

EMPLOYEE BENEFITS

December 1, 2023 - November 30, 2024



Business Consultants & Certified Public Accountants

2023/24

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*Disclaimer: This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries, and affiliates, "Alera") to provide an overview of your employer's benefits program. Alera, its directors, officers, managers, employees, representatives, and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.

CONTACTS *for Benefits*

PLAN		GROUP NUMBER	MEMBER SERVICES	WEBSITE
Cigna Medical Plans		00627966	800-244-6224	cigna.com
HSA Bank Health Savings Account			800-357-6246	hsabank.com
Flores Flexible Spending Accounts			800-532-3327	flores247.com
Cigna Dental Care		00627966	800-244-6224	cigna.com
Cigna Vision Care		00627966	877-478-7557	cigna.com
New York Life Basic Life and AD&D		Life: SGM0611440 AD&D: SOK0608553	888-842-4462	newyorklife.com
New York Life Short Term & Long Term Disability		STD: SGD0612610 LTD: SGD0612611	888-842-4462	newyorklife.com
New York Life Voluntary Life and AD&D		Vol. Life: SGM0611440 Vol. AD&D: SOK0608553	888-842-4462	newyorklife.com
Fidelity 401(k) Retirement Account Amir Eyal Andrew Horowitz			800-343-3548	fidelity.com
Additional Benefits Questions RS&F Mary Hisky Emily McQuillan			410-581-0800	rsandf.com
Additional Benefits Questions Alera Group			410-823-8066	silbs.aleragroup.com



myCigna Mobile App
myCigna Mobile App gives you a simple way to personalize, organize and access your important health information - on the go.



PocketRx
The PocketRx app lets you refill your prescriptions with one click, get refill reminders, get discounts at your local pharmacy, get savings on brand drugs and access Pharmacist written pages that help you understand your condition or medications.



Fooducate Website & App
Lose weight and improve your health through a real-food diet. Get motivated by the most supportive community in the world. Advanced nutrition tracker - look beyond the calorie, track your food and workouts, and watch the pounds melt off.



GoodRx Website & App
Find the lowest price on prescriptions, get coupons and savings tips and set up refill reminders.

ELIGIBILITY *for Benefits*

ELIGIBILITY

Regular, full-time employees become eligible for benefits on the first of the month following their date of hire. The following individuals may be enrolled in the benefit programs:

- Your legal spouse
- For medical, dental and vision benefits, children to age 26
- Your dependent child who is incapable of self support because of a mental or physical disability

For the purpose of our benefits plans, children are defined as:

- Natural and adopted children
- Stepchildren who you support and who live with you in a parent-child relationship
- Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order

MAKING CHANGES TO YOUR BENEFITS

Special Enrollment Rights

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying event in employment or family status.

QUALIFYING EVENTS

Qualifying Events include:

- Marriage, divorce or legal separation (state specific)
- Dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Your work schedule changes (i.e. reduction or increase in hours which affects eligibility)
- You change your permanent address outside of your plan's service area
- Your dependent loses eligibility for coverage
- You or your dependent become eligible for Medicare
- Your spouse's open enrollment through their employer
- Your spouse involuntarily loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of these qualifying events, you have 30 days from the date of the event to notify the Human Resources Department and make any desired benefit changes. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year. Also, if you or your eligible dependents are covered under Medicaid or a State Children's Health Insurance Program (CHIP) and that coverage ends, you may be able to enroll yourself and any affected dependent in this plan's medical coverage. You must request enrollment within 60 days after the Medicaid or CHIP coverage ends. If you or your eligible dependent becomes eligible, under Medicaid or a State CHIP plan for financial assistance to pay for health coverage under this plan, you may be able to enroll yourself and any affected dependent in this plan. You must request enrollment within 60 days after the date a government agency determines that you are eligible for that financial assistance.



If you experience a qualifying event and want to change your benefits, you **MUST** contact Human Resources within 30 days of the change.



EMPLOYEE COSTS 2023 -2024

PLAN	SEMI-MONTHLY EMPLOYEE CONTRIBUTIONS
MEDICAL	
Open Access Plus In Network OAPIN HSA \$4,000	
Employee Only	\$72.35
Employee + Child(ren)	\$152.57
Employee + Spouse	\$195.04
Family	\$264.87
Open Access Plus In Network OAPIN HSA \$2,000	
Employee Only	\$80.27
Employee + Child(ren)	\$169.27
Employee + Spouse	\$216.38
Family	\$293.85
Open Access Plus Out of Network HSA	
Employee Only	\$75.06
Employee + Child(ren)	\$158.27
Employee + Spouse	\$202.31
Family	\$274.76
DENTAL	
Cigna DPPO	
Employee Only	\$18.30
Employee + Child(ren)	\$48.77
Employee + Spouse	\$37.14
Family	\$72.36
VISION	
Cigna Vision	
Employee Only	\$4.19
Employee + Child(ren)	\$7.55
Employee + Spouse	\$10.06
Family	\$11.74

ADDITIONAL BENEFITS

Basic Life and AD&D	
Long Term Disability	These benefits are provided at no cost to you.
Short Term Disability	

ABOUT YOUR CONTRIBUTIONS

Any contributions you make for yourself, your spouse or your children's medical, dental or vision plan coverage are automatically deducted from your paycheck on a pre-tax basis per IRS guidelines under Section 125. This decreases your taxable earnings and can increase your take-home pay. You are enrolled in this program when you become eligible for benefits and do not need to take any action if no changes are needed.

