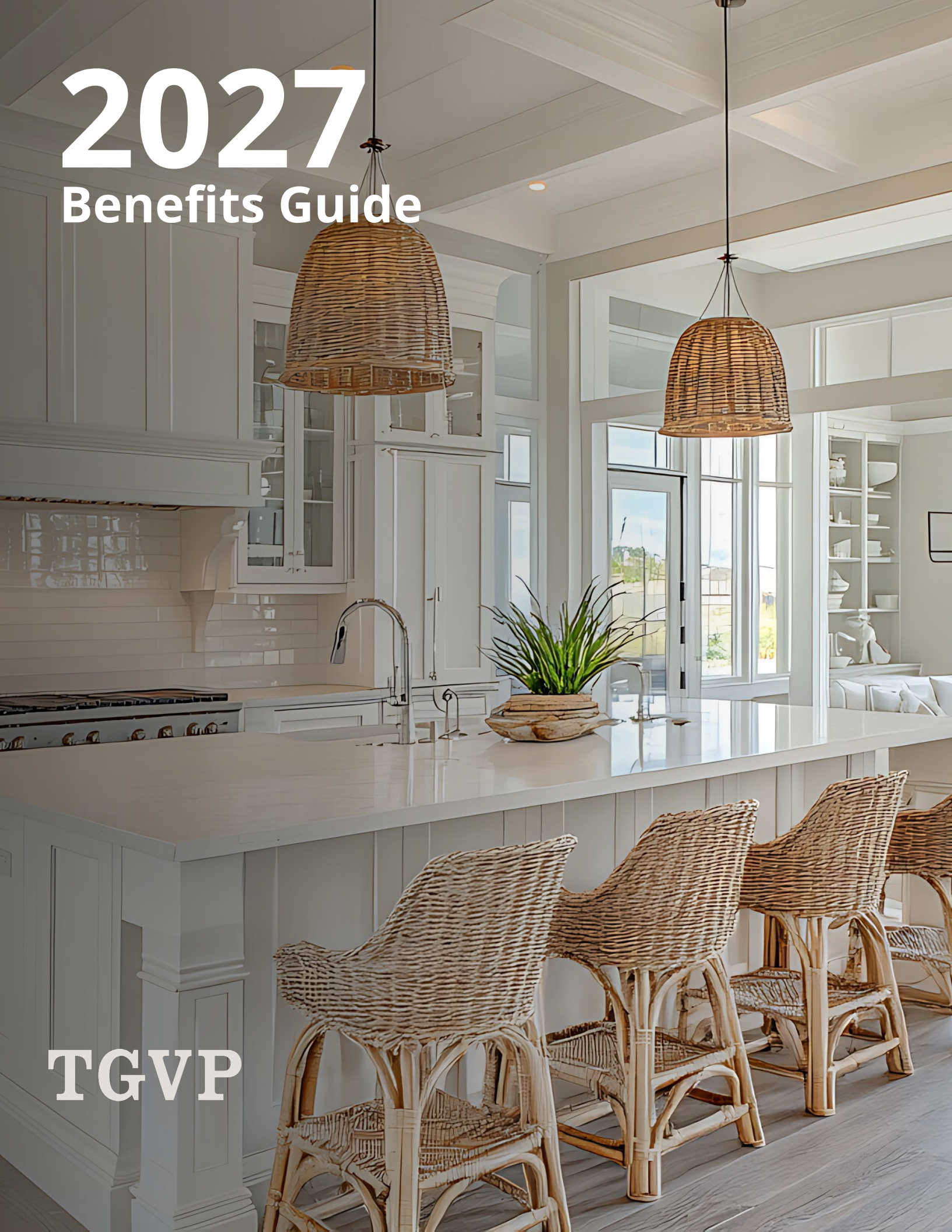
2027
Benefits Guide



TGVP

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This is a summary of benefits drafted in plain language to assist an employee's understanding of what benefits are offered and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.

WELCOME TO YOUR BENEFITS

TGVP is pleased to offer our employees a variety of benefit programs to meet your needs as well as those of your family members. TGVP provides Basic Life Insurance and AD&D, Short-Term Disability, and Long-Term Disability for all employees at no cost. Employees have the option of electing Medical, Dental, Vision, Additional Life Insurance, and Supplemental plans. A summary of each of the programs offered for the 2027 plan year has been provided.

HOW TO ENROLL DURING OPEN ENROLLMENT

All employees must enroll in TGVP's benefit plans through the call center. To enroll, visit Toppan's benefits website **toppanbenefits.com,** and review the benefit brochures and videos. When you are ready to enroll in benefits, call the number below:

1.877.282.0808
Monday – Friday
8:00 AM to 6:00 PM EST

If possible, be in front of a computer, tablet, or smartphone when calling. You will be able to view the enrollment screens with the benefits counselor from the call center.

HOW TO ENROLL OR SUBMIT A QUALIFYING CHANGE THROUGHOUT THE YEAR

To enroll, visit TGVP's benefits website **toppanbenefits.com,** and review the benefit brochures and videos. When you are ready to enroll in benefits, call the number below to connect with the call center:

1.877.282.0808
Monday – Friday
8:00 AM to 6:00 PM EST

ELIGIBILITY

Benefits are available to all full-time employees and eligible family members, including your spouse and any eligible dependents.

CHANGE IN STATUS

The elections you make when you are initially offered coverage and during the annual open enrollment period will stay in effect until 12/31/2027, unless you experience an approved Qualifying Change in Status.

Qualifying Change in Status events include, but are not limited to:

- Marriage, divorce or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or your covered child
- Change in your spouse's work status that affects benefits
- For a full list, visit **www.healthcare.gov/glossary/qualifying-life-event/**

You must contact Human Resources within 31 days of the date of change for most events. If you fail to notify Human Resources within the allotted time, you will have to wait until the next annual enrollment period to make benefit changes.

