

Employee Benefits Guide:

Effective Dates:

November 1, 2023 - October 31, 2024



WELCOME

At Three Wire Systems we appreciate your commitment and contributions to our organization's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

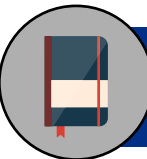
In the following pages, you will find a summary of our benefit plans for 2023-2024. Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

ABOUT THIS GUIDEBOOK

This Benefits Guide describes the highlights of the Three Wire Systems Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

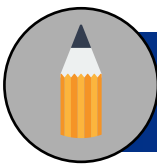
In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Three Wire Systems.





CONTENTS





PLAN NOTES

PLAN YEAR

Three Wire Systems' benefit plan year begins on November 1 and ends on October 31. This benefit guide outlines the benefits that apply for the 2023-2024 plan year.

EMPLOYEE ELIGIBILITY

- ▶ All active regular, full-time employees scheduled to work 30 or more hours a week are eligible to enroll in Three Wire Systems benefits program
- ▶ **Medical, Dental, Vision & FSA:** Benefits are effective first of the month following on date of hire
- ▶ **Life & Disability:** Benefits are effective on your date of hire

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- ▶ Your legal spouse or domestic partner. Domestic partner benefits and coverage for his or her children are taxable unless they qualify as your tax dependent(s)
- ▶ Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren
- ▶ Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability

Please Note: Enrolling someone who is not qualified as a dependent is considered insurance fraud. If enrolling dependents under any plans, please provide HR with documents showing proof of relationship.

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

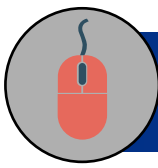
- ▶ Changes to legal marital status – marriage, divorce, death, legal separation or annulment
- ▶ Change in number of tax dependents – birth, adoption, placement of a foster child, death
- ▶ Changes in employment status for either employee or spouse
- ▶ Changes in work schedule of either employee or spouse, including reduction/increase in work hours
- ▶ Dependents becoming ineligible
- ▶ Change in residence or worksite for you, your spouse, or dependent
- ▶ Entitlement to Medicare

If you qualify for a change in your benefits, please notify Three Wire Systems HR within 30 days of the change in status. You will need to provide proof of the change.

If you are a new hire eligible, you will have 30 days from the date you are eligible to enroll in your benefits.

For a list of Life Events along with things to think about and actions to take visit: <http://mybenefits.nfp.com/Life-Events>

*A newborn child will be automatically covered for the first 30 days immediately following birth. If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth. To enroll a newborn child you must complete a benefit change within 30 days of the birth or wait until the next annual enrollment period.



ONLINE ENROLLMENT

LOGGING IN | ADP

1. Log into your [ADP website](#). Note: If this is your first time logging in, or you need help getting started, click the appropriate link for instructions and assistance.
2. Access the Employee Self Service Website.
3. Click "**User Login**". **Note:** Information or activity notification pages may display. Please respond as needed to continue.

After you log in, use the Enrollments page to review your current benefits, if applicable, and make your Open Enrollment selections. To view your current enrollment details.

- ▶ Start by going to **Myself > Benefits > Enrollments**.
- ▶ Click the "**Plan Name**" to view details of the enrollment and to edit beneficiary assignments.
- ▶ On the Enrollment Details Page, review enrollment information for the plan you selected. **Note:** For additional assistance, click the "**Help**" icon.
- ▶ When you have completed your review, click "**Done**". You can select other plans to review as needed. **Tip:** The Help icon and the Full Screen icon display at the top of the page (following the name of the page). Click the "**Help**" icon to find additional assistance and information. Click the "**Full Screen**" icon to expand the page you are viewing. Click the "**Restore**" icon to return to the normal view.

MAKING ENROLLMENT ELECTIONS

To start, click **Enroll Now** in the Open Enrollment card. You will be brought back to the Welcome Note and Introduction page. Please review all information on this page, as there are often important references for your Open Enrollment options.

Review your enrollment, costs, and covered individuals carefully. Then click **Save and Continue** to Next Benefit to continue making your desired selections.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



MEDICAL BENEFITS

With the cost of medical care consistently rising, it's important to have medical coverage that enables you and your family to receive the care you need. We all have individual needs, therefore, Three Wire Systems provides two (2) medical plan options. Should you choose to cover your dependents, they will be covered in the same plan in which you enroll. The medical plans available to you include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you. You'll find a summary of each plan's features on the next page.

CIGNA MEDICAL PLANS

All benefits-eligible employees are eligible to enroll in one of the two plans options:

- ▶ Cigna OAP Plan
- ▶ Cigna OAP HSA Plan

Please refer to the chart on the next page for a summary comparison of the plans. Click on the links in the Medical Resource box below to get full summary of benefits for each plan, along with additional resources for Cigna members.

HIGHLIGHTS

- ▶ Deductibles will reset every November 1st.
- ▶ You are responsible for the copays, coinsurance and deductible when you and/or your dependents receive diagnostic care.
- ▶ After the out-of-pocket maximum has been met, the plan will pay 100% of covered expenses for the remainder of the plan year



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



MEDICAL BENEFITS

Any deductibles and copays shown in the chart below are amounts for which you are responsible. Coinsurance percentages listed are the amounts paid by the plan after satisfying the Annual Deductible. Deductibles, coinsurance and copays accumulate toward the out-of-pocket maximums. **The deductible will always apply first when the plan coinsurance is applicable, until the deductible is satisfied.**

