



PT | SOLUTIONS®

PHYSICAL THERAPY



Benefit Guide

7/1/2026-12/31/2026 PLAN YEAR

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Working together is what makes PT Solutions a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 7/1/2026-12/31/2026 plan year benefits. Contact the Benefits team at Benefits@ptsolutions.com with any questions.



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See **page 35** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to PT Solutions Holdings, LLC. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

WELCOME

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life and disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 7/1/2026-12/31/2026 plan year.

This guide includes:

- An overview of your 7/1/2026-12/31/2026 plan year benefits options
- Explanations of each offering to help you make the best decisions for you and your family
- Contact information for all benefits vendors
- Costs associated with your benefits

Any Questions?

We're here to help. Contact the benefits team at Benefits@ptsolutions.com -or- PT SOLUTIONS BENEFITS SERVICE CENTER

Phone: 833-288-5473

Fax: 833-288-5474

PTBenefits@bac.lockton.com

Monday - Friday, 7am CST - 6pm CST

All benefit eligible employees are encouraged to review current benefits and may schedule an appointment with a Benefits Education Specialist. During the meeting, the specialist will explain all benefit options, answer questions, record beneficiaries for employer-provided life insurance, assist with the online enrollment process and ensure your benefits fit your and your family's needs. You'll be provided a flyer with a QR code and instructions to schedule an appointment in your Benefits Enrollment email notifications.



OPEN ENROLLMENT WILL RUN MAY 20 - JUNE 5, 2026

- **PASSIVE OPEN ENROLLMENT** - This means that your current elections will automatically roll over unless you make changes in UKG (this does not include FSA & Dep Care FSA).
- **FSA and Dep Care FSA** - Both must be re-elected if you wish to have this benefit July - December 2026.
- **SHORT PLAN YEAR** - This open enrollment will be for coverage 7/1 - 12/31/2026, so that our plans can move to calendar year renewals beginning 1/1/2027.

Note

We will have a second open enrollment late October/early November for a January 1 effective date.

WHAT'S CHANGING FOR 7/1/2026



- Premium and Plus Plan will now have a **\$25 copay** for all rehab services (ie. PT, OT, Speech) billed as office visit **and** OP hospital facility. *This excludes rehab therapy services in conjunction with inpatient or other specialized care.*
- HDHP/HSA Plan now eligible for **12 free telehealth** visits through Anthem, same as our copay plans.
- **2026 Annual Maximum Increase**
 - **FSA:** \$3,400
 - **Dep Care FSA:** \$7,500 (or \$3,750 if single or married filing separately)
 - **HSA (including employer contribution):** \$4,400 Individual / \$8,750 Family

Note

UKG will calculate elections through 12/31/2026 (12 payrolls instead of 24)

ELIGIBILITY AND ENROLLMENT

PT Solutions' benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of PT Solutions who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Unless otherwise specified, your elections are effective on the first day of the month following 30 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.



OPEN ENROLLMENT DECISIONS

The following box includes examples of what you can do during open enrollment.

BENEFIT	DECISIONS
Medical, Dental & Vision Plans	Enroll? Waive coverage? Change plans? Add or drop dependents?
Health Savings Account (HSA)	Enroll? How much to contribute?
FSA Accounts - Health, Dependent Care	Which ones? How much to contribute?
Voluntary Life, Accident Insurance, Critical Illness	Enroll? Increase or decrease amount?
Voluntary Short Term Disability (STD) and Long Term Disability (LTD)	Enroll in Voluntary STD? Enroll in Voluntary LTD?
Beneficiary Designation for Insurance Plans	Add or update

Note

The benefits elections you make now will be effective for July 1, 2026 - December 31, 2026. You can't change them until the next open enrollment period, unless you have a Qualifying Life Event, such as divorce, birth, or adoption. See details on page 7.

Benefit Costs

EMPLOYEE PREMIUMS (PER PAY DEDUCTIONS)

	EE ONLY	EE + SPOUSE	EE + CHILD(REN)	FAMILY
HSA/VALUE PLAN	\$20.75	\$210.00	\$117.50	\$212.50
PLUS PLAN	\$119.30	\$460.79	\$219.80	\$477.51
PREMIUM PLAN	\$195.50	\$531.42	\$351.91	\$566.98
DENTAL - CORE PLAN	\$13.38	\$27.15	\$31.02	\$47.51
DENTAL - BUY-UP PLAN	\$15.83	\$32.12	\$41.34	\$61.54
VISION	\$4.11	\$5.77	\$5.94	\$11.24
BASIC LIFE AND AD&D	Company pays 100%			
VOLUNTARY LIFE	Rates are based on age. Please see table on page 27.			
SHORT & LONG-TERM DISABILITY	Please see table on page 28. PTS pays 50%			
GROUP ACCIDENT	\$3.50	\$6.24	\$6.16	\$8.90
CRITICAL ILLNESS	Rates are based on age and coverage tier. Please request for rate information if interested.			
LEGAL PLAN	\$10.50 Per Pay Period			

Click [here](#) to view the benefit costs on the PT Solutions Benefit Site.

