

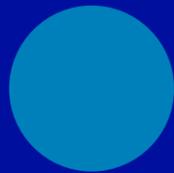


Benefits Guide.

This publication contains important information about your employee benefit program.

Please read thoroughly.





At HALO, we are committed to a comprehensive employee benefit program to help our employees stay healthy, feel secure, and maintain a work/life balance.

We want you to feel educated and empowered to choose the benefits you and your family need. HALO is passionate about the high-quality care and resources we provide our associates and are confident you will find what's right for you.

This guide offers details on the benefits offered, provider contact information, and enrollment instructions. Please review it carefully, so you can feel informed about your options.

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WE CARE ABOUT OUR PEOPLE



01



Eligibility

Eligibility



Who is Eligible?

Employee Eligibility

- Actively employed administrative employees scheduled to work a minimum of 30 hours per week.
- Actively employed (commission only) account executives booking a minimum of \$65,000 in commissions in the prior calendar year (amount will be estimated or prorated for new hires with mid-year enrollments). The minimum booking threshold is subject to change at the company's discretion every calendar year.

Dependent Eligibility

Legal spouses, civil union, or domestic partners of eligible employees are eligible for benefits.

Children of eligible employees are eligible for coverage in the health/dental/vision plans up to the age 26, regardless of student, marital, or employment status. Coverage will automatically terminate at the end of the month of the dependent's 26th birthday.



Eligibility

When Are You Eligible?

Newly Eligible Employees

Your benefits become effective the first of the month coincident with or following 30 days of employment in an eligible classification.

NOTE: You have 30 days from your date of hire or change to eligible status to enroll in or waive coverage.

Annual Open Enrollment

You may make changes to your benefit elections during your open enrollment period for a January 1st effective date.

Qualified Change in Status

Your benefit elections will remain in effect for the entire calendar year, unless if you experience a Qualifying Life Event (QLE). You must request benefit changes within 31 days of the QLE, and will be required to provide supporting documentation.

- Examples of QLEs include Marriage, Divorce, Birth, Adoption, Death of a Dependent, Loss or Gain of outside coverage, such as a spouse/partner losing or gaining benefits eligibility.
- For QLE support, please contact Benefits@halo.com

Note: This is only a summary of the benefit plans; refer to the Summary Plan Descriptions or Certificates for each benefit to view full details on coverage, maximums, limitations, and exclusions. If there is any conflict between this document and the official plan documents, the official plan documents govern the plan.



Eligibility

What Benefits Are Available?

As you consider your plans for the year, refer to this chart of coverage and enrollment information for the various benefit programs offered through HALO.

Note:
Your basic life and AD&D, short term disability, and long term disability insurance will only be provided by HALO if you elect medical coverage.
If you do not enroll in medical coverage, but want to enroll in these benefits, you will pay 100% of the cost.

Benefit Plan	Vendor	Do I need to enroll?
Health Plans		
Medical	Blue Cross Blue Shield of Illinois	Yes
Prescription Drug Coverage	CVS Caremark	Included with enrollment in BCBS IL Plans
Patience Assistance Program	ImpaxRx	Included with enrollment in BCBS IL Plans
Specialty Copay Assistance Program	VPS Rx	Included with enrollment in BCBS IL Plans
Medical & Prescription Drug Coverage	Kaiser	Yes. Available for employees who live in CA.
Dental	Delta Dental IL	Yes
Vision	BCBS IL Ancillary	Yes
Life and Disability Insurance		
Basic Life and AD&D	BCBS IL Ancillary	Enrolled in medical: No Not enrolled in medical: Yes
Voluntary Life (for you & your dependents)	BCBS IL Ancillary	Yes
Short-Term & Long-Term Disability	BCBS IL Ancillary	Enrolled in medical: No Not enrolled in medical: Yes
Voluntary Benefits		
Critical Illness	BCBS IL Ancillary	Yes
Hospital Indemnity	BCBS IL Ancillary	Yes
Accidental Injury	BCBS IL Ancillary	Yes
Financial & Tax-Advantage Accounts		
401(k) Savings Plan	BOK Financial	Enrollment is automatic at time of hire
Health Savings Account	HealthEquity	Yes
Flexible Spending Accounts	WEX	Yes
Additional Programs		
Wellness: MyHealthyHALO	Navigate	No
Virtual Primary Care	TelaDoc	Included with enrollment in BCBS IL Medical
Virtual Urgent Care	MD Live	Included with enrollment in BCBS IL Medical
Condition Management	TelaDoc	Included with enrollment in BCBS IL Medical
Cancer Navigation	Transarent Now	No
Health Advocacy Services	Transarent	No
Physical Therapy	Doctors of Physical Therapy	Included with enrollment in BCBS IL Medical

02



Staying Healthy

HALO Medical Highlights:

HALO offers two medical plans through BCBSIL, with access to the same Participating Provider Organization (PPO) Network.

- Both plans are designed to cover your medical needs, from preventive care to emergency situations.
- While these plans allow you to see any provider, you will receive the greatest financial benefit from visiting network providers.
 - The in-network and out-of-network deductible and out-of-pocket buckets accumulate separately.
 - Non-Network care can result in balance-billing.

HALO offers two medical plans through Kaiser Permanente, to employees residing in California.

- Both Kaiser plans utilize the same network of providers.
- Kaiser does not allow out-of-network coverage.



Staying Healthy

High Deductible Health Plan (HDHP) Highlights:

The HDHP, offered through BCBS IL requires you to meet the deductible, before receiving cost-share (coinsurance), except for preventive care. Preventive care is covered at 100%.

Once the deductible has been met, you are responsible for 20% of the allowable charge for in-network services, up to the out-of-pocket maximum, with the exception of the below:

- Prescription Drugs have a flat copay once at deductible.
- Virtual Behavioral Health and Virtual Acute Care is covered at 100%.
- Once the out-of-pocket maximum has been met, the plan pays 100% of the allowable in-network charges for the remainder of the calendar year.
- This plan has an Aggregate Deductible and Embedded Out-of-Pocket Maximum. What does this mean?
 - Deductible: If you have other family members in this plan, the overall family deductible must be met before the plan begins to pay.
 - Out-of-Pocket Maximum: If you have other family members in this plan, they have to meet their own Out-of-Pocket limits until the overall family out-of-pocket limit has been met.
- HALO provides semi-annual Health Savings Account (HSA) funding for your enrollment in the HDHP. HSA money can be used for qualified Medical, Dental, and Vision expenses.

Only HDHP enrollees are eligible for HSA funding. In addition to HALO's annual funding, you can choose to contribute your own pre-tax contributions towards the account.