ABOUT YOUR BENEFITS

2027 BENEFIT HIGHLIGHTS

- The medical, dental, and vision plans will be administered through Cigna for 2027. The life, AD&D, disability, and voluntary benefits will be administered through Equitable.
- The Health Savings Account will be administered by HSA Bank. TGVP will contribute to the HSA:
  - $800 for Employee
  - $1,500 for Employee and Spouse
  - $1,500 for Employee and Child(ren)
  - $2,000 for Family
- There is a $100 monthly smoking surcharge for any employee covered under the company medical plan that uses tobacco.
- A reasonable alternative is available to participants unable to meet TGVP's standards in the wellness program to avoid the surcharge. Please contact HR for further information.
- The Flexible Spending Account will continue to be administered through Medcom.
- Employees may elect to have the value of the employer-paid premium for Long-Term Disability included on their W-2 as taxable income and receive the benefit, if ever needed, tax free.
- **Opt Out:** Employees who provide proof of other medical coverage will receive a monthly payment.
  - $75 per month for waiver of employee only coverage
  - $175 per month for waiver of employee and spouse coverage
  - $165 per month for waiver of employee and child(ren) coverage
  - $250 per month for waiver of family coverage

WELLNESS INCENTIVES

Wellness Incentives are available to all employees.

Measure Up:

$50 for each of the following you achieve:

1. Blood pressure equal to or less than 120/80 mmHg
2. Fasting blood sugar (glucose) less than 100 mg/dL OR Non-fasting blood sugar (glucose) less than 140 mg/dL
3. Waist circumference (length around the waist):
   - Men: 40 inches or less OR BMI of 28 or lower
   - Women: 35 inches or less OR BMI of 28 or lower
4. HDL cholesterol:
   - Men: Greater than or equal to 40 mg/dL
   - Women: Greater than or equal to 50 mg/dL

(Note: Toppan reserves the right to adjust or change the Wellness targets)

If you think you might be unable to meet a certain standard for the reward, you may be able to earn the same reward by a different means. Please see Human Resources for more information.

Annual Health Check:

- Employees and spouses are eligible for $250 annually for completing their annual physical at your doctor's office in 2027.
- Have your doctor complete the Annual Health Check form and submit to HR.
- No personal health information should be visible



CIGNA MEDICAL OAP



As a Cigna Healthcare member, you have access to many consumer education tools and value-added programs, which are designed to help you and your covered family members with medical care 24 hours a day, 7 days a week. Log on to www.myCigna.com and take a tour of the website. If you register as a user, you will also be able to obtain personalized information on the plan and claim status information.

	BASE OAP
MEMBERS PAY	**IN-NETWORK**
Co-Insurance	20%
Calendar Year Deductible	Embedded
Individual	$5,000
Family	$10,000
Out-of-Pocket Maximum	
Individual	$10,000
Family	$20,000
Office Visit Copay	
Primary Care Physician (in person or virtual)	$40 copay
Specialist	$60 copay
Preventive Visits	Covered 100%
MDLIVE Virtual Visits	Office visit copay
Inpatient & Outpatient Hospitalization	20% after deductible
Emergency Room Services	$500 copay
Urgent Care	$75 copay
Prescription Coverage	
Retail (30-day supply)	
Tier 1	$25 copay
Tier 2	$60 copay
Tier 3	$90 copay
Preventive Maintenance Medication	Covered at 100%, Deductible does not apply
Mail Order Maintenance (90-day supply)	
Tier 1	$75 copay
Tier 2	$180 copay
Tier 3	$270 copay
MEMBERS PAY	**OUT-OF-NETWORK**
Co-Insurance	40%
Calendar Year Deductible	Embedded
Individual	$10,000
Family	$20,000
Out-of-Pocket Maximum	
Individual	$20,000
Family	$40,000

CIGNA MEDICAL HDHPs



HIGH-DEDUCTIBLE HEALTH PLAN REMINDER
To help offset the higher deductible, TGVP will make a contribution to your Health Savings Account (HSA) based on your election.

TGVP 2027 HSA CONTRIBUTION

- Employee Coverage: $800
- Employee + Spouse or Employee + Child(ren) Coverage: $1,500
- Family Coverage: $2,000
- These amounts are prorated based upon your date of hire following Open Enrollment.

MEMBERS PAY	BASE HDHP IN-NETWORK	BUY-UP HDHP IN-NETWORK
Co-Insurance	20%	0%
Calendar Year Deductible	Embedded	Embedded
Individual	$5,000	$3,500
Family	$10,000	$6,400
Out-of-Pocket Maximum		
Individual	$8,500	$6,750
Family	$17,000	$13,500
Office Visit Copay		
Primary Care Physician	20% after deductible	0% after deductible
Specialist	20% after deductible	0% after deductible
Preventive Visits	Covered 100%	Covered 100%
MDLIVE Virtual Visits	$56 or less	Covered 100%
Inpatient & Outpatient Hospitalization	20% after deductible	0% after deductible
Emergency Room Services	20% after deductible	0% after deductible
Urgent Care	20% after deductible	0% after deductible
Prescription Coverage		
Retail (30-day supply)		
Tier 1	Deductible applies; then $25 copay	Deductible applies; then $20 copay
Tier 2	Deductible applies; then $60 copay	Deductible applies; then $50 copay
Tier 3	Deductible applies; then $90 copay	Deductible applies; then $75 copay
Preventive Maintenance Medication	Covered at 100%, Deductible does not apply	Covered at 100%, Deductible does not apply
Mail Order Maintenance (90-day supply)		
Tier 1	Deductible applies; then $75 copay	Deductible applies; then $60 copay
Tier 2	Deductible applies; then $180 copay	Deductible applies; then $150 copay
Tier 3	Deductible applies; then $270 copay	Deductible applies; then $225 copay

