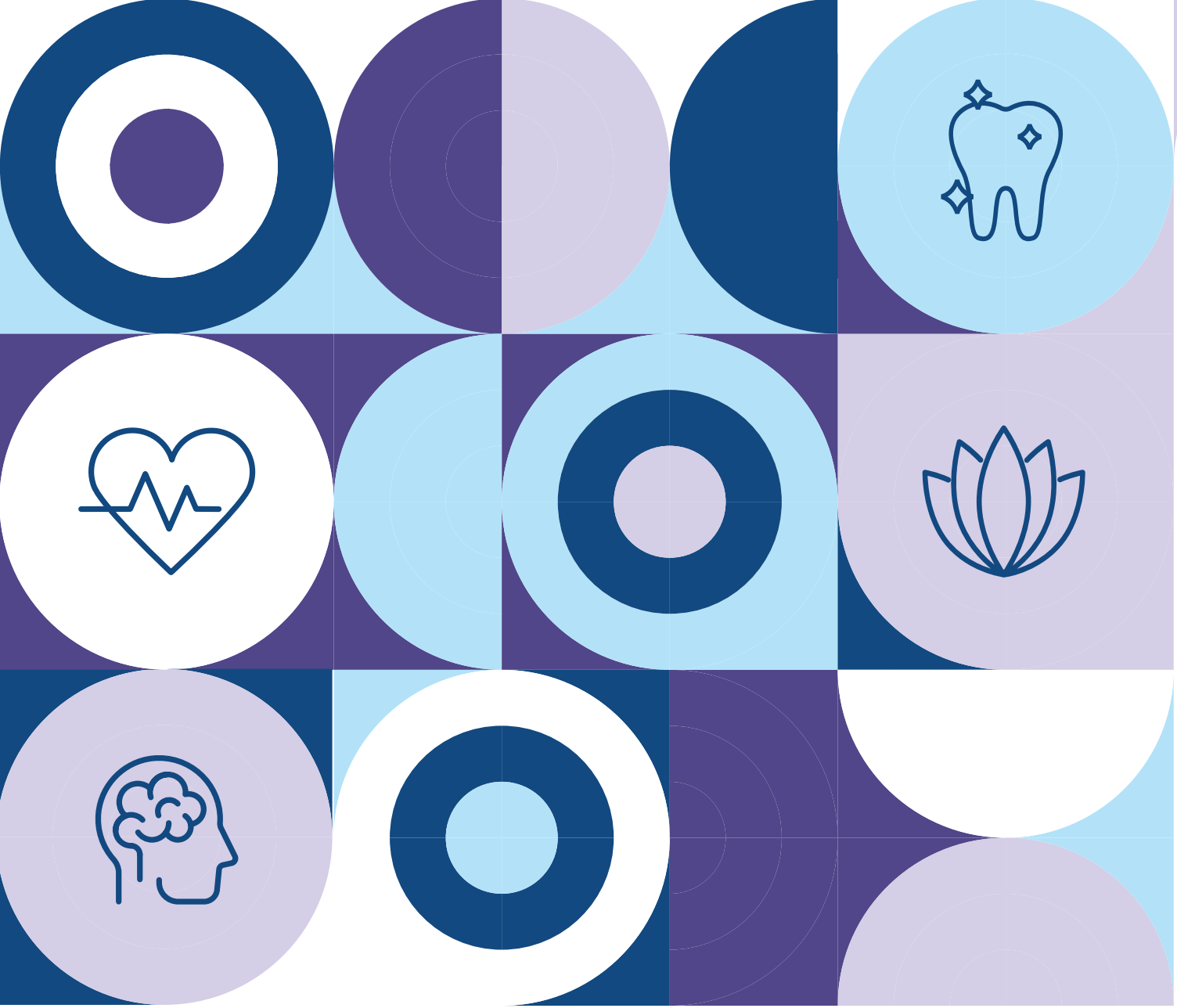


TRIAGE

2027

Benefit Guide

January 1 – December 31, 2027

click here to explore
your benefits

Welcome

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

Eligibility

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

- Your legally married spouse
- Your domestic partner (DP) and/or his/her children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** Coverage is effective immediately following date of hire. You must complete the enrollment process within 30 days of your date of hire.
- Insurance deductions will begin on your first paycheck following enrollment. If elections are not submitted prior to your first paycheck with Triage, any arrears accumulated will be deducted once benefit elections have been submitted.
- If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2027.