Plan Features	HDHP Plan	
	In-Network	Out-of-Network
Coinsurance	80%	60%
Deductible		
Individual	\$1,700	\$4,800
Family	\$3,400	\$9,600
Account Funding (HSA)		
Individual	\$500	
Family	\$1,000	
Out-of-Pocket Max (includes deductible)		
Individual	\$6,000	\$14,250
Family	\$12,000	\$27,300
Covered Services		
Preventive Care	100%	Deductible and coinsurance
Office visit	Deductible and coinsurance	Deductible and coinsurance
Specialist	Deductible and coinsurance	Deductible and coinsurance
Urgent Care	Deductible and coinsurance	Deductible and coinsurance
Emergency Room	Deductible and coinsurance	Same as in-network
Prescription Drug		
Generic	\$10 Copay*	\$20 Copay*
Preferred	\$30 Copay*	\$60 Copay*
Non-Preferred	\$50 Copay*	\$100 Copay*
Specialty	20% up to \$200 Copay*	Not Applicable

*After Deductible

Staying Healthy

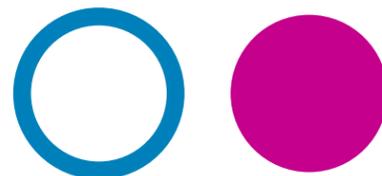
Preferred Provider Organization (PPO) Highlights:

The PPO offered through BCBS IL will provide you with access to the same network of providers that the HDHP does. The major difference is what you pay for your insurance premium, and how the coverage works when you utilize it.

A PPO has a mix of benefit provisions that have a flat copay, and that are subject to meet the deductible before getting cost-share.

- Provisions that reflect a copay is the amount that you would expect to be associated with the service.
- When you have a flat copay associated with your charge, that amount does not accumulate towards your deductible accumulation. It does apply towards your out-of-pocket maximum accumulation.
- Provisions reflecting deductible & coinsurance, require you to meet the deductible before getting cost-share.
- Once the deductible has been met, you are responsible for 20% of the allowable charge for in-network services, up to the out-of-pocket maximum
- Once the out-of-pocket maximum has been met, the plan pays 100% of the allowable in-network charges for the remainder of the calendar year.
- If you have other family members in this plan, they have to meet their own deductible and out-of-pocket limits until the overall family limit has been met

Plan Features	PPO Plan	
	In-Network	Out-of-Network
Coinsurance	80%	60%
Deductible		
Individual	\$750	\$3,000
Family	\$1,500	\$6,000
Out-of-Pocket Max (includes deductible)		
Individual	\$4,500	\$13,600
Family	\$9,000	\$27,200
Covered Services		
Preventive Care	100%	Deductible and coinsurance
Office visit	\$20	Deductible and coinsurance
Specialist	\$40	Deductible and coinsurance
Urgent Care	\$50	Deductible and coinsurance
Emergency Room	80%	
Prescription Drug		
	30-Day	90-Day
Generic	\$10 Copay	\$20 Copay
Preferred	\$30 Copay	\$60 Copay
Non-Preferred	\$50 Copay	\$100 Copay
Specialty	30% up to \$200 Copay	Not Applicable



Staying Healthy

Rx benefit through CVS

CVS Caremark in partnership with VPS Rx Solutions will provide prescription drug coverage, for those enrolled in the BCBS IL Medical Plans. You will be automatically enrolled in prescription drug coverage with CVS Caremark if you enroll in a BCBS IL Medical Plan. CVS Caremark will be the Pharmacy Benefits Manager, which includes coverage for Mail-Order & Specialty Prescription.

- While CVS is the Pharmacy Benefits Manager, that does not mean that you can only refill your medication through CVS.
- You will use your BCBS IL Medical ID, for your prescription benefits.

Two key program highlights:

Specialty Copay Assistance Program

If you take a specialty medication, VPS Rx Solutions will provide you with support in accessing copay assistance programs that are available for your medication through the manufacturer. In order to take advantage of the manufacturer's copay assistance, 2025, your copay will be 30% (after deductible, if applicable) of the price on specialty prescriptions. While this may appear to significantly increase your copay, the manufacturer copay assistance will cover most, if not all, of your out-of-pocket expenses for your specialty medication.

As a result, your out-of-pocket costs for a 30-day supply will in most cases be less than what you are paying today.

Patient Assistance Program

Through Specialty Patient Assistance programs, you may be able to acquire select medication directly from the manufacturer at no cost. Because these programs are difficult to qualify for, an outside vendor (ImpaxRx) will work with you as a patient advocate to complete the application process, work with the physician and get final approval for the manufacturer.

If you or a covered family member are eligible for either program, you will receive communications from the vendor. It is your responsibility to work with the vendor, to take advantage of the programs.

Want to learn more? Email Benefits@halo.com.



Staying Healthy

For employees in California, Halo offers access to Kaiser HMO plans which is different from the BCBS of IL plans in a couple ways.

- An HMO is a medical plan where care is directed from a primary care provider and require referrals for specialist visit. Additionally, there is no coverage for services received that are out of network.
- The Kaiser network of health providers and hospitals are completely distinct from BCBS of IL. No providers or settings are shared by Kaiser or BCBS of IL.

Available Kaiser coverages are the Traditional & Deductible HMO. While both plans offer access to the same network of providers, the benefits provided by the plans differ. While the chart on this page is intended to provide a high-level overview of the coverages, it is recommended to review the plan documents for full coverage details.

- Both Kaiser plans have Embedded Deductible & Out-of-Pocket Maximum Accumulation.

Access your Kaiser coverage today! Visit www.KP.org or download the mobile app!
Call: (800) 464-4000
Group #: 657791

Plan Features	Traditional HMO	Deductible HMO
	In-Network	
Coinsurance	100%	70%
Deductible		
Individual	\$0	\$1,000
Family	\$0	\$2,000
Out-of-Pocket Max (includes deductible)		
Individual	\$3,000	\$6,250
Family	\$6,000	\$12,500
Covered Services		
Preventive Care	100%	100%
Office visit	\$40	\$40
Specialist	\$40	\$40
Urgent Care	\$40	\$40
Emergency Room	\$150	Deductible and Coinsurance
Prescription Drug (30-Day Supply)		
Generic	\$10	\$25
Preferred	\$30	\$50
Non-Preferred	\$30	\$50
Speciality	\$30	20% cost-share, up to \$150
Prescription Drug (90-Day Supply)		
Generic	\$20	\$50
Preferred	\$60	\$100
Non-Preferred	\$60	\$100
Speciality	Not Applicable	

Staying Healthy

MyHealthyHALO Employee Wellness Program

The rate you pay for Medical Insurance is based on a variety of factors. One of those factors is the completion of HALO's Wellness Requirements. To maintain the Premium Incentive for 2027, you must complete the activities outlined below, no later than 10/1/2026. Failure to complete the program requirements will result in you paying the Non-Wellness Premium, starting 1/1/2027.

- **Annual Physical:** Get your Annual Physical from 10/1/2025 - 9/30/2026. Report the date of your physical in your MyHealthyHALO account, no later than 10/1/2026.
- **Wellbeing Survey:** Complete the Wellbeing Survey on MyHealthyHALO.com.

Who is subject to the program requirements?

New Enrollees automatically receive the Wellness Compliant Premium.

- New Enrollees are employees with health insurance starting any time after 1/1/2025.
- Employees with coverage starting after 1/1/2026, will be required to complete the requirements in 2027, to maintain the Wellness Incentive as of 1/1/2028.

Break Through Points:

Regardless of your medical enrollment, all employees can earn Break Through Points by completing Wellness Activities. In addition to the premium requirement, there is an additional part of the program that rewards employees with Break Through Points.



Getting Started:

- Visit www.myhealthyhalo.com or download the Navigate Mobile App.
- Visit myhalobenefits.com/healthy-halo/ to learn more about the program
- Issues accessing your account? Call: (888) 282-0822 or Email: info@navigatewell.com

Staying Healthy

Cost for Medical Coverage

The cost you pay for Medical insurance is based on a variety of factors, including your compensation, wellness classification, & tobacco status.