Now's the Time to Enroll!

What are **Qualifying Life Events**?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

Common QLEs include:



Reach out to PT Solutions' Benefits Team at Benefits@ptsolutions.com with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

MEDICAL BENEFITS

Medical benefits are provided through Anthem/BCBS. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 7/1/2026-12/31/2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your semi-monthly contributions.

	PREMIUM PLAN	PLUS PLAN	HSA/VALUE PLAN
SEMI-MONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$195.50	\$119.30	\$20.75
EMPLOYEE + SPOUSE	\$531.42	\$460.79	\$210.00
EMPLOYEE + CHILD(REN)	\$351.91	\$219.80	\$117.50
EMPLOYEE + FAMILY	\$566.98	\$477.51	\$212.50

How to Find a Provider

Visit [Anthem.com](https://www.anthem.com) or call Customer Care at 1-844-274-5201 for a list of Anthem/BCBS network providers. To find an In-Network provider:

- Go to bcbsga.com and select Find a Doctor
- Under Search as a Guest, click on Continue and follow prompts:
 - Georgia: Click on Blue Open Access POS (Select Network) as your network
 - Outside Georgia: Click on National PPO (BlueCard PPO) as your network



Note

Preventive care offered by an in-network physician, such as an annual physical, is often covered at 100%.

Medical Plan Summary

This chart summarizes the 7/1/2026-12/31/2026 plan year medical coverage provided by Anthem/BCBS. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	PREMIUM PLAN	PLUS PLAN	HSA/VALUE PLAN
	IN-NETWORK	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	\$1,200	\$2,000	\$3,400
FAMILY	\$3,600	\$5,500	\$6,800
COINSURANCE (Plan Pays)	100% after deductible	90% after deductible	80% after deductible
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
INDIVIDUAL	\$4,000	\$6,000	\$8,500
FAMILY	\$8,000	\$12,000	\$17,000
COPAYS/COINSURANCE			
PREVENTIVE CARE	100%	100%	100%
PRIMARY CARE OFFICE VISIT	\$25 copay	\$35 copay	20% after deductible
SPECIALIST SERVICES OFFICE VISIT	\$50 copay	\$60 copay	20% after deductible
THERAPY VISITS (combined - PT, OT, and SLP)	\$25 copay, 80 visits max combined PT and OT, 60 visits max SLP	\$25 copay, 80 visits max combined PT and OT, 60 visits max SLP	10% after ded, 80 visits max combined PT and OT, 60 visits max SLP
TELEHEALTH	12 free visits then \$25 copay	12 free visits then \$35 copay	12 free visits then \$35 copay
ACUPUNCTURE	\$50 copay	\$50 copay	20% after deductible
URGENT CARE	\$50 copay	\$50 copay	20% after deductible
EMERGENCY ROOM	\$500 copay, no deductible	\$500 copay then 10%	20% after deductible
INPATIENT FACILITY CHARGES	0% after deductible	10% after deductible	20% after deductible
OUTPATIENT FACILITY & SURGICAL CHARGES	0% after deductible	10% after deductible	20% after deductible

1. Premium Plan – Deductibles and Out-of-Pocket maximums are EMBEDDED for both INN and OON. Meaning, no one family member will meet more than the individual level of deductible or out-of-pocket maximum, but all family members will have their amounts accumulate towards that family bucket.
2. Plus Plan – Same as above, all are EMBEDDED for both INN and OON
3. HSA/Value Plan – Same as above, EMBEDDED for both INN and OON.

Visit [here](#) to access more medical/Rx plan details and to view plan summaries.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit [Anthem.com](https://www.anthem.com) to learn more.

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Anthem/BCBS. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at [Anthem.com](https://www.anthem.com) or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	PREMIUM PLAN	PLUS PLAN	HSA/VALUE PLAN*
RETAIL RX (30-DAY SUPPLY)			
GENERIC	\$15	\$15	20% after deductible
PREFERRED	\$45	\$35	20% after deductible
NON-PREFERRED	\$85	\$60	20% after deductible
SPECIALTY DRUGS	20% coinsurance up to \$250 max per script	20% coinsurance up to \$300 max per script	20% after deductible
MAIL ORDER RX (90-DAY SUPPLY)			
GENERIC	\$38	\$15	20% after deductible
PREFERRED	\$113	\$70	20% after deductible
NON-PREFERRED	\$213	\$180	20% after deductible
SPECIALTY DRUGS	20% coinsurance up to \$250 max per script	20% coinsurance up to \$300	20% after deductible

*Maintenance drugs are available for a copay instead of deductible.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Certain medications are considered preventive and will be covered at 100% (no cost to you) regardless of what plan you are enrolled. For those enrolled in the HSA/Value Plan, medications that fall under the preventive list will not apply to the deductible. For a list of ACA preventive medications, please visit the PT Solutions benefits website.

