

# ***Your 2026 Benefit Guide***

January 1, 2026 - December 31, 2026



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse.
- ▶ Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days. If you enroll on time, coverage is available first of the month following 30 days from your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made to plan coverage are effective January 1, 2026 - December 31, 2026.

## Benefit Terminology

Understanding your benefits will allow you and your family to receive the best care possible. Click [here](#) to watch an informative video about the language surrounding your benefits.

*\*If both you and your spouse work for Vista School, you are not allowed to enroll each other in voluntary benefits such as Voluntary Life/AD&D, etc.*

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce.
- ▶ Birth or adoption of a child.
- ▶ Child reaching the maximum age limit.
- ▶ Death of a spouse or child.
- ▶ You lose coverage under your spouse's plan.
- ▶ You gain access to state coverage under Medicaid or CHIP.

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes. Click [here](#) to watch an informative video about qualified life events.

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# Enrollment

Go to the website below to enroll in benefits

[hub.employeenavigator.com](https://hub.employeenavigator.com)

Company Identifier

vista

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# Employee Resources

## How can I access my MotivHealth ID card?

Printed versions of your card can be used as proof of insurance for providers when you receive care. To view, print, and order additional cards, log in to your member account and click on "ID Cards." You can also download the mobile app to view and email your ID card. You can use the mobile app to view your member information including your coverage and medical and pharmacy claims. You can also use the app to search for doctors, hospitals, or urgent care facilities near you. If you would like an additional set of cards, you can order them through your member account or call Member Support at (844) 234-4472



## How can I access my HSA card?

Upon the creation of your HSA, you will receive a member welcome kit that includes a MotivHealth HSA Card. Card activation instructions are included with the card. If you would like, you can speak to a MotivHealth account mentor to activate your card. Account mentors can be reached at (844) 234-4472.

Sign in to the member portal by visiting [www.motivhealth.com/motivhealth-hsa](http://www.motivhealth.com/motivhealth-hsa). For first-time visitors, select 'Begin Now' and follow the step-by-step process to verify your account. Once you are logged in, we encourage you to complete the following:

- Add a beneficiary to ensure your account savings benefit your loved ones in the event of your death.
- Elect to receive e-statements to save a monthly statement fee.
- Navigate through the portal and familiarize yourself with its features and capabilities.

## Which type of healthcare provider should I be seeing?

- **Virtual Visits \$** - 24/7/365 access to a doctor through the convenience of phone/video consults. You can receive care for colds, coughs and the flu as well as allergies, skin problems and sinus issues.
- **Doctor's Office (Primary Care) \$\$** - Routine care or treatment for a current health issue. You can receive care for your routine checkups, immunizations, preventive services, prescription management and lab tests.
- **Urgent Care \$\$\$** - If you need medical care fast for a non-emergent medical issue. You can receive care for migraines, back pain, vomiting and diarrhea, broken bones and stitches.
- **Emergency Room \$\$\$\$** - For a true medical emergency that could lead to serious jeopardy of your health or impairment of your bodily functions or organs. You can receive care for head trauma, chest pains, severe abdominal pain, bleeding and burns.

## How do I make a life event change in Employee Navigator?

- Log into [hub.employeenavigator.com](http://hub.employeenavigator.com)
- Once you are logged in, click on the Life Event box.
- Read the Life Events summary at the top and then choose your reason for a Life Event change.
- Enter the date of event and make sure any other required information is entered.
- Click Save.
- Follow the on-screen prompts and answer all demographic questions. Click Save & Continue
- Choose the health plan(s) you would like to enroll in and click Save & Continue through each screen.
- Submit Pending Life Event Enrollment for HR approval.

# Medical

## MotivHealth

We are proud to offer you a choice between two medical plans that provide comprehensive medical and prescription drug coverage. These plans also offer many resources and tools to help you maintain a healthy lifestyle. **Your Health Savings Account is administered by MotivHealth.**

### HSA \$1,700 / HSA \$2,500

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **MotivHealth network. No out-of-network costs are covered, except for emergency services.**

In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another non-qualified plan through a parent or spouse. See the plan documents for full details. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf). Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the year.
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

### Online Member Portal

The online member portal is a powerful tool that gives you access to account management features. Using the member portal, you can find in-network doctors and facilities, explore benefits, estimate costs, and view your ID card.