	HSA Eligible	
BENEFIT DESCRIPTION	Cigna OAP HSA Plan	Cigna OAP Plan
NETWORK	In-Network	In-Network
Annual Deductible Individual / Family	\$2,500 / \$5,000	\$1,500 / \$3,000
Out-of-Pocket Maximum Individual / Family	\$6,550 / \$6,850	\$6,000 / \$12,000
Coinsurance Plan Pays / You Pay	80% / 20%	80% / 20%
Physician Services Primary Care Physician Specialist Preventive Services	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance No Charge	\$30 Copay \$50 Copay No Charge
Lab and X-Ray & Diagnostics Lab, Tests & X-Rays Major Diagnostics (CT/PET, MRI)	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance	No Charge Deductible, then 20% Coinsurance
Hospital Services Emergency Room Urgent Care Inpatient Hospitalization Outpatient Services	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance	\$250 Copay \$100 Copay \$200 Copay + Deductible, then 20% \$200 Copay + Deductible, then 20%
PHARMACY		
Retail (Up to 30-day supply) Generic Brand Preferred Brand Non-Preferred Specialty	Deductible, then \$10 Copay Deductible, then \$35 Copay Deductible, then \$60 Copay Not Covered	\$10 Copay \$35 Copay \$60 Copay 25% Coinsurance (\$300 Max)
Mail Order (Up to 90-day supply) Generic Brand Preferred Brand Non-Preferred Specialty	Deductible, then \$25 Copay Deductible, then \$88 Copay Deductible, then \$150 Copay Not Covered	\$25 Copay \$88 Copay \$150 Copay Not Covered
NETWORK	Out-of-Network	Out-of-Network
Annual Deductible Individual / Family	\$5,000 / \$10,000	\$3,000 / \$6,000
Out-of-Pocket Maximum Employee / Family	\$10,000 / \$20,000	\$12,000 / \$24,000
Coinsurance Plan Pays / You Pay	60% / 40%	60% / 40%



MEDICAL BENEFITS

CIGNA OPEN ACCESS PLUS NETWORK

Offering flexible access to thousands of providers, plus programs and services to support your whole health needs. The Open Access Plus (OAP) network is designed to make it easier for you to get the quality care you need and the savings you want.

Find a Doctor

To find a provider, go to www.cigna.com

- ▶ Click on “Find a Doctor, Dentist, or Facility”
- ▶ Select “Employer or School”
- ▶ Select a search criteria
- ▶ In the OAP section, select “Open Access, OA plus, Choice Fund OA Plus” network

In-Network Savings

You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

No-Referral Specialist Care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any pre-authorizations needed prior to receiving services.

Care Coordination

Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.

Hospital Stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be pre-authorized. This lets Cigna determine if the services are covered by your plan.

If your provider is in the Cigna OAP network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

Out-of-Pocket Costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

ADDITIONAL SERVICES & SUPPORT

Omada

Omada is a digital behavioral change solution that takes diabetes prevention to a new level. Each week learn simple rules for better eating, fitness, sleep and stress management. Receive online support, coaching from an Omada professional health coach and a digitally enabled scale. Participants also have membership to Active&Fit Direct program, a national network of fitness facility and gyms for a \$25 monthly fee.

Cigna Health Information Line

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions. Whether it's reviewing home treatment options, following up on a provider's appointment, or choosing and finding the right care in the right setting.

24/7/365 Customer Service

Customer service representatives are here for you where and when you need us – over the phone, via chat at www.mycigna.com or on the myCigna App.



MEDICAL BENEFITS

CIGNA VIRTUAL CARE

It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care. Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- ▶ Access care from anywhere via video or phone
- ▶ Get minor medical virtual care 24/7/365 – even on weekends and holidays
- ▶ Schedule a behavioral/mental health virtual care appointment online in minutes
- ▶ Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists
- ▶ Have a prescription sent directly to your local pharmacy, if appropriate

Virtual Medical Care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- ▶ Acne
- ▶ Allergies
- ▶ Asthma
- ▶ Cold & Flu
- ▶ Earaches
- ▶ Ear Problems
- ▶ Fever
- ▶ Headaches
- ▶ Nausea
- ▶ Pink Eye
- ▶ Rashes
- ▶ Respiratory Problems
- ▶ Shingles
- ▶ Sinus Infections
- ▶ Skin Infections
- ▶ Sore Throats
- ▶ And More

Mental Health Virtual Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- ▶ Addictions
- ▶ Bipolar disorders
- ▶ Cold & Flu
- ▶ Depression
- ▶ Eating disorders
- ▶ Panic disorders
- ▶ Parenting issues
- ▶ Relationship and marriage issues
- ▶ Stress
- ▶ Trauma/PTSD
- ▶ And More

HOW TO CONNECT

- ▶ Contact your in-network provider or counselor
- ▶ Talk to an MDLIVE medical provider on demand on www.mycigna.com
- ▶ Schedule an appointment with an MDLIVE provider or licensed therapist on www.mycigna.com
- ▶ Call MDLIVE 24/7 at **888-726-3171**

CIGNA MOBILE APP

Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna app, to log in anytime, just about anywhere to:

- ▶ Manage and track claims
- ▶ View, fax or email ID card information
- ▶ Find in-network doctors and compare cost and quality information
- ▶ Review your coverage
- ▶ Track your account balances and deductibles
- ▶ Submit receipts for reimbursement from your Cigna HSA
- ▶ Order your Cigna Home Delivery Pharmacy prescriptions online and view order history
- ▶ Compare prescription drug prices for Retail and Home Delivery pharmacies



MEDICAL BENEFITS

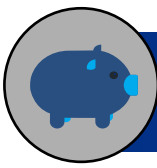
GET TO KNOW YOUR CARE OPTIONS AND COSTS

How much you pay for care can depend on where you get it — and a great place to start is with your PCP. For serious or life-threatening conditions, call 911 or go to an emergency room. **Please Note: The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.**

	PRIMARY CARE PHYSICIAN (PCP)	Virtual Visits	Convenience Care	Urgent Care	Emergency Room (ER)
Average Cost	Varies by Plan Type	Less Than \$50	\$90	\$180	\$2,100
Hours	Varies by Location	24/7	Varies by Location	Varies by location —may be open nights/weekends	24/7
How To Connect	Contact your PCP	www.mdlive-forcigna.com/	www.mycigna.com	www.mycigna.com	www.mycigna.com
✓ Indicates the suggested place for care when it comes to the following common conditions:					
Broken Bone				✓	✓
Chest Pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle Strain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of Breath					✓
Sinus Problems	✓	✓	✓		
Sore Throat	✓	✓	✓		
Sprain	✓		✓	✓	
Urinary Tract Infection (UTI)	✓	✓	✓		



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is like a 401(k) for health care; a tax-advantaged account that you can use for qualified medical expenses today, or save for the future. HSAs are tax-exempt accounts that accumulate interest and can earn investment returns. The funds can be used to pay for qualified medical expenses today or can be saved for future expenses. It's owned by you and is 100% vested from day one, so you can build up savings for future needs.

