

GIBBS & REGISTER



2027 Employee Benefits Guide

Plan Year: January 1, 2027 – December 31, 2027

Information Provided by:



This Employee Benefits Guide is designed to provide select information about the benefit plans and programs offered by Gibbs & Register, Inc. from January 1, 2027 – December 31, 2027. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail. The SPD is available from your Human Resource representative.

If you are electing dental, vision, short term disability, long term disability, and voluntary life coverage for the first time, you are required to be 'Actively at Work' on a full time basis on the day that the coverage begins. 'Actively at Work' is defined as, you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation.

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Gibbs & Register strives to provide you with a comprehensive employee benefits program as part of your overall compensation package.

We put this guide together to help you understand your medical benefits and to help you get the most out of them. We encourage you to review it thoroughly so you can identify which offerings are best for you and your family.

If you have questions about your medical benefits, reach out to Human Resources or use the contact information included in this guide to get the answers you need.

CHANGES FOR 2027

There are a few changes in effect for the upcoming plan year so please read the below carefully.

1. Your medical and pharmacy coverage is moving to Florida Blue (Blue Cross Blue Shield of Florida).
   - You may choose from four medical plans: BlueOptions PPO 03768, BlueOptions PPO 05782, BlueCare HMO 50 and BlueCare HMO Lower Premium 54.
   - If you choose a BlueCare HMO plan, you must select a Primary Care Physician (PCP). See page 12.
   - Each plan has its own Medication Guide. Check that your medications are covered before you enroll. See page 15.
2. Short Term Disability benefits change: 60% of your weekly income, to a maximum of $1,000 per week, for up to 12 weeks.
3. Your dental, vision, basic life and voluntary life coverage remain with Principal.
4. Open enrollment will begin November 6, 2026.
   - This is an **ACTIVE** enrollment and you must complete your enrollment form and return to Ashley Davis. No coverage will carry over; if you do not make elections, you will not have coverage on January 1st.
5. New Florida Blue ID cards will be issued for all medical plan members.

ELECTING COVERAGE AND MAKING CHANGES

New Hire Eligibility Date:
Newly eligible members will have coverage effective on the first of the month following 60 days of employment.

Changing Your Benefit Selections:
Generally, you can only make changes to your benefit selections during the annual open enrollment period. However, you will be allowed to make changes to your current coverage when you experience a "Qualifying Life Event", subject to HR approval.

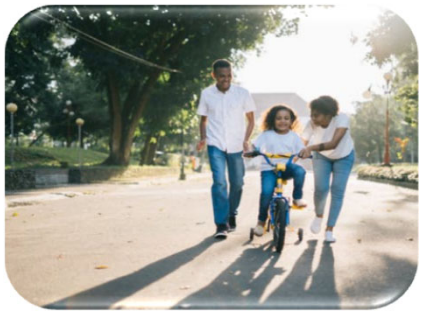
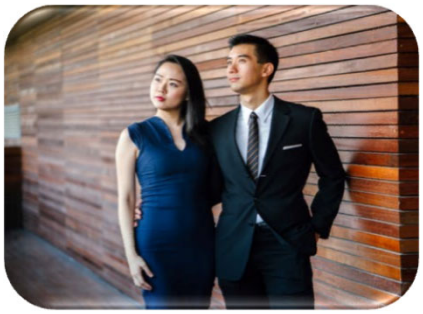
Qualifying Events Include:

- Marriage
- Divorce, legal separation, or annulment
- Birth, adoption, or placement for adoption of an eligible child
- Change in your spouse's work status that affects benefits eligibility (for example: starting a new job, leaving a job, changing from part-time to full-time, a strike or lockout, starting or returning from an unpaid leave of absence)
- Significant change in your (or your spouse's) health coverage due to your employment
- Becoming eligible for Medicare or Medicaid during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

If you have a Qualifying Life Event, you must notify Human Resources within 30 days of the change. Depending on the type of change, you will need to provide supporting documentation verifying the change (for example, a marriage license or birth certificate). If you do not notify Human Resources within 30 days, you will be required to wait until the next annual open enrollment period to make benefit changes.

ELIGIBILITY

- **Employees**
  - You are eligible to participate in the employee benefits program if you normally work a minimum of 30 hours each week.
- **Spouse**
  - If you enroll, you may also enroll your current legal spouse in the same plans you select for yourself.
- **Children**
  - If you enroll, you may also enroll your qualified dependent children in the same plans you select for yourself. This includes your natural, adopted, foster, step-children, or children for whom legal guardianship has been court appointed. There are additional qualifications that vary by plan as follows:
    - Medical plan: Coverage may continue until the end of the year in which the child reaches age 26.
    - Dental and Vision plans: Coverage may continue until the end of the month in which the child reaches age 26, provided they are unmarried and are a full-time student, or if they are unmarried and living in the employee's household and dependent upon the employee for support.
    - Voluntary Life plan: Coverage for unmarried dependent children may continue under the voluntary life plan until the end of the month the child reaches age 26.