Rosen, Sapperstein, & Friedlander, LLC reserves the right to change employee contributions at any time during the year.


MEDICAL *through Cigna*

We offer three medical plans through Cigna. As you evaluate your options, it's important to understand:

- How each plan works
- What services are covered
- If your doctors are covered by the plan
- Your total cost (the amount deducted from your paycheck + the amount you pay when you receive care)


Note about Healthcare Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because RS&F's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at [healthcare.gov](https://www.healthcare.gov).



Group Number: 00627966
Customer Service: 800-244-6224
Website: [cigna.com](https://www.cigna.com)

THERE'S AN APP FOR THAT
Check out the myCigna App!



INSTRUCTIONS FOR FINDING A PARTICIPATING MEDICAL PROVIDER

1. Go to [cigna.com](https://www.cigna.com) and log in to your account or select "Find a Doctor"
2. Under "How are you Covered" click on Employer or School
3. Enter your zip code, then click "Doctor By Type" and enter search criteria
4. If you do not have a MyCigna account continue as guest
5. Confirm your location and click "Continue"
6. Under the OAP heading, click on "Open Access Plus, OA Plus, Choice Fund OA Plus" as your plan type
7. For additional assistance, please call 800-244-6224

CIGNA'S VIRTUAL EDUCATION SITE

[Click here](#) or scan the QR Code for Cigna's Virtual Education site just for RS&F Employees.

Dive deeper to learn about your plans and all that Cigna offers!



CIGNA ID CARDS

Effective 9/1/23, Cigna will no longer mail ID cards but a digital ID card will be available in your myCigna portal or app. If you would prefer to have a plastic ID card, please request one through your myCigna account or by calling Cigna customer service.

MEDICAL *through Cigna*

The following chart provides an overview of these benefits and the different options available for the plan year. The In-Network lab vendors are LabCorp or Quest Diagnostics. **Please note**, the carrier specific drug formulary list could potentially change during the plan year. **In-Network** refers to providers or facilities that are part of your medical plan's network of providers with which it has negotiated a discount. **Out-of-Network** refers to providers or facilities that are not a part of your medical plan's network of providers. Therefore, no negotiated discount is given so your out-of-pocket expenses will be higher and you may be subject to balance billing.

GENERAL PLAN PROVISIONS	OPEN ACCESS PLUS IN NETWORK OAPIN HSA \$4,000	OPEN ACCESS PLUS IN NETWORK OAPIN HSA \$2,000	OPEN ACCESS PLUS OUT OF NETWORK HSA	
	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK*
Plan Year Deductible (Individual / Family)	\$4,000 / \$8,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Plan Year Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$3,000 / \$6,550	\$4,000 / \$8,000	\$10,000 / \$20,000
Coinsurance Limit	100%	100%	100%	80% / 20%
Referral Required	No	No	No	No
PCP Required	No	No	No	No
PREVENTIVE SERVICES				
Well Child Care	Covered 100%	Covered 100%	Covered 100%	Ded., then Co-Ins.
Physical / GYN / Cancer Screenings	Covered 100%	Covered 100%	Covered 100%	Ded., then Co-Ins.
OFFICE VISITS, LABS & TESTING				
Primary Care Visit	Ded.	Ded., then \$10 Copay	Ded.	Ded., then Co-Ins
Specialist Visit	Ded.	Ded., then \$20 Copay	Ded., then \$30 Copay	Ded., then Co-Ins
Complex Imaging	Ded.	Ded.	Ded., then \$100 Copay	Ded., then Co-Ins
X-ray	Ded.	Ded.	Ded.	Ded., then Co-Ins
Lab Tests	Ded.	Ded.	Ded.	Ded., then Co-Ins.
URGENT CARE & EMERGENCY ROOM				
Urgent Care Center	Ded.	Ded., then \$20 Copay	Ded., then \$50 Copay	Ded., then Co-Ins.
Emergency Room (waived if admitted)	Ded., then \$100 Copay	Ded., then \$100 Copay	Ded., then \$200 Copay	In-Network Ded., then \$200 Copay
HOSPITALIZATION				
Inpatient Facility	Ded.	Ded.	Ded.	Ded., then Co-Ins.
Outpatient Facility	Ded.	Ded.	Ded.	Ded., then Co-Ins.
PRESCRIPTION DRUGS Generic / Preferred / Non-Preferred / Specialty ¹				
Retail Pharmacy (30-day supply)	Ded., then \$15 / \$35 / \$60 / 50% up to \$100 max	Ded., then \$15 / \$35 / \$60 / 50% up to \$100 max	Ded., then \$0 / \$25 / \$45 / 50% up to \$100 max	Ded., then Co-Ins.
Retail & Mail Order (90-day supply)	\$45 / \$105 / \$180	\$45 / \$105 / \$180	Ded., then \$0 / \$75 / \$135	Not Covered

* AB = Allowed Benefit is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

¹ SPECIALTY DRUGS = Specialty Drugs are available for a 30-day supply.