MEMBERS PAY	OUT-OF-NETWORK	OUT-OF-NETWORK
Co-Insurance	**This plan does not have out-of-network coverage. Any services done by an out-of-network provider would be paid out-of-pocket.**	20%
Calendar Year Deductible		Embedded
Individual		$6,000
Family		$12,000
Out-of-Pocket Maximum		
Individual		$13,500
Family		$27,000

WHERE TO GO

MDLIVE

1

Advantages:
+ Talk to a doctor in minutes at the cost of an office visit on the OAP plan or a discounted cost on the HDHP plans
+ Visits occur by phone or video
+ Available 24/7/365, anywhere in the US
+ Get a prescription

Limitations:
- Cannot treat more severe medical conditions

CIGNA HEALTH LINE

2

Advantages:
+ Talk to a nurse in minutes
+ Visits occur by phone or email
+ Available 24/7/365, anywhere in the US
+ Call 1.800.244.6224 as many times as you need at no extra cost, toll-free

Limitations:
- Unable to write a prescription

FAMILY DOCTOR

3

Advantages:
+ Long-term relationship
+ Periodic checkups
+ Treats more severe issues

Limitations:
- May not be available quickly
- Visits occur in person and in an office

URGENT CARE / ER

4

Advantages:
+ Extended hours or 24/7/365
+ Treats emergency issues

Limitations:
- High cost of care
- Long wait times
- Visits occur in person and in an office

TELEMEDICINE

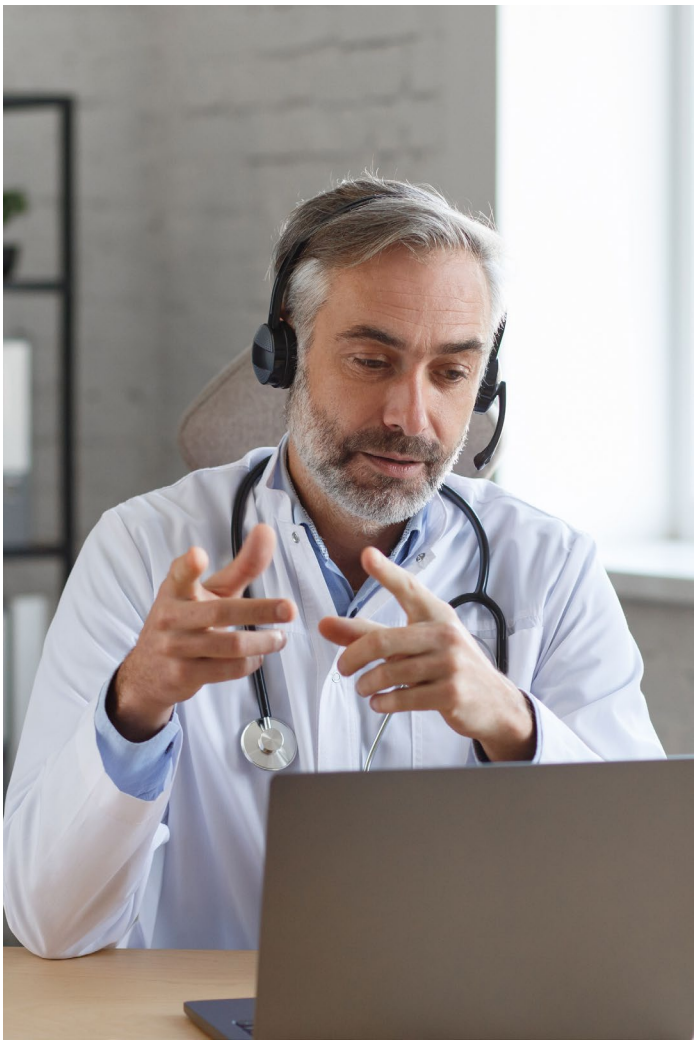
Employees enrolled in a Cigna health plan have access to virtual care services with MDLIVE.

Choose when: 24/7/365. Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat

To access services, log in to myCigna.com or call MDLIVE 24/7 at 1.888.726.3171!



PRESCRIPTION DRUGS

PREVENTIVE MEDICATION SAVINGS

You should never put yourself at risk of a preventable disease or condition because of the cost of a medication or a deductible. That's why the IRS allows certain preventive medications to be covered at 100% regardless of what plan you are enrolled in. You don't have to meet the deductible or pay a copay before these medications are covered in full.

ACCESS THE CIGNA VALUE 3 TIER FORMULARY

- Visit www.cigna.com/druglist
- Select "Value 3 Tier" and then search for your prescription by name or view the entire drug list



TIPS TO SAVE MONEY

- Ask your doctor, pharmacist or other healthcare providers about less expensive generic or brand name options
- Fill prescriptions at an in-network pharmacy near you
- Check your drug manufacturer's website to see if there are any coupons for the prescription you are taking

DID YOU KNOW THE AVERAGE TOTAL COST OF A BRAND NAME DRUG IS $376 COMPARED TO THE COST OF A GENERIC DRUG, WHICH IS $28?

Using a generic drug in place of a brand name drug could save you more than $750 per year in out-of-pocket costs, depending on how many prescriptions you and your family use. By utilizing generics, you can lower your copayment and/or coinsurance amount, which can contribute to lower premiums for all.

90-DAY PHARMACY FILL

Cigna's 90-day retail pharmacy program offers you two ways to save on your long-term medications. Use either a participating pharmacy or Cigna Home Delivery pharmacy to fill most long-term maintenance prescriptions.