COST-FREE PROGRAMS

When you enroll in a **Florida Blue** medical plan, you can access a variety of cost-free programs designed to help you get the most out of your health plan and improve your overall health and well-being.

24/7 Nurse Line – 1-877-789-2583

- Talk to a nurse or health coach anytime, day or night
- Get help deciding where to go for care
- Support managing ongoing conditions such as diabetes
- Diabetes supplies (glucose monitor, test strips, syringes and needles) are covered with a prescription at an in-network pharmacy
- $0 cost to you

Care Management Team – 1-844-730-2583

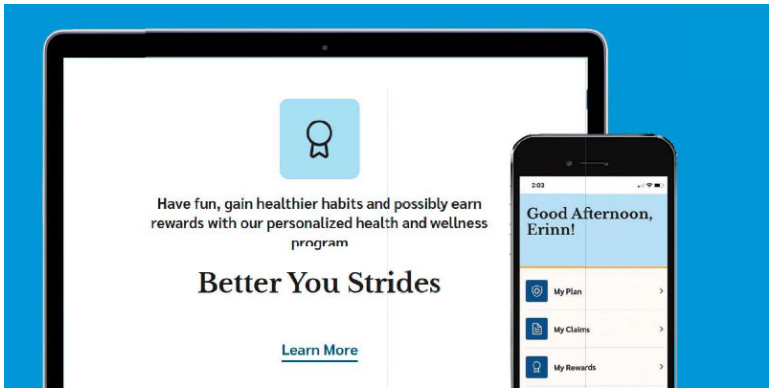
- Help when you are newly diagnosed, recently in the hospital, or just want to live healthier
- Nurses and advocates work with your doctors on conditions including:
  - Diabetes, heart failure, coronary heart disease, COPD and asthma
  - Cancer treatment, organ transplant, high-risk pregnancy and neonatal intensive care
- No extra cost and no referral needed
- Email CareMemberOutreach@bcbsfl.com



COST-FREE PROGRAMS

Better You Strides – Your Personal Well-Being Program

- A well-being plan built around your needs, interests and goals
- Connect with nurses, health coaches and care teams for support
- 35+ self-guided programs and 40+ individual or team challenges
- Sync your favorite fitness devices and apps to track progress
- **To get started:** log in at floridablue.com, click **Find & Get Care**, then select **Better You Strides**.



Blue365® Member Discounts

- Exclusive deals on health and wellness products and services, such as gym memberships, fitness gear, hearing aids, LASIK and eyewear
- Register at www.blue365deals.com with your member ID card; a new deal is emailed to you every week

Flexible Spending Account (FSA) – Medcom

- **No administration fee:** Gibbs & Register pays Medcom's cost to run the FSA. You choose how much of your own money to set aside before taxes for medical, dental, vision and prescription costs.
- **See page 17.**

MEDICAL INSURANCE



You may choose from four medical plans through **Florida Blue**: two BlueOptions PPO plans and two BlueCare HMO plans. When selecting your medical plan consider:

- The premium you'll pay (your payroll deduction)
- What you'll pay when accessing care (copays, deductible, coinsurance)
- Whether your medications are covered (see page 15)
- Which providers are in-network and whether you want a PPO or an HMO

SOME INSURANCE TERMS

Copay – a fixed amount you pay when seeking care for certain services.

Deductible – the amount you pay for certain health care services in a plan year before the plan begins paying any portion of those services.

Coinsurance – the percentage you pay for certain services after meeting your deductible and before you meet your Out of Pocket Maximum.

Out of Pocket Maximum – the most you will pay in a plan year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out of Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that plan year.

	BlueOptions PPO (03768 and 05782)	**BlueCare HMO (50 and Lower Premium 54)**
What provider network do I use?	Florida Blue BlueOptions network, plus the national BlueCard network outside Florida	Florida Blue BlueCare HMO network (Florida only)
Do I need to choose a Primary Care Physician (PCP)?	No	Yes. Choose a PCP at enrollment; one will be assigned if you do not
Do I need a referral to see a Specialist?	No	No (open access)
Can I go Out-of-Network?	Yes. You pay a higher cost share for a provider that is not in the network	No, except for emergency and urgent care
Care outside of Florida	Covered nationwide through BlueCard	Urgent and emergency care only