MEDICAL *continued through Cigna*

CIGNA HOME DELIVERY PHARMACY

Cigna Home Delivery Pharmacy is a convenient option if you are taking medication regularly to treat an ongoing health condition. Participation includes:

- 24/7 access to licensed pharmacists
- Up to a 90-day supply with standard delivery at no additional cost
- Specialty medications available, including those that require refrigeration and overnight delivery

For more information call Express Scripts at 800-835-3784.

ACCREDITO SPECIALTY PHARMACY

If you are managing a condition that requires specialty medication, Accredo can help support you. The Accredo Specialty Pharmacy team are available 24/7 to help answer your questions and make managing your specialty prescription easier. For more information call 877-826-7657.

MYCIGNA

Set up your member account today! On my.cigna.com and through the myCigna App, you can:

- Review your health coverage and manage your claims
- View, print, or fax your Cigna ID card
- Obtain cost estimates for medical procedures and prescription drugs
- Access a variety of health and wellness tools

CIGNA ONE GUIDE - 24/7 ASSISTANCE

Combining digital technology with our personalized customer service, your Cigna One Guide team is here to help you:

- Resolve health care issues
- Find In-Network hospitals, dentists, and other health care providers
- Understand your bills

Call the number on your Cigna ID card or access the Cigna One Guide support tool by downloading the myCigna App.

HEALTH INFORMATION LINE

Call the number on your Cigna ID card anytime, day or night, to speak with a clinician.

IDENTITY THEFT

IdentityForce is included in your Cigna medical coverage at no additional cost for you and any child(ren) living in your household up to age 26. We're here to proactively monitor, alert, and help fix any identity theft compromises.

Call 833-580-2523 or visit cigna.identityforce.com/starthere to get started.

ADDITIONAL MENTAL HEALTH RESOURCES

Ginger

Ginger provides confidential mental healthcare through text-based coaching and online support. Ginger's services are in-network through your medical plan's behavioral health benefits.

Find free wellness information at ginger.com/blog

Get started using the app or at ginger.com/cigna

Meru Health

Meru Health offers a 12-week program with proven results, providing continuous support from a dedicated therapist through video sessions and unlimited chat in the app. Adults 18+ can use Meru Health with Cigna's mental health benefits, subject to applicable deductibles and copays/co-insurance. HSA and FSA funds can also be used.

Visit meruhealth.com/sign-up/cehealth or download the Meru app and use the code CIGNA to register.

Talkspace

Talkspace has a wide network of providers with expertise in over 150+ areas, including LGBTQIA+ issues. Your Talkspace professional will be carefully matched to meet your specific needs. Talkspace is in-network through your medical plan's behavioral health benefits.

Get started at talkspace.com/cigna

Alma

Let Alma help you find high quality, affordable mental health care. Alma's services are in-network through your medical plan's behavioral health benefits.

To get started, visit helloalma.com or reach out to Alma's Client Matching team at care@helloalma.com for one-on-one support.

Happify

Happify is a free app with science-based activities and games that can help you overcome negative thoughts, stress, and life challenges.

For more information visit cigna.happify.com

iPrevail

iPrevail is an app designed by clinicians to help you take control of everyday stresses and life transitions.

Visit iprevail.com/cigna to learn more.

VIRTUAL CARE *Included in your Cigna Medical Enrollment*

With Cigna Virtual Care, you can get the care when you need it – including most prescriptions – for a wide range of minor medical conditions and behavioral/mental health virtually. You can easily connect with a board-certified doctor when, where, and how it works best for you – via video or phone – without having to leave home or work. You can also schedule virtual appointments with licensed counselors and psychiatrists.

MEDICAL CONDITIONS COMMONLY TREATED

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection
- Urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

BEHAVIORAL/MENTAL HEALTH VIRTUAL CARE

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

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues



TELEHEALTH FAQ

When should I use Virtual Care? Day or night, weekdays, weekends, and holidays. MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room.

Can MDLIVE doctors prescribe medicine? Yes.

Can I use Telehealth when I am traveling? MDLIVE is great when you are on the road for vacation or work. Telehealth is available in most states, but some states do not allow prescriptions. Please access or call MDLIVE for more information.

CONNECT WITH VIRTUAL CARE YOUR WAY

- Talk to an MDLIVE medical provider on demand on my.cigna.com
- Schedule an appointment with an MDLIVE provider or licensed therapist on my.cigna.com
- Call MDLIVE 24/7 at 888-726-3171



HEALTH SAVINGS ACCOUNT through HSA Bank

WHAT IS AN HSA?

An HSA is federal income tax-free and used to save money and pay for qualified medical, vision and dental expenses – including deductibles, copays, coinsurance, and prescriptions. When you have medical expenses, including those that may apply to your annual deductible, you can choose to pay for them using the money in your HSA or you can save the money for a future need—even into retirement.