### Member Portal

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# Medical

**MotivHealth** - For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits                                            | HSA \$1,700<br>MotivHealth |                                | HSA \$2,500<br>MotivHealth |                                |
|-----------------------------------------------------------------|----------------------------|--------------------------------|----------------------------|--------------------------------|
|                                                                 | In-Network                 | Out-of-Network <sup>1</sup>    | In-Network                 | Out-of-Network <sup>1</sup>    |
| <b>Deductible and Out-of-Pocket Maximum</b> (per calendar year) |                            |                                |                            |                                |
| <b>Individual Coverage</b>                                      |                            |                                |                            |                                |
| <b>Deductible</b>                                               | \$1,700                    | \$3,400                        | \$2,500                    | \$5,000                        |
| <b>Out-of-Pocket Maximum</b>                                    | \$3,400                    | \$6,800                        | \$5,000                    | \$10,000                       |
| <b>Family Coverage</b> (Individual / Family)                    |                            |                                |                            |                                |
| <b>Deductible</b>                                               | \$3,400 <sup>2</sup>       | \$6,800 <sup>2</sup>           | \$5,000 <sup>2</sup>       | \$10,000 <sup>2</sup>          |
| <b>Out-of-Pocket Maximum</b>                                    | \$6,800 <sup>3</sup>       | \$13,600 <sup>3</sup>          | \$10,000 <sup>3</sup>      | \$20,000 <sup>3</sup>          |
| <b>Covered Services</b>                                         |                            |                                |                            |                                |
| <b>Office Visits</b> (primary/specialist)                       | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Routine Preventive Care</b>                                  | No charge                  | No charge up to allowed amount | No charge                  | No charge up to allowed amount |
| <b>Outpatient Diagnostic</b> (lab/X-ray)                        | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Complex Imaging</b>                                          | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Chiropractic</b> (20 visits per year)                        | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Ambulance</b>                                                | 20%*                       | 20%*                           | 20%*                       | 20%*                           |
| <b>Emergency Room</b>                                           | 20%*                       | 20%*                           | 20%*                       | 20%*                           |
| <b>Urgent Care Facility</b>                                     | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Inpatient Hospital Stay</b>                                  | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Outpatient Surgery</b>                                       | 20%*                       | 40%*                           | 20%*                       | 40%*                           |
| <b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4 )  |                            |                                |                            |                                |
| <b>Retail Pharmacy</b> (30-day supply)                          | 20%* / 20%* / 20%* / 20%*  | 40%* / 40%* / 40%* / 40%*      | 20%* / 20%* / 20%* / 20%*  | 40%* / 40%* / 40%* / 40%*      |
| <b>Mail Order</b> (90-day supply)                               | 20%* / 20%* / 20%*         | 40%* / 40%* / 40%*             | 20%* / 20%* / 20%*         | 40%* / 40%* / 40%*             |

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. NOTE: 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. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay expenses for any one individual.

# Telehealth by Teladoc



## HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help you understand and make the most of your benefits. We connect you and your dependents with the right benefits at the right moment in your care journey, saving you time, money and frustration.

## Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and 24/7 access to our virtual AI-assistant, JOY. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.

## 24/7 Healthcare Concierge

Our concierges are available around the clock to support you with questions about your benefits and many additional services, including:

- **Provider and Facility Recommendations**
- **Appointment Booking**
- **Health Cost Estimation**
- **Prescription Savings Review**
- **Resolve Claim Issues**
- **Dental and Vision Assistance**
- **Answer Benefits Questions**