NOTE: Apps and prescription discount programs such as GoodRx, Amazon Prime RX Savings, and Optum Perks let you compare prices of prescription drugs and find possible discounts.

How do they work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription will not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRX is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80%. **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime RX Savings** discount card, which is included with an Amazon Prime membership and is administered by InsideRX. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.

OUT-OF-POCKET COSTS

These are the types of payments you're responsible for:

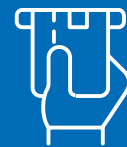


COPAY

The fixed amount you pay for healthcare services at the time you receive them.

DEDUCTIBLE

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



COINSURANCE

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

OUT-OF-POCKET MAXIMUM

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a PPO (Preferred Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How does a HDHP (High Deductible Health Plan) work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay full cost of non-preventive medical and pharmacy* services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to have low usage, mostly preventive care (which is covered), or simply want to take advantage of an HSA, this plan could be for you.

***Maintenance drugs are available for a copay instead of deductible.**



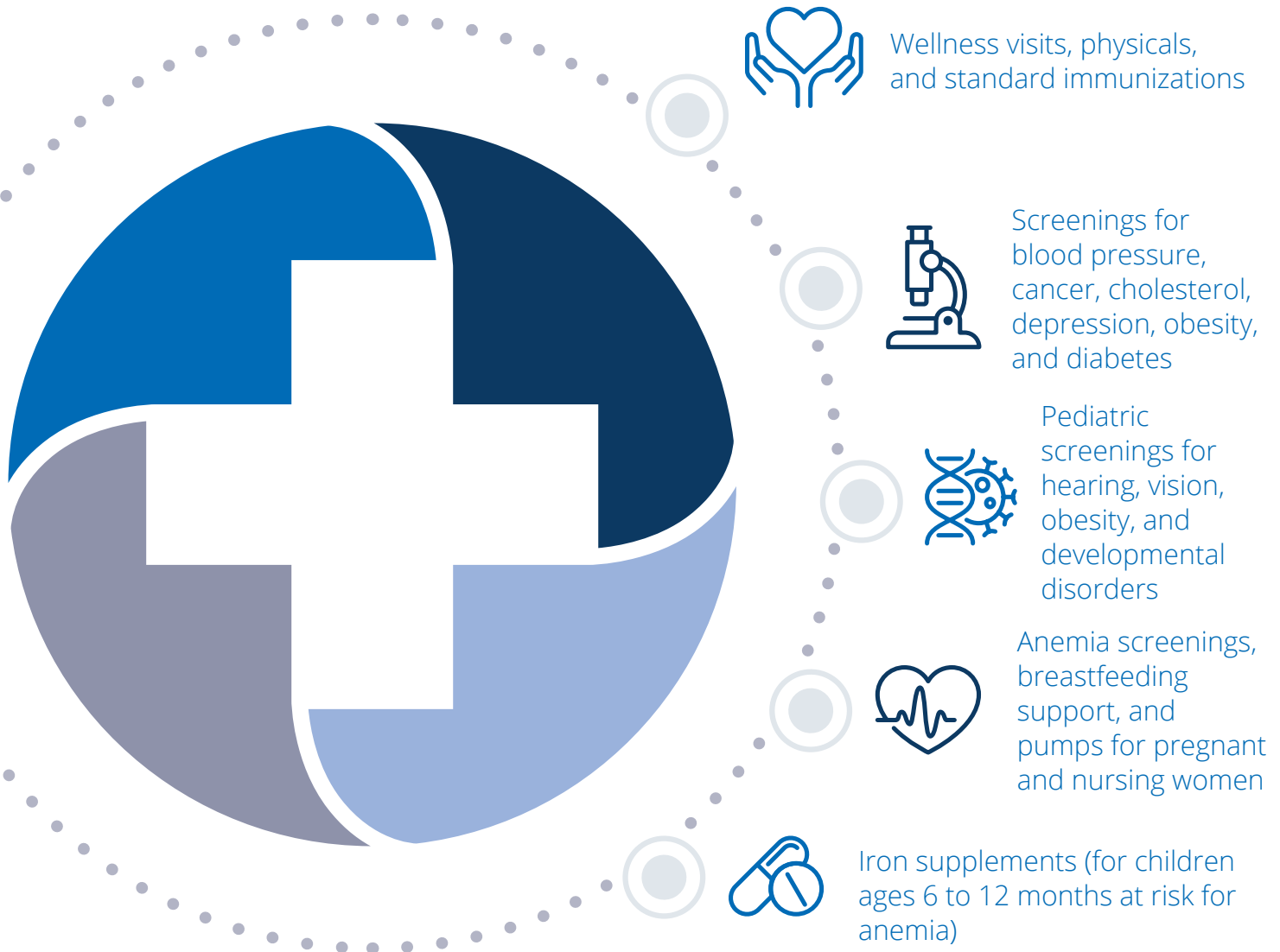
PREVENTIVE CARE



Deep Dive!