It's your choice. The money deposited, up to a maximum annual amount, is tax deductible and interest accrues tax-free or tax-deferred.

With an HSA, you are in charge. You decide how much you will contribute to your account, when you want to use your savings to pay for or reimburse yourself for qualified expenses, and whether or not to invest some of your savings in mutual funds for greater potential long-term growth.

Funds from your HSA may even be used for qualified expenses for your spouse or dependents - even if they are not enrolled in your medical plan.

WHAT ARE THE KEY BENEFITS OF AN HSA?

Any money deposited into your HSA is yours to keep. There is no “use it or lose it” rule. If you leave your employer or change health plans, you can take your HSA with you. It's portable! Funds that are not used for current health expenses are saved for future use. The funds in your HSA earn interest and when a certain balance is reached can be invested in a wide variety of investment options.



Withdrawals from an HSA are not taxed as long as they are used to pay for qualified health care expenses. Once you reach age 65, you can even use your account for non-healthcare related retirement expenses, but this money is taxable.

AM I ELIGIBLE?

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP) that is HSA compatible
- You cannot be covered by any other health insurance individually or via another family member
- You cannot be claimed as a dependent on another person's tax return
- You cannot be enrolled in Medicare Parts A or B

IMPORTANT HSA FACTS & FIGURES

- 2024 Contribution Limitations: Individual - \$4,150. Family - \$8,300.
- Approved IRS Additional Catch-up Contribution: Currently, the IRS allows people ages 55 and over (or up to age 65 if you are enrolled in Medicare) to contribute an additional \$1,000 per year for an Individual or Family HSA.
 - *If your spouse is covered and is eligible for a catch up contribution as well, they must open and contribute to their own HSA.*
- Changes from a High-Deductible Plan: If you cease to be enrolled in a high-deductible plan, the money in your HSA is yours to pay for qualified expenses with no time limit. However, you can no longer contribute any additional funds.
- Important Documentation: It is highly recommended that you save all receipts in the case of an IRS audit so you can explain why you believed a certain expense was a qualified expense.
- Important Note: If you use your HSA to pay for an ineligible expense, you may be required to pay income taxes and an additional penalty tax.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts allow you to pay for goods and services you already use with money deducted from your paycheck before it is taxed. This can reduce your eligible medical and dependent care expenses. These plans are administered by Flores.

To make the most of these benefits, it's important to understand the following:

- **Plan year:** The plan year for our Flexible Spending Accounts is January 1st to December 31st.
- **Open enrollment:** You must re-enroll in these benefits each year during Open Enrollment.
- **Carryover:** If you have Medical or Limited Purpose FSA funds remaining in your account as of the end of the plan year, you may carryover up to \$640. The carryover benefit is not available with the Dependent Care FSA. Any carryover amount will not be available until the run-out period is complete.
- **Run-out period:** Under our plan you have until March 31st to submit claims from the prior plan year for reimbursement. If you don't submit claims by that date, they will not be reimbursed.

In addition, please note that the IRS prohibits you from using these accounts to reimburse expenses incurred by domestic partners or their children.

MEDICAL FSA

Up to \$3,200 Annually

This account allows you to pay for qualifying out-of-pocket health care expenses for you and your dependents. The amount you choose to contribute will be deducted from your pay in equal installments throughout the year. You cannot change this amount unless you have a qualifying life event.

LIMITED PURPOSE HEALTH CARE FSA

Up to \$3,200 Annually

If you enroll in a Qualified High Deductible Health Plan and have a Health Savings Account (HSA), you can participate in the Flexible Spending Program but you must enroll in a Limited Purpose FSA. Limited Purpose FSA money can only be used for qualified dental and vision expenses; these items are marked with an * in the list of the sample expenses on this page. You may use HSA funds to pay for medical expenses, including eligible over-the-counter health items.



Customer Service: 800-532-3327

Website: flores247.com

DEPENDENT CARE FSA

Up to \$5,000 Annually Per Household

This account allows you to pay for dependent daycare so that you can work. While you may use these funds to pay a relative, that individual must be over the age of 19 and cannot be considered one of your tax dependents. If you are married, your spouse must also work full-time, be actively seeking employment, attending school full-time, or disabled. Spouses working part-time must accumulate enough earned income to exceed the Dependent Care FSA contribution amount. If your spouse also contributes to a Dependent Care FSA, your total contributions as a couple cannot exceed \$5,000.

SAMPLE EXPENSES

Over-the-counter (OTC) medicines do not require a prescription in order to be eligible for reimbursement. Please refer to your plan documents or fsastore.com for a full list of eligible expenses.