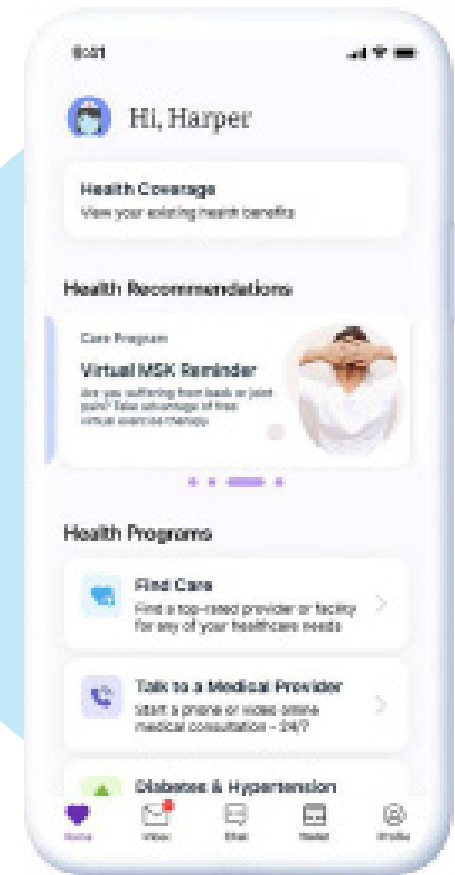


Scan  
to  
watch the  
Welcome  
to HealthJoy  
video

## No-Cost Virtual Healthcare

Virtual healthcare is available through Teladoc Health within the HealthJoy app. Access board certified physicians and licensed mental healthcare professionals at your convenience.

- **General Medical Care**  
Get free care 24/7 for non-emergency conditions like cold & flu, sinus infections, allergies, and more. Consultations can take place via phone or video.
- **Mental Healthcare**
  1. **Therapy Services** for ages 13 and up with no member consult fee. Choose a therapist or psychologist who fits your or your minor dependents' needs and schedule visits 7 days a week from wherever you are most comfortable.
  2. **Psychiatric Medication Management** for ages 18 and older. Consult with a board-certified psychiatrist with no member consult fee to receive medication evaluation and management support for anxiety, depression, mood disorder, PTSD and a variety of other mental health diagnoses.



Scan QR Code  
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the App

Chat with us by logging into  
the **HealthJoy** app or call:

**877-500-3212**



# Employee Assistance Program

## CuraLinc

You may be afraid to speak openly about mental health. But the fact is, you're not alone—1 in 5 adults experience mental health conditions that impact their performance at work. Our free and confidential Employee Assistance Program (EAP) is available to help you and your family address any mental and behavioral health issues that affect your quality of life. **This is a company-paid benefit.**

## Confidential Counseling

**Anxiety** - Although most people experience anxiety from time to time, those who suffer persistent, uncontrollable anxiety that gets in the way of their work and personal relationships may have a form of anxiety disorder. Anxiety disorders may include generalized anxiety, panic disorder or social anxiety. To receive a correct diagnosis, visit your primary care provider or licensed therapist. Possible treatments may include a combination of one or more of the following:

- Cognitive behavioral therapy
- Self-help or support groups
- Medication, such as antidepressants\*

**Depression** More than just “the blues,” depression is characterized by a persistent sense of sadness, emptiness or worthlessness; a loss of interest in your usual hobbies; fatigue; restlessness; difficulty sleeping and a change in appetite and weight, among other symptoms. It can also leave you at greater risk of suicide, heart disease, substance abuse and even eating disorders. If you feel you may suffer from depression, talk with your doctor or a licensed mental health professional, who may suggest a combination of one or more of the following:

- Medication, such as antidepressants\*
- Talk therapy
- Exercise

### CuraLinc Website

PHONE: 1-888-881-LINC (5462)

WEB: [www.supportlinc.com](http://www.supportlinc.com)

## Online Resources

The EAP website houses a suite of tools to help you learn more about your mental health and ways to improve your mental well-being.

## Work-Life Support

If the demands of balancing your work and personal obligations get to be too much, let the EAP do the legwork for you! The EAP can help you find child care, eldercare and pet care options, refer you to moving and home repair services and more.

## Financial & Legal Advice

Money consistently ranks as one of the top sources of stress. You are eligible for a free session with an attorney for a variety of legal issues, including divorce/separation and real estate. The EAP can also connect you with a financial planner to help you manage your current finances and prepare for your financial future.



*\*If you decide to go on medication, it is important you work closely with your doctor to track any side-effects you may experience. Antidepressants in particular may cause suicidal thoughts. If you are having suicidal thoughts, call the National Suicide Prevention Lifeline at 800-273-8255.*

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# Health Savings Account

## HealthEquity

**What is a Health Savings Account?** The Health Savings Account (HSA) works along side your High-Deductible Health Plan (HDHP) Medical plan. It is a pre-tax savings account for qualified medical costs and qualified health care purchases, allowing you to stretch your dollars further, save for future expenses on a tax-free basis and invest in your healthcare. You must enroll in an HDHP to be eligible for the HSA. The HDHP offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. You also have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions. Click [here](#) to watch an informational video about health savings accounts.

