

2027 Benefits

Medical Plan Highlights



OPTIONS	Cigna HDHP Bronze Plan		Cigna HDHP Silver Plan		Cigna PPO Gold Plan		Cigna PPO Platinum Plan	
Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$7,000	\$10,000	\$3,000	\$6,000	\$750	\$3,000	\$250	\$1,000
Family Deductible	\$14,000	\$20,000	\$6,000	\$12,000	\$2,250	\$9,000	\$500	\$2,000
Deductible Type	Embedded		Embedded*		Embedded		Embedded	
Individual OOP Maximum	\$7,000	\$20,000	\$6,000	\$12,000	\$4,500	\$9,000	\$3,500	\$7,000
Family OOP Maximum	\$14,000	\$40,000	\$12,000	\$24,000	\$9,000	\$18,000	\$7,000	\$14,000
Coinsurance (Plan Pays)	100%	50%	90%	60%	80%	50%	100%	70%
Below represents Employee Cost								
Preventive Care	No charge	Deductible, then 50%	No charge	Deductible, then 40%	No charge	Deductible, then 50%	No charge	Deductible, then 30%
Office Visit	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	\$30 copay	Deductible, then 50%	\$15 copay	Deductible, then 30%
Office Visit - Specialist	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	\$50 copay	Deductible, then 50%	\$30 copay	Deductible, then 30%
Inpatient Hospital Facility	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%	Deductible, then \$500 copay	Deductible, then 30%
Outpatient Facility	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%	Deductible, then \$250 copay	Deductible, then 30%
Urgent Care	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	\$75 copay	Deductible, then 50%	\$50 copay	Deductible, then 30%
Emergency Room	Deductible, then 0%		Deductible, then 10%		Deductible, then 20%		\$200 copay	
Xray and Routine Lab Testing	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%	Deductible, then 0%	Deductible, then 30%
Major Diagnostic & Imaging	Deductible, then 0%	Deductible, then 50%	Deductible, then 10%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%	Deductible, then 0%	Deductible, then 30%
Prescription Drug (Rx)								
Preventive Drugs	No charge	Not Covered	No charge	Not Covered	No charge	Not Covered	No charge	Not Covered
Tier 1	Deductible, then 0%	Not Covered	Deductible, then \$10 copay	Not Covered	\$10 copay	Not Covered	\$10 copay	Not Covered
Tier 2	Deductible, then 0%	Not Covered	Deductible, then \$40 copay	Not Covered	\$40 copay	Not Covered	\$40 copay	Not Covered
Tier 3	Deductible, then 0%	Not Covered	Deductible, then \$70 copay	Not Covered	\$70 copay	Not Covered	\$70 copay	Not Covered
Tier 4 (Specialty)	Deductible, then 0%	Not Covered	Deductible, then 20% up to \$150	Not Covered	\$250 copay	Not Covered	\$250 copay	Not Covered
Mail Order RX Copay (90 day)	Deductible, then 0%	Not Covered	Deductible, 2.5x copay	Not Covered	2.5 x copay	Not Covered	2.5 x copay	Not Covered

Visit myteamsvc.com/admin to see benefit summaries, SBC's and plan documents for more specific benefits information.

*On the Silver plan individuals enrolled in dependent tiers and dependents will need to meet the individual deductible of \$3,500 for in-network coverage and \$10,000 for out-of-network. Embedded deductibles mean that each dependent you cover will have to meet their own individual deductible before the plan begins to pay. Dollars spent out of network will contribute to your in-network and out of network deductible, however money spent in-network will only accumulate towards the in-network deductible. Hawaii Residents will be offered a Kaiser medical plan.

Eligibility and Enrollment

All full-time employees working 30 hours or more per week, your spouse or domestic partner and children.

Enroll online

To enroll, please visit myteamsvc.com/admin and click **Enroll**.

Cigna Plans

Finding a Provider / RX

- **Step 1:** Go to: Cigna.com
- **Step 2:** Click on the “Find a Doctor” on the top.
 - Then navigate to “Employer or School”
 - Enter your Zip Code when prompted
 - Now you can search doctors by type or specific healthcare facilities you already use to verify if they are in the Cigna Open Access Plus Network
 - All Cigna plans will be on the Open Access Plus Network, however residents of Utah will be on the PPO Network.



Cigna Member Tools

My Cigna App

To find care, view your health dashboard, chat about benefits information, access virtual care, connect with community resources and see health records all at the click of a button. You can access this and more by signing up for an account through myCigna.com. ID cards will be digital first so you will need to create an account to access your ID card.

Cigna One Guide

Cigna will support your enrollment journey to and help navigate the complexities of healthcare during and after enrollment. Simply call the number on the back of your ID card or use the chat function on your myCigna app.