- ▶ In 2023, individuals can contribute up to **\$3,850** and families can contribute up to **\$7,750**.
- ▶ **Three Wire Systems will contribute up to \$750 for members enrolled in the Cigna OAP HSA Plan.**
- ▶ If you are 55 or older, you can contribute an additional \$1,000 catch-up contribution.
- ▶ Money is deposited in the HSA fund on a pre-tax basis via payroll deductions and funds within the HSA grow tax-free. Funds are withdrawn tax-free for qualified healthcare related needs.
- ▶ Money taken out of the HSA for non-eligible expenses are subject to taxes and a 20% penalty if the member is under age 65, after age 65 only taxes apply without penalties.
- ▶ **To be eligible to open the HSA, you cannot be covered by another health insurance plan, be enrolled in TRICARE or enrolled in Medicare, or have VA Benefits in the last 90 days. You or your spouse cannot participate in a Health Care FSA. You or your spouse can however enroll in a Dependent Care FSA or Limited Purpose FSA. You cannot have an HSA a year prior to enrolling in Medicare.**

When you have a qualified medical expense, you can make withdrawals from your account using an HSA debit card or you can pay the expense out of your own pocket and be reimbursed.

ADVANTAGES OF AN HSA

It's tax-free. The money you set aside for your HSA can be written off on your IRS tax return up to the statutory maximum. Any investment earnings are also tax-free, and you will not pay federal, (and in most cases state) taxes on the money you take out of your HSA as long as you use it to pay for qualified medical care expenses.

The money is yours to use. Unused HSA funds will roll over from year to year, so your HSA balance can build up over time to use for future medical care needs. If you leave the company, any remaining HSA balance goes with you to use for future qualifying medical expenses. Be aware though, if you use HSA funds for ineligible medical care expenses, the funds will be taxable and will be subject to a 20% penalty.

Your money grows tax-free. The money in your account is automatically invested in an FDIC insured, interest-bearing account.

Opportunity for long-term savings. Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket medical expenses. You can even save HSA dollars to use after you retire much like a 401(k).

Reduce your out-of-pocket costs. You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible or even pay for COBRA premiums.

ELIGIBLE EXPENSES

- ▶ Qualified medical expenses
- ▶ Dental care, including extractions and braces
- ▶ Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- ▶ Prescription medications
- ▶ Chiropractic services
- ▶ Acupuncture



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



TRICARE SUPPLEMENT PLAN

WHAT IS A TRICARE SUPPLEMENT PLAN?

TRICARE Supplement is a supplemental insurance plan administered by Selman & Company that wraps around TRICARE. The TRICARE Supplement Plan and TRICARE are two separate plans. However, these plans work together to maximize your benefits and minimize your out-of-pocket expenses. For more information go to www.SelmanCo.com or email: memberservices@selmanco.com or call **833-731-2125 option 1**.

If you currently have TRICARE Standard/Extra, Prime, or TRS benefits offered to the military community, you may be eligible and interested in the TRICARE Supplement Plan. A few plan benefits include:

- ▶ No pre-existing conditions
- ▶ Covers prescription copays
- ▶ Premiums are payroll deducted on a pre-tax basis
- ▶ Covers cost shares/copayments and applicable excess charges TRICARE leaves behind
- ▶ Covers 100% of the TRICARE Standard deductible

WHO IS ELIGIBLE?

Employees must follow Three Wire Systems eligibility guidelines. Eligible employees must have a compatible TRICARE plan and must not be eligible for Medicare. This includes:

- ▶ Retired Reserve Members between the ages of 60 and 65 and enrolled in TRICARE Retired Reserve (TRR)
- ▶ Retired military personnel age 65 or older and residing outside the U.S. or its territories (must be enrolled in Medicare)
- ▶ Retired military entitled to retired or retainer pay
- ▶ National Guard and reservists enrolled in TRICARE Reserve Select (TRS)
- ▶ Spouse/surviving spouses of the above

Eligible dependents include:

- ▶ Unmarried dependent children up to the age 21 or 23, if a full-time student
- ▶ Adult dependent children who are younger than 26 and who are enrolled in TRICARE Young Adult (TYA)
- ▶ Incapacitated dependents are covered after age 21, 23, or 26. Incapacitated dependents must be enrolled in the TRICARE Supplement Plan before reaching age 21, or 23 if a full-time student.

Eligible individuals must be registered with the Defense Enrollment Eligibility Reporting System (DEERS) and must not be eligible for Medicare. An individual who is unsure if he/she is eligible for TRICARE should confirm eligibility with DEERS before enrolling in the TRICARE Supplement Plan. For more information please call DEERS at **1-800-538-9552**.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS (FSA)

Three Wire Systems lets you redirect a portion of your pay, through payroll deductions, into Flexible Spending Accounts (FSAs) through American Benefits group. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income. For additional information on FSAs go to www.amben.com.

HEALTH CARE FSA

A Health Care FSA provides you with the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your medical benefits plan. The maximum annual amount you can contribute to a Health Care FSA is **\$3,050**. The full annual amount elected is available to be used for reimbursement on day one of the plan year.

Please Note: The Health Care FSA cannot be combined with a HSA medical plan.