- **90-day retail prescriptions must** be filled at a participating retail network pharmacy. See the 90-day retail flyer in your enrollment packet or visit www.cigna.com/rx90network.
- **Fewer trips to the pharmacy**: You'll make fewer trips to the pharmacy for refills (four times a year instead of every month). You can also choose to get home deliveries with free standard shipping. With these options, you're more likely to stay healthy – with a 90-day supply on hand, you're less likely to miss a dose.
- **Get professional support:** Call the 24-hour, toll-free number for retail pharmacy (1.800.244.6224) or home delivery (1.800.835.3784) to speak with a registered pharmacist with questions or concerns.
- **Get easy refills:** Order refills 24 hours a day, seven days a week over the internet at myCigna.com or by phone. To get started with Home Delivery or the 90-day retail pharmacy program, ask your doctor to write a prescription for up to a 90-day supply of your medication and refills, for up to one year.

MORE ON YOUR MEDICAL PLANS

LOCATING AN IN-NETWORK MEDICAL PROVIDER

- www.cigna.com
- Log on to www.Cigna.com.
- Choose either "Find a Doctor" or register and log in to myCigna.com. myCigna.com will be personalized for you and your dependents.
- If using "Find a Doctor," select "Employer or School".
- Enter your location information and enter search criteria
- Click "Continue as guest".
- Under plans, select "Open Access Plus, OA Plus, Choice Fund OA Plus".



Online Access to Cigna at myCigna.com Makes it Easier to:

- Access your ID card
- Check claim status
- Review and print an Explanation of Benefits (EOB)
- View your benefits
- Estimate the cost of health services before you get care

Also available at myCigna.com:

- Online Provider Directory with ratings and reviews
- Virtual Care options through MDLIVE
- Helpful Q&A sections to learn more about your health plan
- Informative health & wellness information on a variety of topics including women's health

Access Cigna on the go via the myCigna app

CIGNA ONE GUIDE CONCIERGE SERVICE

Take Control of Your Health & Health Spending

It's easier for you to take control of your health and health spending.
Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's Cigna's highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money. Contact Cigna at 888.806.5042 to speak with your dedicated representative.

YOUR ONE GUIDE TEAM IS A CLICK AWAY TO HELP YOU:

Understand Your Plan

- Know your coverage and how it works
- Get answers to all your healthcare or plan questions

Get Care

- Find an in-network doctor, lab or urgent care center
- Connect to health coaches, pharmacists and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations

MORE ON YOUR MEDICAL PLANS

HEALTHY REWARDS

Cigna members are eligible for discounts on various programs, services, and products. Members may access the program discounts via myCigna.com. Get discounts on the health products and programs you use every day for:

- Nutritional Meal Delivery Service
- Fitness Memberships and Devices
- Vision Care, LASIK Surgery, Hearing Aids
- Alternative Medicine
- Yoga Products and Virtual Workouts

Real brands. Real discounts. Real easy. Log into myCigna.com and navigate to Healthy Rewards Discount Program or call 800.870.3470.

OMADA – CIGNA DIABETES PREVENTION PROGRAM

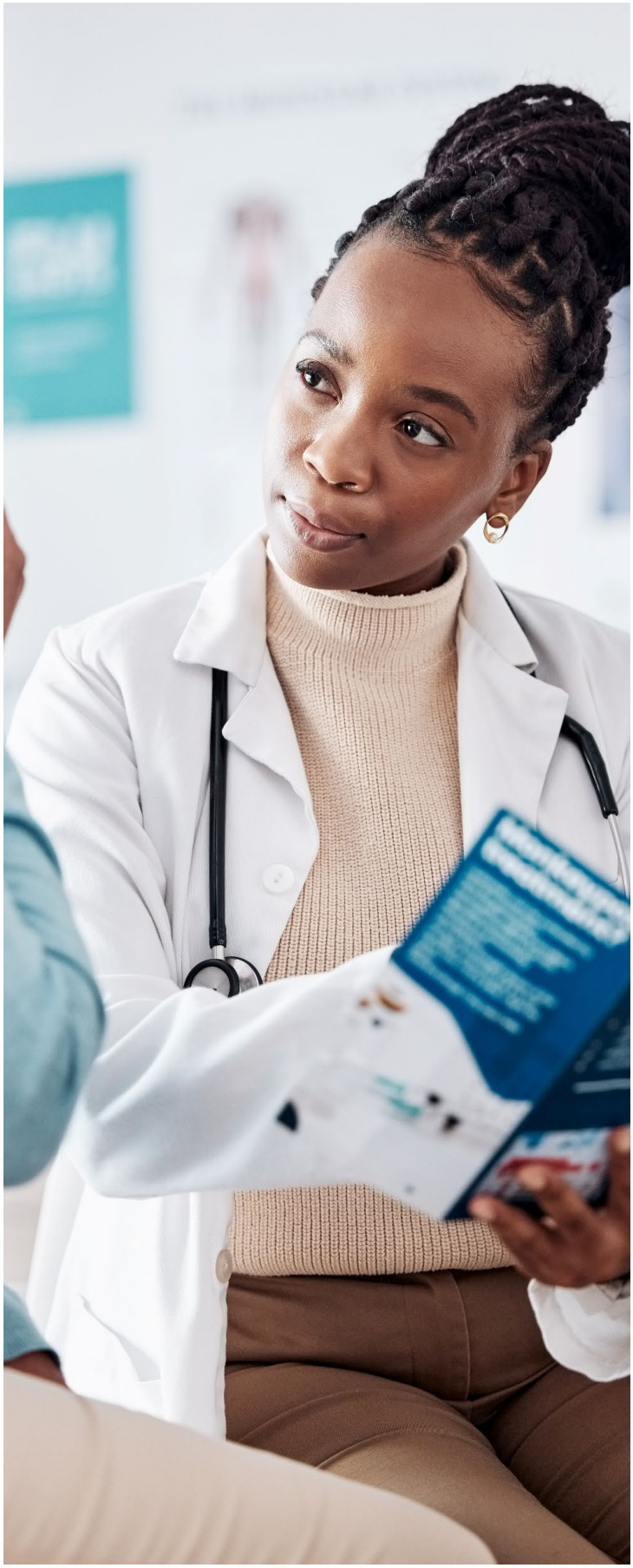
Delivered digitally, this program focuses on achieving sustainable weight loss for prediabetes and reducing instances of diabetes and cardiovascular disease through customized engagement. The program includes an integrated wireless scale, online curriculum and learning tools, coach interaction by chat/text, and peer group support. You will also have the opportunity to join a gym for a low monthly cost and no enrollment fee.