Health Care

Deductibles and Copays
Hospital & Laboratory Bills
X-rays and MRI
Obstetrics & Fertility
Psychiatrist / Psychologist Fees
Dental Fees and Eye Exams¹
Orthodontia Expenses¹

Dependent Care²

After and Nursery School Care
Babysitter
Elder care
Summer day camp

OTC Items

Allergy & Asthma Medications
Cough, Cold & Flu Medications
Sleeping Aids
Blood Pressure Monitor
Contact Lens Solution¹
Reading Glasses¹
Hearing Aid Batteries
Menstrual Products
Contraceptive Devices
Pregnancy Tests
Diabetic Supplies
First Aid Supplies

¹Denotes eligible expense for Limited Purpose Flexible Spending Account.
²These expenses cannot be submitted until after services have been received.

HAVING TROUBLE SPENDING YOUR FSA DOLLARS?

Check out fsastore.com!

DENTAL *through Cigna*

Rosen, Sapperstein & Friedlander offers a dental plan through Cigna. With this plan, you can receive care from any provider. However, your out-of-pocket expenses will generally be higher if you visit a dentist out-of-network.

The dental benefit plan year begins on December 1st of each year.



Group Number: 00627966
 Customer Service: 800-244-6224
 Website: cigna.com

THERE'S AN APP FOR THAT
 Check out the myCigna App!



PLAN PROVISIONS		DPPO	
POLICY YEAR	IN-NETWORK	OUT-OF-NETWORK ¹	
Maximum Benefit per person		\$1,500 ²	
Deductible - Individual		\$50	
Deductible - Family		\$150	
Orthodontic Lifetime Maximum per person		\$1,200	
COVERED SERVICES	YOU PAY AFTER DEDUCTIBLE		
Class I: Preventive 2 cleanings and exams per policy year. Exams and x-rays	No Charge, Ded. waived	No Charge, Ded. waived	
Class II: Basic Care Anesthesia, fillings, periodontics, endodontics	0%	20%	
Class III: Major Care Crowns, inlays, onlays, bridges, dentures	40%	50%	
Class IV: Orthodontia Coverage for eligible children & adults	50%	50%	

¹AB = Allowed Benefit is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

²= Your Cigna dental plan has a progressive annual max. You may progress to higher levels of annual maximum amounts by utilizing Class I services in the prior year. Annual max amounts progress as follows: Year 1: \$1,500, Year 2: \$1,600, Year 3: \$1,700, Year 4: \$1,800.

INSTRUCTIONS FOR FINDING A PARTICIPATING DENTAL PROVIDER

1. Go to cigna.com and log into your account or select "Find a Doctor"
2. Under "How are you Covered" click on Employer or School
3. Enter your zip code, then click "Doctor By Type." Dentist is in the drop-down list
4. If you do not have a MyCigna account continue as guest. Confirm your location and click "Continue"
5. Select the Total Cigna DPPO plan type
6. For additional assistance, please call member services at: 800-244-6224

VISION *through Cigna*

Rosen, Sapperstein & Friedlander offers a vision plan through Cigna. With this plan, you can receive care from any provider. However, your out-of-pocket expenses will generally be higher if you visit a vision provider out-of-network.

The vision benefit plan year begins on December 1st of each year.



Group Number: 00627966
Customer Service: 877-478-7557
Website: cigna.com

THERE'S AN APP FOR THAT
 Check out the myCigna App!



PLAN PROVISIONS	STANDARD PPO COMPREHENSIVE VISION PLAN	
FREQUENCY OF SERVICES		
Vision Exam	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contact Lenses (in lieu of glasses)	12 Months	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK Reimbursed up to:
Exams (Once per policy year)	\$10 Copay	\$45
Materials Copay	\$25	N/A
Eyeglass Lenses Allowance (Once per frequency period)	Copay applies, then covered 100%	
• Single Vision		\$40
• Bifocal		\$65
• Trifocal		\$75
Frame Allowance (Once per policy year)	Up to \$120	\$72
Contact Lenses Allowance		
• Elective	\$120 allowance	\$105
• Medically Necessary	Covered in full	\$250

INSTRUCTIONS FOR FINDING A PARTICIPATING VISION PROVIDER

1. Go to cigna.com
2. Click on “Find a Doctor” to search for a provider
3. Select “Employer or School” under How are you Covered
4. Click on “Additional Resources” at the bottom and click the Cigna Vision Directory (Serviced by EyeMed) link. Enter your search criteria on the following screen.
5. For additional questions please call Cigna Vision at 877-478-7557

BASIC LIFE & AD&D *through New York Life*

Basic Life and Accidental Death and Dismemberment (AD&D) coverage is provided at no cost to eligible employees. Life insurance provides some financial security to your dependents in the event of your death. If you have a qualifying accident which results in the loss of limb(s) or eyesight, you will receive a percentage of the AD&D amount. New York Life (formerly Cigna) insures these benefits.