Virtual Care

Cigna partners with MDLive to support a variety of telehealth services. You can get support for conditions like COVID-19, Flu, Cold and Fever, Minor Rash, Sore Throat and Headaches.

To find your Medications

Visit: Cigna.com

- Navigate to “**I want to...**” and select “**See prescription drug list**”
- Then click “**4 tier (all specialty medications...)**” to see what drugs are covered on your plan.

Mail Order Pharmacy

Getting your maintenance medications by mail is a great way to save time and money. To access a list of drugs that qualify for mail-order and enroll visit myCigna.com or call 800.835.3784.

Cigna Total Behavioral Health

Cigna’s Behavioral Health allows you to have 3 face-to-face visits with a licensed clinician to support you with stress, anxiety, or coaching needs at no cost to you. Sign up using myCigna.com or in the app.

Accessing Your Digital ID Cards*

1. Log in to myCigna.com or the myCigna App
2. Click or tap “ID Cards”
3. View your card(s), as well as any dependents’ card(s)
4. Email cards directly to doctors
5. Save your digital ID cards in your Apple Wallet

*Cigna Medical ID cards will only be available digitally unless specifically requested

Not registered on myCigna yet?

It’s quick and easy.

Visit myCigna.com or scan the QR code to download the myCigna App and register now.



Health Savings Account (HSA)



	2027 IRS HSA Contribution Maximums
Individual Maximum	\$4,500
Family Maximum	\$9,000
Catch Up Contributions (55+)	\$1,000

Above limits are 2027 maximum contributions designated by the IRS. NOTE - maximums above are inclusive of any employer contribution.

You are eligible to open and contribute to a Health Savings Account when you enroll in a High Deductible Health Plan. In the TEAM Services program, this includes the Cigna Bronze and Silver plans. The TEAM Services HSA is offered through WEX. An HSA is a pre-tax savings vehicle that allows you to put money aside pre-tax for your eligible medical, pharmacy, dental and vision expenses for yourself and your dependents. This account is similar to a debit account meaning the money must be in the account before you can spend it. These dollars are yours for life and can be rolled over year after year and taken with you even if you leave the company. HSA participants will be responsible for the \$1.50 monthly administration fee.

Advantages of an HSA

- Contribute pre-tax and post-tax dollars.
- Contribute up to \$4,500/individual and \$9,000/family pre-tax dollars annually.
- Unused funds roll over from year to year.
- Your HSA stays with you, even if you switch employers, change health plans, or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- Your money can earn interest. Plus, you can enjoy investment options.

Common Eligible Expenses Include:

As long as you have a balance in your HSA, you may use the funds to pay or reimburse yourself for:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov

You Are Eligible to Open an HSA as Long as:

- You are covered by an HSA-eligible high-deductible health plan.
- You are not covered by other health insurance.
- Your covered spouse is not enrolled in a nontax-qualified medical plan, flexible spending account (FSA), or health reimbursement account (HRA).
- Your non-covered spouse is not enrolled in a FSA
- You are not enrolled in Medicare.
- You are not receiving Social Security benefits.
- You have not received Veterans Administration benefits.
- You are not claimed as a dependent on someone else's tax return.

In addition, individuals age 55 or older may make an additional \$1,000 annual contribution to their HSA

Flexible Spending Accounts (FSA)



	2027 IRS FSA Contribution Maximums
Healthcare FSA	
Annual Allowance	\$3,500
Plan Minimum	\$100
Limited Purpose FSA (Dental and Vision)	
Annual Allowance	\$3,500
Plan Minimum	\$100
Use-it-or-lose-it	You must spend all FSA funds by December 31, 2027. You will have 90 days following the end of the plan year to submit all expenses against your 2027 balance.
Dependent Care Account	
Annual Allowance (per household)	\$7,500 (\$3,750 per person if filing taxes separately)
Qualifying Dependent	Children up to the age of 13 or dependent/spouse physically or mentally incapable for caring for him or herself and has same abode as participant.
Use-it-or-lose-it	You must spend all Dependent Care funds by December 31, 2027. You will have 90 days following the end of the plan year to submit all expenses against your 2027 balance.

Attention Philadelphia Residents: If you reside in the Philadelphia area, you may take advantage of the transit benefit administered by WEX and set aside up to \$350 on a pre-tax basis for your commuting expenses to and from work.

Attention ABI: Your transit benefit is provided by a different carrier. Please ask your HR representative for details.

A Healthcare Flexible Spending Account (HCFSAs) lets you put money aside to pay for qualified out-of-pocket medical, dental, vision, prescription expenses and over-the-counter items incurred or purchased in that plan year. You put money into your account tax-free via payroll deductions, which means you'll save an amount equal to the taxes you would have paid on that money. These accounts are "use it or lose it", any money left in your account at the end of the plan year will not roll over to the next year.