When Coverage Ends

- Coverage ends on your last day of employment. Triage does offer a continuation of coverage under COBRA.

Benefit Coverage and Time off Between Assignments

Effective for assignments starting after 1.1.27.

1. If you start a new assignment within 28 days of the end of your current assignment, benefits will continue with no break in coverage. However, back premiums will come out of the first paycheck of the new assignment.
2. If you are off work for more than 28 days for any reason, insurance coverage ends the last day worked. This applies to breaks in assignments, extensions and planned/unplanned time off.
3. If your new assignment begins more than 29 days after your previous assignment, you will need to elect your benefits again and coverage will be effective on Day One of your new assignment.

Choose Carefully!

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

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

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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

Medical

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross Blue Shield of Nebraska PPO

Triage offers one PPO plan. This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield of Nebraska network.
The calendar-year deductible must be met before certain services are covered.

Blue Cross Blue Shield of Nebraska HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield of Nebraska network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars[1] to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. ***NOTE****: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. ***NOTE:*** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

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

HSA Contribution Limit	2027
Employee Only	$4,500
Family (employee + 1 or more)	$9,000
Catch-up (age 55+)	$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans[2], retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

[1] Tax free under federal tax law; state taxation rules may apply
[2] You must be enrolled in a qualified health plan to contribute to an HSA.



Medical

Following is a high-level overview of the coverage available through Blue Cross Blue Shield of Nebraska. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	$3,500 PPO		$8,500 HSA	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$3,500 / $7,000	$4,000 / $8,000	$8,500 / $17,000	$17,000 / $34,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	$8,500 / $17,000	$17,000 / $34,000	$8,500 / $17,000	$17,000 / $34,000
Covered Services				
Office Visits (physician/specialist)	30%*	50%*	0%*	
Routine Preventive Care	No charge	50%*	No charge	0%*
Outpatient Diagnostic (lab/X-ray)	30%*	50%*	0%*	
Complex Imaging	30%*	50%*	0%*	
Ambulance	30%*		0%*	
Emergency Room	$250 copay + 30%*		0%*	
Urgent Care Facility	30%*	50%*	0%*	
Inpatient Hospital Stay	30%*	50%*	0%*	
Outpatient Surgery	30%*	50%*	0%*	
Prescription Drugs**	(Generic / Brand / Non-Formulary / Specialty)		(Generic / Brand / Non-Formulary / Specialty)	
Retail Pharmacy (30-day supply)	$15 / $45 / $80	Not covered	0%*	Not covered
Mail Order (90-day supply)	$45 / $135 / $240	Not covered	0%*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

We are proud to offer you a choice between two dental plans.

MetLife DPPO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$50 / $150		$50 / $150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	$2,000		$1,000	
Covered Services				
Preventive Services	No charge		No charge	
Basic Services	20%*		50%*	
Major Services	50%*		50%*	
Orthodontia (Child Only)	50%*		50%*	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

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

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $45
Materials Copay	$25	N/A
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to $30
Bifocal		Up to $50
Trifocal		Up to $65
Frames (once every 24 months)	Covered up to $130 ($70 at Costco, Sam's or Walmart)	Up to $70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to $130	Up to $105



Supplemental Life and AD&D Insurance

(Employee-paid)

You may purchase supplemental life & AD&D coverage through MetLife for yourself and your eligible family members.

Benefit Option		Guaranteed Issue*
Employee	$10,000 increments, minimum of $20,000 up to $500,000	$200,000
Spouse/DP	$5,000 increments, up to $250,000	$50,000
Child(ren)	$5,000 increments, up to $10,000	$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Valuable Extras

We also offer the following additional benefits:

- **401(k) - Fidelity Investments:**
  - You're eligible for 401(k) immediately upon receiving your first paycheck, as long as you're at least 21 years of age.
  - Triage matches 100% up to the first 3% and 50% on the next 2% of all eligible compensation.
  - Contribute 5% and you will receive the full 4% match.
  - Employees are eligible for match after 12 months and 1,000 hours of service.
  - Employer match contributions are 100% vested immediately.
  - For more information, visit netbenefits.com or call Fidelity at 800-421-3844.
- **Second Opinion Program:** Blue Cross and Blue Shield of Nebraska (BCBSNE) offers virtual second medical opinion services powered by 2nd.MD. Members can count on 2nd.MD to provide secure and confidential virtual consultations with expert medical specialists to confirm a diagnosis and affirm treatment options – resulting in lower costs and better health outcomes.
- **Pet Insurance through MetLife:** You want the best for your pet. While it's hard to anticipate accidents and illnesses, Pet Insurance through MetLife Pet Insurance makes it a little easier to be prepared for them. As an employee of Triage, LLC, you're eligible for a discount on Pet Insurance through MetLife Pet Insurance. Premiums vary based on the age of your pet, species, size (as an adult), plan type, deductible and state of residence. To learn more and enroll, visit www.metlife.com/getpetquote or call 855-716-8839.

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through MetLife.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to five (5) phone or video consultations with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through MetLife are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over $7,000[1]? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. *MetLife Accident and Critical Illness Impact Study, October 2013*

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical Coverage

Coverage Tier	Employee Contribution (Weekly)	
	$3,500 PPO	$8,500 HSA
Employee Only	$88.25	$37.81
Employee + Spouse/DP	$243.60	$164.71
Employee + Child(ren)	$201.95	$130.64
Family	$341.42	$244.23

Dental Coverage

Coverage Tier	Employee Contribution (Weekly)	
	High Plan	Low Plan
Employee Only	$7.05	$5.37
Employee + Spouse/DP	$14.29	$10.58
Employee + Child(ren)	$15.22	$10.95
Family	$23.74	$17.63

Vision Coverage

Coverage Tier	Employee Contribution (Weekly)
Employee Only	$1.40
Employee + Spouse/DP	$2.35
Employee + Child(ren)	$2.40
Family	$3.79

Supplemental Life/AD&D, Voluntary Accident, and Voluntary Critical Illness

Deductions for are taken from your paycheck after taxes. Rates are available online during enrollment.

Domestic Partner (DP) Contributions: Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a DP must be taken on an after-tax basis.

Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Nebraska	103556	402-390-1820	www.nebraskablue.com
Rx	RxBenefits	-	800-334-8134	customercare@rxbenefits.com
Health Savings Account (HSA)	Fidelity	-	800-544-3716	https://nb.fidelity.com/public/nb/default/home
Dental	MetLife	05948516	800-438-6388	https://online.metlife.com/edge/web/public/benefits
Vision	MetLife	05948516	800-438-6388	https://online.metlife.com/edge/web/public/benefits
Supplemental Life	MetLife	05948516	800-438-6388	https://online.metlife.com/edge/web/public/benefits
Employee Assistance Program (EAP)	MetLife	05948516	888-319-7819	one.telushealth.com
401(k)	Fidelity	-	800-421-3844	https://nb.fidelity.com/public/nb/default/home
Pet Insurance	MetLife	-	855-716-8839	www.metlife.com/getpetquote
Voluntary Benefits	MetLIfe	-	800-438-6388	https://online.metlife.com/edge/web/public/benefits

Benefits Website

Our benefits website **https://triagestaff.com/traveler-benefits** can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

benefits@triagestaff.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.