2026

POLYGLASS
MAPEI GROUP

SUPERIOR BENEFITS

FOR YOU

Benefits Resources

Your Polyglass benefits offer many resources to use for your health, wellbeing, and more. Most are available to you at no additional charge. Review this section now to become familiar with all these resources so you can use them when needed. More details are available in the benefit materials from the carriers. Refer to MyPolyglass App or the ADP home page for additional summaries.

2 Healthcare

- FloridaBlue.com
- Florida Blue 365®
- Florida Blue App
- Health Information Online
- 24-Hour Care Team
- Know Where to Go for Healthcare
- Benefit Terms to Know
- Understanding your Explanation of Benefits

7 Wellness and Preventive Care

- Wellness Program Tailored for You
- Regular Wellness Exams for a Healthy Life
- Quit Smoking and Vaping
- Staying Healthy Starts Now
- We Care. You Care. Preventive Care
- Wellness Schedule for Adults
- Cologuard Screening
- Wellness Guidelines for Children
- Childhood Vaccinations

12 Managing Specific Health Issues

- Care Consultant
- New Directions Behavioral Health Services
- Healthy Addition (prenatal resources)
- Support for Serious and Chronic Health Conditions
- Advanced Illness Care and Planning

14 Managing Medications

- Managing Home-Delivery Prescriptions
- Pricing Your Medications
- Registering with Express Scripts
- Finding a Network Pharmacy
- Participate on the SaveOnSP Program

17 Dental Care

- Online Tools
- Making the Most of Your Dental Plan
- Hearing Benefits
- LASIK Benefits

18 Vision Care

- There's More to Eye Exams than You Know
- Computers and Eye Care
- Know Before you Go
- LASIK Benefits
- Members only Special Offers

20 Life Insurance: Added Benefits

- Survivor Assurance Account
- Secure Travel
- Empathy Care Services

21 Employee Assistance Program

- Guidance Resources
- Family Source
- Health Care Support
- Well-Being Coaching
- Financial Connect
- Legal Connect
- Estate Guidance

23 Prudential

- Take care of your well-being
- How to submit your claims

Florida Blue Resources for Help with Healthcare Benefits

FloridaBlue.com

To help get the most out of your Florida Blue medical plan, log in to the Florida Blue website at floridablue.com at any time. Click on *Manage my plan* and follow the prompts. You can also download the mobile app.

Find information on your medical plan, access tools to compare quality and cost of healthcare, from office visits to inpatient and outpatient surgery. If you need help, call **800-664-5295**.

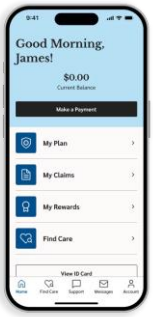
Florida Blue 365®

Through Florida Blue 365, you have access to a wide range of savings from top health and wellness brands around the country plus savings from local companies.

Be sure to register at blue365deals.com to receive deals automatically and begin saving. Check back regularly as new discounts and services are added frequently.

Florida Blue App

Stay connected to your medical plan while on the go! In addition to seeing your account information, you can:



Available on:

- Find the nearest urgent care centers
- See your virtual ID card
- Check your benefits and view your claims and deductible amounts
- Connect to wellness resources
- Connect with Florida Blue resources and contacts

Health Information Online

The more you know, the better you can take charge of your health and wellbeing. Florida Blue offers many tools that positively impact your health. To know them is a great starting point for helping you be aware of how your health plan works, saves you money, and helps you be and stay healthy. Go online to floridablue.com to:

- Review your plan benefits
- Find a BCBSFL Network Provider
- Check doctor ratings/see patient reviews
- Get up-to-date information on your out-of-pocket expenses
- Check claims
- Request an ID card
- View health videos and read blogs
- Research your symptoms and conditions with easy-to-understand health content and supplemental videos and articles
- Use your member health statement to track your healthcare expenses
- Find valuable coupons and offers to help you save on health-related items

24-Hour Care Team for Health Answers

Call the Nurse Line at **844-730-2583** or visit for answers to your floridablue.com/extracare for questions about health, medical treatments, prescription drugs, medication side effects, help with sick children, and to learn more about conditions such as diabetes, asthma, or high blood pressure. Your dedicated team will work with your doctor to manage your care.

Dedicated nurses and other clinical professionals focus on helping you reach your health goals.

Access to community resources that help with transportation, food, finances, and more.

Health support at your fingertips through the secure and convenient BlueForMe app for your smartphone.

Know Where to Go for Healthcare

Choosing the right treatment option can help you avoid needless worry, higher out-of-pocket costs and hours of unnecessary waiting. Use this simple guide to help you make the right decisions when you can't see your Primary Care Physician (PCP).

Revive Health

You have 24/7 access to a Revive Health board-certified doctor by phone or videoconference.

- Rash
- Sinus infection
- Urinary tract infection
- Common cold
- Cough
- Flu

For assistance call, (833) 794-3863 and enter group passcode Polyglass19.

Convenient Care Centers

Convenient care centers may be a good option. They usually have a similar copay to a PCP and treat things like:

- Cold/Flu
- Sinus infection
- Urinary tract infection
- Rash/skin conditions

Be sure to check to see if convenient care centers are in your plan's network.

Urgent Care Centers

Urgent Care centers are less expensive than ERs and often have shorter wait times. Visit an urgent care center for conditions like:

- Cold, flu and fever
- Strains, sprains and/or breaks
- Infections, mild burns

To find an urgent care center near you visit floridablue.com and select Find a Doctor.

Emergency Room

Going to an ER for an issue that is not life-threatening often results in long wait times and high medical bills. Below are examples which require the emergency room.

- Severe chest pain
- Signs of possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

Each option offers a different level of service, so call and discuss your health issue before you go. Be sure to know the cost up front and if they are members of the Blue Options network.

- **Revive Health** (formerly SwiftMD): Online telemedicine doctors and pediatricians who can answer health questions, diagnose non-emergency conditions, and prescribe medications (see the Benefits Guide).
- **Doctor's office:** Your doctor or an in-network doctor.
- **Urgent care center:** For treating conditions that should be looked at right away but aren't as serious as emergencies. These centers often perform x-rays, lab tests, and stitches.
- **Emergency room:** Can be part of a hospital or a stand-alone facility.
- **Other options:** Walk-in or Minute clinics where an appointment is not necessary. Ask about the cost before visiting or treatment.

Benefit Terms to Know

Balance Billing: A charge billed by an out-of-network provider that is above the reasonable and customary cost of a particular healthcare service.