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

WHERE TO GO FOR CARE

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Nurse Line

When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

Types of Care*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

Costs and Time Considerations**

- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance



Telemedicine

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- Usually immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment



Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor
- Infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)



Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

VIRTUAL MEDICINE

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

We provide a virtual medicine benefit through LiveHealth Online for you and your dependents. LiveHealth Online offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of \$25 per consultation if you are on the Premium Plan or \$35 per consultation if you are on the Plus Plan or HSA/Value Plan. Virtual medicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

LiveHealth Online doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit [Livehealthonline.com](https://livehealthonline.com).

Your first 12 visits are free per calendar year, then each subsequent visit is subject to a \$25 copay if you are on the Premium Plan and a \$35 copay if you are on the Plus Plan or HSA/Value Plan.

Note

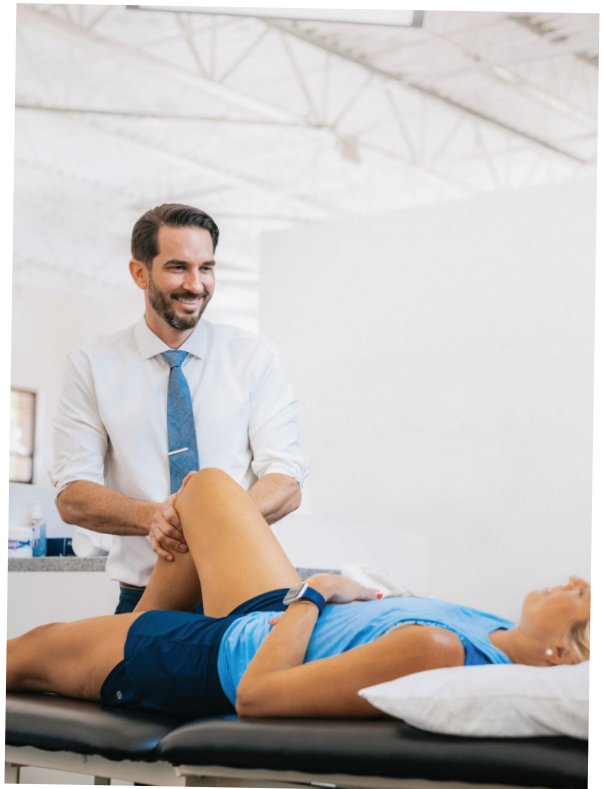
A virtual visit or Facetime directly with your primary care physician (vs. LiveHealth Online) might also be an option — and typically costs the same as an office visit.

LiveHealth Online doctors can treat many medical conditions, including:

- Cold & flu infection
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Respiratory
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Visits

Visit [Livehealthonline.com](https://livehealthonline.com) to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.



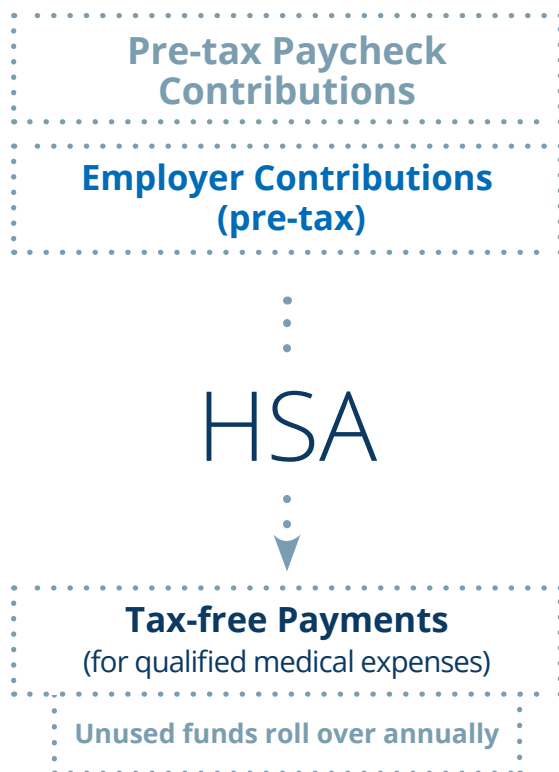
HEALTH SAVINGS ACCOUNT

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

How It Works

Health Equity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.



Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in PT Solutions' HSA, you must elect the HDHP with PT Solutions. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. PT Solutions will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

NOTE: If you are not eligible to participate, you will affirmatively "Decline" the HSA option.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Health Equity. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.



Note

*State income taxes are also waived on HSA contributions in almost all states.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 7/1/2026-12/31/2026 plan year, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS*	
EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

*Funding limits include the employer contribution.