Qualified expenses include:

- ▶ Out-of-pocket medical, dental, & vision costs
- ▶ Prescription drug copayments & OTC medicine

DEPENDENT CARE FSA

A Dependent Care FSA provides you with the ability to set aside money on a pre-tax basis for day care expenses for your eligible dependent. The funds must be contributed to your account before reimbursement is available. The maximum annual amount you can contribute to a Dependent care FSA is **\$5,000 (or \$2,500 if married filing separately)**.

Eligible Dependents:

- ▶ Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and/or
- ▶ Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

Qualified expenses include:

- ▶ Preschool or nursery school expenses
- ▶ Expenses for a babysitter
- ▶ Day care center
- ▶ Summer day camp
- ▶ After-school care
- ▶ Adult day care center or in-home care for an adult dependent



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



FLEXIBLE SPENDING ACCOUNTS

LIMITED PURPOSE FSA

A Limited Purpose FSA provides those enrolled with the ability to save money on a pre-tax basis only for IRS-allowed dental and vision expenses not covered by the plan. The maximum amount you can contribute to a Limited Purpose FSA is **\$3,050**.

Please Note: You must be enrolled in the HSA medical plan to enroll the Limited Purpose FSA.

Qualified expenses include:

- ▶ Vision exams, LASIK surgery, contact lenses, and eyeglasses.
- ▶ Dental cleanings, X-rays, fillings, crowns, and orthodontia.

IMPORTANT FSA FEATURES

It is very important that you only elect to contribute an amount to the FSA that you can reasonably expect to spend in the plan year. Before you elect to contribute to a FSA, please note the following important features of these plans.

- ▶ The amount you elect may not be changed during the plan year unless you experience a qualifying life event.
- ▶ You may not transfer funds between FSA accounts.
- ▶ Your participation in an FSA will end on the date of your termination of employment.
- ▶ An FSA plan may be continued under COBRA
- ▶ 90 days run-out period to submit claims incurred during the plan year.

USE IT OR LOSE IT

The **Health Care FSA & Limited Purpose FSA** allows you to carryover up to **\$610** in account balances from one year to the next. You must elect to contribute to the FSA in the following year in order to receive the rollover funds.

The **Dependent Care FSA** does not allow a carryover. Participants have a 90 day run-out period to submit claims incurred during the plan year for reimbursement.



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SUPPLEMENTAL BENEFITS

Three Wire Systems offers three additional voluntary benefits for employees to choose from. All of these voluntary benefits allow for an initial open enrollment with no medical questions asked when you are eligible. If you choose not to come on at this time, you could be subject to evidence of insurability, should you wish to join in the future. Below is a brief description of the three benefits offered by Unum.

All of the benefits below pay a cash sum directly to you and they are fully portable should you decide to leave Three Wire Systems.

Please note: Rates will be automatically calculated for you during enrollment dependent on your age.

UNUM ACCIDENT INSURANCE

Accident Insurance is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you'd owe out-of-pocket if you or a family member were to get injured. In the event of a covered accident, your Accident Insurance will pay a benefit directly to you. You can use this money wherever you need it most - whether that's bills, copays, deductibles, or your daily living expenses. Some of the most common treatments and conditions we pay benefits for include:

- ▶ Emergency room treatment
- ▶ Physical therapy
- ▶ Follow-up doctor treatments
- ▶ X-Rays
- ▶ Stitches
- ▶ And more

Coverage is available at a flat rate to the employee, an employee with a spouse, or an employee with a child(ren). You will receive an annual \$50 benefit on each just for completing an eligible health screening test.

UNUM CRITICAL ILLNESS INSURANCE

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. Critical Illness Insurance provides benefits for the covered medical conditions and diagnoses shown below. The most common conditions we pay claims for include:

- ▶ Heart attack
- ▶ Stroke
- ▶ Cancer
- ▶ Major organ failure
- ▶ Paralysis
- ▶ And More

Coverage is available at a flat rate to the employee, an employee with a spouse, or an employee with a child(ren). You will receive an annual \$50, \$100 or \$150 (depending on coverage amount) benefit on each just for completing an eligible health screening test.

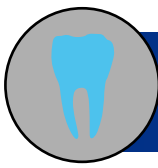
UNUM HOSPITAL INDEMNITY INSURANCE

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help. With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, intensive care unit, or rehabilitation facility after your coverage effective date.

- ▶ Hospital Admission
- ▶ Hospital Daily Stay



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



DENTAL BENEFITS

When you enroll in the Dental plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate. The amount you pay for your coverage is based on who you cover and which plan you choose. **Your dental plan is Plan Year (Deductibles reset every November 1st).**

Search for a participating provider by visiting www.cigna.com and click on "Find a Doctor, Dentist or Facility".

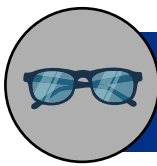
Benefit Description	Cigna Dental Base Plan	
	Network	Out-of-Network
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit	\$1,000 per person	\$1,000 per person
Preventive Services	Plan pays 100% No Deductible	Plan pays 100% No Deductible
Basic Services	Plan pays 80% After Deductible	Plan pays 80% After Deductible
Major Services	Plan pays 50% After Deductible	Plan pays 50% After Deductible
Orthodontics Services	Not Covered	Not Covered

Benefit Description	Cigna Dental Buy Up Plan	
	Network	Out-of-Network
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit	\$2,000 per person	\$2,000 per person
Preventive Services	Plan pays 100% No Deductible	Plan pays 100% No Deductible
Basic Services	Plan pays 80% After Deductible	Plan pays 80% After Deductible
Major Services	Plan pays 50% After Deductible	Plan pays 50% After Deductible
Orthodontics Services Adult & Children (Up to Age 19)	Plan pays 50% No Deductible	Plan pays 50% No Deductible
Lifetime Orthodontia Maximum	\$2,000 per person	\$2,000 per person

Please Note: If you receive services Out of Network, you will be required to file the claim yourself, you will be reimbursed at the usual and customary rates, and you maybe balanced billed.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



VISION BENEFITS

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in-network and out-of-network, your benefits are generally greater when you use in-network providers. Your costs are based on the family members you choose to cover. Your costs are based on the family members you choose to cover. Your vision plan is Benefit Year (Benefits will reset every 12 months from your date of service).