Group Number: Life: SGM0611440
AD&D: SOK0608553
Customer Service: 888-842-4462
Website: newyorklife.com

PLAN PROVISIONS	BASIC LIFE AND AD&D
Eligibility	All active, regular full-time employees working a minimum of 30 hours per week become eligible for Life and AD&D benefits upon the first of the month following their date of hire.
Life Benefit	One and a half your annual earnings rounded up to the next \$1,000 to a maximum benefit of \$50,000.
AD&D Benefit	One and a half your annual earnings rounded up to the next \$1,000 to a maximum benefit of \$50,000.
Reductions to the Benefits if You are Working	At age 65: coverage is reduced to 65% of the original amount. At age 70: coverage is reduced to 40% of the original amount. At age 75: coverage is reduced to 25% of the original amount. At age 80: coverage is reduced to 15% of the original amount.
Accelerated Benefit	If you are terminally ill, you can receive up to the lesser of 75%, up to \$37,500 of your lifetime life insurance benefit in a lump sum as long as your life expectancy is less than 12 months. Your life benefit will be reduced by this accelerated payment.
Portability & Conversion	Upon termination of your employer-provided coverage, you may be able to port this policy to another term life group policy or you may be able to convert this policy to an individual policy. Contact New York Life for details and rates.
Beneficiary Designation	It is your responsibility to ensure that your beneficiary information is correct. If you experience a life event change, be sure to update your beneficiary(ies).



DISABILITY *through New York Life*

Disability insurance replaces a percentage of your income during extended periods of illness or injury that prevent you from performing your regular work. These benefits will coordinate with any state disability programs in which you are automatically enrolled.



Group Number: STD: SGD0612610
LTD: SGD0612611
Customer Service: 888-842-4462
Website: newyorklife.com

PLAN PROVISIONS	SHORT TERM DISABILITY
Eligibility	All active, regular full-time employees working a minimum of 30 hours per week become eligible for Short Term Disability benefits upon the first of the month following their date of hire.
Your Benefit	60% of your weekly pre-disability earnings, up to a maximum of \$1,000 per week.
Benefit Period	You will receive benefits as long as you qualify as disabled, for up to 13 weeks.
When Benefits Begin	Benefits begin after 14 days day for a disability due to either an accident or illness.
Definition of Disability	You are qualified if you are unable to perform your own job due to illness or injury as determined by a physician in writing.
PLAN PROVISIONS	LONG TERM DISABILITY
Eligibility	All active, regular full-time employees working a minimum of 30 hours per week become eligible for Long Term Disability benefits upon the first of the month following their date of hire.
Your Benefit	Partners: 60% of your monthly pre-disability earnings, up to a maximum of \$15,000 per month. Senior Management: 60% of your monthly pre-disability earnings, up to a maximum of \$5,500 per month. All Other Team Members: 60% of your monthly pre-disability earnings, up to a maximum of \$3,000 per month.
Benefit Period	You will receive benefits as long as you qualify as disabled. The maximum benefit duration is to Social Security Normal Retirement Age. See policy document for more details.
When Benefits Begin	Benefits begin after 90 days of disability.
Pre-Existing Conditions	If you are treated for a condition 3 months prior to your effective date, and become disabled as a result of such condition within the first 12 months of your coverage, you will not be eligible for disability payments for such condition.



VOLUNTARY LIFE & AD&D *through New York Life*

While the basic life insurance benefit is designed to provide a foundation for you and your dependents, we recognize the potential need to increase your family's protection. Additional Life and AD&D is provided by New York Life.

You have the option of purchasing additional Life Insurance for you, your spouse and any children up to age 26. Please note that through age 64, your benefit amount is 100%. At age 65, your benefit amount will begin to reduce, see the chart for details.

To apply for additional Life and AD&D insurance, please contact Human Resources for the necessary paperwork.



Group Number: Vol. Life: SGM0611440
Vol. AD&D: SOK0608553
Customer Service: 888-842-4462
Website: newyorklife.com

PLAN PROVISIONS	VOLUNTARY LIFE AND AD&D
Eligibility	All active, regular full-time employees working a minimum of 30 hours per week become eligible for Voluntary Life and AD&D benefits upon the first of the month following their date of hire.
Your benefit	Coverage is available in increments of \$10,000 up to \$250,000. If you apply when initially eligible, you are guaranteed issue up to a maximum of \$200,000. For ages 65 and above, see the plan documents. Evidence of Insurability (EOI) is required for the Voluntary Life benefit if you do not apply when you are initially eligible or for amounts above the Guaranteed Issue amount.
Spouse Benefit	Spouse coverage is available in increments of \$5,000 up to \$250,000 or 50% of the Employee's Voluntary Life insurance amount, whichever is less. If you apply when initially eligible, spouse Voluntary Life coverage guaranteed issue up to \$25,000. EOI is required for the Voluntary Life benefit if you do not apply when initially eligible. Rate depends on employee's age. Spouse benefits terminate at age 70.
Child benefit	Children from birth to six months of age may receive a benefit of \$500. Children from the age of 6 months to 26 years may receive a flat benefit of \$10,000 (subject to state limitations). Employees must notify Human Resources within 31 days when a child is no longer eligible for coverage.
Reductions to the Benefits	Benefits begin reducing at age 65. Refer to the plan documents for additional information.
Accelerated Benefit	If you are terminally ill, you can receive up to the lesser of 75% up to \$187,500 of voluntary life insurance benefit in a lump sum as long as your life expectancy is less than 12 months. Your death benefit will be reduced by this accelerated payment.
Portability & Conversion	Upon termination of your group Voluntary Life coverage, you may be able to port this policy to another term life group policy or you may be able to convert this policy to an individual policy. Contact New York Life for details and rates.