HAPPIFY

Cigna is committed to helping you take control of your health – and that includes your emotional health. That's why they are partnering with Happify, a free app with science-based games and activities that are designed to help you improve your emotional health and overall well-being.

iPREVAIL

iPrevail is a digital therapeutics platform, designed by experienced clinicians to help you take control of the stresses of everyday life and challenges associated with life's difficult transitions. Using your computer or smartphone, start by signing up for iPrevail on www.myCigna.com.



MORE ON YOUR MEDICAL PLANS



HEALTH RISK ASSESSMENT

The assessment is an easy-to-use questionnaire about your health and well-being. You'll be asked for basic biometric information like your weight, blood pressure and cholesterol levels. Additionally, there will be questions about your satisfaction with your life and job, your safety habits (such as using a seat belt), your stress levels and how you feel about your overall health. The health assessment analyzes your answers and creates a personal health report.

LIFESTYLE MANAGEMENT PROGRAMS

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna's Lifestyle Management Programs can help – and at no additional cost to you. Each program is easy to use and available where and when you need it. Plus, you can use each program online or over the phone – or both.
Take the first step. **Call 866.417.7848 or visit myCigna.com**

RECOVERYONE

You have access to RecoveryOne™ for Cigna®, an online physical therapy program that's included in your health plan benefits. There's no added cost to you or your covered dependents (ages 18+) to use it.

You Get:

- Online PT you can do when you want from the comfort and safety of home
- Customized recovery plans to meet your needs
- A multimedia app that guides you through your exercises
- Video, voice and chat conversations with your support team
- Weekly check-ins with a certified health coach to help keep you on track

HEALTH SAVINGS ACCOUNT (HSA) HSA BANK

An HSA is only available to employees who enroll in the Cigna High-Deductible Health Plan. An HSA is a tax-advantaged account that you own and to which you can make contributions, up to the IRS annual allowable limits. TGVP will make a contribution to your HSA account during the upcoming plan year. The account is opened the first of the month following your benefit start date. Contributions can be used to pay for your out-of-pocket healthcare costs such as deductibles, copays and IRS-qualified healthcare expenses.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP) PAIRED WITH A HEALTH SAVINGS ACCOUNT (HSA)

A High-Deductible Health Plan (HDHP) is a health plan with a high deductible that meets IRS guidelines and is paired with a Health Savings Account. All medical expenses are applied to the plan deductible including office visits, pharmacy expenses and hospital services first. Once the deductible is met, expenses are paid at 100% on the Buy-Up HDHP and 80% on the Base HDHP for the remainder of the plan year. Pharmacy expenses move to copays once the deductible has been met. Please note that all network preventive care expenses are paid at 100% and not subject to the deductible.

A Health Savings Account (HSA) is an account that allows you to save money for healthcare expenses on a tax-favored basis. Your HSA stays with you if you leave the company or switch medical plan options. The HSA can be funded by the employee through either payroll deductions or by making a deposit directly into your HSA account. You pay no taxes on the contributions that you make to your account. The account must be funded prior to any withdrawals. As you have qualified expenses, you may use money from your HSA to pay out-of-pocket expenses. It's up to you whether to use your HSA funds. You are not required to use the money; you may save it for the future and let it continue to accumulate tax-free. The funds do not expire.



HSA ELIGIBILITY

To be eligible to open an HSA account and receive the TGVP contribution, you must meet the following IRS criteria:

- Be covered by an HSA-eligible High-Deductible Health Plan (Cigna's HDHP qualifies)
- Not be covered by any other health plan (such as a spouse's plan) that is not a high-deductible health plan
- Not be enrolled in Medicare, Medicaid, TRICARE or TRICARE for Life
- Not be eligible to be claimed as a dependent on someone else's tax return
- Not be covered by a Healthcare Flexible Spending Account (FSA), including your spouse's FSA (Limited Purpose FSAs are an exception)

TGVP 2027 HSA CONTRIBUTION

- **Employee Coverage:** $800
- **Employee + Spouse or Employee + Child(ren) Coverage:** $1,500
- **Family Coverage:** $2,000

2027 MAXIMUM ANNUAL HSA CONTRIBUTION FROM ALL SOURCES, INCLUDING TGVP AND EMPLOYEE CONTRIBUTIONS (IRS LIMIT)

- **Employee:** $4,500
- **Family:** $9,000

Employees age 55 and above can make an additional "catch-up" contribution of $1,000 in 2027.

These contributions follow our plan year, which is a calendar year. If you join anytime after January 1st, you will need to divide your contribution totals by the number of remaining payrolls.

FLEXIBLE SPENDING ACCOUNTS (FSA) MEDCOM

Through our Flexible Spending Accounts (FSAs), you are able to set aside money, before it is taxed – in order to pay for eligible out-of-pocket costs for dependent and medical care expenses.

HEALTHCARE FSA

Eligible expenses include out-of-pocket costs such as deductibles, copays, vision expenses and dental expenses. During 2027, you may contribute up to a maximum of $3,500.

DEPENDENT CARE FSA

Eligible dependent care expenses include items like adult and child daycare, day camps and summer sports camps. During 2027, you may contribute up to a maximum of $7,500 per household.