Search for a participating provider by visiting www.cigna.com and click on "Find a Doctor, Dentist or Facility" and click on "Cigna Vision Directory", under Additional Resources.

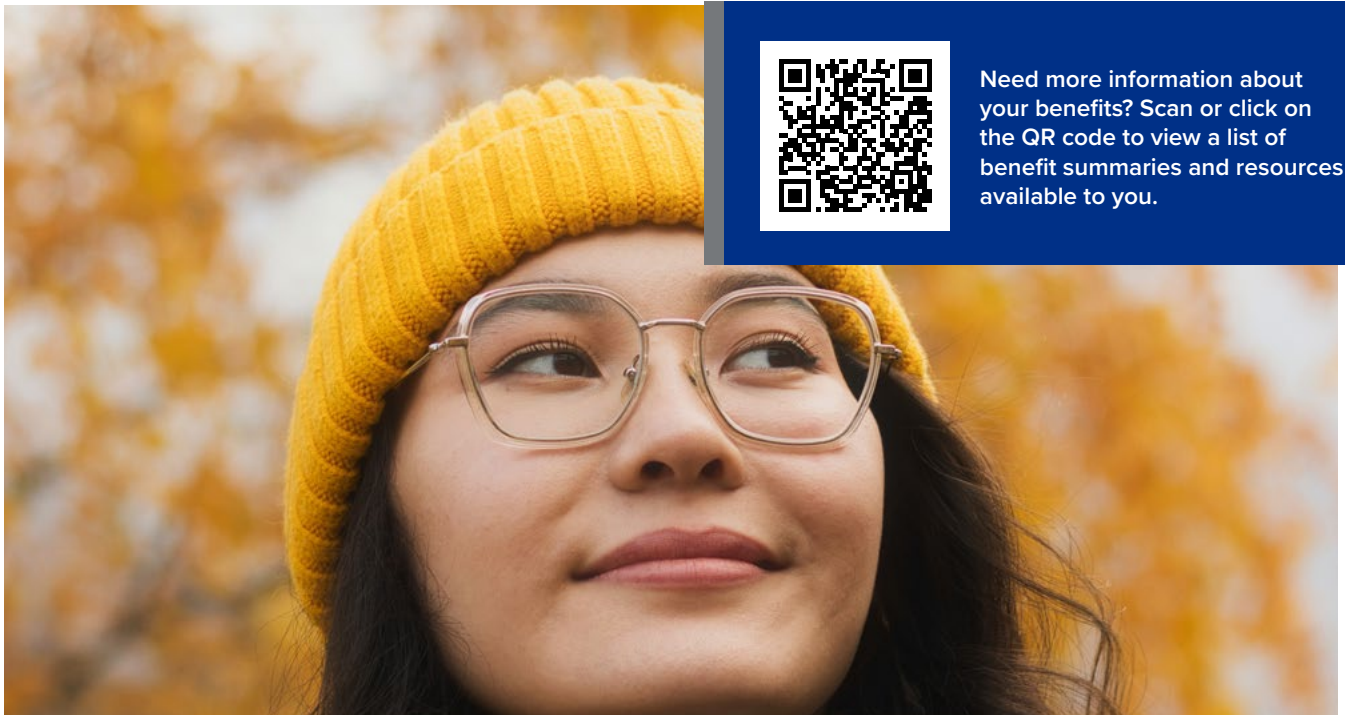
Benefit Description	Cigna Vision Plan	
	Network	Out-of-Network
Exam (Once Every 12 Months)	\$10 Copay	Reimbursement up to \$45
Frames (Once Every 12 Months)	\$25 Copay + \$130 Allowance + 20% off remaining balance	Reimbursement up to \$77
Lenses (Once Every 12 Months)		
Single	\$25 Copay	Reimbursement up to \$40
Bifocal	\$25 Copay	Reimbursement up to \$65
Trifocal	\$25 Copay	Reimbursement up to \$75
Lenticular	\$25 Copay	Reimbursement up to \$100
Contact Lenses (Once Every 12 Months)		
Medically Necessary	Covered in Full	Reimbursement up to \$210
Elective	\$130 Allowance	Reimbursement up to \$105

Please Note: If you are receiving services out of network, you will be required to file the claim yourself for reimbursement.

EXTRA IN-NETWORK DISCOUNTED SAVINGS

HEALTHY REWARDS - VISION NETWORK SAVINGS PROGRAM

- ▶ When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



LIFE & DISABILITY BENEFITS

Three Wire Systems provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance, as well as Short and Long Term Disability to all eligible employees. These benefits are insured by Unum. **This benefit are 100% employer paid.**

The disability benefits provided by Three Wire Systems and Unum together to help you pay your household expenses if you become disabled and cannot work. These disability benefits also work with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plans will be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, Retirement Benefits or any other disability coverage to which you are entitled. **These benefits are 100% employer paid.**

[Click here](#) to visit Three Wire Systems' Unum Life & Disability Enrollment & Benefits website.