PT Solutions provides an HSA employer contribution that will be deposited on a biannual basis in January and July. You are not required to contribute to your HSA account in order to receive the PT Solutions contribution.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$500
FAMILY	\$1,000

HSA contributions over the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 7/1/2026-12/31/2026 plan year) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The PT Solutions HSA is established with Health Equity. You may be able to roll over funds from another HSA. For more enrollment information, contact the Benefits team or email Benefits@ptsolutions.com.

More details on HSA can be found [here](#).

DENTAL BENEFITS

Like brushing and flossing, visiting your dentist is an essential part of your oral health. PT Solutions offers affordable plan options from Guardian for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Guardian at [Guardiananytime.com](https://www.guardiananytime.com) and select Plan Type: DentalGuard Preferred.



Deep Dive!

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your semi-monthly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Guardian for 7/1/2026-12/31/2026 plan year.

	BUY-UP PLAN	CORE PLAN
SEMI-MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$15.83	\$13.38
EMPLOYEE + SPOUSE	\$32.12	\$27.15
EMPLOYEE + CHILD(REN)	\$41.34	\$31.02
EMPLOYEE + FAMILY	\$61.54	\$47.51
	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$25	\$25
FAMILY	\$75	\$75
CALENDAR YEAR MAXIMUM		
PER PERSON	\$1,750	\$1,250
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100% covered after deductible	100% covered after deductible
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	100% covered after deductible	80% covered after deductible
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50% covered after deductible	50% covered after deductible
ORTHODONTIC LIFETIME MAXIMUM	\$1,500*	Not Covered

*Ortho applies to child(ren) only

Locate dental providers: <https://www.guardiananytime.com/fpapp/search> and select Plan Type: DentalGuard Preferred

Visit [here](#) to see additional details on the dental plans as well as view the dental plan summaries.

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

VISION BENEFITS

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Guardian/VSP Network.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your semi-monthly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Guardian for 7/1/2026-12/31/2026 plan year.

		VISION PLAN		
SEMI-MONTHLY CONTRIBUTIONS				
	EMPLOYEE ONLY		\$4.11	
	EMPLOYEE + SPOUSE		\$5.77	
	EMPLOYEE + CHILD(REN)		\$5.94	
	EMPLOYEE + FAMILY		\$11.24	
		IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS				
	COPAY	\$20	Up to \$45	Once every 12 months
LENSES				
	SINGLE VISION	Covered at 100% after \$20 copay	Up to \$30	Once every 12 months
	BIFOCAL	Covered at 100% after \$20 copay	Up to \$50	
	TRIFOCAL	Covered at 100% after \$20 copay	Up to \$65	
	LENTICULAR	Covered at 100% after \$20 copay	Up to \$100	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	ELECTIVE	100% of balance over \$120 allowance	Up to \$105	Once every 12 months
FRAMES				
	ALLOWANCE	Allowance of \$120 after \$20 copay	Up to \$55	Once every 24 months

Locate vision providers: <https://www.guardiananytime.com/fpapp/vision> and select the VSP network

Visit [here](#) to see additional details on the vision plan as well as view the vision plan summary.

Thoughts & Tips

Early detection of vision conditions like [diabetic retinopathy](#) leads to more effective treatment and cost savings.



Deep Dive!

MENTAL HEALTH

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

The medical plan covers behavioral and mental health services. If you are enrolled in one of the medical plans, then your first 12 Telehealth visits are free per calendar year, then each subsequent visit is subject to your plan's PCP copay. Sign up at livehealthonline.com. Coverage includes virtual therapy from LiveHealth Online. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness – the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

Practice mindfulness.

Practice deep breathing, enjoy a stroll, and stay present in each moment.

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a video call or text.

Improve your outlook.

Treat people with kindness, including yourself.

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

Deal with your stress.

Think positively, exercise regularly, and set priorities.



Deep Dive!

Headspace EAP/Mental Health



No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

As part of PT Solutions' goal to create a healthy and happy culture, we've partnered with Headspace, a global leader in mindfulness and meditation through their app and online content.

Everyday Support for Work and Life

Headspace, your employee assistance program (EAP) offers confidential mental healthcare and access to practical and time-saving resources to help you navigate life's everyday challenges.

Emotional Health

relationships • life transitions • grief and loss
• anxiety and depression • substance abuse

Family and Caregiving

childcare • elder care • adoption
• education • special needs • new parents
• life stages

Everyday Living

household needs • pet care • travel and leisure •
volunteer opportunities • community resources

Personal Health

healthy habits • exercise • nutrition
• managing illness • chronic conditions

Career

interpersonal skills • teamwork
• training and education • work-life balance
• stress • time management

Legal and Financial

wills • estates • neighbor disputes • budgeting • loans
• mortgages • retirement planning • credit • ID theft

Mental Healthcare for Every Moment

Get help with whatever is on your mind

Mental Health Coaching

Coaches help you with everyday challenges. Manage feelings of anxiety and depression, improve relationships, cope with work stress, and more. Meet with a coach right away or schedule an appointment. You'll talk to your coach through text-based chats from your smartphone, and it's all private.