These contributions follow our plan year, which is a calendar year. If you join anytime after January 1st, you will need to divide your contribution totals by the number of remaining payrolls.

FILING DEADLINE

You have until March 31st of the following year to submit all claims to Medcom for reimbursement. There is a 2-1/2-month grace period (grace period ends March 15, 2028) to incur claims, so you should budget carefully knowing you must use-it-or-lose-it.

THE DEBIT CARD

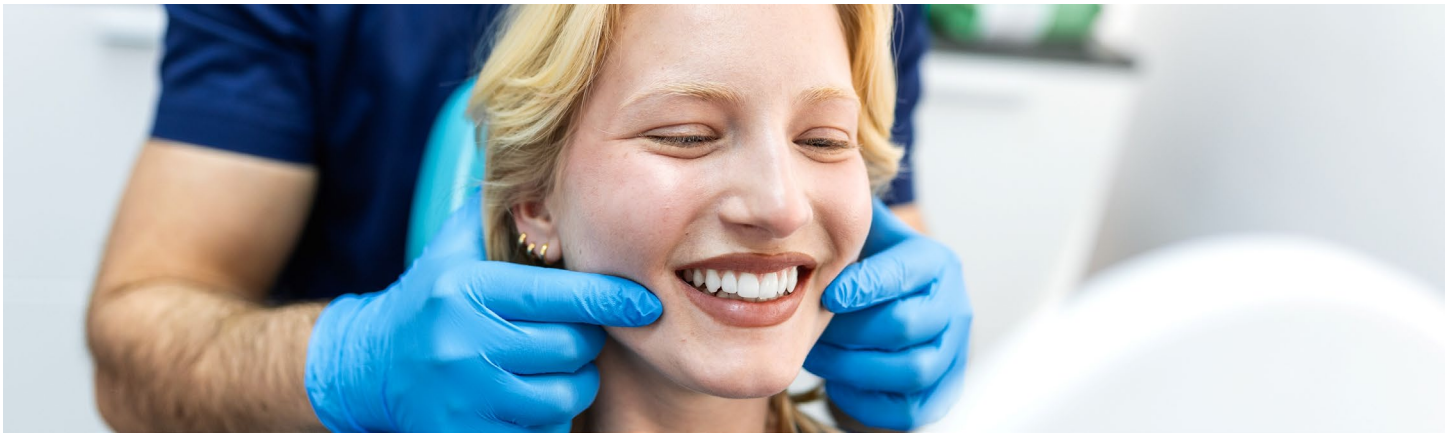
The debit card provides a way to immediately access the funds in your Flexible Spending Accounts. The card may be used at eligible merchants to pay for eligible expenses. Requirements for card usage:

- The card may be used to pay for eligible expenses under IRS guidelines, including (but not limited to): office visits and prescription copayments, deductibles, other eligible medical, dental or vision expenses that are not covered by any other plan
- The card may be used to pay for eligible expenses at approved merchants
- Expenses are limited to your elected annual maximum

You must keep copies of all your receipts for which you use your card. Medcom may ask for these receipts. If you fail to submit receipts within 90 days of service, your card will be placed on hold. After March 31, 2028, the 2027 FSA plan will be closed, and unsubstantiated claims will be reported as taxable income.

	HEALTH SAVINGS ACCOUNT	HEALTHCARE FSA	DEPENDENT CARE FSA
Anyone can enroll	No – only employees who elect the Cigna HDHP will be automatically enrolled	No – employees enrolled in the HDHP may not enroll	Yes – but expenses will not be eligible for reimbursement if your spouse is not working, actively looking for work, or going to school
Tax-advantaged account	Yes	Yes	Yes
Balance rolls over each year	Yes	No - use-it-or-lose-it, but there is a 2-1/2-month grace period to incur claims then money left in the account will be forfeited	
Accrues interest	Yes	No	No
Eligible expenses include	Medical/Rx, dental, and vision – including items not covered under plan, like LASIK. (See IRS Section 213(d) for list of covered items)		Expenses incurred while providing care for dependents, including elders, like expenses for babysitting or summer day camp
Annual Contribution Limit	$4,500 for Employee Only; $9,000 for all other coverage tiers (both IRS limits include TGVP's funding); $1,000 additional if age 55 or older	$3,500	$7,500 ($3,750 if married filing separately)
Who can contribute?	You (or anyone on your behalf) and TGVP. TGVP funds HSAs with $800 for Employee coverage, $1,500 for Employee + Spouse / Child(ren) and $2,000 for Family	You	You
Investment options	Yes – once the balance reaches $1,000	No	No

DENTAL CIGNA



The Cigna Dental plan has both in- and out-of-network benefits. Participants can choose in-network dentists or obtain services from out-of-network providers. In-network dentists have agreed to provide dental services at reduced fees, which will result in lower out-of-pocket expenses to participants. If you choose to use an out-of-network dentist, charges will be reimbursed based upon Reasonable & Customary (R&C) fees.

If your dentist recommends treatment for which charges exceed $200, we recommend that you obtain a pre-treatment estimate so that your exact out-of-pocket costs are known prior to beginning treatment.

PPO	DENTAL	
Plan Deductible (per calendar year)	$50 individual / $150 family	
Deductible Waived	(Type I & IV)	
Annual Maximum	$1,500	
Lifetime Orthodontia Maximum	$2,000	
	In-Network	Out-of-Network
Plan Reimbursement	No Balance Billing	90th Percentile of R&C
Preventive Services (Type I) Cleanings, X-Rays	0%	0%
Basic Services (Type II) Oral Surgery, Periodontal, Endodontia, Fillings	20%	20%
Major Restorative (Type III) Crowns, Dentures	50%	50%
Adult & Child Orthodontia (Type IV)	40%	40%

Under the Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to Reasonable and Customary charge limits, as determined by Cigna.