MONTHLY RATES PER \$1,000										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.075	\$0.079	\$0.107	\$0.159	\$0.254	\$0.420	\$0.681	\$1.087	\$2.219	\$4.175
Child Life			Employee AD&D			Spouse AD&D			Child AD&D	
	\$0.134		\$0.030			\$0.030			\$0.030	

VALUE ADDED SERVICES *included with New York Life*

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance

24/7 support is just a phone call away whenever you may need it, and at no extra cost to you. An advocate can help you assess your needs and develop a solution or direct you to community resources.

The NYL Employee Assistance Program covers three face-to-face sessions with a behavioral counselor for yourself and household members per issue, per year.

Well-being Coaching

This program is designed to assist with personal issues or physical challenges that may be overwhelming. Whether you are dealing with burnout, time management, health issues, or stress, a certified coach can work one on one with you to help you achieve your goals. This program includes access to five telephonic sessions per year.

FinancialConnect

With FinancialConnect you and your family members have unlimited access to a team of qualified financial experts to help guide you when needed.

LegalConnect

This program provides unlimited phone consultations with a staff of attorneys who can help provide guidance on various topics.

EstateGuidance

The EstateGuidance online tool allows you and your family members to create a last will and testament, living will, and documents concerning final wishes. Easy and cost-effective, EstateGuidance will walk you through the entire process.

To use these valuable resources:

Call: 800-344-9752

Visit: guidanceresources.com Web ID: NYLGBS

NEW YORK LIFE GROUP BENEFIT SOLUTIONS SECURE TRAVEL

NYL GBS Secure Travel provides emergency travel services and medical transport as well as pre-trip planning assistance when traveling 100 miles or more from home. Service is a phone call away, 24/7/365.

You can rely on emergency assistance when the unexpected happens plus helpful services and information are available when planning a trip:

- Immunization requirements for foreign countries
- Visa and passport requirements
- Foreign exchange rates
- Travel advisories and weather conditions
- Cultural information

To learn more:

Call: 888-226-4567

HEALTH ADVOCACY

Health Advocacy Solutions can offer you expert assistance with a range of healthcare or insurance issues.

- Locate specialists, arrange medical tests or special treatments
- Get estimated fees for services in your area
- Get help negotiating discounts for medical or dental bills over \$400 not covered by insurance
- Find in-home care, adult day care, assisted living, and long-term care

Call: 866-799-2725



401(k) *Plan*

Rosen, Sapperstein & Friedlander believes planning for your future is important and wants to help you build retirement security. Participating in the RS&F 401(k) profit sharing retirement plan is a great way to start planning for retirement.



Customer Service: 800-343-3548

Website: [fidelity.com](https://www.fidelity.com)

Amir Eyal: amir.eyal@lfg.com

Andrew Horowitz: andrew.horowitz@lfg.com

PLAN PROVISIONS	401(k)
Eligibility	Employees are eligible to contribute to the plan on their first day of hire as long as they are 21 years of age. Employees are eligible to receive an employer profit sharing contribution after 1 year of service and 1,000 hours with a quarterly entry date.
Contributions	For 2023 the IRS maximum is \$22,500 ¹
Employer Contribution	Eligible employees receive a 3% safe harbor profit sharing contribution annually, regardless of whether an employee contributes to the plan. RS&F also provides a discretionary annual profit-sharing contribution to eligible team members.
Vesting Schedule	1 Year - 0% 2 Years - 20% 3 Years - 40% 4 Years - 60% 5 Years - 80% 6 Years - 100%
Rollover	You may transfer funds from an existing qualified retirement plan to RS&F's retirement plan on your first day of hire.

1 - 401(k) CONTRIBUTIONS = As of publication, the Internal Revenue Service has not released the deferral maximum for 2024. Please check with your plan administrator as to the total amount you may contribute in 2024.



ADDITIONAL CORPORATE BENEFITS

PAID TIME OFF (PTO)

Our PTO program is designed to incorporate vacation, personal, and sick leave. New hires are eligible for PTO on their first day of hire and is prorated based on quarter of hire according to the schedule below:

ASSOCIATES & ADMINISTRATIVE	
Quarter 1	20
Quarter 2	15
Quarter 3	10
Quarter 4	5

SENIORS / SUPERVISORS / MANAGEMENT	
Quarter 1	25
Quarter 2	19
Quarter 3	12
Quarter 4	5

For regular, full-time employees, PTO is provided according to the following schedule and resets annually on January 1st:

- Associates & Administrative Staff - 20 days
- Seniors/Supervisors/Management or 5 years of service - 25 days
- Partners or 10 years of service- 30 days

ADDITIONAL PAID LEAVE

Additional paid leave is granted for specific events including bereavement, jury duty, paid family leave, etc.

RS&F understands how important work-life balance is to our employees. During the summer months, eligible team members participate in our Relax Friday Program with half-day Fridays.