MEDICAL INSURANCE

	BlueOptions PPO 03768	BlueOptions PPO 05782	BlueCare HMO 50	BlueCare HMO Lower Premium 54
In-Network Coverage				
Deductible	$250 Individual | $750 Family	$2,000 Individual | $6,000 Family	$2,000 Individual | $6,000 Family	$5,000 Individual | $10,000 Family
Coinsurance (you pay)	0% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Out of Pocket Maximum	$3,000 Individual | $6,000 Family	$6,350 Individual | $12,700 Family	$6,350 Individual | $12,700 Family	$6,350 Individual | $12,700 Family
Preventive Care	No Charge	No Charge	No Charge	No Charge
Primary Care Visit	Value Choice: $10 Copay Family Physician: $20 Copay	Value Choice: $10 Copay Family Physician: $35 Copay	Value Choice: $10 Copay Family Physician: $35 Copay	Value Choice: $10 Copay Family Physician: $40 Copay
Specialist Visit	Value Choice: $30 Copay Specialist: $45 Copay	Value Choice: $30 Copay Specialist: $65 Copay	Value Choice: $30 Copay Specialist: $65 Copay	Value Choice: $30 Copay Specialist: $65 Copay
Urgent Care Center	$50 Copay	$70 Copay	$70 Copay	$85 Copay
Emergency Room	$200 Copay	$300 Copay	$300 Copay	$300 Copay
Inpatient Hospitalization	$700 Copay per Admission	$100 per admission + Deductible + 30%	$100 per admission + Deductible + 30%	Deductible + 30%
Pharmacy				
Medication Guide (Formulary)	Open Medication Guide	Open Medication Guide	Open Medication Guide	Generic Choices Medication Guide
Retail Prescriptions	Tier 1: $10 | Tier 2: $50 Tier 3: $80	Tier 1: $10 | Tier 2: $50 Tier 3: $80	Tier 1: $10 | Tier 2: $50 Tier 3: $80	Generic: $10 Covered Brand: 20%
Specialty Prescriptions	$250 Copay	$250 Copay	$250 Copay	N/A
Plan Rules				
PCP Required?	No	No	Yes	Yes
Out-of-Network Coverage?	Yes, higher cost share	Yes, higher cost share	No (emergencies only)	No (emergencies only)

Value Choice = Value Choice Provider (for example Sanitas Medical Center, Diagnostic Clinic Medical Group and GuideWell Emergency Doctors); see page 11. Amounts shown are in-network. This is a summary only; your Summary of Benefits and Coverage (SBC) and plan documents govern.

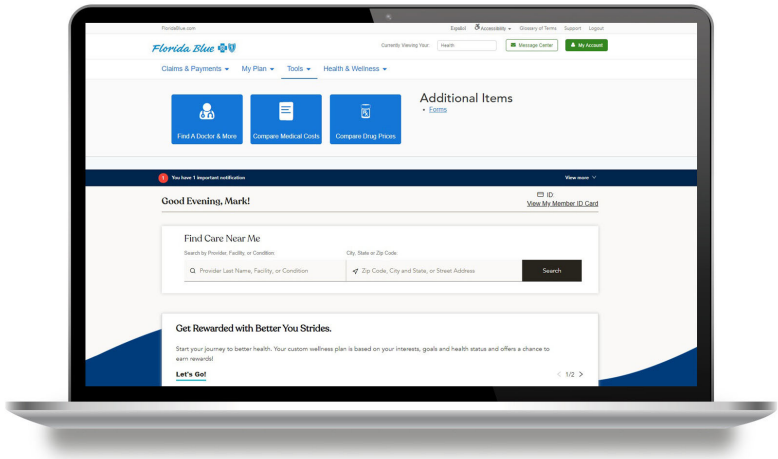
FINDING A DOCTOR

Online

1. Log in to floridablue.com.
2. At the top of the screen, click **Tools** and select **Find A Doctor & More**.
3. Enter the provider's last name, facility, specialty, condition or NPI, or choose a Provider Type (Primary Care, Urgent Care Centers, Hospitals and more).
4. Click **Search Now**.

On the Florida Blue mobile app

- Download the app from the App Store or Google Play and log in. Tap **Find Care**, then **Florida Doctors and Pharmacies**.



Outside Florida?

BlueOptions PPO members can find care anywhere in the U.S. at bcbs.com/find-a-doctor or 1-800-810-2583. BlueCare HMO covers urgent and emergency care outside Florida.

Save Money with Value Choice Providers

Value Choice Providers are in-network doctors who offer Florida Blue members extra care at a lower cost. On all four Florida Blue plans, you pay **$10** to see a Value Choice primary care doctor and **$30** to see a Value Choice specialist.

Value Choice Providers include Sanitas Medical Center, Diagnostic Clinic Medical Group and GuideWell Emergency Doctors, with primary care, specialist, urgent care, labs, imaging and virtual visits at many locations.

When you search for a doctor, look for **Value Choice Provider** under the **Programs** column.