A Dependent Care Account is a tax-free account you can use to reimburse yourself for qualified dependent care expenses, such as: child daycare, preschool, adult daycare, after-school programs and day camp. Dependent care expenses cover qualified dependents, such as children 12 or younger, or a spouse/tax dependent who is mentally or physically incapable of caring for themselves. Both you and your spouse must be working or in school to qualify.

WEX manages the flexible spending accounts. Employees participating in the Cigna Gold and Platinum plans can participate in the Healthcare FSA. Those participating in the Cigna Bronze and Silver plans can participate in the limited purpose FSA. This plan allows you to set aside funds (on top of an HSA) for dental and vision expenses only. You do not have to enroll in a TEAM Services medical plan to enroll in the flexible spending accounts.

Dental Plan Highlights



	High Plan		Low Plan	
Network	(In-Network)	(Out-of-Network)	(In-Network)	(Out-of-Network)
Annual Plan Maximum	\$2,000		\$1,000	
Lifetime Ortho Maximum	\$1,500		NA	
Deductible (Individual / Family) - Does not Apply to Diagnostic & Preventive	\$50 / \$150		\$50 / \$150	
Diagnostic and Preventive				
Exams / Cleanings / Sealants / Space Maintainers	100%	100%	100%	100%
Basic Services				
Restorations / Emergency Treatment / Simple Extractions / Oral Surgery / Periodontics / Endodontics	80%	80%	80%	80%
Major Services				
Inlays / Onlays / Crowns / Dentures / Implants	50%	50%	50%	50%
Orthodontia				
Lifetime Benefit adults and children	50%	50%	N/A	
Out-of-Network Reimbursements	90th Percentile		Maximum Allowable Charge	

- **To Find a Provider:** Visit providers.online.metlife.com and enter your zip code or Dentist's name. You can also call **1-800-942-0854**.
- Those in Alaska and Montana can only enroll in the dental high plan.

Visit myteamsvc.com/admin to see your full plan document for additional benefit details.



Vision Plan Highlights



	Voluntary Vision Plan	
Network	You Pay (In-Network)	You are Reimbursed (Out-of-Network)
Eye Exam	\$10	Up to \$45
Materials Copay	\$25 copay	N/A
Services Frequency		
Exams / Lenses / Frames / Contacts	Once every 12 months / 12 months / 24 months / 12 months	
Lenses (After copay)		
Single Vision	Covered in full after copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Lenticular		Up to \$100
Frames		
Frames	\$150 allowance, 20% off amount over allowance	\$70 allowance
Contact Lenses		
Elective contact lenses	\$150 allowance	\$105 allowance
Contact Lens Fitting and Evaluation	\$25 copay Standard: Covered in full, after copay Specialty: \$50 allowance, after copay	Applied to contact lens allowance
Medically Necessary Contact Lens	Covered in full	\$210 allowance

- **To Find a Participating Vision Provider:** Visit www.metlife.com and select Superior Vision network or call **833-393-5433**.



Life and AD&D Insurance



Basic Life and AD&D	Benefit
Max Benefit	\$50,000
Benefit Reductions	65% at age 65, 50% at age 70
Employer Contribution	100% Employer Paid

Benefits include death benefit to a beneficiary or beneficiaries of your designation and/or accidental death or dismemberment for a qualified incident. Benefits also include will and trust preparation, travel assistance and beneficiary services. Be sure to designate a beneficiary. Beneficiary information can be updated or changed at any time in the year.

Voluntary Life and AD&D	Benefit
Employee	
Maximum Benefit	Increments of \$10,000 to a maximum of the lesser of 5x salary or \$500,000
Guaranteed Issue (no medical underwriting)	\$200,000
Spouse	
Maximum Benefit	Increments of \$5,000 to max \$250,000, cannot exceed 50% of employee amount
Guaranteed Issue (no medical underwriting)	\$50,000
Dependents (to age 26)	
Maximum Benefit	Increments of \$1,000 to max \$10,000
Guaranteed Issue (no medical underwriting)	N/A
Employer Contribution	100% Employer Paid

New hires may make elections shown above. Continuous employees may add an increment of \$10,000 during open enrollment up to the Guaranteed issue limit of \$200,000 for themselves without medical underwriting approval. Spouse coverage (outside of the employee's new hire window) is subject to medical underwriting. Anyone previously denied is subject to medical underwriting approval.

NOTE: Rates are age banded and based on employee age for spouse. See bSwift and the benefit summary for costs per pay period.