Clinical Care

For more support, meet with a clinician via video. They'll see you within days, and you can make appointments on weekends and evenings. They'll work with your coach to make sure you get the support you need. You can also call our 24/7 phone line to get support right away or to schedule an in-person therapy appointment.

Meditation and Mindfulness

Explore hundreds of guided exercises for meditation and mindfulness. Learn to manage stress, bounce back from challenges, sleep soundly, and build healthy habits

Visit headspace.com/work-life and use company code Ptsolutions. Call the 24/7 phone line: 855-420-0734.

Got questions? Headspace has plenty of resources in their Help Center and animations in the app to get you on your way. You can also reach out to Member Experience team at teamsupport@headspace.com.

FLEXIBLE SPENDING ACCOUNTS

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.



Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Health Equity with reimbursement questions. If you need to submit a receipt, Health Equity will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 7/1/2026-12/31/2026 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must “use it or lose it” — any unused funds will be forfeited.
- Up to \$660 may be rolled over to the next plan year at the end of 7/1/2026-12/31/2026 plan year for Healthcare FSAs.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were \$160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

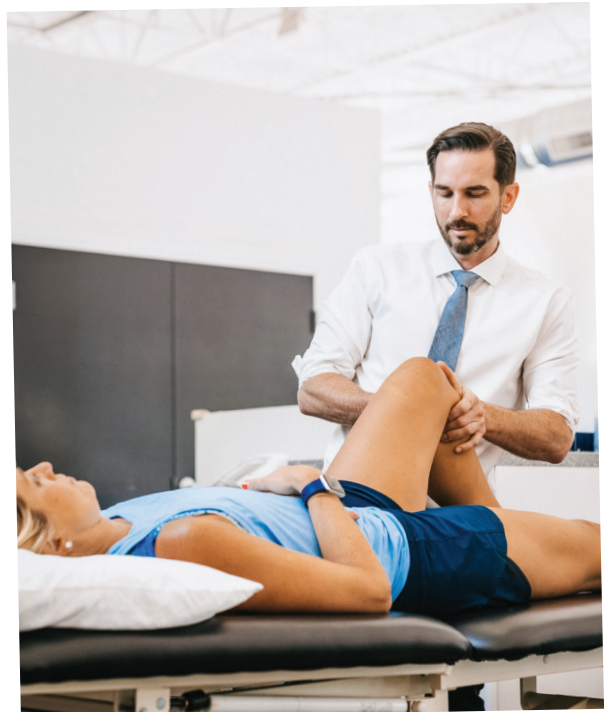
More details on FSA can be found [here](#).

Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.



Deep Dive!



FSA VS HSA

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.



OWNERSHIP

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.



ELIGIBILITY & ENROLLMENT

You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.



TAXATION

HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.

You can contribute up to \$3,400 in 7/1/2026-12/31/2026 plan year to an FSA. This amount may be increased annually.



CONTRIBUTIONS

Both you and your employer can contribute up to \$4,400 in the 2026 plan year (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.



PAYMENT

Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.

Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.



ROLLOVER OR GRACE PERIOD

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.



QUALIFIED EXPENSES

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.

Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care).



OTHER TYPES

N/A

SUPPLEMENTAL HEALTH BENEFITS

PT Solutions offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through Guardian provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

Examples of Covered Accidents and Injuries

- Broken bones and burns
- Tooth crowns and extractions (emergency only)
- Torn ligaments, joint dislocations, and ruptured discs
- Cuts repaired by stitches
- Eye injuries
- Concussion

Advantages of the plan:

Coverage is available to all eligible employees who are actively at work. You can buy coverage for your spouse and dependent children. No health questions to answer. Benefits are paid for accidents that occur off the job. This pays an additional sum if a covered individual has a serious injury, such as loss of sight, hearing or a limb. No restrictions on how you spend the benefits you received.

SEMI-MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$3.50
EMPLOYEE + SPOUSE	\$6.24
EMPLOYEE + CHILD(REN)	\$6.16
EMPLOYEE + FAMILY	\$8.90

Critical Illness Coverage

Critical Illness coverage through Guardian pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Added Benefit

Every insured person under the policy also receives a \$50 wellness benefit per calendar year if certain wellness and preventive services are completed!

Coverage Amounts

- Employee (who is actively at work) - \$15,000 or \$30,000
- Spouse - Same as Employee coverage of \$15,000 or \$30,000
- Child - 50% of Employee coverage - \$7,500 or \$15,000

Examples of Covered Illnesses*

- Cancer
- Carcinoma in situ (30% benefit available)
- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass surgery
- Stroke

The Critical Illness plan has a 3/6 pre-existing condition limitation, meaning the plan does not cover conditions that were diagnosed or treated during the 3 months prior to the coverage effective date or for the first 6 months of your Critical Illness plan coverage. Please refer to the plan document for more information.