CHOOSING A PCP: BLUECARE HMO



If you enroll in a **BlueCare HMO** plan, you must choose a Primary Care Physician (PCP) for yourself and each covered family member when you enroll.

1. Go to floridablue.com and click **Find A Doctor**.
2. Under **Select a Plan**, choose **BlueCare (HMO)** and click **Continue**.
3. Search by the doctor's last name, or enter your zip code and choose Primary Care as the Provider Type.
4. Consider a Value Choice Provider or Patient-Centered Medical Home (see the Programs column) for coordinated care and lower copays.
5. Click the doctor's name to see their information.
6. Write down the **10-digit NPI number** shown at the top right and give it to Human Resources with your enrollment form.

NOTE

If you don't choose a PCP when you enroll, one will be chosen for you. You can change your PCP after your plan's effective date.

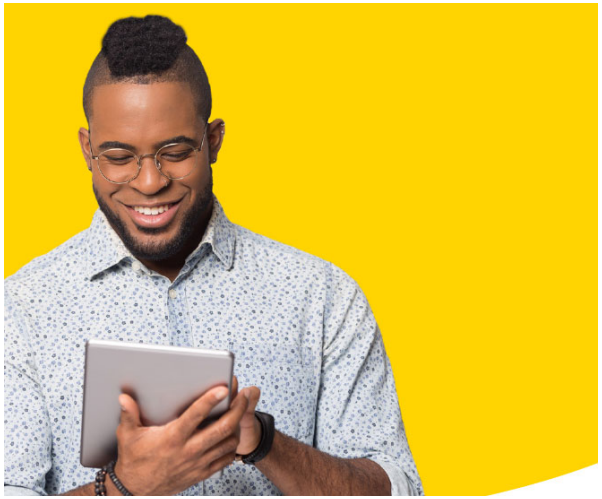
You don't need a referral from your PCP to see a Specialist. BlueCare is an Open-Access plan.

Florida Blue

YOUR FLORIDA BLUE MEMBER ACCOUNT

Your Florida Blue health plan is in the palm of your hand when you log in at floridablue.com or on the Florida Blue mobile app (also available in Spanish). In a few clicks, you can find care, compare costs and get answers and support 24/7.

To register: go to floridablue.com, click **Log In**, then **Register**. Have your Florida Blue member ID card handy.



Your Plan at a Glance

- Dashboard with important information and health care reminders
- Claims and benefits details
- Estimate out-of-pocket costs and compare medical and prescription costs
- View or print your member ID card

Find Care Your Way

- Search for doctors, specialists or urgent care, with photos and member ratings
- 5-question quiz to match you with a doctor
- Schedule doctor appointments online

Get Support

- Sign up for Better You Strides and view your wellness plan
- One-on-one support from a nurse for ongoing conditions
- 24/7 answers from the virtual assistant about your coverage
- Look up your medications and pharmacy benefits

WHERE TO GO FOR CARE



Remember, where you go matters!

Choosing the right place for care can help you avoid higher out-of-pocket costs and hours of waiting. Your primary care doctor should be your first choice for common illnesses, minor injuries, routine exams, vaccinations and screenings.

When you can't see your doctor, use this guide.

BlueVirtualCare

On-demand video visits with board-certified doctors, 24/7, when you can't see your primary care doctor. No appointment needed, all ages on your plan, anywhere in the U.S. Use it for:

- Allergies, cold, flu, bronchitis
- Sinus infections, strep throat
- Pink eye, rashes, bug bites
- Migraines, stomach ailments, UTIs
- Minor sprains, scrapes and bumps

Start a visit: log in at floridablue.com or the Florida Blue app > Find & Get Care > Find a Doctor & More > Find Virtual Care > BlueVirtualCare.

Urgent Care Centers

Less expensive than the ER, often with shorter wait times. Visit an urgent care center for conditions like:

- Cold, flu and fever
- Strains, sprains and breaks
- Infections
- Mild burns

To find one, log in at floridablue.com and select Find a Doctor.

Emergency Room

Going to the ER for a problem that isn't life-threatening often means long waits and high bills. Go to the ER for symptoms like:

- Severe chest pain (possible heart attack)
- Signs of a possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

If you have a life-threatening emergency, call 911 right away.

What you pay	BlueOptions PPO 03768	BlueOptions PPO 05782	BlueCare HMO 50	BlueCare HMO 54
Urgent Care Center	$50 Copay	$70 Copay	$70 Copay	$85 Copay
Emergency Room	$200 Copay	$300 Copay	$300 Copay	$300 Copay

PHARMACY: FLORIDA BLUE

Your prescription drug coverage is included with your Florida Blue medical plan. Each plan uses a Medication Guide (formulary), the list of covered drugs and the tier that sets your cost. Please check that your medications are covered before you choose a plan.