Short Term Disability



	Benefit
Benefit %	60%
Maximum Weekly Benefit	\$1,500
Elimination Period (Accident/Sickness)	7 days / 7 days
Benefit Duration	13 Weeks
Pre-existing Condition Limitation	3 months / 12 months

You can receive payments replacing up to 60 percent of your income, to a \$1,500 weekly maximum. Benefits begin on the 7th day after an accident or an illness. Benefits end at recovery or 13 weeks.

Outside the new hire period, STD is subject to medical underwriting and requires approval.

NOTE: Benefits are offset by any state disability benefits payable. Claims paid by Lincoln are non-taxable.



Long Term Disability

	Benefit
Benefit %	60%
Maximum Monthly Benefit	\$10,000
Elimination Period	90 days
Benefit Duration	SSNRA
Own Occupation	2 Years
Pre-Existing Conditions	3 month lookback / 12 months continuously insured

You can receive payments replacing up to 60 percent of your income, to a \$10,000 monthly maximum. Benefits begin 91 days after an accident or illness. Benefits end at social security normal retirement age.

Those with prior coverage are not subject to pre-existing condition limitations, however if you have had a claim approved in the past year you are subject to the pre-existing condition restrictions. Outside the new hire period, LTD is subject to medical underwriting and requires approval. Claims paid by Lincoln are non-taxable.

Short and Long Term Disability benefits vary by brand and state. Please refer to your local benefits contact for questions regarding coverage and costs.

Additional Voluntary Benefits:

Accident Insurance

Coverage paying flat dollar amounts based on a schedule for various conditions – examples: Burns, Lacerations, Dislocations, Fractures, Emergency Room, Hospital and Medical Services. Coverage is available to employees and employees + dependents.

Critical Illness

Employees can purchase \$15,000 or \$30,000 of coverage for a lump sum benefit payable in the event of an illness like heart attack, stroke, major organ failure, cancer, etc. Coverage is available for employees and employees + dependents.

Hospital Indemnity

Paying a lump sum benefit for inpatient hospitalization, helping to pay for deductible and out of pocket medical expenses. First day hospital benefits of \$1,000 and ICU at \$2,000. Confinement benefits of \$100 per day up to 30 days. Coverage available to employees and employees + dependents.

MetLife ID Theft / Legal Assistance (MetLife)

Legal: This coverage provides access to expert legal support for a range of personal matters, including will preparation, estate planning, and legal disputes.

ID Theft: Employees can purchase Identity Theft Insurance through MetLife and Aura. This valuable benefit provides expert support for identity restoration, fraud resolution, and financial recovery, helping you act quickly and confidently if your personal information is compromised.

- To learn more, visit: members.legalplans.com for Legal, and aura.com/metlife-aura for ID Theft

MetLife Pet Insurance

Wishbone offers employees of TEAM Services Group a group discount for Pet Insurance through MetLife that can help reimburse you for covered vet visits, accidents, illness and more.

- Visit: metlife.com/getpetquote to understand plan benefits and costs.

Permanent Life

Feature	Details
Face Amount	Minimum: \$10,000 (increments of \$5,000)
	Guaranteed Issue Max: \$150,000*
	Express Issue Max: \$250,000 per enrollment**
Accelerated Death Benefit	Terminal Illness, Chronic Illness
Dependent Coverage	Spouse (ages 18–60): Up to \$25,000
	Child/Grandchild (ages 14 days–26 years): Up to \$25,000

Notes:

- Guaranteed Issue maximum includes amounts from all certificates.
- Coverage limited to \$1,000,000 lifetime maximum across all certificates.
- Employee coverage must be equal to or greater than dependent coverage. Minimum dependent coverage: \$10,000 in increments of \$5,000 up to \$25,000.
- If you did not elect coverage when it was initially offered, you will be subject to medical questions and may be denied coverage.



Contacts

BENEFIT	COMPANY NAME	POLICY NUMBER	CUSTOMER SUPPORT NUMBER	MEMBER PORTAL WEBSITES
Medical Insurance	Cigna	3347138	1-800-997-1654	www.mycigna.com
Dental Insurance	MetLife	271938	1-800-942-0854	www.metlife.com/insurance/#
Vision Insurance	MetLife	271938	1-800-438-6388	www.metlife.com/insurance/#
Life, Disability, Hospital Indemnity, Accident, and Critical Illness Benefits	Lincoln Financial	09-LF2053	1-800-423-2765	www.lincolnfinancial.com/public/individuals/support/customerservice
Spending Account Administration	WEX	N/A	1-833-225-5939	customer.wexinc.com/login
Legal Insurance	MetLife	271938	1-833-214-4172	legalplans.com/
ID Protection	Aura	271938	1-833-552-2123	my.aura.com/sign-in
Whole Life Insurance	MassMutual	78364	1-800-272-2216	www.massmutual.com
Pet Insurance	MetLife	N/A	1-866-641-1939	mypets.metlife.com/public/home