Review more details on accident and critical illness coverage [here](#).

SURVIVOR BENEFITS

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

PT Solutions provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Guardian, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is \$25,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Guardian insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions. Visit [here](#) to view more details on Voluntary Life and AD&D insurance and view the benefit summary. **Guardian is offering a true open enrollment for the 7/1/2026-12/31/2026 plan year. Employees can elect up to the guaranteed issue for voluntary employee and/or spouse life without having to fill out an Evidence of Insurability form. If you have previously been denied, you will be required to submit an Evidence of Insurability form.**

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	\$25,000
WHO PAYS	PT Solutions
MAXIMUM BENEFIT	\$25,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	Increments of \$10,000. Guaranteed issue of \$100,000.
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Required for late entrants and benefit increases over the guaranteed issue amount or outside of the initial enrollment period.
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Increments of \$5,000. Guaranteed issue of \$25,000.
WHO PAYS	Employee
MAXIMUM BENEFIT	\$250,000. Up to 100% of employee's approved amount.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Required for late entrants and benefit increases over the guaranteed issue amount or outside of the initial enrollment period.
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	Increments of \$1,000. Guaranteed issue of \$10,000.
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000. Employee must have voluntary coverage.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Required for late entrants and benefit increases over the guaranteed issue amount or outside of the initial enrollment period.

VOLUNTARY LIFE INSURANCE	
RATES/\$1,000 (MONTHLY)	
AGE (AS OF 7/1/2026)	EMPLOYEE/SPOUSE
15-29	\$0.05
30-34	\$0.06
35-39	\$0.09
40-44	\$0.17
45-49	\$0.26
50-54	\$0.40
55-59	\$0.64
60-64*	\$1.00
65-69*	\$1.64
70-74*	\$2.63
75-79*	\$4.71

*Benefits subject to age reduction schedule

VOLUNTARY CHILD LIFE INSURANCE	
15 days to age 26	\$0.17 per \$1,000 of Coverage

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:			
\$	÷ 1,000 =	\$	x Age Based Rate =
Benefit Elected			Monthly Premium

INCOME PROTECTION



You and your loved ones depend on your regular income. That's why PT Solutions offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. No Evidence of Insurability (EOI) required for STD. Visit [here](#) to review the STD plan summary or reach out to Human Resources for more details.

PT Solutions will pay 50% of the premium.

WEEKLY MAXIMUM BENEFIT	\$1,500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	90 days

VOLUNTARY DISABILITY INSURANCE	
	COMPOSITE RATE
VOLUNTARY SHORT TERM DISABILITY	\$0.637 per \$10 of Covered Payroll (MONTHLY)

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. Visit [here](#) to review the LTD plan summary or reach out to Human Resources for more details.

PT Solutions will pay 50% of the premium.

MONTHLY MAXIMUM BENEFIT	\$4,500
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

VOLUNTARY DISABILITY INSURANCE	
	COMPOSITE RATE
VOLUNTARY LONG TERM DISABILITY	\$0.409 per \$100 of Covered Payroll (MONTHLY)

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers.



RETIREMENT PLANNING

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The PT Solutions 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE

PLAN NAME	PT Solutions 401(k) Plan
RECORDKEEPER	Fidelity Investments
WEBSITE	NetBenefits.com
ELIGIBILITY	First of the month following 30 days of employment

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. PT Solutions 401(k) Plan Administrative services are provided by Fidelity Investments. You may start making contributions into the plan the first of the month following 30 days of employment.

Eligibility

Full-time and regularly scheduled part-time associates (excluding PRN) are eligible to participate in the 401(k) plan effective the first of the month following 30 days of employment. Full details and enrollment instructions will be provided prior to eligibility.



Contributing to the Plan, Automatic Enrollment, and Automatic Increase

You will receive an emailed enrollment package prior to eligibility, including notice of the plan's auto-enrollment feature. Unless you take action to decline this automatic enrollment, PT Solutions assumes that you have authorized the company to withhold for each pay period on a pre-tax basis an amount equal to 2% of pay. This withholding percentage will remain in effect until such date that you make an affirmative election to increase, decrease, or cease your contributions to the plan. If you remain subject to automatic enrollment, you will experience a 1% automatic deferral increase annually on January 1 after a full year of participation, until reaching 6%.

Contribution Limits

The deferred contribution limit set annually by the IRS is \$24,500 for 7/1/2026-12/31/2026 plan year.

If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$8,000 for a combined total contribution allowance of \$32,500 for the 2026 plan year. Beginning in 2026, the catch-up limit for participants aged 60-63 will increase to a maximum of 150% of the standard annual catch-up contribution limit.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in.