Medical Plan	Medication Guide	What it means
BlueOptions PPO 03768 **BlueOptions PPO 05782** **BlueCare HMO 50**	Open Medication Guide	Generic, preferred brand and non-preferred brand drugs are covered on three tiers, plus specialty drugs.
BlueCare HMO Lower Premium 54	Generic Choices Medication Guide	A generic and limited-brand formulary. Generics and the brand drugs listed are covered; drugs not on the list are not covered.

How to look up your medications

1. Log in at floridablue.com and click **My Plan**, then **Pharmacy** under Additional Items.
2. Under Pharmacy Resources, click **Medication Guide & Specialty Pharmacy**.
3. Open your plan's guide (**Open** or **Generic Choices**) and press Ctrl+F to search by drug name.

- Members can also look up a drug by name to compare costs at different pharmacies and see whether it needs prior authorization.
- Medication Guides are updated every January, April, July and October.

Save on Prescriptions

- Ask your doctor and pharmacist for a generic. Generics are as safe and effective as brand drugs and cost less.
- If you choose a brand drug when a generic is available, you pay the brand copay plus the cost difference.
- Questions? Call the number on the back of your member ID card.

PHARMACY: FLORIDA BLUE

Retail Pharmacies

- Fill your prescriptions at a pharmacy in Florida Blue's network to pay the least. Find one in your member account under Find Doctors, Pharmacies and More, or on the app. You may be able to get up to a three-month supply at a participating retail pharmacy.

Home Delivery: Amazon Pharmacy

- Order non-specialty maintenance medications and get them delivered to your home, with the option of a 90+ day supply
- Pharmacists on call 24/7; free standard shipping, and 2-day shipping for Amazon Prime members
- Built-in MedsYourWay® discount pricing shows the lowest price available at checkout
- To start: call the number on your member ID card and say "Pharmacy," or visit pharmacy.amazon.com. A new prescription is needed; retail prescriptions cannot be transferred.

Specialty Medications

- Specialty drugs (marked "SP" in the Medication Guide) are covered only when filled by an in-network specialty pharmacy, up to a one-month supply. They are not covered through home delivery.
- Specialty pharmacy help: **1-833-950-3858** (Advocate+ Member Support), or call the number on the back of your member ID card to confirm your specialty pharmacy.

FLEXIBLE SPENDING ACCOUNT (FSA): MEDCOM

A Flexible Spending Account lets you set aside your own money **before taxes** to pay out-of-pocket medical, dental, vision and prescription costs for you and your dependents. Your FSA is administered by **Medcom Benefit Solutions**.

What's Free for Me?

Gibbs & Register pays the cost to administer the FSA, so there is no fee to you. The only money in your account is the amount you choose to set aside from your paycheck, and every dollar you contribute is free from federal income and Social Security (FICA) taxes.

How Much Could You Save?

Example	Without FSA	With FSA
Gross salary	$36,500	$36,500
Health FSA contribution	$0	$1,000
Taxable salary	$36,500	$35,500
Federal / FICA taxes	($7,450)	($7,100)
Out-of-pocket costs	($1,000)	$0
Net take-home	$28,050	$28,400
Your savings	$0	$350

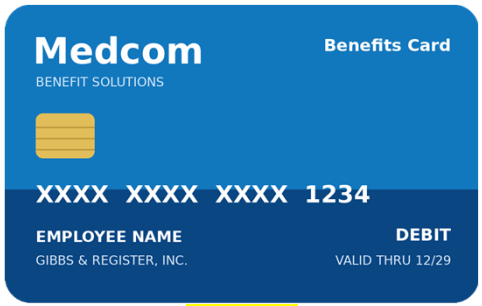
Example for illustration only; your savings depend on your tax bracket (typically 25%–40% of what you contribute).

Key Facts

- **Contribute up to** $3,500 per year
- **Use it day one:** your full annual election is available on January 1, even before it's deducted from your pay.
- **Re-enroll every year:** your election does not carry over. You must enroll again to keep contributing and to roll over your balance.
- **Runout period** of 30 days after the plan year ends. You can submit paper claims and receipts for expenses incurred *before* the plan year ended.
- **Covers your family:** eligible expenses for your spouse and dependents count too, even if they aren't on your medical plan.
- **Not for premiums:** FSA funds can't pay insurance premiums.

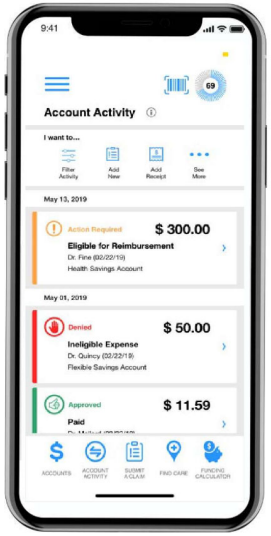
USING YOUR FSA: MEDCOM

Your Medcom Debit Card



Sample card

- Arrives by mail 7–10 business days after you enroll; good for 3 years.
- Use it at doctors, dentists, pharmacies and vision providers.
- Save every receipt. Medcom may ask for one to confirm the expense; send it through the app or portal.



