Handbook for additional details.

Length of Employment	20 Hours per Week	21-24 Hours per Week	25 to 29 Hours per Week	30 to 34 Hours per Week	35 or More Hours per Week
0-3 Years	68 Hours	85 Hours	102 Hours	119 Hours	136 Hours
4-6 Years	80 Hours	100 Hours	120 Hours	140 Hours	160 Hours
>7 Years	100 Hours	125 Hours	150 Hours	175 Hours	200 Hours

Part Time colleagues are also eligible for PTO hours and are based on scheduled hours.



401(K)



You are eligible to enroll in the Savista 401k as soon as you are in the Fidelity system, which is usually by your second week of employment. You will receive information from Fidelity in the mail, or you can reach out to Fidelity by logging into www.netbenefits.com or calling (800) 835-5095. If you do not enroll in the Plan or elect to opt out, after 30 days you will be automatically enrolled at a 6% pre-tax contribution rate.

Contributions

You can contribute from 1%–90% of your eligible base pay as pre-tax or Roth contributions, or a combination, up to the annual IRS dollar limits. A Roth contribution to your Plan allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement, as long as the distribution is a qualified one. A qualified distribution, in this case, is one that is taken at least five tax years after your first Roth 401(k) contribution and after you have attained age 59½ or become disabled or die.

Employer Contribution

Savista has a discretionary match of 50% of the first 6% of pre-tax and/or Roth contributions you make to the Plan.

Contribution Limits

The IRS contribution limit for 2025 is \$23,500. **Please include contributions made to other plans this calendar year when determining how much to contribute for the remainder of 2025.**

If you have reached age 50 or will reach 50 during the calendar year January 1 – December 31 and are making the maximum plan or IRS pre-tax contribution, you may make an additional “catch-up” contribution each pay period. The maximum annual catch-up contribution for 2025 is \$7,500. Those aged 60-63 may make a catch-up contribution of \$11,250 in 2025.

Annual Increase Program

You can choose to increase your retirement savings plan contributions automatically each year through the Annual Increase Program.

Vesting Schedule

You are always 100% vested in your own contributions to your Plan account, as well as any earnings on them. Employer contributions will be fully vested when you have completed 5 years of service. Employer contributions will vest according to the following schedule:

Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

Electing a Beneficiary



Scan this QR code to designate your beneficiaries with Fidelity



CONTACTS

Benefit Plan	Contact	Plan Number	Phone	Website/Email
Enrollment Assistance	Lockton on Call	N/A	1 (866) 430-3007	savistabenefits@lockton.com
Medical/Prescription	Cigna	63187	1 (800) 244-6224	
Dental	Delta Dental	3344232	1 (800) 521-2651	www.deltadental.com
Vision	EyeMed	1009037	1 (866) 723-0514	www.eyemed.com
Health Savings Account	Fidelity	N/A	1 (800) 343-3548	www.netbenefits.com
Flexible Spending Accounts	Cigna	N/A	1 (800) 244-6224	www.mycigna.com
Life and AD&D	Unum	968966	1 (800) 421-0344	www.Unum.com/Employees
Disability	Unum	968965/ 968970		
Employee Assistance Program	Unum	N/A	1 (800) 854-1446	www.unum.com/lifebalance
MDLIVE	Cigna	N/A	1 (888) 726-3171	www.MDLIVEforcigna.com
Tobacco Cessation	Cigna	N/A	1 (855) 246-1873	www.unum.com
Voluntary Accident, Critical Illness, Hospital Indemnity	Unum	968967, 968968, 968969	1 (800) 635-5597	
Pet Insurance	MetLife	N/A	1 (800) 438-6388	www.metlife.com/getpetquote
Legal Plan	ARAG Legal	N/A	1 (800) 247-4184	www.araglegal.com/myinfo Code: 18761sav
Leave Administration	Unum	968970-851	1 (866) 679-3054	www.unum.com/employees
401 (k)	Fidelity	N/A	1 (800) 294-4015	www.netbenefits.com
Savista Discount Program	Perkspot	N/A	1 (866) 606-6057	www.Savista.Perkspot.com
Mindfulness	Calm	N/A	N/A	www.calm.com
Health & Wellness	Burnalong	N/A	N/A	Join.burnalong.com/savista

Annual Notices can be found at the following link:

<https://online.flippingbook.com/view/959940390/>



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100% of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

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

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

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

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