If you and/or your spouse/domestic partner are a tobacco user, you will be required to pay a surcharge on your medical premiums. This surcharge can be removed by participating in a Cessation program.

To learn more about your classification or cost, please contact benefits@halo.com

Bi-Weekly Smoker Surcharge

1 Smoker	\$17.31
2 Smoker	\$34.62

Medical Plan Contributions

HDHP Bi-Weekly Contributions				
Salary Bracket	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Over \$200,000 and Commission Based				
Wellness	\$109.75	\$330.21	\$240.54	\$407.76
Non-Wellness	\$174.43	\$490.57	\$392.27	\$604.02
Over \$100,000				
Wellness	\$92.19	\$271.56	\$207.98	\$342.78
Non-Wellness	\$147.88	\$411.64	\$333.28	\$508.04
Over \$60,000				
Wellness	\$76.50	\$237.67	\$172.81	\$301.93
Non-Wellness	\$129.96	\$361.79	\$261.19	\$457.69
Under \$60,000				
Wellness	\$62.35	\$206.05	\$158.41	\$284.91
Non-Wellness	\$108.72	\$318.87	\$229.89	\$409.80
PPO Bi-Weekly Contributions				
Salary Bracket	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$200,000 and Commission Based				
Wellness	\$149.47	\$414.81	\$329.05	\$540.67
Non-Wellness	\$217.51	\$566.45	\$478.24	\$730.45
Over \$100,000				
Wellness	\$122.36	\$334.57	\$268.63	\$445.42
Non-Wellness	\$184.41	\$475.32	\$406.14	\$609.98
Over \$60,000				
Wellness	\$103.76	\$291.10	\$228.47	\$392.48
Non-Wellness	\$162.54	\$421.31	\$358.10	\$553.22
Under \$60,000				
Wellness	\$90.48	\$265.11	\$204.13	\$370.43
Non-Wellness	\$136.11	\$374.77	\$299.20	\$504.59

Staying Healthy

Traditional HMO		
Coverage Tier	Wellness	Non-Wellness
Employee Only	\$204.81	\$225.29
Employee + Spouse	\$524.29	\$576.72
Employee + Child(ren)	\$471.04	\$518.14
Employee + Family	\$737.27	\$811.00
Deductible HMO		
Coverage Tier	Wellness	Non-Wellness
Employee Only	\$118.76	\$130.64
Employee + Spouse	\$335.60	\$369.16
Employee + Child(ren)	\$263.43	\$289.78
Employee + Family	\$478.04	\$525.84



Staying Healthy

Virtual Visits

Virtual Visits with MDLIVE!

Speak With a Physician or Therapist—Anytime, Anywhere

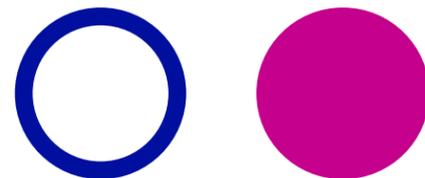
MDLIVE allows you to access board-certified physicians or therapists 24/7/365 from any location, whether you are on the road, at work or in the comfort of your own home. This service is available for both physical and behavioral health visits. You may access MDLIVE by mobile app, online video or over the phone. Getting sick after hours or on the weekends used to mean a long, costly trip to the emergency room or urgent care center. But with your virtual visits benefit provided by Blue Cross Blue Shield of Illinois and powered by MDLIVE, you may access care at a location convenient to you. Virtual visits are for non-emergency situations such as:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear infections
- Pink eye
- Rashes
- Stress management

If needed, through MDLIVE, you can get a prescription called into your local pharmacy.

To set up an account, you may:

- Call MDLIVE at 866.676.4204
- Go to www.MDLIVE.com/BCBSIL
- Text BCBSIL to 635.483
- Download the MDLIVE app



Virtual Primary Care with Teladoc

BCBS works with Teladoc Health to provide virtual primary care as a part of the benefit plan. Members get access to the following services:

- **General Medical:** Diagnosis and treatment for cold/flu, allergies, sinus infections and more as well as prescriptions sent to your local pharmacy.
- **Behavioral health services** for depression, anxiety, stress and more with a therapist or psychiatrist
- **Dermatology services** for diagnosis and treatment of skin conditions including eczema, psoriasis, acne, rosacea, and skin infections

You can access services through the following:

- Visit www.teladochealth.com/ & register with code BCBSIL-HEALTH
- Call 800-TELADOC 835.2362
- Download the Teladoc Health app

Staying Healthy

Virtual Visits (Continued)

Virtual Visits through Teladoc are a cost-effective and convenient way to get medical care. Think of Virtual Visits like your regular doctor office visit but just virtual! One would use this for annual check-ups and ongoing care on a virtual basis instead of in person. Alternatively, MD Live is a great program to use like one would use an in person Urgent Care clinic. Urgent Care is for non-emergency one-off conditions like cold/flu, pink eye, and rashes.

PPO:

- MDLIVE: Health & Acute Care + Behavioral Health: \$0 Copay
- Virtual Primary Care: Acute Care + Behavioral Health: \$0 Copay
- Virtual Primary Care & Dermatology: \$20 Copay

HDHP:

- MDLIVE: Health & Acute Care + Behavioral Health: \$0 after deductible has been met.
- Virtual Primary Care: Acute Care + Behavioral Health: \$0 after deductible has been met.
- Virtual Primary Care: Virtual Primary Care + Dermatology: 20% after deductible has been met.



Staying Healthy

Digital Accounts for Medical & Pharmacy Benefits

Staying Connected to your Medical (BAM)

Save time with self-service support tools and health and wellness resources available through a convenient and secure website.

Through BAM (Blue Access for Members) you can:

- Check claims and claims history
- View, save or print Explanation of Benefits (EOBs)
- Sign up for electronic EOBs, and save paper
- View benefits and covered dependents
- Check coverage details and benefit information
- Manage mobile and texting preferences
- Request new ID cards or print temporary ID cards
- Access health and wellness information and guides
- Get details on wellness, discounts, 24/7 Nurseline
- Use Provider Finder® to find in-network doctors and hospitals.

Getting Started:

- Visit <http://www.bcbsil.com/member> and use the information on your ID card to create an account.
- Download the BCBS IL Mobile App from Google Play or the App Store, or text BCBSILAPP too 33633.



Staying Connected to your Pharmacy

Easily manage your prescriptions through Caremark.com. Here, you can sign up to get notifications about your prescriptions, ways to save, status updates, and more.

- Request Refills quickly
- Explore Rx Savings options
- Find out if your Rx is covered or if you could pay less for it
- Manage Rx Mail Order for convenience and savings
- Email a pharmacist for questions
- Manage Rx Mail Order for convenience and savings
- Email a Pharmacist for questions

Getting Started with CVS Caremark:

- Visit www.caremark.com/ and use the information on your BCBS ID card to create an account.
- Manage Specialty Medications through <http://www.cvsspecialty.com/>.
- Download the CVS Caremark App from Google Play or the App Store, or text APP to 898-287.

Staying Healthy

A Healthier You

Trying to become healthier versions of ourselves can be very difficult without any help. That is why HALO has partnered with BCBSIL to offer some of the great benefits below.