BASIC LIFE AND AD&D INSURANCE

Basic Life and AD&D Insurance Coverage Features	
Employee Benefit	Flat Benefit of \$100,000
Benefits Reductions	At age 65: coverage amount is reduced to 65% of original amount At age 70: coverage amount is reduced to 50% of original amount

SHORT-TERM DISABILITY (STD)

Short Term Disability Coverage Features	
Employee Benefit	60% of your weekly salary up to \$2,000
When Benefit Begins	8th day of injury / illness
Maximum Benefit Period	12 Weeks

LONG-TERM DISABILITY (LTD)

Long Term Disability Coverage Features	
Employee Benefit	66.7% of your monthly salary up to \$10,000
When Benefit Begins	After 90 Days
Maximum Benefit Period	To Social Security Normal Retirement Age (SSNRA)
Pre-Existing Conditions	If you are treated for a condition 3 months prior to your effective date, and become disabled as a result of such condition within the first 12 months of your coverage, you will not be eligible for disability payments.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



LIFE & DISABILITY BENEFITS

Three Wire Systems offers Voluntary Life and AD&D insurance to all eligible employees. You pay the full cost for this coverage. Employees must elect voluntary coverage in order to elect coverage for dependents. Only newly eligible employees during initial enrollment are eligible for the guarantee issue amount without having to provide evidence of insurability (EOI). If you do not elect any coverage, you are considered a late entrant and are subject to an EOI. An EOI is required for amounts over guaranteed issue or if you enroll after your initial eligibility period. An EOI is not required for child life insurance. If an EOI is required, it must be approved by the insurance company before you purchase coverage. Please see the chart below for details. Voluntary Life and AD&D Insurance is provided by Unum. **This benefit is 100% employee paid.**

Complete your EOI electronically through your [ADP portal](#) for a real time decision.

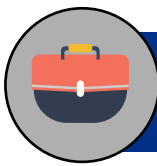
VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life and AD&D Insurance Coverage Features	
Employee Benefit	Increments of \$10,000 up to \$500,000 or 5x your annual salary
Spouse Benefit	Increments of \$5,000 up to \$500,000, not to exceed 100% of the employee's benefit amount.
Child Benefit	Less than 6 Months Old: \$1,000 6 Months to age 19 (23 if student): Increments of \$1,000 up to \$10,000
Guaranteed Issue*	Employee: \$200,000 Spouse: \$25,000 Child: \$10,000
Benefits Reductions	At age 65: 65% of original amount At age 70: 50% of original amount

*The Guarantee issue amount is only available at the time of initial eligibility (as a new hire). If you are a late entrant, then you will be required to complete Evidence of Insurability.

Age Range	Employee Life Rate Per \$10,000 (Monthly)	Spouse Life Rate* Per \$5,000 (Monthly)	Child Life Rate Per \$1,000 (Monthly)	Supplemental AD&D Rate (Monthly)	
	Employee Rate	Spouse Rate	Child Rate	Premium Rate	
Under 34	\$0.790	\$0.395	\$0.250 (to age 26)	Employee Per \$10,000	\$0.200
35-39	\$0.960	\$0.480		Spouse Per \$5,000	\$0.100
40-44	\$1.380	\$0.690		Children Per \$1,000	\$0.041
45-49	\$2.080	\$1.040			
50-54	\$3.310	\$1.655			
55-59	\$5.320	\$2.660			
60-64	\$8.150	\$4.075			
65-69	\$13.820	\$6.910			
70-74	\$28.180	\$14.090			
75+	\$56.920	\$28.460			

PREMIUM CALCULATION	Example
Coverage Amount / \$10,000* x Age Rate = Monthly Cost/Premium	\$150,000 / \$10,000 x \$1.380 = \$20.70
* \$10,000 for Employee, \$5,000 for Spouse, \$1,000 for Child	



ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

All enrolled in the Long-Term Disability are eligible for the Employee Assistance Program. This plan is offered at no cost to you through Unum. Sometimes balancing work and family creates stress that's hard to handle on your own. The EAP is a CONFIDENTIAL service, free of charge to you and your family and designed to help with personal, job and family concerns. Anyone in your household is eligible, even if you are not related or covered on the insurance programs such as medical, dental or vision. Three face to face counseling sessions per issue, per year are available through the EAP for personal and professional needs such as:

- ▶ Stress, Anxiety, Depression
- ▶ Grief & Loss
- ▶ Legal consultations
- ▶ Life transitions
- ▶ Substance abuse
- ▶ Financial Consultations
- ▶ Divorce/Separation
- ▶ Work-Life counseling

You can contact Life Balance by telephone toll at **800-854-1446** or by visiting www.unum.com/lifebalance and use the Username/Password: **lifebalance**.

TRAVEL ASSISTANCE PROGRAM

All enrolled in the Unum Long-Term Disability are eligible for the Unum Travel Assistance Program. Travel assistance can help you avoid unexpected bumps in the road anywhere in the world for you, your spouse and dependent children on any single trip more than 100 miles from home. You will have access to Pre-trip assistance, medical assistance, and emergency travel support services.

- ▶ Help replacing lost prescriptions and passports
- ▶ Recovery of lost or stolen luggage/personal possessions
- ▶ Referrals to Western-trained, English speaking medical providers
- ▶ Legal/interpreter referrals and more
- ▶ Emergency medical evacuation

For more information call **800-872-1414 (U.S. & Canada)** or **609-986-1234 (Outside U.S.)**. You may also email: medservices@assistamerica.com. Use the reference number: **01-AA-UN-762490**.

FINANCIAL & LEGAL RESOURCES

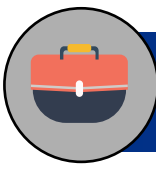
With Unum group life coverage, you have automatic access to Life Planning Financial & Legal Resources. This service is provided at no extra cost for employees, spouses and beneficiaries who need help during a terminal illness, or after the loss of a covered employee.

When a life claim is submitted and approved, a specially trained consultant will reach out to the employee or beneficiary to provide support. Life Planning consultants are also able to provide financial and legal support regarding estate settlement, Social Security, cash flow, taxes and investment planning. They can help you develop a customized financial plan to preserve your quality of life, protect resources and build future security.

To speak to a counselor or for more information call **800-854-1446** or visit members.healthadvocate.com.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



ADDITIONAL BENEFITS

PET INSURANCE

You have the option of choosing between two plans. Total Pet Plan Insurance covers your pets—for a lifetime. Our pet health insurance plan pays on your actual veterinary bill and covers injuries, illnesses, emergencies, genetic conditions and much more. If your pet needs treatment for any accident or illness (except pre-existing conditions), you're covered. It's that simple. One Plan. Four Paws. All Covered!