LOCATING AN IN-NETWORK DENTAL PROVIDER

- Visit www.cigna.com
- Click on “Find a Doctor” at the top of the page
- Click “Employer or School” under “How are you Covered?”
- Enter your location information and enter search criteria
- Click “Continue as Guest”
- Select “Total” under DPPO/EPO Dental plans

VISION CIGNA THROUGH EYEMED



Even if you have good vision, regular eye exams help keep your eyes healthy and catch other health conditions early. Our Cigna vision benefit utilizing the EyeMed network offers comprehensive eye exams, glasses, and contacts.

Members can obtain eye care services and supplies from any of the in-network independent optometrists, ophthalmologists, opticians or at participating optical retailers.

CIGNA VISION	IN-NETWORK	OUT-OF-NETWORK
Eye Exams	$10 copay	Up to $45 allowance
Contact Lens Fit / Follow-Up	Discounted fee of $40	Not covered
Frames	Up to $130 allowance, 20% off remaining balance	Up to $78 allowance
Lenses		
Single Vision	$25 Copay	Up to $32 allowance
Bifocal	$25 Copay	Up to $55 allowance
Trifocal	$25 Copay	Up to $65 allowance
Lenticular	$25 Copay	Up to $80 allowance
Contacts		
Elective	Up to $130 allowance	Up to $105 allowance
Medically Necessary	Covered at 100%	Up to $210 allowance
Benefit Frequency		
Examination		Once every 12 months
Lenses		Once every 12 months
Contact Lenses (in lieu of lenses)		Once every 12 months
Frame		Once every 24 months

LOCATING AN IN-NETWORK VISION PROVIDER

- Visit www.cigna.com
- Click on “Find a Doctor” at the top of the page
- Click “Employer or School” under “How are you Covered?”
- Click “Additional Resources” towards the bottom of the page and then “Cigna Vision Directory (Serviced by EyeMed)”
- Search by location or by provider

LIFE INSURANCE OPTIONS

BASIC LIFE AND AD&D – EQUITABLE

TGVP provides Basic Life and Accidental Death & Dismemberment insurance coverage for employees in the amount of three times annual earnings up to $100,000. Benefits are reduced to 65% at age 65 and 50% at age 70.

Dependent Life

TGVP offers Dependent Life insurance for spouses in the amount of $25,000 and eligible children in the amount of $10,000 ($500 for 14 days to six months of age).



WHOLE LIFE AND LONG-TERM CARE INSURANCE – TRUSTMARK

This coverage provides a death benefit in the event of a tragedy, but also provides monthly benefits in the event you or a family member is in need of long-term care or nursing home confinement. Employees may need long-term care after an accident or major illness even if a full recovery is eventually expected. Monthly benefits for long-term care may be available for up to four years. The policy also accumulates cash value which you may access after you have met a surrender period.



VOLUNTARY TERM LIFE INSURANCE – EQUITABLE

Employees are given the opportunity to purchase additional term life insurance coverage for themselves, their spouse and/or their child(ren). The cost of the employee and spouse coverage is based on the age of the employee and the amount of coverage elected. The cost of coverage for dependent children is based on the amount of coverage elected. If you do not elect coverage when it is first offered, all amounts will be subject to proof of good health.

- **Employee:** Employees may purchase voluntary life coverage in $10,000 increments, up to a maximum of $500,000 or 5 times annual earnings, whichever is less. Proof of good health is required for any amounts above the $100,000 new hire guarantee issue amount for employees under the age of 70.
- **Spouse:** Employees may purchase voluntary life coverage on their spouse in $5,000 increments to a maximum of $250,000 (not to exceed the employee life election). Proof of good health is required for any amounts above the $20,000 new hire guarantee issue amount for spouses under the age of 70.
- **Child(ren):** Employees may purchase voluntary life coverage on their eligible child(ren) in the amount of either $5,000 or $10,000. ($500 coverage for a child under 15 days).

During the annual open enrollment, employees currently enrolled can increase coverage by two increments for themselves and their spouse without proof of good health, up to the guarantee issue amount. Proof of good health is required for any increases above this amount, for any amounts above the guarantee issue amount, and for all late entrants. Child(ren) do not require proof of good health.

Note: Employees must participate in the Voluntary Term Life Plan in order to elect spouse or Child(ren) life insurance coverage.

SHORT & LONG-TERM DISABILITY



SHORT- & LONG-TERM DISABILITY – EQUITABLE

For Short-Term Disability, in the event you are unable to work due to an illness, injury, accident or pregnancy, you will receive 60% of your weekly earnings. Benefits begin on the 1st day after an accident and on the 8th day for a sickness. Benefits are payable up to 26 weeks.

For Long-Term Disability, in the event you are disabled and unable to work, you will receive 60% of your monthly earnings to a maximum of $10,000 per month with an additional, non-integrated 10% benefit for employees having a loss of two or more Activities of Daily Living or suffering a cognitive impairment. Benefits begin after you have met a 180-day elimination period. Benefits are payable as long as you remain disabled and unable to perform the duties of your own occupation for a two-year period. After the two-year period, you may be eligible to continue to receive benefits until your Social Security Normal Retirement age as long as you are unable to perform the duties of any occupation.

You have the opportunity to include the value of the employer paid Long-Term Disability premium as other income on your W-2. If you elect to be taxed on the premium that TGVP pays on your behalf and subsequently become disabled in that plan year, all Long-Term Disability benefits paid to you while out on disability will be 100% tax free.

Your election to have the value of your employer paid premium for Long-Term Disability coverage included on your W-2 as taxable income must be made prior to the beginning of the plan year in which the election becomes effective, and the election is irrevocable once the plan year begins. You will be offered the option of making a change annually per IRS regulations.