Hinge Health

Conquer back or joint pain without drugs or surgery. As a member of BCBSIL, you get access to a new digital program for back, knee, hip, shoulder, and neck pain at no cost to you!

The program, provided by Hinge Health, includes:

- A tablet computer and wearable sensors
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

For more information, call the number on the back of your member ID card.

Wondr Health

Ready to lose weight, gain energy, sleep better, and improve your mind and body? Wondr is here to help and is available at no cost to you!

Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. No points, plans, or counting calories!

- To learn more and join the waitlist, visit: wondrhealth.com/BCBSIL
- Questions? Visit support.wondrhealth.com or download that app in the App Store or on Google Play.

Livongo to Teladoc Transition

Livongo is now Teladoc Health! Livongo is now Teladoc health! The new experience will have all the same features and expert support but will be accessed through the Teladoc Health app and website. Both programs are included in BCBSIL's Medical Plans, and your plan sponsor covers 100% of the costs.

Teladoc Health helps those recently diagnosed with high blood pressure by offering a free blood pressure management program.

For those with Diabetes, Teladoc offers:

- Unlimited strips and lancets
- Personalized tips with each heck
- Coaching & Support when you need it most

Get Started:

- go.livongo.com/BCBSIL-HEALTH
- Member Support Call Center: (800) 945-4355
- Registration code: BCBSIL-HEALTH

Weight Management Program: New Weight Management Program Available Through CVS

For individuals enrolled in HALO's PPO or HDHP plans, the CVS Weight Management program provides the customized support you need for lasting results. The program can help you reach your health goals through:

- One-on-one support from a team of clinicians, including providers and registered dietitians

Weight Management Program: New Weight Management Program Available Through CVS (Continued)

- A nutrition plan personalized just for you
- Health Optimizer™ app with helpful guides, recipes, goal setting and much more
- Connected body weight scale and other devices, as applicable, to support and track your progress

To confirm if you are eligible to enroll or if you have questions, you may reach out to CVS at 844.256.4046 or visit www.caremark.com and log into your member portal.

New Virtual Dermatology Care Available through CVS

What is Zest?

Zest offers specialized, clinically-proven dermatology care for psoriasis and eczema, available nationwide. Members get next-day appointments, 24/7 messaging

with their care team, and personalized treatment plans designed for their unique needs.

How to Enroll & Participate

Eligibility: Members enrolled in HALO's medical plan under BCBSIL/ CVS

Sign-Up: Eligible members receive outreach via email, SMS, phone, or direct mail with a link to the enrollment landing page.

Onboarding: Complete a quick onboarding (less than 3 minutes, under 10 questions) online, by phone, or on desktop/mobile.

Provide basic info (name, DOB, address, diagnosis, PCP).

Schedule your first appointment right away.

Confirmation: After onboarding, you'll get SMS and email confirmations with appointment details and login info for your member portal.

Member Benefits with Zest

Expert Care: Access a dermatology team specializing in psoriasis and eczema

Convenience: Next-day appointments and unlimited access to your care team via chat, email, or text.

Personalized Treatment: Tailored plans, including over-the-counter solutions, topical treatments, biologics, and more.

Support: "Flare" button in the app for quick help during symptom flare-ups.

Resources: Discounted skincare products, educational content, and regular check-ins.

Nationwide Access: Receive care wherever you are in the US.

Easy Management: Reschedule/cancel appointments, view notes, and chat with your care team—all from your portal.

Those eligible will receive an enrollment email or SMS, visit the Zest landing page, and complete onboarding to access your personalized dermatology care.

Staying Healthy

Transcarent

As an employee of HALO, beginning January 1, 2026 you'll have access to even more Transcarent benefits. In addition to the current surgery benefits provided by Transcarent, you'll also have access to the Cancer Care and Wayfinding programs including Navigation, Care Assistance and Health Guide.

How to get started

- Download the Transcarent app or visit member.transcarent.com
- Activate your account in just minutes and connect with your dedicated Car Team today!



Regain your Freedom and Mobility with Transcarent.

Struggling with mobility or pain? Addressing injuries or the pain they cause is often inconvenient, confusing and expensive. Transcarent makes it easier for you to achieve more freedom and mobility by providing you and your covered dependents access to orthopedic consultation and high-quality surgery.

Transcarent makes the process as seamless and affordable as possible. PPO Members pay \$0 for orthopedic consults and surgery provided through Transcarent. HDHP Members pay only \$195 for orthopedic consult and surgery is free once they meet their deductible

With Transcarent, you can get:

- Instant, personalized answers to your insurance and benefits questions.
- 24/7 care team to help guide you to the best care or benefit for your health concern.
- On-demand access to virtual care for you and your family ages 1+.



Top Surgery Facilities

Receive care from leading specialists.



Care Coordinator Support

Get help with scheduling, billing, and any questions.



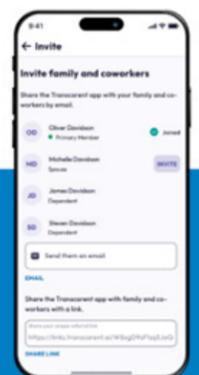
Start Healing Fast

Get your muscle or joint pain assessed by an expert physician within 2 days to start healing quickly.



Lower Costs

Access high-quality care at little to no cost.



Don't forget to share Transcarent with your covered dependents!

Once you sign up, go to your profile and click "Invite" to give your family members access to these great benefits.

Staying Healthy

Transcarent Cancer Care

As an employee of HALO, beginning January 1, 2026 you'll have access to even more Transcarent benefits. In addition to the current surgery benefits provided by Transcarent, you'll also have access to the Cancer Care and Wayfinding programs including Navigation, Care Assistance and Health Guide.

You'll also have access to Cancer Care through Transcarent. From prevention to survivorship, patients, caregivers, and families received personalized care through a dedicated team focused on early detection, expert support, and navigating through every phase of cancer.

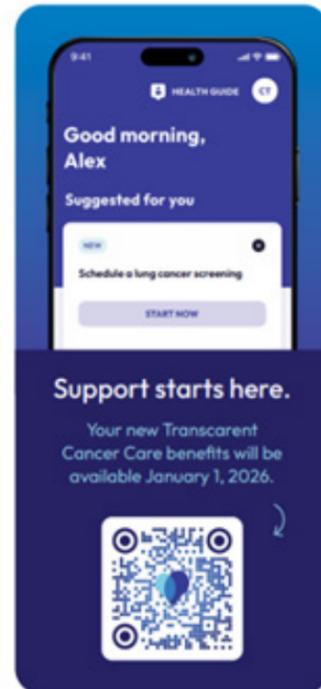
Your Transcarent Cancer Care benefits include:

- A Personalized Screening Plan to stay proactive
- Top-quality Treatment from cancer experts
- Oncology Nurse Navigators to guide you through your care
- Second Opinions from leading cancer specialists
- Caregiver Resources to support your loved ones



What You Get with Transcarent

- 
Personalized screening plan
 Get recommendations based on your age, family history, and health risks.
- 
Reminders to stay on track
 Use your screening tracker to get reminders and never miss a recommended screening.
- 
Easy scheduling
 Find local, in-network care and get help booking appointments from the app.
- 
Top-quality treatment
 If cancer is found, have confidence in your care with Expert Second Opinions and treatment from top providers in our network.



How to get started

- Download the Transcarent app or visit member.transcarent.com and activate your member account.



Staying Healthy

Transcarent Wayfinding Care Assistance

As an employee of HALO, beginning January 1, 2026 you'll have access to even more Transcarent benefits. In addition to the current surgery benefits provided by Transcarent, you'll also have access to the Cancer Care and Wayfinding programs including Navigation, Care Assistance and Health Guide.

How to get started

- Download the Transcarent app or use via the web. Use the "Ask Transcarent" search bar at the top of the home screen to get started. Ask any of your health and benefit questions –simple or serious.

Doctors of Physical Therapy

Starting January 1, 2026, individuals enrolled in HALO's medical plan now have access to world-class physical therapy care through Doctors of Physical Therapy (DPT), all at minimal cost to you! PPO Members pay \$0 and HDHP Members pay only a \$30 copay for therapy.

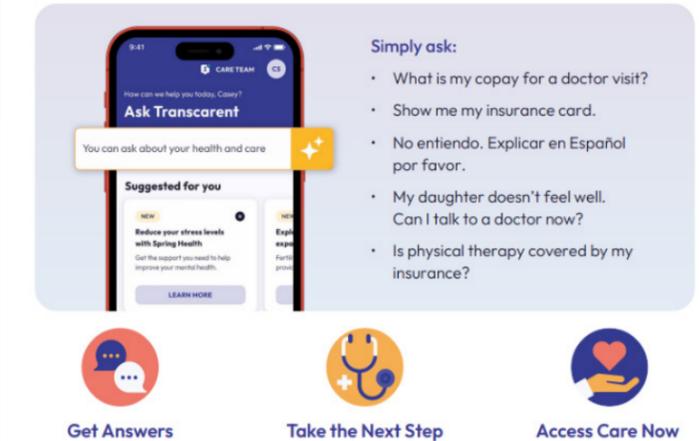
How to get started

- To Make an Appointment or want more details call at (833)-950-0865
- Email at hello@drsdfpt.com

Think of Transcarent as your virtual assistant, backed by a human care team, for all things benefits, health, and care. No more sifting through hefty plan documents, navigating phone trees or online portals. Transcarent will do that for you, getting you the answers you need on-demand.

With your new Transcarent Care Assistance benefit, you'll get one place to view all health benefits:

- Get Answers: Learn about and use your health benefits
- Take the Next Step: Feel confident in your decisions with expert guidance
- Access Care Now: 24/7 care on-demand



Expert Care, Close to Home

DPT offers personalized treatment plans at clinics across Illinois, Wisconsin, Michigan, Texas, Arizona, and California. In 2026, they'll also open a Sterling/Dixon location and begin offering on-site services like free injury consultations and educational workshops.

Getting Help is Simple.

If you or an eligible family member are dealing with pain, stiffness, or an injury, we're here to help. Simply click the link below to sign up and begin your consultation with a professional to find the best solution for you.



Staying Healthy

Dental Plan Highlights

There are two dental plans available for you to choose from, the Low Plan and the High Plan. As a reminder, getting care from an in-network provider will be lower cost for you than if you were to visit an out-of-network provider. For more details, see the dental plan summaries.

Pay Less by Using an In-Network Provider

You will receive in-network benefits from Delta Dental PPO and Delta Dental Premier network dentists. You will save the most money by using a Delta Dental PPO network.

Plan Design	High Plan	Low Plan
Individual Deductible	\$50	\$100
Family Deductible	\$150	\$300
Maximum	\$1,250	\$1,000
Preventive	100%	90%
Basic	80%	70%
Major	50%	50%
Orthodontia	50%	N/A
Orthodontia Eligibility	Children under 19	N/A
Orthodontia Lifetime Maximum	\$2,000	N/A

Dental Coverage Reminders

- Two routine dental cleaning per benefit year
- Annual maximum is the most your plan will pay towards your dental services in the calendar year.

Applies to each covered person on the plan

- Orthodontia limit of \$2,000 on the High Plan is a lifetime maximum

This is the most your plan will pay for orthodontia services per member per lifetime.

Does not "reset" each year like your annual maximum

Dental Plan Contributions

Delta Dental IL Bi-Weekly Contributions		
Coverage Tier	High Plan	Low Plan
Employee Only	\$13.70	\$11.36
EE + Spouse	\$24.66	\$20.46
EE + Child(ren)	\$39.84	\$28.06
Family	\$53.55	\$39.43

Staying Healthy

Vision Plan Highlights

Your vision coverage is offered through BCBSIL. BCBSIL provides you with affordable care options and gives you access to a range of discounts on glasses, frames, lenses, and laser vision correction. BCBSIL vision partners with EyeMed to provide you with an extensive network of optometrists, ophthalmologists and opticians in private practices and at optical retailers including Walmart, Bard Optical, All About Eyes, Target, LensCrafters, and more! For more details on your vision coverage and exclusive savings and promotions, visit member.eyemedvisioncare.com/bcbsilhalo or download the EyeMed Members Mobile App.

To locate an in-network provider, visit eyedoclocator.eyemedvisioncare.com/bcbsilhalo/en.

BCBSIL Vision Plan		
Plan Provision	In-Network	Out-of-Network Reimbursement
Frequency (Exams/Lens/Frames)	Exams - covered ever 12 months Lens - covered every 12 months Frames - covered ever 24 months	
Exam	\$10 copay	Up to \$45
Spectacle Lens		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
Standard Progressive Lens	\$25 copay	Up to \$50
Allowance	\$140 with 20% off for balances over \$140	Up to \$70
Elective Contact Lens-Fitting and Evaluation	\$40 max copay	Up to \$105
Elective Contact Lens	\$140 allowance	Up to \$105

Visit Glasses.com to access a huge selection of frames and lenses with your benefits using 3-D virtual try-on technology!

Vision Plan Contributions

BCBSIL Vision—Bi-Weekly Contributions	
Single	\$2.76
EE + 1	\$4.35
EE + 2 or more	\$7.80



For more details on your vision coverage and exclusive savings and promotions, visit member.eyemedvisioncare.com/bcbsilhalo or download the EyeMed Members Mobile App.



03



Feeling Secure

Feeling Secure



Health Savings Account (HSA)

An HSA is an individually owned savings account that accompanies a qualified high deductible health. The funds may be used towards future eligible medical expenses or retirement. Your HSA funds may be rolled over from year to year. HSAs offer a triple tax advantage:

- Contributions are pre-tax or tax-deductible
- Earnings on the balance and investments are not taxed
- Funds withdrawn for qualified medical expenses are not taxed

The IRS has a limit on how much you can contribute to your HSA on an annual basis, these limits are outlined below. Employees age 55 and older may contribute an additional \$1,000 annually in catch-up contributions. The maximum HSA contributions are:

- Single: \$4,400
- Non-single: \$8,750

Did you know?

Once you have a balance exceeding \$2,000 in your HSA, you can choose to have invest your HSA funds.

For more information, visit www.healthequity.com.



HALO contributes to your HSA, employees with single coverage receive \$500/year and employees with all other coverage receive \$1,000/year. The first contribution occurs in January, and the second in July. This is free money and the funds are yours to keep. To receive the contribution, you must be enrolled in the HSA benefit. You are not required to contribute any money to receive the election and can set a \$0 amount.

***You cannot contribute towards or receive HSA contributions if you are not enrolled in the High Deductible Health Plan.

Feeling Secure



Flexible Spending Accounts (FSA)

A FSA allows you to contribute pre-tax funds from each paycheck to be used towards eligible healthcare and/or dependent care expenses. These are administered through WEX. You may also contribute to a commuter FSA, for eligible transit/parking expenses for your work commute.

IRS Rules state that you cannot contribute more than the following amounts in 2026:

- Healthcare FSA: \$3,400
- Limited Purpose FSA: \$3,400
- Dependent Care FSA: \$7,500
- Commuter FSA: \$340 (Monthly)

Important:

At the end of the year, remaining money up to \$680 as of 12/31/26 will be rolled over to the following year for you to continue using. If you have a balance above \$680, that money will be forfeited, so choose your FSA election amount wisely.

Health Savings Account & Flexible Spending Account contribution limits are based on the calendar year.

Participation in a Flexible Spending Account requires you to re-enroll annually. If you do not re-enroll, you will not have the benefit in 2025.

Feeling Secure

Flexible Spending Accounts (FSA)

Healthcare FSA & Limited Purpose FSA:

The Healthcare FSA can be utilized for any of the following types of expenses incurred by you and your family. Qualified Medical, Prescription, Dental, and Vision Expenses, including:

- Copays
- Coinsurance
- Services not covered by your insurance plan.

With your Healthcare FSA / Limited Purpose FSA, it is important to understand that you can only carry over up to \$680 into 2027, of unused funds. Unused funds exceeding \$660 as of 12/31/2025 will be forfeited.

Participation in the Healthcare FSA is only limited if you are enrolled in the HDHP. If this is the case, you can participate in the Limited Purpose FSA, which allows the same expenses, except Medical & Pharmacy.



Feeling Secure

Flexible Spending Accounts (FSA)

Dependent Care FSA

The dependent care FSA allows you to use pre-tax funds towards eligible expenses such as:

- Daycare
- Preschool
- Babysitting
- Summer day camp
- Dependent adult daycare

The dependent care FSA should be used on expenses incurred to work, seek work, or attend school. Dependent must be under age 13 or incapable of self-care.

The dependent care FSA includes a grace period and run-out period, here's how they work:

- **Grace period**—This allows you to continue to incur claims through March 15th following the close of the plan year
- **Run-out period**—Claims for the prior year and incurred during the grace period can be filed through March 31st

Commuter FSA

Commuter FSAs pre-tax funds can be used towards expenses related to commuting to and from work for mass transit, vanpooling, and work-related parking costs. This includes:

- Transit passes, tokens
- Fare cards, vouchers
- Parking passes



Debit Card

All FSA benefits are administered by WEX. You will receive a debit card to use for eligible medical, dental, vision, and dependent care expenses. For more information, contact WEX!
866-451-3399 | www.wex.com

Want the App? Search for Benefits by WEX in the App Store or on Google Play.

Feeling Secure

Life and AD&D Benefits

Our Life and AD&D insurance plans provide financial protection in the event of the death of a covered person or upon certain other losses suffered as the result of an accident.

Life and Disability Reminders

- If you are enrolled in medical, the company will provide your Basic Life and AD&D coverage
- If you are not enrolled in medical, you may elect the Basic Life and AD&D
- Coverage can be moved to an individual policy at separation from HALO.
- Commission Employee Coverage amount is based on prior years W2 earnings.

Your Coverage

- Basic Life and AD&D coverage is two times your annual salary up to a maximum of \$250K.
- Employees earning over \$200k have a maximum benefit of two times your annual salary up to a maximum benefit of \$500k
- Coverage amount is reduced by 50% at age 70

Plan Design Features	HALO
Benefit	2x annual salary
Maximum Benefit	Lesser of 2x annual salary or \$250,000
Maximum Benefit (Employees over \$200k)	Lesser of 2x annual salary or \$500,000



Feeling Secure

Life and AD&D Benefits

Supplemental Life

You have the option to purchase additional Life coverage for yourself, your spouse and your dependent children. Premiums for employee and spouse/partner vary based on your age and will increase according to the age ranges below and your age on September 1st of every calendar year.

- Employee coverage is available in \$10,000 increments up to the lesser of \$400,000 or 5x salary
- Employee benefits reduce by 50% at age 70
- Spouse/partner coverage is available in \$5,000 increments up to \$50,000
 - Spouse/partner coverage cannot exceed 50% of employee coverage
 - Spouse/partner supplemental life coverage terminates at age 70
 - Spouse/partner rates are based upon employee age
 - The cost for Employee & Spouse/Domestic Partner Life will increase, based on your age. If you change the age band that you are in while enrolled in this coverage, you will have an updated cost as of the following January 1st.
- Child coverage is available for dependent child(ren), as a flat \$10,000 policy. This is available for dependent child(ren) 6 months - the age of 26.
- The guaranteed issue amounts are \$200,000 for employee and \$30,000 for spouse/partner
- You can elect up to the Guaranteed Issue Amount, during your New Hire Enrollment, without being subject to underwriting requirements.
 - Any request exceeding the Guaranteed Issue is subject to Underwriting Approval.
- During Open Enrollment, if you have coverage in place, you can increase your Life Insurance election as reflected below, until you have met the Guaranteed Issue. Any increase exceeding the Guaranteed Issue will be subject to Underwriting Approval.
 - Supplemental Employee Life: 2 increments of \$10,000
 - Supplemental Spouse / Domestic Partner Life: 2 increments of \$5,000
- If you do not have a current election and elect Life Insurance during Open Enrollment, any election will be subject to Underwriting Approval.
- If your election requires underwriting approval, it is your responsibility to complete the Evidence of Insurability application.

Supplemental Life Contributions—Employee and Spouse

Bi-Weekly Contributions (based on units of \$1,000)	
Under Age 29	\$0.037
Age 30-34	\$0.051
Age 35-39	\$0.055
Age 40-44	\$0.069
Age 45-49	\$0.106
Age 50-54	\$0.175
Age 55-59	\$0.309
Age 60-64	\$0.485
Age 65-69	\$0.637
Age 70+	\$1.431

To calculate bi-weekly cost—(\$amount of requested additional insurance/\$1,000) × rate (table above) = bi-weekly cost.

Dependent Child Life Insurance Contribution

Bi-Weekly Contributions
\$0.0501 per \$1,000

Feeling Secure

Short Term Disability

Short term disability (STD) replaces your weekly income while you are out of work following a non-work-related accident or illness.

- Benefits go into effect on the 8th day of a qualified disability
- Maximum of 13 weeks with doctor certification
- If you are enrolled in the medical plan, short term disability will be provided by the company
- If you are not enrolled in the medical plan and wish to be covered you may purchase disability insurance.

BCBS of IL	
STD	Benefits
Benefit Percentage	66.67%
Weekly Benefit Maximum	\$1,500
Benefits Begin	8th day accident 8th day sickness
Benefits Duration	13 weeks

Long Term Disability

Long term disability (LTD) protects your income by providing you with a percentage of your income while you are disabled. Benefits begin after 90 days of a qualified disability until age 65.