Register Your Account

1. Go to medcom.wealthcareportal.com and click **Register**.
2. Create your username and password.
3. Enter your card number or Employee ID, plus the Employer ID from your welcome letter.
4. Download the **Medcom** app (App Store or Google Play) to check balances, submit claims and upload receipts. Set up direct deposit for faster reimbursement.

Medcom Customer Service

(800) 523-7542, option 1
MedcomReceipts@medcombenefits.com
www.medcombenefits.com
Receipt fax: (877) 723-0149

Eligible Expenses

Medical, dental, vision and prescriptions: deductibles, copays, coinsurance, glasses and contacts. **Over-the-counter:** pain relievers, allergy and cold medicine, first aid, sunscreen, blood pressure monitors, diabetes supplies and more. See the full list and shop at the FSA Store at www.medcombenefits.com.

DENTAL INSURANCE: PRINCIPAL

Our dental plans through Principal allows you to see any dentist. However, you will take advantage of discounted pricing and enjoy lower out-of-pocket expenses by visiting a dentist that participates in the network.

	Low Option		High Option	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible	$50 Individual | $150 Family Applies to Basic and Major Services		$50 Individual | $150 Family Applies to Basic and Major Services	
Preventive Services Including: Routine Exams, Cleanings, X-rays, Fluoride, and Space Maintainers	No Charge	Balance over the Reasonable & Customary charge	No Charge	Balance over the Reasonable & Customary charge
Basic Services Including: Emergency Exams, Periodontal Maintenance, Full mouth X-rays, Sealants, Fillings, Non-surgical Periodontics, Repairs	Deductible + 50%	Deductible + 50% + balance over the Reasonable & Customary charge	Deductible +20%	Deductible + 20% + balance over the Reasonable & Customary charge
Major Services Including: Complex Oral Surgery, General Anesthesia, Periodontal Surgery, Simple & Complex Endodontics, Crowns, Inlays, Onlays, Implants, Bridges, Dentures	Deductible + 50%	Deductible + 50% + balance over the Reasonable & Customary charge	Deductible + 50%	Deductible + 50% + balance over the Reasonable & Customary charge
Orthodontia Braces & related services for children up to age 19	Not Covered	Not Covered	50% subject to a $1,000 Lifetime Maximum	50% + balance over the Reasonable & Customary charge; subject to a $1,000 Lifetime Maximum
Maximum Annual Benefit	$1,000 per person per calendar year	$1,000 per person per calendar year	$5,000 per person per calendar year	$5,000 per person per calendar year

Frequency and Age Limits apply to certain services.
For example, the plan includes coverage for 2 routine cleaning per calendar year and one set of bitewing x-rays per calendar year. Coverage for fluoride treatments is included for dependent children up to age 18. Coverage for sealants is included for dependent children up to age 18. Additional restrictions are outlined in the Certificate of Coverage.

By registering via the mobile app or by visiting principal.com you can easily find a participating dental or vision provider as well as keep track of your claims.

DENTAL INSURANCE

How to find a Principal In-Network PPO Dentist

- Go to www.principal.com
- Click 'Insure' at the top of the screen
- Click 'Find a Dentist' and enter your zip code

To register as a Principal PPO Member:

- Go to www.principal.com
- Click 'Login' at the top of the Principal home screen
- Select 'Create an account'

Principal PPO Maximum Accumulation Account

This feature allows you to roll over a portion of your unused Annual Benefit Maximum into your personal Maximum Accumulation Account (MAA). Then in future years your claims will continue to be paid from your MAA after your Annual Benefit Maximum is exhausted.
To qualify for rollover, you must have between $1 and $500 in paid claims in a calendar year. When you qualify, Principal will roll $250 into your MAA. If your MAA reaches $1,000, no additional amounts will roll over until after the MAA is used to pay claims. Each family member qualifies separately. The entire MAA amount will be forfeited if no dental service is submitted within a calendar year.

PPO Contracted Fee – this refers to the discounted charge for each service agreed upon by Principal and In-Network providers. When accessing care Out-of-Network under the PPO Plan**,** this is the amount on which the claim will be paid. You are responsible to pay the difference in the provider's actual charge and what the insurance reimburses.

Predetermination of Benefits – This optional service provides you with an estimate on the amount to be covered prior to having a dental procedure under the PPO plan. When your treatment plan is expected to exceed $300, ask your dentist to request the Predetermination Review. Your dentist will submit your treatment plan and Principal returns an estimate of what they expect to pay and what you can expect to pay.