If you elect not to include the value of the employer paid Long-Term Disability benefit on your W-2, any benefits paid to you will be considered taxable income for the duration of your disability.

VOLUNTARY BENEFITS

VOLUNTARY CRITICAL ILLNESS – EQUITABLE

Critical Illness insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected serious illness, so you can focus on getting better. Critical Illness provides you with a lump-sum benefit when diagnosed with a critical illness or if you have a specific event such as a heart attack or stroke.

You can elect a lump-sum benefit for an employee in increments of $5,000 up to a maximum of $30,000, and for spouses, a lump-sum benefit in increments of $2,500 up to a maximum of $15,000. Employees may elect life coverage on their eligible child(ren) in the amount of either $2,500 or $5,000. Spouse and dependent coverage cannot exceed 50% of employee election. The cost of coverage is based on your age, the amount of benefit you elect and which family members you cover. The benefit is paid directly to you. You can use the benefit to pay for out-of-pocket medical expenses, travel, treatment options not covered by your insurance plan or any unrelated expenses. You can also receive a $100 wellness benefit per calendar year per covered person.

Some examples of eligible illnesses include: end-stage renal failure, coma, heart attack, major organ transplant, benign brain tumor, stroke, Parkinson's disease, blindness, and advanced Alzheimer's disease. Please review the plan materials for the full diagnosis requirements needed to qualify for the benefit payment.

VOLUNTARY ACCIDENT – EQUITABLE

It's a way to stay ahead of the medical and out-of-pocket expenses that add up quickly after an accidental injury – not just for emergency treatment, hospital stays, and medical exams, but for other expenses you may face, such as transportation and lodging needs. You can also receive a $100 wellness benefit per calendar year per covered person.

You may enroll yourself as well as your eligible spouse and children.

401(K) RETIREMENT PLAN – ADP

The TGVP 401(k) Plan offers an easy way to save for your future through payroll deductions. Contributions from your pay can be made on a pre-tax or post-tax basis up to the IRS annual limit. TGVP employees who are at least age 18 and have met the six-month service requirement are eligible to participate in the 401(k) plan. You will be automatically enrolled but can opt out. TGVP will provide a 100% match of the first 3% of compensation contributed. Employees are 100% vested in all employer contributions after six years. An additional discretionary profit share of up to 3% may be added depending on reaching company goals.



ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM – COMPSYCH

When personal problems arise, many choose to cope alone, resulting in negative consequences at home and the workplace. Equitable has teamed with ComPsych to offer employees an easy and convenient way to find the help you need. The EAP offers a wide range of resources that you can access on your own including videos and interactive tools such as online will prep, financial calculators, budgeting worksheets and more. Whether it's an emotional, legal or financial issue, ComPsych provides the resources for support and solutions. Each employee has access to:

- Confidential emotional support including 5 face-to-face sessions per issue per year.
- Online Will Preparation, which allows you to quickly and easily create a will online at no cost.
- Free 30-minute legal consultation with a network attorney per legal issue and 25% off subsequent meetings.
- Online Support is available through GuidanceResources, a website with extensive content regarding personal or family concerns, helpful planning tools, on-demand training, and more





EMERGENCY TRAVEL ASSISTANCE – AXA Assistance USA

When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency. With one simple call, you can be connected to AXA's staff of medically trained, multilingual professionals who can advise you in an emergency, 24/7. Examples of Emergency Travel Assistance include:

- Lost documentation and luggage assistance
- Emergency cash/bail assistance
- Prescription refill when traveling
- Medical and dental referrals
- Emergency medical evacuation or repatriation
- Legal referrals
- Concierge services

CONTACT INFORMATION

If you have any questions regarding our benefits, feel free to contact any of our providers directly.

MEDICAL & PHARMACY
Cigna

1.800.244.6224
www.myCigna.com

TELEMEDICINE
MDLIVE through Cigna

1.888.726.3171
www.myCigna.com or
www.MDLIVEforCigna.com

DENTAL
Cigna

1.800.244.6224
www.myCigna.com

VISION
Cigna

1.888.353.2653
www.myCigna.com

BASIC LIFE / AD&D, DISABILITY, ACCIDENT & CRITICAL ILLNESS
Equitable

1.866.274.9887
EBCustomerService@equitable.com
www.Equitable.com/employeebenefits

ENROLLMENT CALL CENTER
SMBO

1.877.282.0808

FLEXIBLE SPENDING ACCOUNT (FSA)
Medcom

1.800.523.7542
medcomreceipts@medcom.com
medcom.wealthcareportal.com

CONTACT INFORMATION

HEALTH SAVINGS ACCOUNT (HSA)

HSA Bank through Cigna

1.800.357.6246
www.myCigna.com

WHOLE LIFE & LONG-TERM CARE

Trustmark

1.866.813.7192
www.trustmarksolutions.com/products

EMPLOYEE ASSISTANCE PROGRAM

ComPsych

1.833.787.7781
TDD: 1.800.697.0353
www.guidanceresources.com
Organization Web ID: EQUITABLE5

EMERGENCY TRAVEL ASSISTANCE

AXA Assistance USA, Inc.

Customer Service: 1.855.327.1476 within the U.S. or 312.356.5980 if outside the U.S.
www.mytripcompanion.us/?utm_source=certificate&utm_medium=Equitable-US



CLIENT ADVOCATE – NFP

Our insurance broker, NFP, provides claim assistance services for the medical, dental and vision plans. NFP is available to assist with interpreting your EOB (Explanation of Benefits), understanding your benefits, healthcare claims, claim denials and appeals, and network provider issues.

Contact your Client Advocate at NFP with any plan design questions or claim issues.

Madalyn Maierhafer

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TOPPAN

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Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.