Coinsurance: Your share of the cost of a covered healthcare service, calculated as a percentage. For example, you pay 20% and the plan pays 80%, generally after meeting a deductible.

Copayment (Copay): A fixed amount charged for some healthcare services, after which the plan pays the remaining costs.

Deductible: The out-of-pocket amount you pay for covered services after which the plan pays or you and the plan share costs with coinsurance.

Employee Contribution Rate (Premium): The amount deducted from paychecks after enrolling in an insurance plan.

Flexible Spending Accounts (FSA): Used to set aside pre-tax earnings up to an annual limit to pay for certain qualified expenses during a specific time period (usually a calendar year). There are two types of FSAs: the Healthcare FSA and the Dependent Care FSA.

In-Network Providers: Service providers who have contracted with an insurance company to provide services at discounted rates.

Inpatient Services: Provided to an individual during an overnight hospital stay.

Out-of-Network Providers: Service providers who are not members of an insurance company's network, meaning they do not charge the discounted prices available through network members.

Out-of-Pocket Maximum: A financial safety net that applies when eligible health plan expenses during the plan year reach a specific dollar amount. Once the maximum is met, the plan pays any remaining eligible expenses for the rest of the year at 100%, unless otherwise noted. Does not include contribution rates, charges above a defined Reasonable and Customary amount, or healthcare services the plan doesn't cover. There are separate maximums for in-network and out-of-network expenses.

Outpatient Services: Provided to individuals at a medical facility without an overnight hospital stay.

Primary Care Physician (PCP): A doctor who you would regularly see for your ongoing healthcare (e.g., a family doctor).

Reasonable and Customary: Refers to the normal, acceptable, or average amount charged for a healthcare service, treatment, or supplies for an appropriate level of care in the geographical location where the treatment, services, or supplies are provided.

Specialist Physician: A doctor specializing in a particular branch of medicine (e.g. , surgeon).

Prescription Drugs

Brand-Name Drugs: A patented drug sold by a manufacturer and known by its trademark name. A manufacturer of a brand-name drug can make that drug without any competition. An example of a brand name drug is "Advil."

Formulary (Drug List): Lists brand-name and generic prescription drugs covered by the plan, showing its pricing tier for how much it costs. A copy of the formulary is available on the Express Scripts website at express-scripts.com.

Generic Drugs: Generic drugs have the same intended use, dosage, effects, risks, safety, and strength as their brand-name counterparts.

Mail-Order Pharmacy (Home-Delivery Pharmacy): Pharmacies that fill ongoing medications in 90-day supplies generally at a discount compared to filling the same prescription in three 30-day fillings at an in-network retail pharmacy.

Prior Authorization: Indicates that approval from the insurance company is needed before your doctor can prescribe certain medications.

Specialty Drugs: Are high-cost prescription medications used to treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis.

Step Therapy: Requires you to try one or more similar, lower-cost drugs to treat your condition before the plan will pay for the prescribed drug.

Understanding your Explanation of Benefits (EOB)

What's an Explanation of Benefits (EOB)? Whenever you use your health insurance, Florida Blue will send you an Explanation of Benefits (EOB). It shows you:

- How much the doctor charged
- How much your health insurer paid
- The amount applied toward your deductible
- How much you may still owe

Why look at your EOB? When you dine out, you at least glance at the bill before paying, right? Double checking your medical expenses is even more important. You can:

- Compare your doctor and hospital bills with the EOB to make sure you're being billed – and are paying the correct amount.
- Share your EOB with your provider if you notice any differences.

Frequently Asked Questions

Q: Why aren't my doctor visits for a particular month showing up in my EOB?

A: Your statement shows claims for services only after we've received and processed the claim. The claim in question may not have been received yet or it may not be finalized.

Q: What if I suspect insurance fraud or abuse?

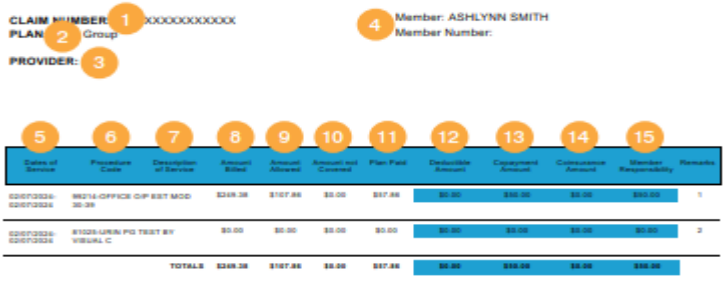
A: Please call the number on the back of your member ID card.

Q: What if I have more questions?

A: We're standing by to help, just call the number on the back of your member ID card. We can also help with the diagnosis and treatment codes and what they mean in your EOB.

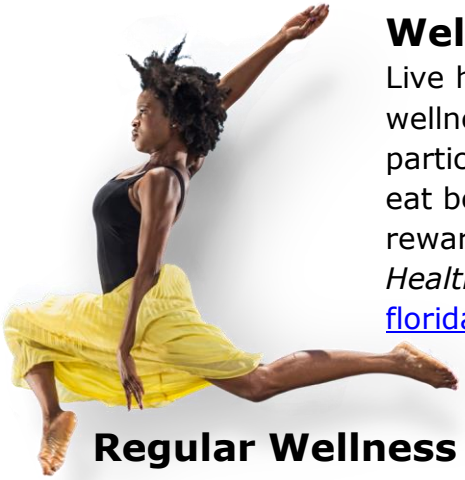
Go to floridablue.com and navigate to "my claims" to view your EOB.

Here is an example of an EOB.
Below is a brief description of each item to help you understand your EOB.



1. **Claim number:** The number assigned to your claim.
2. **Plan:** Your employer or plan name.
3. **Provider:** A person you see or place you go for medical care, like a doctor, specialist, nurse practitioner, hospital, urgent care, or imaging center.
4. **Member and member number:** Name of member who received the service and their member ID number.
5. **Dates of service:** The date or dates you received your services.
6. **Procedure code:** Numerical codes used to identify the procedure, service, or treatment you received.
7. **Description of service:** The procedure, service, or treatment you received.
8. **Amount billed:** The amount charged by your doctor or another type of provider.
9. **Allowed amount:** The maximum amount that your plan will pay for a covered service.
10. **Amount not covered:** The part of your billed amount that is not covered by your plan.
11. **Plan paid:** The part of your billed amount that your plan paid.
12. **Deductible amount:** The amount you must pay before your insurance starts to help with covered medical services or prescription drug costs.
13. **Copayment amount:** A standard amount you pay out of your pocket when you get a covered medical care or prescription drugs.
14. **Coinsurance amount:** The part or percentage of covered medical or prescription drug costs you pay out of your pocket, typically after you meet your deductible.
15. **Member responsibility:** The amount you are responsible for. You may have paid all or a portion of this when the services were provided. This amount may include the deductible and applicable coinsurance, copayments, or services not covered under the terms of your plan.