Changing or Stopping Your Contributions

You may start, stop and update your contribution percentage at any time throughout the year in the Fidelity NetBenefits site. Entries will be effective as soon as administratively possible with most changes being effective on the first day of the first payroll period following your entry. You may also discontinue your contributions at any time and start them again at a future enrollment period.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan with a previous employer, you may transfer that account into the plan any time. Contact Fidelity Investments at 800-835-5097.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. While loans are allowable from the plan, dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The PT Solutions 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit [NetBenefits.com](https://www.netbenefits.com).

Note

The average American starts saving for retirement at age 27. But it's never too late! (Source: [Annuity.org](https://www.annuity.org))



Deep Dive!

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave PT Solutions. With our vesting schedule, each year you'll own a greater percentage of company contributions, if made. When you're fully vested, you'll own 100% of the contributions. You always own and are fully vested in your own personal 401(k) contributions.

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
1 year of service	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6+ years of service	100%

More 401(k) details can be found by visiting the website [here](#).



ADDITIONAL BENEFITS

PT Solutions wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Prepaid Legal Coverage

MetLife offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less.

- Estate planning, wills, and trusts
- Real-estate matters
- Identity-theft defense
- Financial matters, such as debt-collection defense
- Traffic offenses
- Document review
- Family law, including adoption and name change
- Advice and consultation on personal legal matters
- Divorce

Coverage is available for \$10.50 semi-monthly and covers you and your dependents. To view the Legal Plan Flyer, click [here](#).





Welcome to Your Discount Program!

What is the PT Solutions Discount Program?

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

How to Navigate Your Discount Program



Local Offers

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



Interests

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



Brands

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



Suggest a Business

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



Need Some Help? Reach Out To Us!

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



Hours

Monday - Friday
9am - 6pm



Phone Number

866-606-6057



Email

cs@perkspot.com



Support*

support.perkspot.com

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

Ready to save? Head to ptsolutions.perkspot.com to get started!

GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.



Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice From PT Solutions Holdings, LLC About Your Prescription Drug Coverage and Medicare Under the Anthem Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PT Solutions Holdings, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PT Solutions Holdings, LLC has determined that the prescription drug coverage offered by the Anthem plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current PT Solutions Holdings, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PT Solutions Holdings, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PT Solutions Holdings, LLC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2026
Name of Entity/Sender:	PT Solutions Holdings, LLC
Contact—Position/Office:	Human Resources
Address:	1100 Circle 75 Pkwy, Suite 1400 Atlanta, GA 30339
Phone Number:	678-459-3754

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 678-459-3754.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 678-459-3754.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 678-459-3754.

IMPORTANT CONTACTS

MEDICAL

Anthem/BCBS
855-397-9267
[Anthem.com](https://www.anthem.com)

PHARMACY

Anthem/BCBS
833-267-2133
[Anthem.com](https://www.anthem.com)

SUPPLEMENTAL HEALTH (ACCIDENT, CRITICAL ILLNESS)

Guardian
888-600-1600
[Guardiananytime.com](https://www.guardiananytime.com)

TELEMEDICINE

LiveHealth Online
[Livehealthonline.com](https://www.livehealthonline.com)

DENTAL

Guardian
888-600-1600
[Guardiananytime.com](https://www.guardiananytime.com)

VISION

Guardian
888-600-1600
[Guardiananytime.com](https://www.guardiananytime.com)

HEALTH SAVINGS ACCOUNT

Health Equity
866-346-5800
[HealthEquity.com](https://www.healthequity.com)

FLEXIBLE SPENDING ACCOUNTS

Health Equity
877-924-3967
[HealthEquity.com](https://www.healthequity.com)

LIFE AND AD&D

Guardian
888-600-1600
[Guardiananytime.com](https://www.guardiananytime.com)

DISABILITY

Guardian
888-600-1600
[Guardiananytime.com](https://www.guardiananytime.com)

RETIREMENT

Fidelity Investments
800-835-5097
[NetBenefits.com](https://www.netbenefits.com)

PT SOLUTIONS BENEFITS SERVICE CENTER

Phone: 833-288-5473
Fax: 833-288-5474
PTBenefits@bac.lockton.com
Monday - Friday, 7am CST - 6pm CST

EMPLOYEE ASSISTANCE PROGRAM

Headspace
855-420-0734
[headspace.com/work-life](https://www.headspace.com/work-life)
Company code: Ptsolutions

PREPAID LEGAL COVERAGE

MetLife
800-821-6400
[Legalplans.com](https://www.legalplans.com)

PAID TIME OFF

HR@ptsolutions.com

PT SOLUTIONS HUMAN RESOURCES

1100 Circle 75 Pkwy Suite 1400
Atlanta, GA 30339
HR@ptsolutions.com

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