- ▶ \$11.75 per month for one pet
- ▶ \$18.50 per month for a family plan

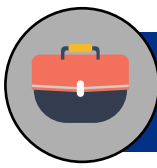
Wishbone offers a pet health insurance plan that offers 90% reimbursement on accidents and illnesses. You can also choose to add on routine care coverage. Wishbone can be used at any veterinarian in the US or Canada, including specialty and emergency clinics. You also have the option to choose between two wellness plans that cover routine annual exams, blood work, vaccines and more with no deductible.

- ▶ 90% reimbursement, \$250 deductible, \$25k annual limit
- ▶ Coverage on Accidents, Illnesses, Surgeries, Exam Fees, Cancer and More
- ▶ Easy claims submission with processing in just 5 days
- ▶ Coverage on hereditary and congenital conditions
- ▶ Covers dogs and cats from 7 weeks of age, with no upper age restriction
- ▶ Short waiting periods: 3 days for accidents, 14 days for illnesses, and 6 months for cruciate ligament events

Get a quote and enroll at <https://www.petbenefits.com/land/threewiresystemsllc>.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



ADDITIONAL BENEFITS

401(k) RETIREMENT PROGRAM

You join the plan as an active participant for purposes of all other contributions on the day on which you meet the following requirements:

- ▶ You are an eligible employee
- ▶ You are age 21 or older
- ▶ You have worked at least 1,000 hours in a specified 12-month period. The first 12-month period begins on your date of hire

This date is your entry date for purposes such as contributions. For this purpose, we count each hour of paid working time. This includes up to 501 hours during any one period of paid non-working time, such as paid vacation. You are an eligible employee unless you are any of the following:

- ▶ A leased employee
- ▶ Considered an independent contractor who is later determined by the IRS to be an employee of ours

If you are an acquired employee, you may be excluded from the plan for a period of time, as determined by us and in accordance with requirements of the Internal Revenue Code.

The 2023 IRS maximum pre-tax contribution is **\$22,500**. The catch-up limit to those of the age of 50 is **\$7,500**. Three Wire Systems also offers post-tax contributions to a Roth 401(k) account. These contributions may be in lieu of or in conjunction with pre-tax salary deferral contributions and cannot exceed **\$22,500** per year.

Three Wire Systems may or may not make a non-elective contribution each year. This contribution will be deposited after the year is complete. TWS 401(k) plans are administrated through Principal Financial Group. For more information or a copy of the Summary Plan Description visit www.principal.com or call **800-547-7754**. Our group number is **625021**.

The schedule below determines your vesting percentage for all other contributions:

Years of Vesting Service	Vesting Percentage
Less Than 2 Years	0%
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%



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PAID-TIME OFF

PAID-TIME OFF

Paid-Time Off (PTO) is offered to all employees. Full-Time employees can earn PTO as outlined in the chart below. Those working less than a full-time schedule will earn PTO on a pro-rated basis.

Paid-Time Off (PTO) Full-Time Employees		
Years of Employment	Hours Earned Per Pay	Amount Earned in a 12 Month Period
0-3 Years	5	15 Days (120 Hours)
3-5 Years	6	18 Days (144 Hours)
5+ Years	7	21 Days (168 Hours)

PTO accrual begins on the first day of employment and is posted to an employee's account at the end of each pay period worked. During the first 30 days of employment, employees are not eligible to use PTO hours. An employee that separates from employment and is rehired within one year does not have to adhere to the 30 day waiting period.

Scheduling PTO

PTO may be used in 1/2 hour increments. All PTO hours taken should be properly recorded in the time keeping system. PTO for vacations must be scheduled and approved in advance by your supervisor. If PTO is being used for sick leave or other unscheduled situations, please notify your supervisor ASAP.

An authorized company holiday that falls on a normal business day during your PTO is not counted as a PTO day. PTO is not considered hours worked for purposes of calculating PTO is not considered hours worked for purposes of calculating overtime pay. All PTO, holiday, bereavement, and any other paid time off will be reimbursed at straight time or base hourly wage.

Carryover PTO

PTO hours are encouraged to be taken in the same year in which they are accrued. TWS will permit the carryover of unused PTO from one year to the next according to state law. If there is no state law regulating carryover of unused PTO, then TWS will allow each employee to carryover 80 hours of earned unused PTO hours into the following calendar year.

HOLIDAYS

Three Wire Systems follows the Federal Government Holiday Schedule below. **Please note:** Three Wire Systems will inform employees of the specific date of observation each year

- ▶ New Year's Day
- ▶ Martin Luther King Jr. Day
- ▶ President's Day
- ▶ Memorial Day
- ▶ Independence Day
- ▶ Labor Day
- ▶ Columbus Day
- ▶ Veteran's Day
- ▶ Thanksgiving Day
- ▶ Christmas Day

Marting Luther King, Jr. Day, President's Day and Columbus Day are considered floating holidays and can be taken or used another day (i.e. the day after Thanksgiving, Christmas Eve or New Years Eve). These floating holiday's (FLHOL) are to be requested and approved through our time reporting system, Deltek Costpoint, in full work day increments.

Holidays are not accrued or earned, so they will not carry over or be paid out. The floating holidays mentioned above may not be used in the first 30 days of employment. It is important to note that unique government contracts, to which TWS is party to, may have specific requirements regarding observed Holidays and in such situations, the government contract requirements will be followed.



NOTICES

YOUR NOTICES INCLUDE:

- ▶ Health Insurance Exchange Notice
- ▶ Notice of Special Enrollment Rights
- ▶ Notice of Privacy Practices
- ▶ Women's Health & Cancer Rights Act (WHCRA) Notices
- ▶ Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure
- ▶ Employer's Children's Health Insurance Program (CHIP) Notice
- ▶ Newborns' and Mothers' Health Protection Act Notice
- ▶ Medicare Part D Creditable & Non Creditable Coverage Notices
- ▶ Genetics Information Nondiscrimination Act (GINA) Disclosures
- ▶ USERRA Notice



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.



GLOSSARY OF TERMS

BALANCE BILLING

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

COINSURANCE

The percentage of costs of a covered health care service you pay after you've paid your deductible. For example, if you pay 5 percent of an in-network covered charge, the plan pays 95 percent.

CO-PAYMENT

A fixed amount you pay for a covered health care service after you've paid your deductible.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

Embedded deductible means that any member of a family will not have to pay more than the individual deductible before he/she begins to pay coinsurance.

Non-embedded deductible means that the entire family deductible must be satisfied before any member of the family begins to pay coinsurance.

EMERGENCY SERVICES

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

FORMULARY

A list of prescription drugs that are covered by your health insurance plan. The formulary is separated into cost levels called tiers, which affects how much you pay for each drug. Also known as a Prescription Drug List (PDL).

HEALTH SAVINGS ACCOUNT | HSA

A tax advantaged savings account that is owned by you and can be funded with tax-free contributions for the purpose of paying for qualified health care expenses today and in the future. HSA's can only be funded by those who are enrolled in a Qualified High Deductible Health Plan (HDHP).

NON-PREFERRED PROVIDER

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance has a tiered network and you must pay extra to see some providers.

OUT-OF-POCKET MAXIMUM

The most you could pay during a plan year for your share of the costs of covered services. After you meet this limit the plan will pay 100% of the allowed amount. There are separate in- and out-of-network out-of-pocket maximums. All copays, deductibles, and coinsurance accrue to the out-of-pocket maximums. Your out-of-pocket maximum is on a contract year basis. Refer to your healthcare plan summaries for more information.

PRE-AUTHORIZATION

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug is medically necessary.

PREMIUM

The amount that must be paid for your health insurance or plan each month. This amount is shared by you and your employer.

PRIMARY CARE PHYSICIAN

A physician who directly provides or coordinates a range of health care services for a patient.

SPECIALIST

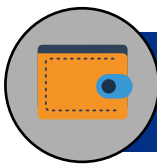
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

UCR (USUAL, CUSTOMARY AND REASONABLE)

The amount paid for a medical service in a geographic area based on what provides in the area usually charge for the same or similar medical services. The UCR amount sometimes is used to determine the allowed amount.

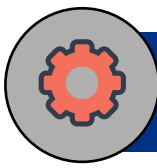
URGENT CARE

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



PAYROLL DEDUCTIONS

Semi-Monthly Per Pay Period Employee Deductions				
Coverage Level	Employee	Employee + Spouse	Employee + Child(ren)	Family
Medical Plans				
Cigna HSA Plan	\$57.93	\$218.56	\$168.56	\$330.97
Cigna OAP Plan	\$171.65	\$491.10	\$375.40	\$622.65
TRICARE Supplement Plan	\$33.75	\$66.25	\$66.25	\$89.25
Dental Plans				
Cigna Dental Base Plan	\$2.27	\$9.25	\$8.40	\$17.45
Cigna Dental Buy-Up Plan	\$7.82	\$20.20	\$18.35	\$34.07
Vision Plan				
Cigna Vision Plan	\$3.54	\$7.07	\$7.14	\$11.40
Ancillary Plans				
Unum Basic Life & AD&D Insurance	100% Employer Paid			
Unum Short-Term Disability	100% Employer Paid			
Unum Long-Term Disability	100% Employer Paid			
Unum Voluntary Life & AD&D Insurance*	100% Employee Paid* Based on Age Rate			
Voluntary Plans Semi-Monthly Per Pay Period Employee Deductions				
Unum Accident Insurance	\$5.80	\$10.41	\$13.56	\$18.17
Unum Critical Illness Insurance	100% Employee Paid* Based on Age Rate			
Unum Hospital Indemnity Insurance	\$8.84	\$16.18	\$11.75	\$19.10
Pets Benefit Solutions Pet Insurance	\$5.86 for One Pet \$9.25 for Family plan			
*Please Note: Amounts subject to change dependent upon actual premium.				



CONTACT INFORMATION

HAVE QUESTIONS, PROBLEMS OR CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at NFP or Human Resources. Please have the same information available when contacting NFP or Human Resources

PLAN	CONTACT NUMBER	WEBSITE EMAIL
Medical/Rx Cigna	866-494-2111	www.mycigna.com
Health Savings Account Cigna HSA Bank	800-357-6246	www.hsabank.com
Tricare Supplement Selman & Company	800-638-2610	www.selmanco.com
Flexible Spending Accounts American Benefits Group	800-499-3539	www.amben.com
Supplemental Benefits Unum	866-679-3054	www.unum.com
Dental Cigna	866-494-2111	www.mycigna.com
Vision Cigna	877-478-7557	www.mycigna.com
Life & Disability Insurance Unum	866-679-3054	www.unum.com
Employee Assistance Program Unum LifeBalance	800-854-1466	www.unum.com/lifebalance Username & Password: lifebalance
Travel Assistance Program Unum AssistAmerica	800-872-1414 (U.S.) 609-986-1234 (Collect)	Email: medservices@assistamerica.com Reference Number 01-AA-UN-762490
Financial & Legal Resources Unum	800-854-1466	members.healthadvocate.com
Pet Insurance Pets Benefit Solution	800-891-2565	https://www.petbenefits.com/land/threewiresystemsllc
401(k) Retirement Plan Principal	800-547-7754	www.principal.com
Three Wire Systems Mike Steele, Human Resources Director	912-963-7789	Email: mike.steele@threewiresys.com
NFP Ansari McKnight, Client Advocate	301-628-4110 ext 84110	Email: ansari.mcknight@nfp.com

NOTE: In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Three Wire Systems.