Resources for Wellness and Preventive Care



Wellness Program Tailored for You

Live healthier with help from *Better You Strides*, an online health and wellness program personalized to your needs available to all medical plan participants age 18 or older. Get tips and an action plan that will help you eat better, move more and feel happier. As you get healthier, you can earn rewards. Find the *Better You Strides* program (through Onlife) under *Health and Wellness* when you log in to your member account at floridablue.com.

Regular Wellness Exams for a Healthy Life

Get your annual wellness exam to review your overall health and keep follow-up visits with your doctor.

- Find out if you are at risk for chronic health conditions such as diabetes, high cholesterol and high blood pressure.
- Get vaccines, preventive screenings, and labs.
- Human Papillomavirus (HPV) vaccine 3 dose series is recommended for men and women ages 19 through 26 years if no previously vaccinated prior to age 13.
- Talk with your doctor about the medications and over-the-counter/vitamins you are taking to reduce side effects and interactions.
- Get a Flu Vaccine every year to prevent illnesses and related hospitalizations.
- Get a COVID-19 vaccine to prevent severe illness and related hospitalizations. Immunocompromised people should consult their physician on the need for an additional mRNA vaccine dose.

See the next pages for a list of preventive care services covered under the medical plans.

Quit Smoking and Vaping!

Quitting can be challenging, but it's a journey worth taking for your health. You can quit with Group Quit! Join group sessions that provide effective tools and support, whether you prefer to meet in person or online. Signing up is a small step you can take now that will shape your future for the better. Don't wait – sign up today to reserve your spot in Group Quit!

Click here to reserve your spot.
(Pre-registration required)

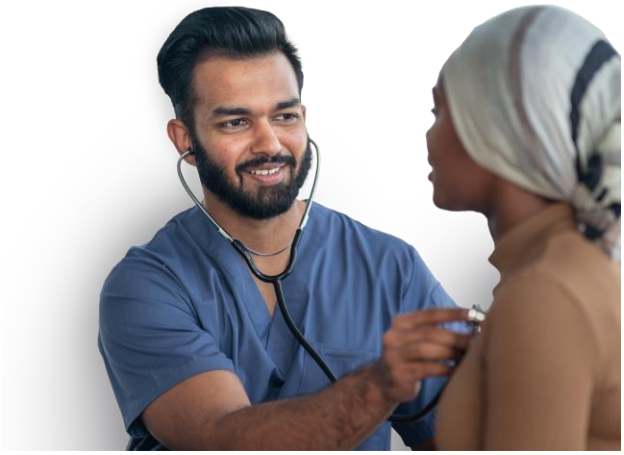
Staying Healthy Starts Now

An annual wellness checkup with your primary care doctor (PCP) is one of the most important steps you can take for your health. It gives your doctor a chance to find health issues early when they're easier to treat. **And good news – it can cost as little as $0!**

What to expect

During your annual wellness checkup, your primary care doctor will look at your health risks and talk with you about:

- Your current health
- Your family health history
- Risks you may have for specific conditions
- How to maintain a healthy lifestyle



Understanding the difference between an annual wellness check and office visit

If you ask your doctor about a specific health condition or concern that is not part of your annual wellness checkup, it may change the type of visit and change your out-of-pocket cost. These are some of the key differences between an annual wellness check and an office visit.

Annual Wellness Checkup	Office Visit
The purpose of an annual wellness checkup is to review your overall health, identify risks, and find out how to stay healthy. Your plan covers 100% of an **annual wellness checkup** when you see a doctor in your plan network. At your appointment, your doctor will:	**The purpose of an office visit** is to discuss or get treated for a specific health concern or condition**. You may have to pay for the visit as part of your deductible, copay, or coinsurance.** At your appointment, your doctor will:
▪ Check your weight, height, temperature, blood pressure, pulse, and listen to your heart and lungs ▪ Examine your ears, eyes, throat, skin, and abdomen ▪ Provide immunizations, cancer screenings (breast, colorectal, cervical, prostate cancer), and blood tests (cholesterol, blood sugar) ▪ If your doctor requests lab work related to your annual wellness checkup before your visit, it would be covered at $0 (providing you use Quest or another in-network lab if you reside in FL). All services provided during your annual wellness checkup are also covered at $0.	▪ Do lab work or x-rays ▪ Recommend additional tests related to a specific health concern, condition, or injury ▪ If your doctor orders additional tests or follow up visits at your annual wellness check, then you may have to pay as part of your deductible, copay, or coinsurance

We Care. You Care. Preventive Care

One thing everyone wants is good health. Polyglass health plans focus on helping you maintain your wellbeing through preventive care benefits. But, when you need more extensive medical care, the plans also have your back with comprehensive coverage.

Our health plans cover preventive care for no additional cost when using in-network healthcare providers.

Preventive Care Checkups

Medical	Both plans cover preventive care at 100% from in-network providers – that's a regular, once-a-year wellness exam with health screenings, appropriate immunizations, and the unique preventive care services for men, women, and children. Be sure to specify at the doctor's office that your visit is for wellness preventive care, so the visit is coded correctly for the plan to cover the cost in full.
Dental	Plan covers full cost of exams, cleanings, and bitewings x-rays 2 times a calendar year.
Vision	Covers 100% of a regular annual vision exam after a $10 copay (or at $0 with a PLUS network provider.

Medical Care Wellness Schedule for Adults ages 19+ Covered

Be sure to review your plan benefits to determine any costs for these services.

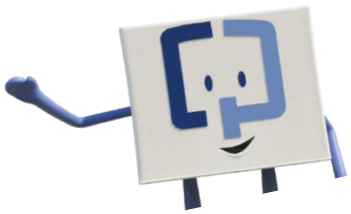
Routine Health Guide

Annual Wellness and Routine Check-up	**Annually:** Discuss related screening with your doctor.
Obesity Screening: Diet, Physical Activity, BMI Counseling	**Annually**

Recommended Diagnostic Checkups and Screenings for at-risk patients

Cholesterol Screening	**Men:** Age 35+ (Age 20-35 at risk annually). **Women:** Age 45+ (Age 20-45 at risk annually).
Colorectal Cancer Screening and Counseling	**Age 45-75:** Colonoscopy or fecal occult blood test or sigmoidoscopy. See page 9 for coverage of colorectal testing with Cologuard.
Mammogram	**Women:** should have a baseline mammogram at ages 35-40. Thereafter, every two years ages 40-50; every year ages 50+.
Pap Test/Pelvic Exam	**Women 21-29:** should have a Pap Test every 3 years **Women ages 30-65:** should have a Pap Test every 3 years or combined with HPV testing every 5 years. **Women ages 65+:** Should discuss with their doctor.
Lung Cancer Screening and Counseling	**Ages 50-80:** 20-pack smoker history, current smoker/quit within past 15 years.
Prostate Cancer Screening	Discuss with your doctor.
Skin Cancer Screening	Discuss with your doctor.

Immunizations (Routine Recommendations)	
Tetanus, Diphtheria, Pertussis (Td/Tdap)	**Ages 19+:** Tdap vaccine once, then a Td booster every 10 years.
Flu (Influenza)	Annually during flu season.
Pneumococcal PCV13 and PPSV23	**Ages 19-64:** if risk factors present; **Ages 65+:** 1-2 doses (per CDC); **Ages 50+:** 1 dose (Florida Blue Benefits).
Shingles (Zoster)	**Ages 50+:** 2 doses Shingrix.
Haemophilus Influenza Type B (HIB) Hepatitis A, Hepatitis B, Meningococcal	**Ages 19+:** if risk factors are present.
Human Papillomavirus (HPV), Measles, Mumps, Rubella (MMR), Varicella (Chickenpox) & Hepatitis C (HCV) Infection Screening	Physician recommendation based on past immunization or medical history.
COVID-19	Recommended for adults ages 19 and older within the scope of the authorization/approval for the particular vaccine.



Cologuard® Screening

Your medical plan covers Cologuard® screenings as an in-home alternative to a colonoscopy. You are eligible if you are enrolled in a Polyglass medical plan and at least age 45.

What It Is

Cologuard is non-invasive without any preparation needed. It is fully covered as part of your preventive care benefits. If you have questions, talk to your doctor or call Florida Blue using the number on the back of your ID card.

How It Works

Meet with your doctor to discuss and obtain a prescription to send to Cologuard. Go to cologuardtest.com for details.

You will receive a collection kit delivered to your home. Follow the directions and return the sample to the lab in the prepaid, preaddressed box. Your doctor receives the results in about two weeks to discuss with you.

Collect Your Wellness Benefit

If you enroll in Prudential's Critical Illness, Accident Insurance, or Hospital Indemnity Insurance, you can receive a cash reward for completing an annual wellness exam with your doctor. It's to encourage you to get your annual health screenings and more (see the covered tests listed in the above tables).

The wellness benefit varies by plan:

- Critical Illness Insurance, $50
- Accident Insurance, $75
- Hospital Indemnity Insurance, $50

To claim your reward without documentation, go to prudential.com/mybenefits.com or call **844-455-1002**, Monday—Friday, 8 am-8 pm ET, to speak with a Prudential representative.

Wellness Schedule for Children & Adolescents (Birth – 18 years of age)

Routine Health Guide	
Wellness Exams and Autism & Development Behavioral Assessment	**Newborn up to age 3:** Frequent Wellness Check-ups; **ages 3-18:** Annual Wellness Check-up.
Body Mass Index (BMI): Height and Weight	Every visit, BMI beginning at age 2.
Blood Pressure	Annually, beginning at age 3.
Hearing/Dental/Vision Screenings (These services may not be covered by your medical benefits plan. Check your plan documents)	**Hearing:** Newborn annually beginning at age 4; **Dental:** regularly, beginning at age 1; **Vision:** annually, beginning at age 3.

Childhood Vaccinations
Getting the recommended sequence of vaccinations is always a good idea to protect your child from illnesses from birth to 18 years of age.

Most of these vaccinations require additional doses or boosters over time. As children grow up to become teenagers, they may encounter different diseases.

See the list of vaccines that can help protect your preteen or teen from these other illnesses and infections at www.ahrq.gov and www.cdc.gov.

Resources for Specific Healthcare Issues

Care Consultant

Call **888-476-2227** when planning a medical procedure or dealing with ongoing health issues. Florida Blue Care Consultants can help:

- Explain what's covered by your plan
- Find doctors that participate in your plan
- Estimate out-of-pocket costs and explain ways to help you save money
- Find alternative places to go for treatment
- Refer you to Florida Blue specialized care teams for conditions such as asthma, diabetes, and chronic obstructive pulmonary disease (COPD)
- Refer moms-to-be to the Florida Blue prenatal program

If You Are Contacted by a Care Consultant

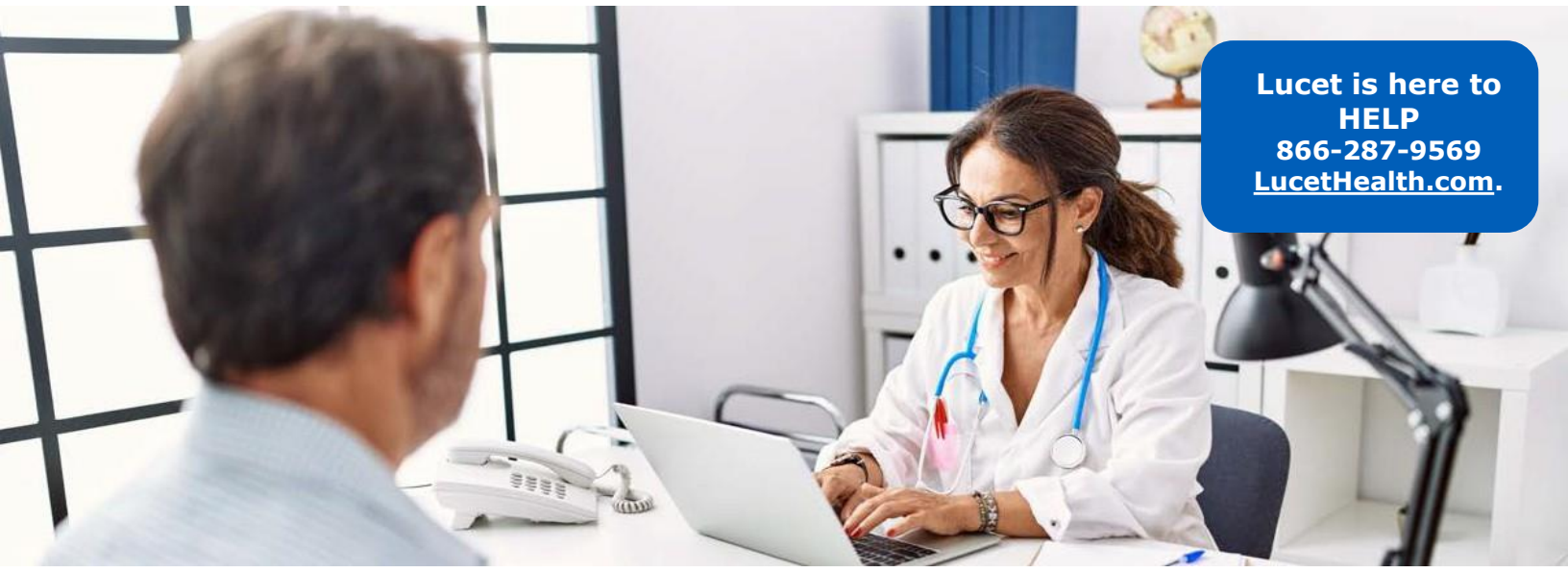
A Florida Blue Care Consultant may contact you to learn what's important to you, such as caring for a chronic health condition, making healthy choices, or filling prescriptions. If you participate, you may be eligible for incentives. Every discussion is confidential and private.

You may also call and talk with a Care Consultant at **888-476-2227** or set up an appointment during day or evening hours.

Lucet Behavioral Health Program

Your medical plan offers access to Lucet Behavioral Health, featuring managed mental health services, substance-use treatment, and more. Through this service you can connect with the customer service line, website, or programs to help you:

- Find the right doctors and treatment facilities for your unique needs
- Confirm provider participation in your health plan's network
- Receive information about people and groups in your community for help
- Assist you, your doctors, and your insurance company work together toward your goals
- Keep you updated on the latest on treating depression, anxiety, substance use disorder, autism spectrum disorder, and bipolar disorder
- Obtain coaching and support services through the Care Management program



Healthy Addition

Healthy Addition is a prenatal education and early intervention program designed to provide expecting moms with information for a healthy pregnancy and delivery. Contact Healthy Addition at **800-955-7635,** Option 6 Monday-Friday 8am-5:30pm EST or email healthyaddition@floridablue.com for more information.

Support for Serious and Chronic Health Conditions

The Chronic Health Conditions program helps stay aware of trends and treatments for managing your health. The program offers:

Florida Blue Care Team
844-730-2583

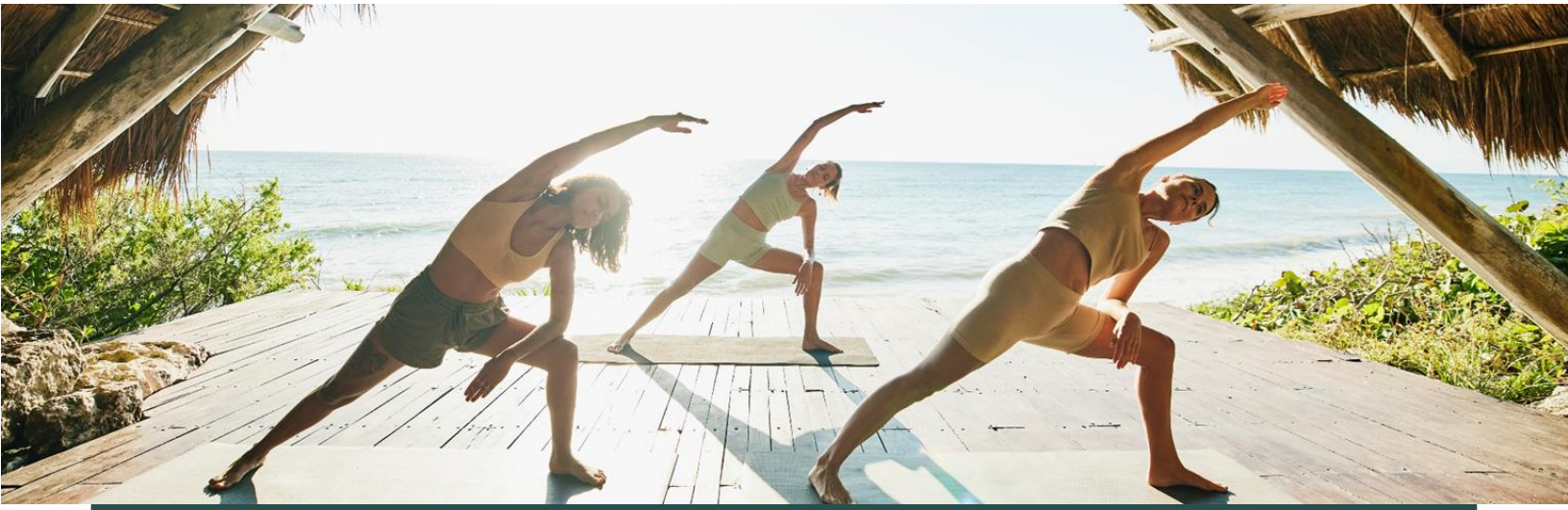
- Nurses and other care professionals from our Care Team to work daily, with you and your doctors to keep you on the path to achieve your health goals. Between consultations with your doctor, your nurse care manager will track your progress and stay in touch with you by phone and email.
- Digital connections to your nurse care manager through a secure mobile app called *BlueForMe* (through Wellframe). This allows you to interact through secure messaging and to engage daily, so you stay on track with a health program designed just for you.

Receive educational support and referrals to clinical and social services to support you through medical conditions and complex needs, such as:

- Diabetes
- Cancer treatment
- High-risk pregnancy
- Neonatal intensive care
- Asthma
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Heart failure
- Organ transplant

Advanced Illness Care and Planning

If you are dealing with an advanced illness, a trained clinical specialist can help you lay out your advanced directives to ensure your care aligns with your wishes. You'll also get hospice and palliative care services, if needed.



Resources for Managing Medications

Managing Home-Delivery Prescriptions

On either the Express Scripts mobile app or on the member website, you can manage your home-delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find network pharmacies
- View your Rx claims
- View therapeutic resource centers for information
- And much more

Access the Member Website
Log in to express-scripts.com and register, if it is your first visit. Be ready to use your member ID or Social Security number.

RxBenefits
800-334-8134
7am to 8pm CT
Email: customercare@rxbenefits.com

Filling a New Prescription

First ask your doctor to send a 90-day e-prescription directly to Express Scripts. Or print the form located under "Forms & Cards" from the "Benefits" menu on express-scripts.com. Print a mail-order form and follow the mailing instructions or, call Express Scripts and ask them to contact your doctor for you. Please allow 10-14 days for your first prescription to be shipped. You can refill and renew prescriptions for yourself and covered dependents online or by using the app. Click "Add to Cart." Express Scripts will contact your doctor.

If You Already Have a Prescription

You can check the status of an order or track shipments on the Express Scripts website or app.

Transferring Retail Prescriptions to Home-Delivery

For eligible prescriptions, go to the Express Scripts website or use the app and click "Add to Cart" and check out. Express-Scripts will contact your doctor for you and take care of the rest.

Pricing Your Medications

Go to express-scripts.com and use your username and password or register using your ID or Social Security number. Select "Price a Medication" from the menu under Prescriptions. On the next screens, enter the name of the drug you want to price, the strength, and the dosage. (For example: Accupril®, 5 mg, taken once per day.)

Based on this information, the system will generate pricing information for home delivery and retail, and the brand-name and generic drug, if available. It also indicates whether this drug is covered in your plan. You can use this to compare the costs and then "Add" a drug to the list to track your out-of-pocket expenses, depending on your plan.

Effective January 1, 2026, GLP-1 injectable medications must be filled at an in-network pharmacy. PLEASE NOTE these medications may no longer be filled through Walgreens, Costco, or Home Delivery.

Registering with Express Scripts

Go to express-scripts.com and select "Register," or download the Express Scripts mobile app for free from your mobile device's app store and select "Register."

Scan to Register

- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password along with security information in case you ever forget your password.
- Click "Register now" and you're registered.
- To set preferences, select "Communication Preferences" from the menu under "Account," then scroll to "Communication and Viewing Preferences." Click "Edit Preferences." Preferences can only be selected on the website.

Members who have touch or facial ID authentication on their mobile devices can enable it to log into their Express Scripts account on the mobile app, if desired.

Note: The Express Scripts mobile app is available for iPhone®, iPad®, and Android mobile devices.

Sharing Your Information with Other Adult Members

Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan. All covered adults (aged 18+) in the household need to register separately. When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf, and more.

Finding a Network Pharmacy

Visit express-scripts.com

- Select "Find a Pharmacy" from the menu under Prescriptions.
- Enter the ZIP code or City/State where you wish to find a pharmacy. Click "Locate Pharmacy."
- The search results provide a map and list showing nearby pharmacies with addresses and contact information. You can also "Get directions." Click a letter to find pharmacies alphabetically.

From the Express Scripts mobile app:

- Select "Locate a Pharmacy" from the main menu. Enter the ZIP code, City/State, or "Current location."
- The search results provide a map showing nearby pharmacies. In-network pharmacies are indicated with a star.
- Click on the marker to see the pharmacy name and click the arrow to view more information. You can also click to call the pharmacy or to get directions from your current location.

Participate in the SaveOnSP Program

Specialty mediations can cost a lot of money. That's why your plan offers a program called SaveOnSP, to lower your out-of-pocket costs to $0.

Participate in SaveOnSP and save. Over 300 specialty medications are eligible for the SaveOnSP program[1]. If you're filling an eligible medication, a representative from SaveOnSP will contact you to discuss the program. You may reach SaveOnSP by calling (800) 683-1074.

You'll pay $0 for your medication when you participate on SaveOnSP. If you choose not to participate, you'll pay a higher cost share when you fill your medication.

If the medication you are taking is part of the SaveOnSP, you could pay $0. Conditions covered by SaveOnSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Cancer

Here's an example of how it works.[2]

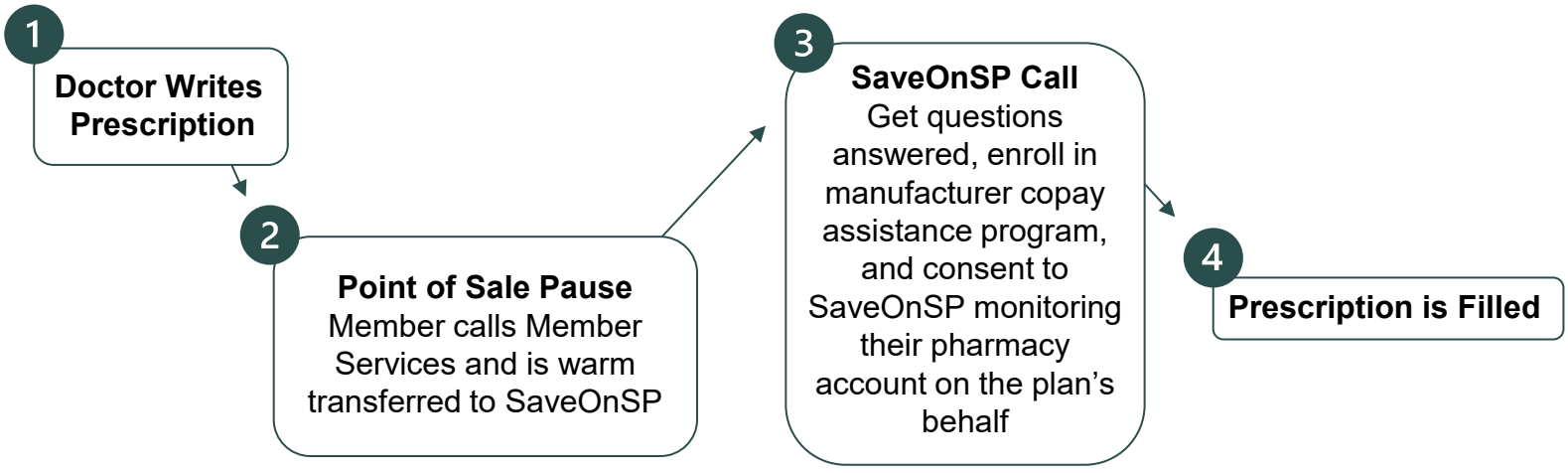
John's taking a specialty medication that's eligible for the SaveOnSP program. His copay is currently $100. His new cost share will be $1,150.

- **When he participates in SaveOnSP, he won't pay anything ($0) out-of-pocket.** He will work with SaveOnSP to enroll with the applicable manufacturer copay assistance program.
- **If he decides not to participate in SaveOnSP, he'll pay his full cost share of $1,150 out-of-pocket.**

In both examples, John's cost share wouldn't count toward his deductible or out-of-pocket maximum.

1. The drug classes and medications in this program are subject to change. Check your plan materials to see which medications are eligible for the SaveOnSP program.
2. For illustrative purposes only. Plans may vary.

Here's a journey of what will happen when a medication is part of the SaveOnSP program:



Delta Dental Benefit Resources

Use these Delta Dental resources to help manage your oral health. They are included at no additional charge when enrolled in the Polyglass Dental Plan.

Online Tools

From your cellphone, tablet, or desktop computer, log in to deltadentalins.com and create an online account. On your account, you can:

- Check your benefits and eligibility
- Browse claims
- Download plan documents
- Explore dental wellness (articles, recipes, videos, and more
- Find network dentists
- View your ID card, print a copy
- Update your settings to paperless
- Download the app
- And more

Virtual Dentistry

For answers to questions, quick checkups, second opinions, and other oral health needs use Virtual Dentistry between visits to your dentist's office. These visits do not count toward exam frequency limitations and are covered by your dental plan. Smile for your camera for a photo assessment within 24 hours to address simple dental concerns when you want expert advice immediately or are experiencing pain. To learn more, scan this QR code with your cell phone.

8 Ways to Make the Most of Your Dental Plan

1. Be sure your dentist is in the Delta Dental PPO network for the best discounts. Network dentists cannot bill more than the Delta Dental discounted amount. Dentists in the Delta Dental Premier network offer more modest discounts. In addition, in the Low Plan, you are responsible for paying the difference between what a Premier dentist charges and the PPO network discounted charge for the same procedure.
2. Use both of your covered preventive care visits to catch problems before they become more expensive to treat.
3. Set up an online account at deltadentalins.com.
4. Update your settings on your online account to go paperless and receive your statements by email.
5. Coordinate your benefits if you are covered under a second dental plan. Ask your dentists to set that up.
6. Start each visit with a quick chat about any health issues.
7. Ask you dentist to send in a Predetermination of Benefits to know in advance how much any significant dental work (above $250) will cost you.
8. Join a wellness webinar. Simply click here, scan QR code, and register for a wellness webinar.

LifePerks

Thousands of discounts with LifePerks. Save on oral health products, auto, travel, and entertainment, food delivery and more. Register here.

Healthcare Spending Card through Lane Health

Get exclusive access to 12-month, 0% financing for dental expenses and more. Apply here.

Delta Dental Benefit Resources (continued)

Transition of Care for Orthodontics

If you are receiving orthodontic treatments during the transition to the new plan, Delta Dental will review when your treatment started, and the amount paid toward treatment. The Orthodontist would submit the claim, including the treatment plan, explanation of the status of treatment, and evidence of any amount paid toward the treatment. Delta Dental will then review the treatment plan and determine its liability (page 21).

Hearing Benefits

As a Delta Dental participant, you have special pricing on hearing aides through Amplifon. Savings average 66% off retail hearing aid prices plus a year of follow-up care. To learn more, go to amplifonusa.com/deltadentalins or call **888-779-1329**.

LASIK Benefits

Get discounts averaging 35% on LASIK eye surgery through QualSight. Visit qualsight.com/-delta-dental or call **855-248-2020** for more information.

Below are two important Delta Dental links to visit:

- Here is a link to the cost estimator and other tools from Delta Dental – click here.
- Get to know your Delta Dental PPO and Delta Dental Premier networks – click here.

Vision Care Benefit Resources

EyeMed offers resources to help you manage your eye health. They are included at no additional charge when enrolled in the Polyglass Vision Plan.

There's More to Eye Exams than You May Know

Your eyes are windows to your health. So be sure to get an exam each year. It can reveal early signs of health issues, such as for diabetes, high blood pressure, high cholesterol, and heart disease—plus eye diseases such as cataracts and glaucoma. Treat these sooner rather than later for best health outcomes.

It's not too early to start eye exams. Babies and toddlers should have their first exam between ages six and 12 months. The eye doctor can check for nearsightedness, farsightedness, astigmatism, amblyopia ("lazy eye"), proper eye movement, and eye alignment as well as how the eye reacts to light and darkness.

For ages three to five, eye doctors recommend an eye exam every year. To learn more, visit eyesiteonwellness.com.

Computers and Eye Care

Spending hours on cellphones, computers, and tablets can result in blurred vision and retinal damage. Be sure to get an eye exam and discuss your digital device and computer use with your eye doctor.

Vision Care Benefit Resources (continued)

Smart tools for smarter shoppers – Know Before you Go

At EyeMed, we want to help you get the most from your vision benefit. That's why we've enhanced our Know Before you Go tool. Now, it's easier to estimate your out-of-pocket costs, so you can be a savvy shopper.

- **New look and feel** – Navigate with ease.
- **Designed for all devices** – Use your phone, tablet or PC. The tool's responsive design adjusts to any screen size.
- **More flexibility** – Easily edit your selections or start over.
- **Spotlight on special offers** – Find more ways to save with your vision benefit.
- **Provider search** – Quickly find an eye doctor near you.

Along with these new features, the tool still offers simple definitions and interactive examples of common products and add-ons. Plus, you get a range of costs with each selection you make. Try it out for yourself!

1. Register or log into your account at member.eyemedvisioncare.com and click the Estimate Costs tab.
2. Select the service you want an estimate for: "Eye Exam" or "Vision Products" for glasses or contacts.
3. Choose your frame type – are you more fashion or function? Basic or premium.
4. Explore a variety of lens types, options and add-ons. Get details for each product.
5. Get a clear summary of your estimated out-of-pocket costs based on your selections.

LASIK Benefits

LASIK is one of the fastest ways to help correct near-sightedness, farsightedness, and astigmatism. The procedure takes about 15 minutes, and most patients have immediate results. Will EyeMed, you'll get:

- Savings of up to $1,000 on LASIK procedures at LasikPlus, TLC Laser Eye Center, and The LASIK Vision Institute.
- Free LASIK Exam ($100+ value).
- Access to more than 600 credentialed LASIK providers.
- 15% off standard LASIK prices or 5% off promotional LASIK prices at providers in the U.S. Laser network.