**How does it work?** Your HDHP along with your HSA, allows you to choose how to spend your HSA dollars. You can pay for eligible services and qualified health care products using your HSA funds or you can pay for them out of your own pocket. You can only use the funds that have accumulated in your account. You can also reimburse yourself for any out of pocket expenses as long as the funds are available in your account.

### Eligibility

To be eligible to participate and contribute to a HSA bank account, the IRS requires that you:

- Must be enrolled in a qualified high-deductible health plan (HDHP).
- Do not have any other health coverage that is not an HDHP or permitted insurance.
- Are not active military.
- Cannot be claimed as a dependent on another person's tax return.
- You are not covered if you fall into any of these categories:
  - You are already covered by a spouse's medical or pharmacy plan that is not an HDHP.
  - You are already covered through Medicare Parts A, B, C and/or D, or TRICARE programs.
  - You are already covered through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan).

### HSA Advantages - Triple Tax Advantage

- You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
- Funds grow tax-free, and unused funds roll over year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future— even in retirement.

### How is an HSA used to pay for medical care?

- Employee and/or employer funds the HSA account.
- Employee seeks medical services.
- A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance\*.
- Employee can pay the remaining amount with a debit card or check from their HSA account.

\*Subject to plan design, check your Benefits Summary. Preventative care may be covered 100%

**Important:** Your combined contributions may not exceed the annual IRS limits listed below.

| IRS HSA Contribution Limit    | 2026    |
|-------------------------------|---------|
| Employee Only                 | \$4,400 |
| Family (employee + 1 or more) | \$8,750 |
| Catch-up (age 55+)            | \$1,000 |

**Company Contribution:** See below for your company's contribution amounts.

| Employer HSA Contribution | Monthly Amount | Annual Amount |
|---------------------------|----------------|---------------|
| Employee Only             | \$83.33        | \$1,000       |
| Employee + One            | \$83.33        | \$1,000       |
| Family                    | \$83.33        | \$1,000       |

### Online Member Portal

The online member portal is a powerful tool that gives you access to all account management features. Using the member portal, you can check your balance, review transactions, and much more!. Click the link below to visit your member portal.

[The MotivHealth HSA](#)

### HSA Rules

You must RE-ELECT each year to participate. HSA elections are NOT automatic from year to year. You must re-elect your HSA contribution during each open enrollment period.

# Flexible Spending Accounts

## iSolved

We offer two different flexible spending accounts. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

### Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

### Dependent Care FSA

For 2026, you may contribute up to \$7,500 (per family) to cover eligible dependent care expenses (\$3,750 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.fsafeds.com/explore/dcfsa/expenses](http://www.fsafeds.com/explore/dcfsa/expenses).

### FSA Rules - YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will **NOT** be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

# Health Reimbursement Account (HRA)

An HRA Benefit program is available to employees who have other qualifying coverage. **iSolved** will be administering an HRA program. To enroll in this program you will need to make this election in the Employee Navigator Website and elect the HRA benefit option under the medical plan, complete the affidavit and provide proof of other qualifying group coverage to HR.

| Benefits          | Details                                                                                     |
|-------------------|---------------------------------------------------------------------------------------------|
| Eligible Expenses | All section 213d expenses such as copays, deductible coinsurance and dental/vision expenses |
| Maximum Benefit   | \$233.33 per month, \$2,800 per year                                                        |

# Dental

## SunLife

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **SunLife Dental network**.

| Key Dental Benefits                                                                 | High Plan with Ortho          |                               | Low Plan with NO Ortho |                             |
|-------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------|-----------------------------|
|                                                                                     | In-Network                    | Out-of-Network <sup>1</sup>   | In-Network             | Out-of-Network <sup>1</sup> |
| Deductible (per calendar year)                                                      |                               |                               |                        |                             |
| Individual / Family                                                                 | \$50 / \$150                  | \$50 / \$150                  | \$50 / \$150           | \$50 / \$150                |
| Benefit Maximum (per calendar year; preventive, basic, and major services combined) |                               |                               |                        |                             |
| Per Individual                                                                      | \$1,500                       | \$1,500                       | \$1,000                | \$500                       |
| Covered Services                                                                    |                               |                               |                        |                             |
| Preventive Services (Cleanings, Exams)                                              | No charge                     | No charge                     | No charge              | 20%* up to MAC <sup>2</sup> |
| Basic Services (Oral Surgery)                                                       | 20%*                          | 20%*                          | 20%*                   | 40%* up to MAC <sup>2</sup> |
| Major Services (Crowns, Bridges)                                                    | 50%*                          | 50%*                          | 50%*                   | 70%* up to MAC <sup>2</sup> |
| Orthodontia (All Members)                                                           | 50%; \$1,500 Lifetime Benefit | 50%; \$1,500 Lifetime Benefit | No coverage            | No coverage                 |
| Waiting Periods                                                                     |                               |                               |                        |                             |
| Basic / Major / Orthodontia                                                         | None                          |                               | None                   |                             |
| Find a Provider                                                                     |                               |                               |                        |                             |

<https://member.sunlifeconnect.com/findadentist/#/>

Coinsurance 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.



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## Equitable

The vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **VSP Choice network**.

| Key Vision Benefits                                                           | VSP Choice 10-160                                                                           |                              |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------|
|                                                                               | In-Network (VSP Choice)                                                                     | Out-of-Network Reimbursement |
| Exam (once every 12 months)                                                   | \$10                                                                                        | Up to \$45                   |
| Lenses (once every 12 months)<br>Single Vision<br><br>Bifocal<br><br>Trifocal | \$25                                                                                        | Up to \$30                   |
|                                                                               |                                                                                             | Up to \$50                   |
|                                                                               |                                                                                             | Up to \$65                   |
| Frames (once every 12 months)                                                 | \$150 allowance for a wide selection of frames<br>\$170 allowance for featured frame brands | Up to \$70                   |
| Contact Lenses (once every 12 months; in lieu of glasses)                     | \$150 allowance for contacts                                                                | Up to \$105                  |
| Find a Provider                                                               |                                                                                             |                              |
| Visit the link in order to find a provider in your network                    | <a href="https://www.vsp.com/eye-doctor">https://www.vsp.com/eye-doctor</a>                 |                              |



# Life/AD&D

## Equitable

**Basic Life insurance (company-paid)** provides your named beneficiary or beneficiaries with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

|                         |                     |
|-------------------------|---------------------|
| Employee Benefit Amount | \$25,000 / \$25,000 |
|-------------------------|---------------------|

\*Benefit reduction at age 65 to 65% and at age 70 to 50%

**Voluntary Life/AD&D (Employee-paid)** If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

| Benefit Option |                                                                                                                                | Guaranteed Issue*   |
|----------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Employee       | \$10,000 up to \$500,000 in increments of \$10,000                                                                             | \$200,000           |
| Spouse         | \$5,000 up to \$250,000 in increments of \$5,000<br>(can't exceed employee)                                                    | \$65,000            |
| Child(ren)     | Children 14 days or older: \$5,000 or \$10,000<br>Children under the age of 14 days receive \$1,000<br>(can't exceed employee) | \$5,000 or \$10,000 |

\*Guarantee issue for new hires (and eligible dependents): new employees who apply for voluntary life& AD&D coverage during initial enrollment period are guaranteed up to the amount shown without having to submit evidence of insurability (EOI) or proof of good health. EOI or proof of good health is required if enrolling after initial eligibility and/or for amounts above guarantee issue. See navigator system or HR for detail on required EOI forms and how to submit.

# Disability

## Equitable

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

| Voluntary Short-Term Disability (Employee-paid) |                                                   | Voluntary Long-Term Disability (Employee-paid) |                                       |
|-------------------------------------------------|---------------------------------------------------|------------------------------------------------|---------------------------------------|
| Benefit Percentage                              | 60%                                               | Benefit Percentage                             | 60%                                   |
| Weekly Benefit Maximum                          | \$1,500                                           | Monthly Benefit Maximum                        | \$6,000                               |
| When Benefits Begin                             | After 14th day of disability from injury/sickness | When Benefits Begin                            | After 90th day of disability          |
| Maximum Benefit Duration                        | 11 weeks                                          | Maximum Benefit Duration                       | Social Security Normal Retirement Age |
| Pre-existing Condition Limitation               | 3 / 12                                            | Pre-existing Condition Limitation              | 3 / 12                                |

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# Voluntary Benefits

## Equitable

Voluntary benefits are designed to complement your health care coverage and allow you and your family with additional coverage on top of your medical plan.

**For a detailed summary of benefits, please refer to the benefit summary in Employee Navigator.**

**Voluntary Accident Insurance** - You never expect an accident to happen. But if it does, your focus should be on recovery – not medical bills. Accident Insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. For a full list of covered benefits, see your plan summary.

| Benefit  | Sample Covered Treatments                                                                                                                                                                                                       | Benefit Amount                                                         |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Accident | Emergency Care Treatment<br>Diagnostic Exam<br>Hospital Admission (onece per year)<br>Per covered surgically-repaired fracture<br>Per covered surgically-repaired dislocation<br>Wellness Screening (once per person, per year) | \$100<br>\$30<br>\$1,500<br>\$350 - \$8,000<br>\$200 - \$6,000<br>\$50 |

**Critical Illness - Critical Illness** - With Critical Illness Insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more. The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

| Benefit          | Sample Covered Treatments                                                                                         | Benefit % / Recurrence Benefit %                                              |
|------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Critical Illness | Invasive Cancer<br>Major Organ Failure<br>Heart Attack<br>Stroke<br>Coma<br>Wellness Screening (qualifying exams) | 100% / 100%<br>100% / 25%<br>100% / 100%<br>100% / 100%<br>100% / 25%<br>\$50 |

# ID Theft Protection

## LegalShield

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. But with help from **LegalShield and ID Shield's** experienced team, available 24/7, restoration takes place quickly and effectively, giving you peace of mind. This benefit is paid entirely by you. Other services include:

- Dark web monitoring
  - Social media reputation monitoring
  - Financial transaction monitoring
  - 401(k) and HSA stolen fund reimbursement
- High risk application and Transaction Monitoring
  - Credit monitoring
  - Credit inquiry alerts
  - Tax fraud refund advances
- Sex offender alerts
  - Credit freeze assistance
  - Monthly score tracker
  - Data breach notifications

# Retirement Services

## Empower Retirement Services

To help you save for the retirement of your dreams, we offer a 403(b) savings plan. You may contribute to your account via convenient, pre-tax payroll deductions or ROTH deferrals. The company also matches your contributions.

| Benefit        | Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility    | Employees can take advantage of this employee match and gift benefit as soon as you have met the following eligibility requirements*: <ul style="list-style-type: none"><li><b>3 Months</b> of Service</li></ul> Your entry date to the plan will be the first of the month following eligibility.<br>Note: Immediate participation in Employee Pre-Tax or Roth elective deferral contributions can begin the first of the month following hire date.<br>*Excluded Employees: Hourly employees, employees who normally work less than 20 hours per week, and certain non-resident aliens. |
| Employer Match | Vista School may make a discretionary contribution equal to a uniform percentage each year. Vista School will determine the amount of the discretionary percentage, if any, each year.                                                                                                                                                                                                                                                                                                                                                                                                    |
| Saving Limits  | For the year 2026, you may defer any percentage of your pay with an annual limit of <b>\$23,500</b> . If you are age 50 or older, you may contribute an additional \$7,500. Catch-up for those turning age 60-63 may contribute an additional \$11,250.                                                                                                                                                                                                                                                                                                                                   |
| Vesting        | All contributions and any amounts you rolled into the Plan, adjusted for gains and losses, are always vested 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

### Account Maintenance

Employee Pre-Tax or Roth contribution, investment, or beneficiary changes are completed at [www.empowermyretirement.com](http://www.empowermyretirement.com)  
**Plan Contract #: 514808-01**

Visit [https://venrollment.com/v/vista-school 401\(k\)](https://venrollment.com/v/vista-school 401(k)) for resources, informative videos, important plan documents and retirement education or use the QR code below:



### HUB Contacts

Your 401k Financial Advisors are available for employee 1-on-1 virtual meetings. They can be reached by email or by scanning the QR codes below.