HOLIDAY PAY

We observe 8 paid holidays per year. Team members are eligible on the first day of hire.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving (2 days)
- Christmas
- Floating Holiday (to be used outside your department's busy season)

HYBRID WORK

RS&F offers a hybrid remote work/in-office schedule for eligible team members. Eligible team members are required to work 2 days in the office and 3 days from a remote location.

OTHER BENEFITS

RS&F offers the below additional benefits. Please see Human Resources to learn more:

- CPA certification (paid time off to study and take the exam)
- Discounted CPE study materials and CPA exam bonus
- Paid dues for professional organizations and business development initiatives
- Business development commission
- Team member referral commission
- Post-graduate tuition reimbursement
- AFLAC supplemental insurance
- \$20 monthly reimbursement to LA Fitness
- Verizon Wireless Service Plan Discounts



EMPLOYEE NAVIGATOR

Registration and Enrollment Instructions

Welcome to the RS&F employee benefits website! As you know, your benefits are an important part of your overall compensation. We are proud to introduce our simple, convenient online benefits enrollment system that will make enrollment faster and easier than ever before! You can find the Employee Navigator website at employeenavigator.com.

REGISTRATION

- **Existing Users**
Existing users will proceed by entering their existing username and password.
- **New Users**
Employee Navigator will send instructions on how to register your account. Select the registration link in the email to get started.

When creating a new user account, you must enter your first name, last name, company identifier: **RS&F**, last four of your SSN, and birth date.

FORGOT YOUR PASSWORD?

No problem, just click Reset a Forgotten Password on the Employee Navigator login screen.

QUESTIONS?

Reach out to an Enrollment Specialist at Alera:

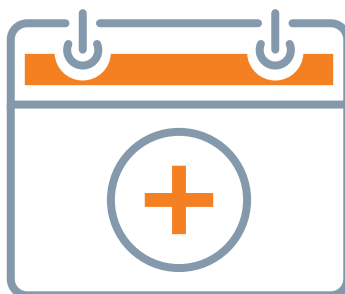
- **Employee Navigator Customer Service**
Please ask for Caitlin Beale.
Call: (410) 823-8066
Email: en@aleragroup.com

WHEN YOU CAN ENROLL

New Hires	You must enroll within 30 days of your eligibility date.
Open Enrollment	Open enrollment is conducted during November each year with an effective date of December 1st.
Qualifying Event	Experience a “Qualifying Event,” during the plan year? You must request the appropriate changes in the online enrollment system within 30 days of the event.

HOW TO ENROLL

Start Benefits	Log in and click “Start Benefits” to begin enrollment process.
Personal Information	Verify all information is completed and accurate then click “Save & Continue.”
Dependent Information	If you have a spouse and/or child(ren) that you wish to cover, click “add dependent”, enter your dependent’s information, and click “Save”. Remember that you will need correct names, dates of birth, and social security numbers for all covered individuals. Once you have added all of your dependents, click “Save & Continue”.



GLOSSARY OF TERMS

This glossary contains key words that appear in this overview. These terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms may not have the same meaning when used in your policy or plan, and in any such case, the policy or plan governs (see your Summary of Benefits and Coverage for information regarding how to get a copy of your policy or plan document).

ALLOWED BENEFIT

The amount established for payment of covered in-network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received out-of-network. This is called balance billing.

BALANCE BILLING

When a provider bills you for the difference between the provider's charge and the carrier's discounted price ("Allowed Benefit"). For example, if the provider's charge is \$100 and the allowed benefit is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for the difference between their charge and the Allowed Benefit.

COINSURANCE

The portion of the cost of covered medical services paid by the patient under a health plan, after first meeting any applicable plan deductible. Coinsurance amounts, which are typically a percentage of the cost, may vary by type of service. Coinsurance requirements are specified in the plan documents.

COPAYMENT

A set dollar amount or portion that you pay for your medical services. Usually, copays start after you first pay any deductible your plan has. Copays may differ by type of service. You can find your copay rules in your plan documents.

DEDUCTIBLE

A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

EVIDENCE OF INSURABILITY

A questionnaire that insurance companies use to ask about the health of a participant. Depending on the responses, this may lead to the requirement of a physical exam. These forms are often used if you apply for voluntary benefits outside of your initial eligibility period or if you apply for a coverage amount above the Guaranteed Issue amount.

GUARANTEED ISSUE

The amount of coverage (benefit) the insurance company is willing to provide regardless of your health. Guaranteed Issue only applies if you enroll in the program when you are first eligible for coverage.

MAIL ORDER

A benefit that allows you to receive multiple months' worth of maintenance medication by mail.

OUT-OF-POCKET MAXIMUM

The limit on the amount an individual is required to pay for health care services covered by his/her/their benefits plan. Look for this information in insurance plan documents such as your Certificate of Coverage.

IN-NETWORK

Refers to providers or facilities that are part of your medical plan's network of providers with which it has negotiated a discount.

OUT-OF-NETWORK

Refers to providers or facilities that are not a part of your medical plan's network of providers. Therefore, no negotiated discount is given so your out-of-pocket expenses will be higher.