Find a LASIK provider at eyemedlasik.com or call (800) 988-4221.

Members-Only Special Offers

You deserve special savings just for being an EyeMed member. So, there's a page on member.eyemedvisioncare.com that only registered members like you can see. It's a mix of the latest discounts and extra savings that give your benefits a boost. So, you can keep your eyes healthy and save some cash while you're at it. **Log in and select Special Offers and shop the savings!**

New York Life Insurance Benefit Resources

Survivor Assurance Account

Helps beneficiaries manage their loved one's insurance benefits and cope with the pressures during such a difficult time. The program offers:

- A Survivor Assurance deposit account in your name for making benefit payments.
- 24/7/365 access to emotional support for you and family members.
- Access to legal, estate, and tax consultants, identity theft and fraud resolution services, online tools for state-specific wills, and more.

Survivor Assurance
800-570-3778
Weekdays 8am-7pm EST
guidanceresources.com.

Survivor Support Specialists

Compassionate assistance is available from Survivor Support Specialists who provide grief and bereavement resources and can help you understand your Life and AD&D coverage.

Survivor Support Specialists
888-842-4462, ext 1013382
9am-5pm EST

Secure Travel

Secure Travel offers services when traveling 100 miles or more from home:

- **Pre-trip planning** includes knowing local immunization requirements as well as visa and passport requirements, where to find embassy and consular offices, foreign exchange rates, travel advisories, and more.
- **Travel assistance** includes 24-hour translation services, referrals to local medical and legal professionals, help with medical expenses and lost items, and access to emergency cash.
- **Emergency assistance** for returning home following an emergency.

To access the services a covered person (or in a medical emergency, their designee) must contact Crisis24's multilingual Coordination Center available 24 hours a day, 365 days a year at the NYL GBS Secure Travel at (347) 708-1824.

Empathy Care Services

Connect with the Empathy Care Team for grief support, probate and estate guidance, obituary writing, closing accounts, and more. Services are available for up to 5 family members. For more information, see the Empathy summary, scan the QR code, visit the website at empathy.com/nyl-gbs, or call (201) 701-2245 M-F 9am-8pm EST. You may download the app via App Store or Google Play and use access code NYLGBS to register.

Filing a Disability Claim

For information on filing a Disability Insurance claim click on the link below:
New York Life Group Benefit Solutions – Connecting you to your benefits.

New York Life Insurance Benefit Resources (continued)

Employee Assistance Program (EAP)

New York Life also administers the EAP, available to all employees and family members at no cost to you.

How It Works

EAP counselors, attorneys, therapists, and other specialists are available for help finding the right resources for personal and family matters.

To learn how they can help you, call the EAP number to connect with a Master's or PhD-level counselor who will collect some general information to use in referring you or a family member to the appropriate resource. If you retain the specialist, you may be charged.

Six Free Sessions: However, to help you get started, the company pays for up to **six** confidential sessions, including face-to-face meetings, per person, per issue, per year at no charge.

This is available to each household family member, regardless of whether they are eligible or enrolled in another benefit.

To continue consulting with the service after the six free sessions, check if your medical plan or another benefit can provide the coverage. You can also pay charges for ongoing services out-of-pocket. Specific resources are summarized as follows:

Guidance Resources®

Visit guidanceresources.com to access articles, podcasts, videos, slideshows, on-demand trainings, and the "Ask the Expert" feature for personal answers to your questions at no charge.

Topics include health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto.

Family Source®

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists for customized research, educational materials, and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Health Care Support

Get 24/7 help navigating health benefits, answering clinical questions, resolving claims and billing issues and understanding the claims appeals process. Use this service to make educated decisions for you and your family members.

Talk to an experienced insurance specialist to understand what your plan does and does not cover as well as for help filing claims and negotiating discounts. A registered nurse is also available for customized care and help preparing for doctor visits, lab work, and medical procedures.

Contact Guidance Resources 24/7 at (800) 344-9752 or online at guidanceresources.com. Click "Register" and enter "NYLGBS" as the organization Web ID.

Employee Assistance Program (continued)

Well-Being Coaching

You and your family members have five free sessions per year, conducted by phone to help you achieve your health goals. Certified coaches will work with you one-on-one to address health and well-being issues such as burnout, time management, and coping with stress.

FinancialConnect®

You and your family members have unlimited access to a team of qualified experts, including Certified Public Accountants (CPAs), Certified Financial Planners™ (CFPs), and other financial professionals. If additional help is needed, you can request referrals to financial professionals in your community.

Visit guidanceresources.com for financial information on a wide range of topics, including debt management, family budgeting, estate planning, and tax planning, as well as interactive tools and financial calculators.

Legal Connect®

LegalConnect gives you access to unlimited phone consultations with attorneys for guidance on divorce, adoption, estate planning, real estate, identity theft, and more. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction in fees thereafter. Also, get information on

low- or no-cost legal options as well as referrals to consumer advocacy groups and governmental organizations.

EstateGuidance®

This online tool allows you and family members to write a last will and testament, a living will, and other documents outlining your wishes for final arrangements quickly, easily, and cost effectively. It will ask questions to guide you through the process. Access is available anytime, anywhere via tablet, desktop, or mobile app.

Prudential

Take care of your well-being

Check out the well-being Hub. A digital hub where you can build your financial confidence and get help with planning for life's events. You'll enjoy easy access to resources such as:

- Credit and debit management
- Credit report review
- Housing counselling
- Student loan counselling
- Caregiving support
- Insurance needs calculators

Plus, a library of articles. Start here – visit your Well-being Hub at prudential.com/wellbeing-hub.

Submit your Claims and maximize your benefits

Whether you have Accident, Critical Illness, or Hospital Indemnity Insurance issued by Prudential Insurance, and you experience a covered event, we can quickly help restore some added peace of mind. Submit your claims in three easy steps. Here's how:

1. Log in to prudential.com/mybenefits from any device.
2. Select "My Claims," "File a Claim". Tell us what happened & when. Who provided treatment? Give us permission to get information from your doctor, so you don't have to.
3. Submit your claim by mail, fax, or phone:
   - Mail: Prudential Claims, c/o Accenture Insurance Services as a Third-Party Administrator, PO Box 71330, Philadelphia, PA 19176-1330.
   - Fax: (844) 929-9780
   - Phone: (844) 455-1002. You must identify yourself as a MAPEI Corporation employee and by providing policy #71863.

Scan QR code to log in and submit your claim

POLYGLASS®

MAPEI® GROUP