Maximum Annual Benefit – This is the most that Principal will pay for covered services in a calendar year. You are responsible for any additional charges during that calendar year once the benefit has been exhausted.



VISION INSURANCE: PRINCIPAL



Our Vision plan through Principal offers affordable coverage for your routine eye care needs.

Eye Exam	Covered once every 12 months	No Charge	$45 allowance
Eyeglass Lenses	Covered once every 12 months	$10 Copay	Allowance up to: $30 Single Vision $50 Lined Bifocal $65 Lined Trifocal $100 Lenticular
Eyeglass Frames	Covered once every 24 months	$200 allowance. You will receive an additional 20% off any amount that you pay over your allowance. Up to a $110 allowance for frames purchased at Costco or Walmart/Sam's Clu	$55 allowance
Contact Lens Fitting	Covered once every 12 months instead of lenses and frames	Not to exceed $60 for standard or premium fit.	Applied to the $105 contact lens allowance
Contact Lenses	Covered once every 12 months instead of lenses and frames	Elective: $200 Contact Lens Allowance Medically Necessary: Covered in full after $10 copay	Elective: $105 allowance Medically Necessary: $210 allowance

VISION INSURANCE

To find an In-Network Vision Provider

- Go to www.principal.com/vsp
- Enter your Location
- Follow the prompts

To Register as a Member

- Go to www.principal.com/vsp
- click ‘Login / Create n Account ’ at the top of the screen



What Provider Network do I use?	VSP Vision Care Network
Can I go Out-of-Network?	Yes. However, when using Out-Of-Network providers you will need to pay full price at the time of service and then submit a claim to Principal for reimbursement up to the plan allowances, minus copays.
Will I get an ID card?	Yes, when you first enroll, Principal will send your ID card to your employer who will distribute it to you. New ID cards are not issued after Open Enrollment. You can also print an ID card after registering as a member.
How do the Frequency Limits work?	The frequency limits are based on your last date of service while insured under a VSP plan. For example, if you had an eye exam and purchased a full set of glasses (lenses and frames) on 1/10/2027 under a VSP plan, your benefits will reset for another exam and lenses on 1/10/2028, and frames on 1/10/2029 if you are still enrolled in the plan.
Can I add features to my lenses?	Yes. A variety of lens coatings and other upgrades are available. You can receive up to 20-25% discount on lens options when visiting In-Network providers. You may also receive up to 20% off a second pair of glasses.

BASIC LIFE & AD&D: PRINCIPAL

As a benefits eligible employee, Gibbs & Register, Inc. provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Principal at no cost to you.

Basic Life and AD&D	
Basic Life Benefit	$15,000
AD&D Benefit	$15,000
Benefit Reduction	The benefit amounts shown above will reduce by 35% of original amount at age 65 and an additional 15% at age 70.
Conversion	Upon termination of employment this policy may be converted to an individual policy. Please contact Principal as soon as your employment ends to begin this process. You must apply and pay the required premium to Principal within 30 days of your termination to exercise the conversion option.
Bi-Weekly Payroll Deductions	Provided to eligible employees at no cost to you.

Primary Beneficiary - The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time.

Secondary Beneficiary or Contingent Beneficiary - The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.

IMPORTANT: Please be sure to name a Beneficiary when making your elections. You may name more than one if desired.

Caution: Listing someone under age 18 as a beneficiary is not recommended. Payment of a claim may be delayed and may be paid to someone other than the minor that was named as beneficiary.



VOLUNTARY LIFE: PRINCIPAL

You also have the option to purchase Voluntary Life Insurance through Principal at affordable group rates. If you purchase Voluntary Life coverage for yourself, you may also purchase coverage for your spouse and/or dependent children.

Available Increments	$10,000	$5,000	$2,000, $3,000, $4,000, $5,000, or $10,000
Coverage Maximum	$500,000	50% of the employee coverage amount up to $100,000	50% of the employee coverage up to $10,000 Ages 14 days to 26 years
Guarantee Issue Amount	Newly eligible employees under the age of 70 can elect up to $200,000 without Evidence of Insurability; $10,000 age 70+	Elect 50% of employee coverage up to $30,000 on your newly eligible Spouse without Evidence of Insurability; $10,000 age 70+	Elect up to $10,000 on your newly eligible dependent children without Evidence of Insurability
Future Increase Option	For current and new enrollees: Increase or add by two increments ($20,000) at open enrollment; any election over two increments will require EOI.	For current and new enrollees: Increase or add by two increments ($10,000) at open enrollment; any election over two increments will require EOI.	For current and new enrollees: Increase or add by two increments ($5,000) at open enrollment, up to the $10,000 maximum.
Additional Features	Accelerated Death Benefit: provides an option to withdraw a portion of your life insurance if diagnosed as terminally ill. Conversion: provides an option to convert this coverage to an individual policy after you terminate employment. Portability: provides an option to continue this coverage for a specified period after you terminate employment. You must apply and pay the required premium to Mutual of Omaha within 30 days of your termination to exercise the conversion or portability options.		