BCBS of IL	
LTD	Benefits
Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
Maximum Monthly Benefit (Employees Over \$200k)	\$15,000
Benefits Waiting Period	90 days



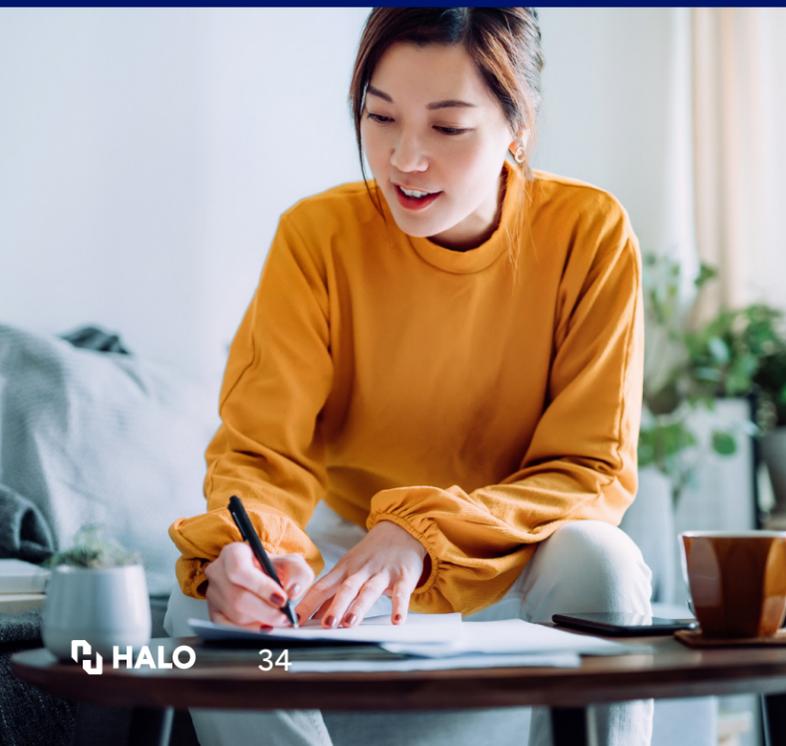
Feeling Secure

Voluntary Critical Illness, Hospital Indemnity, and Group Accident

If you're concerned about the financial impact large medical expenses can have on you and your family or they are diagnosed with a serious illness or sustain a serious injury resulting in a hospital visit, consider enrolling in critical illness, group hospital indemnity, or group accident insurance coverage through BCBS IL Ancillary.

Critical illness, group hospital indemnity, and group accident coverages allow you to transition a policy to individual when separating from HALO.

In addition to the standard coverage, each policy offers a \$50 Wellness Incentive Benefit. This is payable when you get applicable preventive care. Voluntary Procedures are not covered under this policy.



Critical Illness

The critical illness group plan pays a lumpsum benefit if a covered person is diagnosed with a heart attack, stroke, cancer or many other conditions. It can help cover out-of-pocket medical expenses for treatments that aren't covered by your medical plan, such as deductibles and coinsurance.

You may choose group critical illness insurance as follows:

- Employee coverage can be elected in increments of \$5,000 up to \$30,000
- Spouse / Domestic Partner coverage can be elected in increments of \$2,500 up to \$15,000
- Child coverage can be elected in increments of \$2,500 up to \$15,000
- Spouse / Domestic Partner & Child Policy is available upon enrollment in Employee coverage.
- Spouse / Domestic Partner & Child coverage elections cannot exceed the Employee Election

Feeling Secure

Voluntary Critical Illness, Hospital Indemnity, and Group Accident

Critical Illness Contributions

Age Band	\$5K	\$10K	\$15K	\$20K	\$25K	\$30K
Employee (EE) - Bi-Weekly Contributions						
<25	\$0.76	\$1.51	\$2.27	\$3.03	\$3.78	\$4.54
25-29	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15
30-34	\$1.11	\$2.22	\$3.34	\$4.45	\$5.56	\$6.67
35-39	\$1.52	\$3.04	\$4.56	\$6.08	\$7.60	\$9.12
40-44	\$1.95	\$3.90	\$5.86	\$7.81	\$9.76	\$11.71
45-49	\$2.74	\$5.47	\$8.21	\$10.95	\$13.68	\$16.42
50-54	\$3.62	\$7.25	\$10.87	\$14.49	\$18.12	\$21.74
55-59	\$4.87	\$9.75	\$14.62	\$19.50	\$24.37	\$29.24
60-64	\$6.06	\$12.12	\$18.19	\$24.25	\$30.31	\$36.37
65-69	\$7.56	\$15.12	\$22.68	\$30.24	\$37.80	\$45.36
70-74	\$10.64	\$21.28	\$31.92	\$42.55	\$53.19	\$63.83
75-79	\$15.53	\$31.05	\$46.58	\$62.10	\$77.63	\$93.16
80-84	\$17.45	\$34.90	\$52.35	\$69.80	\$87.25	\$104.70
85+	\$24.30	\$48.60	\$72.90	\$97.20	\$121.50	\$145.80
Age Band	\$2.5K	\$5K	\$7.5K	\$10K	\$12.5K	\$15K
Spouse (SP) - Bi-Weekly Contributions						
<25	\$0.34	\$0.68	\$1.01	\$1.35	\$1.69	\$2.03
25-29	\$0.36	\$0.73	\$1.09	\$1.46	\$1.82	\$2.19
30-34	\$0.46	\$0.93	\$1.39	\$1.86	\$2.32	\$2.78
35-39	\$0.63	\$1.27	\$1.90	\$2.54	\$3.17	\$3.81
40-44	\$0.80	\$1.59	\$2.39	\$3.18	\$3.98	\$4.78
45-49	\$1.14	\$2.28	\$3.42	\$4.56	\$5.69	\$6.83
50-54	\$1.71	\$3.42	\$5.13	\$6.84	\$8.55	\$10.26
55-59	\$2.42	\$4.84	\$7.26	\$9.68	\$12.10	\$14.52
60-64	\$3.08	\$6.17	\$9.25	\$12.33	\$15.42	\$18.50
65-69	\$3.64	\$7.28	\$10.92	\$14.56	\$18.20	\$21.84
70-74	\$4.96	\$9.92	\$14.88	\$19.84	\$24.80	\$29.76
75-79	\$5.85	\$11.69	\$17.54	\$23.38	\$29.23	\$35.07
80+	\$7.97	\$14.06	\$23.90	\$31.86	\$39.83	\$47.79
Children	\$2.5K	\$5K	\$7.5K	\$10K	\$12.5K	\$15K
Critical Illness	\$0.57	\$1.13	\$1.70	\$2.27	\$2.83	\$3.40

Staying Healthy

Voluntary Hospital Indemnity

The hospital indemnity insurance program offered through BCBS is a supplemental insurance plan that offers a lump sum cash benefit to help cover out-of-pocket expenses due to hospitalization fees not covered by your insurance. Whether it is a covered hospital stay, intensive care stay or posthospital skilled nursing facility care, you can use this payment to offset any related costs.

Hospital Indemnity Contributions

Hospital Indemnity Bi-Weekly Contributions	
Employee Only	\$8.29
Employee + Spouse	\$16.54
Employee + Child(ren)	\$14.87
Family	\$22.65

Voluntary Group Accident

The group accident insurance plan helps offset your out-of-pocket expenses in the event of an accident, such as copays, coinsurance, and other medical expenses. This plan covers accidents that occur off the job and includes a range of incidents from common injuries to more serious events.

Accidental Injury Bi-Weekly Contributions	
Employee Only	\$5.02
Employee + Spouse	\$7.79
Employee + Child(ren)	\$9.87
Family	\$12.64

Planning on growing your family?

The Hospital Indemnity benefit offers the following on a hospital delivery:

- Admission | \$1,000
- Daily Confinement | \$200 / day
- Daily Newborn Confinement | \$300 / day



Feeling Secure

401(k) Savings Plan

BOK Financial administers our 401(k) plan. This benefit allows you to save money for your retirement. Contributing is a convenient way to invest in your future by building a source of income for your retirement.

Eligibility

You must be 18 years of age and are eligible the first of the month following 30 days of employment to contribute to the 401(k).

Auto-Enrollment

An automatic deferral amount of 3% of your compensation will be withheld from each of your paychecks. The automatic deferral amount will be contributed as a pre-tax elective deferral to the plan.

Contributions

You can choose to contribute a percentage of your income (1%-100% in whole percentages only) or a specified dollar amount to the plan biweekly on either a pre-tax or an after-tax (Roth) basis. Contributions are deducted from each biweekly pay check. You are allowed to change, stop, or restart the amount of your contribution at the next reasonable pay period.

Company Match

The company may offer an annual match of 50% on the first \$1,000 of your contributions (maximum match of \$500 annually). The match is made in January for the previous year's contributions.

In 2025, you're able to contribute a maximum of \$23,500 to your 401(k) plan. The IRS has not released the maximum contribution amount for 2026.

You must work at least 1,000 hours and be employed on the last day of the calendar year to be eligible for the match.



Feeling Secure

401(k) Savings Plan Automatic Enrollment

The eligible automatic contribution arrangement (EACA) provisions apply to the Plan. This type of automatic enrollment allows the plan administrator to enroll employees in the Plan.

What happens when I become eligible for the Plan?

If you are eligible to make elective deferrals and meet the requirements below and you do not make a deferral election by your entry date, the plan administrator will begin deducting automatic deferrals from each of your paychecks and will submit those amounts to the Plan (automatic deferrals) on your behalf.

An automatic deferral amount of 3% of your compensation will be withheld from each of your paychecks. The automatic deferral amount will be contributed as a pre-tax elective deferral to the Plan.

If you do not wish to have automatic deferrals withheld from each of your paychecks or if you want to change the amount withheld, you must make a deferral election. If automatic deferrals have already started, you may make a deferral election to change the amount being withheld or to stop the deferrals entirely.



If automatic deferrals are withheld from my paycheck can I take that money out of the Plan right away?

Yes, you may request that your automatic deferrals and any earnings on those deferrals be distributed to you as long as you make the request in writing within 90 days of when the automatic deferrals were first withheld from your paycheck. Any matching contributions associated with the automatic deferrals that you take from the Plan by the deadline will be forfeited. After that deadline has passed you will only be able to take the automatic deferrals out of the Plan when elective deferrals can be distributed.

Do the Plan's automatic enrollment features apply to me if I have already made a deferral election?

No, if you have already made a deferral election that amount will continue to be withheld from each of your paychecks until you make a new election.



Feeling Secure

401(k) Savings Plan Elective Deferrals

Your elective deferrals are amounts that you chose to (or are assumed to have chosen to) have withheld from your paycheck and contributed to the Plan in your name. Please see the section of your SPD titled "Eligibility for Participation" to determine if you are eligible to make elective deferrals and "Contributions to the Plan" for the type of compensation you may defer into the Plan.

How do I make or change my deferral election?

You may make or change your deferral election by going to the following website: www.startright.bokf.com or calling the voice response unit at the following number: 800.876.9557.

- Contribution changes are required to be completed by 3:30 CST on the Friday before an upcoming check date, to be in effect for that paycheck.

Once I make a deferral election, how often can I change, stop, or re-start the election?

You may change or re-start your deferral election as of the next reasonable pay period. You may stop your deferrals at any time.



Download the Start Right Retire Right Mobile App to stay connected to your retirement plan account. The mobile app allows you to do everything that you can do from your online account.



Feeling Secure

Work/Life Balance

Life can certainly have its share of challenges; don't let it get you down! Halo has partnered with New York Life to provide Employee Assistance to employees and their families. Below you will see the variety of services offered to help improve your overall wellbeing.

Life Assistance Program

You and your family members have access to various counseling services including legal, financial, and work-life balance assistance. Counseling calls are answered by a Master's or PhD-level counselor who will collect general information and discuss your needs. The program provides a maximum of three sessions per issue, per year.

Well-being Coaching

To help achieve health and wellness goals, you have access to five telephonic sessions per year with a certified coach. The certified coach can help with goals including stress and time management.

Contact information:

You may access services 24/7 via phone at (866) 899-1363 or online at [GuidanceResources.com](https://www.GuidanceResources.com) (WebID DISRES)

If you have any problems logging in, you can contact: memberservices@guidanceresources.com or call (877) 595-5289

Achieve Work/Life Balance

For help handling life's challenges go online to [guidanceresources.com](https://www.guidanceresources.com) for articles and tools on topics including wellness, legal regulations, family, care giving, pet care, career and education, money, home and auto.

Legal Consultation and Referrals*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.

Financial Consultations

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.



04



HALO Benefits Contact Info



HALO Benefits Contact Info

HALO Benefits Contact Information

Medical

Blue Cross Blue Shield of Illinois
800.676.BLUE (2583)
bcbsil.com
HDHP Group #PM0023
PPO Group #PM0025

Pharmacy Benefits

CVS Caremark
844.256.4046
www.caremark.com

Medical / Pharmacy Benefits

Kaiser Permanente
800.464.4000
www.kp.org
Group #657791

Virtual Primary Care

TelaDoc
800.835.2362
teladoc.com/bcbsil

MDLIVE Virtual Visits

888.676.4204
MDLIVE.com/bcbsil

Health Savings Account (HSA)

Health Equity
886.346.5800
www.healthequity.com

Flexible Spending Account (FSA)

Wex
866.451.3399
www.wex.com

Dental

Delta Dental of Illinois
800.323.1743
www.deltadentalil.com
Group #20210

Vision

Blue Cross Blue Shield of Illinois
855.362.5539
member.eyemedvisioncare.com/bcbsilhalo
Group #1033099

Life, Disability, Accidental Injury, Hospital Indemnity, Critical Illness:

BCBS IL Ancillary
800.367.6401
mydearborngroup.com

Life Assistance Program

BCBS IL Ancillary
866.899.1363
GuidanceResources.com
Web ID: DISRES

401(k)

BOK Financial
800.876.9557
startright.bokf.com

Health Advocacy Services

Transcarent Wayfinding
member.transcarent.com

MyHealthyHALO Wellness Program

Navigate
888.282.0822
myhealthyhalo.com
Info@navigatewell.com

Cancer Navigation

Transcarent
member.transcarent.com

Physical Therapy

Doctors of Physical Therapy
hello@drsofpt.com
833-950-0865

General Benefits Questions

Benefits@halo.com

HALO Benefits App

HALO employees have access to employee benefit plan information and resources “on the go” from any smartphone, tablet or computer!

Add an icon to your home screen for quick access ↓

iPhone

- Tap the  icon in Safari's lower menu bar
- Tap the  icon

Android

- Tap the  icon in the top right menu bar
- Select:  Add to home screen



Scan the QR code with your smartphone camera or visit: myHALObenefits.com



Thank you.