Bruce Jensen - [bruce.jensen@hubinternational.com](mailto:bruce.jensen@hubinternational.com)  
Alex Gunn - [alex.gunn@hubinternational.com](mailto:alex.gunn@hubinternational.com)



Bruce Jensen



Alex Gunn

# Cost of Benefits Per Pay Period

You can also visit [hub.employeenavigator.com](http://hub.employeenavigator.com) for your contributions.

| Benefit Type                 | Plan                   | Coverage                                                         | Employee Cost                            |
|------------------------------|------------------------|------------------------------------------------------------------|------------------------------------------|
| Medical<br>(MotivHealth)     | HSA \$1,700            | Employee<br>Employee + One<br>Family                             | \$0.00<br>\$116.21<br>\$157.20           |
|                              | HSA \$2,500            | Employee<br>Employee + One<br>Family                             | \$0.00<br>\$102.04<br>\$138.02           |
| Telehealth<br>(HealthJoy)    | Teladoc                | Employee<br>Employee + Dependents                                | 100% Employer Paid                       |
| Dental<br>(SunLife)          | High Plan with Ortho   | Employee<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | \$14.88<br>\$28.83<br>\$39.86<br>\$53.81 |
|                              | Low Plan with No Ortho | Employee<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | \$12.43<br>\$24.03<br>\$31.27<br>\$42.90 |
| Vision<br>(Equitable)        | VSP Choice 10-160      | Employee<br>Employee + One<br>Family                             | \$4.01<br>\$7.79<br>\$12.38              |
| Life and AD&D<br>(Equitable) | Basic Group Life/AD&D  | Employee Only                                                    | 100% Employer Paid                       |
|                              | Voluntary Life/AD&D    | Employee<br>Employee + Dependent(s)                              | See Employee Navigator                   |

# Cost of Benefits Per Pay Period

You can also visit [hub.employeenavigator.com](https://hub.employeenavigator.com) for your contributions.

| Benefit Type                                   | Plan                            | Coverage                                                         | Employee Cost          |
|------------------------------------------------|---------------------------------|------------------------------------------------------------------|------------------------|
| Disability<br>(Equitable)                      | Voluntary Short-Term Disability | Employee                                                         | 100% Employer Paid     |
|                                                | Voluntary Long-Term Disability  | Employee                                                         | See Employee Navigator |
| Voluntary Benefits<br>(Equitable)              | Accident                        | Employee<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | See Employee Navigator |
|                                                | Critical Illness                | Employee<br>Employee + Spouse<br>Employee + Child(ren)<br>Family | See Employee Navigator |
| Legal and ID Theft Protection<br>(LegalShield) | LegalShield                     | Employee<br>Employee + Dependents                                | \$8.48<br>\$9.48       |
|                                                | IDShield                        | Employee<br>Employee + Dependents                                | \$4.98<br>\$9.48       |
|                                                | LegalShield + IDShield          | Employee<br>Employee + Dependents                                | \$13.45<br>\$17.45     |
| Employee Assistance Program<br>(HealthJoy)     | CuraLinc EAP                    | Employee<br>Employee + Dependents                                | 100% Employer Paid     |

# Employee Navigator

**Enrolling in benefits with Employee Navigator is easy! Follow the steps below to elect or waive coverage for the current plan year.**

## Step 1: Getting started

- Access your benefits portal by visiting [hub.employeenavigator.com](http://hub.employeenavigator.com)
- You will need to provide your username and password. If you have misplaced or forgotten your credentials, you can reach out to HR for that information. You can also select the “Forgot Username” and “Forgot Password” options on the login screen to reset your credentials.

**If you are a new user, click “New User Registration” and create your account. You will need the following information:**

- First Name
- Last Name
- Company Identifier: **vista**
- Last four digits of your Social Security Number
- Birthdate

On the home screen, once registered and logged in, look for “Start Enrollment” to begin enrolling in benefits.

## Info needed when adding dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

## Step 2: Verify your personal dependent information

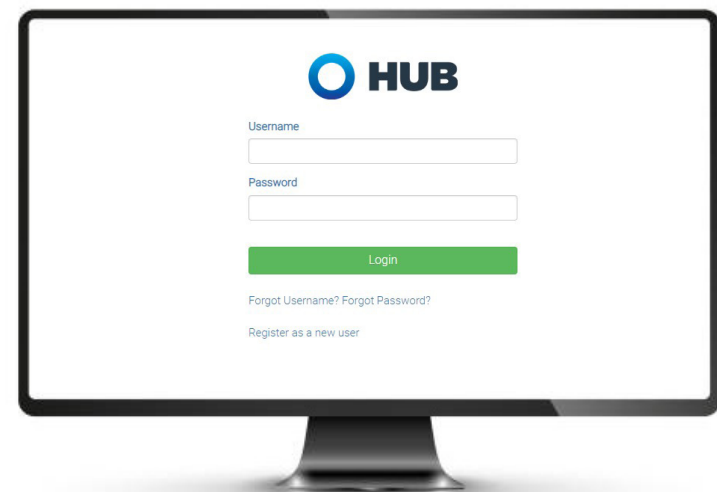
- Personal information: validate that all information is accurate.
- Dependent information
  - To update information, click “Edit”. Upon completion click “Save”.
  - Select “Add Dependent” if you currently do not see them listed.
- Once all of your dependents have been added/updated, click “Save and Continue”.
- **Important:** If your company offers voluntary life insurance, you need to add your spouse and children as dependents on this screen.

## Step 3: Making your open enrollment elections

- Enroll or decline each eligible benefit option in benefits.
- Review benefit elections in summary and click “Agree” to electronically sign.

## Making changes due to a Qualified Life Event

- Go to [hub.employeenavigator.com](http://hub.employeenavigator.com). Log in using username and password.
- Click on the life events icon.
- Employees can then make changes that have to do with qualified life events. Employees can add or drop coverage from there.



| Company Identifier |
|--------------------|
| vista              |

# Contact Information

| Coverage                           | Carrier            | Phone #        | Website                                                                                                    |
|------------------------------------|--------------------|----------------|------------------------------------------------------------------------------------------------------------|
| Medical                            | MotivtHealth       | (844) 234-4472 | <a href="http://www.motivthealth.com">www.motivthealth.com</a>                                             |
| Telehealth                         | HealthJoy          | (877) 500-3212 | <a href="http://www.healthjoy.com">www.healthjoy.com</a>                                                   |
| Employee Assistance Program        | CuraLinc           | (888) 881-5462 | <a href="http://www.supportlinc.com">www.supportlinc.com</a>                                               |
| Health Savings Account             | MotivtHealth       | (844) 234-4472 | <a href="http://www.motivthealth.com">www.motivthealth.com</a>                                             |
| Flexible Spending Accounts (FSA)   | iSolved            | (800) 733-8839 | <a href="http://www.isolvedhcm.com/login/benefits">www.isolvedhcm.com/login/benefits</a>                   |
| Health Reimbursement Account (HRA) | iSolved            | (800) 733-8839 | <a href="http://www.isolvedhcm.com/login/benefits">www.isolvedhcm.com/login/benefits</a>                   |
| Dental                             | Sun Life           | (800) 247-6875 | <a href="http://www.sunlife.com">www.sunlife.com</a>                                                       |
| Vision                             | Equitable          | (877) 222-2144 | <a href="http://www.equitable.com">www.equitable.com</a>                                                   |
| Life/AD&D - Disability             | Equitable          | (877) 222-2144 | <a href="http://www.equitable.com">www.equitable.com</a>                                                   |
| Voluntary Benefits                 | Equitable          | (877) 222-2144 | <a href="http://www.equitable.com">www.equitable.com</a>                                                   |
| Legal and ID Theft Protection      | LegalShield        | (800) 654-7757 | <a href="http://www.legalshield.com">www.legalshield.com</a>                                               |
| Retirement Services                | Empower Retirement | (855) 756-4738 | <a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a><br>Plan Contract #: 514808-01 |

## Benefits Website

Our benefits website **[hub.employeenavigator.com](http://hub.employeenavigator.com)** can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

**Skyler Perkes** - HR Manager at (435) 673-4110 ext. 307  
**[sperkes@vistautah.com](mailto:sperkes@vistautah.com)**

**Alex Gunn** - Retirement Advisor at (801) 727-6031  
**[alex.gunn@hubinternational.com](mailto:alex.gunn@hubinternational.com)**

**Shellie Cox** - Account Executive at (801) 727-6028  
**[shellie.cox@hubinternational.com](mailto:shellie.cox@hubinternational.com)**



**DISCLAIMER:** The material illustrated here is for informational purposes only and is neither an offer of coverage or legal advice. It contains only a partial description of benefits and does not constitute a contract. Please refer to the Summary Plan Description or Certificate of Coverage for complete plan details. In case of a conflict between the plan document and this information, the plan document will always govern.



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