Note: If you and your spouse both work for Gibbs & Register, Inc. you cannot cover each other on spouse life insurance. Additionally, only one of you may elect dependent child life coverage.

Evidence of Insurability (EOI) - A Medical questionnaire referred to as an Evidence of Insurability (EOI) Form is required if you are a newly eligible employee or spouse electing an amount over the Guarantee Issue Limits, When EOI is required the insurance company will decide if your request will be approved. Amounts subject to EOI will not begin unless/until approved by the insurance company.

Benefit Reduction – 35% reduction at age 65 and an additional 15% at age 70.

VOLUNTARY LIFE: PRINCIPAL

The cost for employee coverage is based on your age and the amount of coverage you elect. The cost for spouse coverage is based on your age and the amount of coverage you elect. The cost for child coverage is charged once per employee, not per child. Premiums increase on January 1st following the date you move into the next age bracket.

Voluntary Life Rate Table (including AD&D)

Age	Monthly Cost per $1,000 of coverage
<29	$0.106
30-34	$0.115
35-39	$0.132
40-44	$0.175
45-49	$0.261
50-54	$0.406
55-59	$0.605
60-64	$0.937
65-69	$1.509
70+	$2.785
Child Life	$0.200

How to calculate your supplemental life deduction

Example: An employee who is 47 years old wishes to elect $100,000 in coverage

$100,000 ÷ 1,000 = 100

100 x 0.261 (see rate chart) = $26.10 cost per month

$26.10 x 12 = $313.20 per year

$313.20 ÷ 48 = $6.53 per pay if paid weekly or

$313.20 ÷ 24 = $13.05 per pay if paid semi-monthly

Things to remember:

- **Your spouse's rate is based upon your age**
- You pay just one payroll deduction for child coverage, no matter how many children you are covering
- Employee coverage terminates at retirement
- Dependent spouse and child coverage is only available if the Employee has coverage under this plan

SHORT TERM DISABILITY: BENEFIT SOLUTIONS INC.

Short Term Disability Insurance is intended to provide you with temporary income replacement if you are unable to work due to an off-the-job accident or illness and are under the care of a doctor. Gibbs & Register, Inc. provides this coverage to benefits eligible employees at no cost to you.

Benefits Begin	On the 8th day you are disabled due to illness or injury
Benefit Amount	The plan pays you 60% of your weekly income, to a maximum of $1,000 per week
Payment Lasts	The plan will continue to pay you for up to 12 weeks if you remain disabled
Bi-Weekly Payroll Deductions	Provided to eligible employees at no cost to you.



Taxable Benefits - Since the premium for this coverage is paid for by your employer, the benefit is subject to income taxes.

Maternity Benefits - Benefits for a normal delivery are limited to a six week benefit period. Benefits for a normal C-Section delivery are limited to an eight-week benefit period.

CONTACT INFORMATION

At Your Service...

The Employee Benefits Service Team at **Acrisure** is available to answer questions about enrollment, coverage, claims, and other concerns related to your employee benefit package through Gibbs & Register.

Carrier / Vendor	Phone / Email	Website
Acrisure	Jennifer Streyle, Account Manager jstreyle@acrisure.com 352-818-6213	www.Acrisure.com/south
Florida Blue	Member Services: number on the back of your ID card (1-800-352-2583) 24/7 Nurse Line: 1-877-789-2583 Care Management: 1-844-730-2583 Outside Florida (BlueCard): 1-800-810-2583	www.floridablue.com
BlueVirtualCare	Member Support: 1-800-352-2583	www.floridablue.com
Amazon Pharmacy	Home delivery: call the number on your ID card and say “Pharmacy”	pharmacy.amazon.com
Specialty Pharmacy	Advocate+ Member Support: 1-833-950-3858	
Blue365 Discounts	Register with your Florida Blue member ID card	www.blue365deals.com
Principal	Dental: 800-247-4695 Vision: 800-877-7195 Life & Disability: 800-245-1522	www.principal.com
Medcom (FSA)	Customer Service: (800) 523-7542, option 1 MedcomReceipts@medcombenefits.com	www.medcombenefits.com
Benefit Solutions, Inc.	STD: 407-843-0058	

GIBBS & REGISTER

Information Provided by:

ACRISURE®

This Employee Benefits Guide is designed to provide select information about the benefit plans and programs offered by Gibbs & Register, Inc. from January 1, 2027 – December 31, 2027. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail.