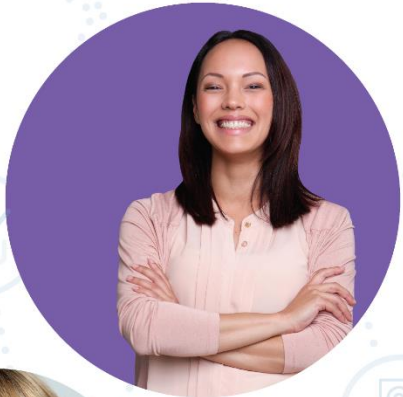




2023
BENEFITS GUIDE
Vista Security Group

STRONGER TOGETHER



Lawley
EMPLOYEE BENEFITS

WELCOME! BENEFITS ENROLLMENT 2023 PLAN YEAR



Vista Security Group's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guide contains a brief summary of the benefit plans offered. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. Additional enrollment and benefit information may be requested directly from the insurance carrier.

QUALIFIED CHANGE IN STATUS INCLUDE

- Marriage
- Divorce
- Legal separation
- Birth or adoption of a child
- Legal guardianship
- Involuntary loss of coverage
- National support notice
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.

We encourage you to take advantage of all of your available resources and work toward improving your overall health, making this year your healthiest ever.

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period:

- You will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

OPEN ENROLLMENT

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status.

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	Signature Deductible 4 - \$1,500/\$3,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: \$1,500 Family: \$3,000 (true family)	Single: \$2,800 Family: \$5,600 (true family)
Coinsurance	N/A	40% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$4,000 Family: \$8,000 (Annual Per Person Cap: \$6,650)	Single: \$10,000 Family: \$20,000 (Annual Per Person Cap: \$6,650)
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$5 / \$35 / \$70 After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	\$20 Copay After Deductible	40% Coinsurance After Deductible
Specialist Office Visit	\$40 Copay After Deductible	40% Coinsurance After Deductible
Inpatient Hospital	\$500 Copay After Deductible per Admission	40% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	\$150 Copay After Deductible	40% Coinsurance After Deductible
Emergency Room (waived if admitted)	\$200 Copay After Deductible	\$200 Copay After Deductible
Urgent Care Center	\$50 Copay After Deductible	\$50 Copay After Deductible
Weekly Payroll Deductions		
Single	\$91.06	
2-Person	\$254.11	
Employee + Child(ren)	\$205.20	
Family	\$392.71	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	Signature Deductible 3 - \$3,000/\$6,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: \$3,000 Family: \$6,000 (embedded)	Single: \$6,000 Family: \$12,000 (embedded)
Coinsurance	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$7,000 Family: \$14,000	Single: \$10,000 Family: \$20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$5 / \$35 / \$70 After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	50% Coinsurance After Deductible
Primary Office Visit	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Specialist Office Visit	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Inpatient Hospital	40% Coinsurance After Deductible per Admission	50% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Emergency Room (waived if admitted)	40% Coinsurance After Deductible	40% Coinsurance After Deductible
Urgent Care Center	40% Coinsurance After Deductible	40% Coinsurance After Deductible
Weekly Payroll Deductions		
Single	\$62.88	
2-Person	\$197.77	
Employee + Child(ren)	\$157.30	
Family	\$312.42	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	Signature Deductible 3 - \$4,000/\$8,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: \$4,000 Family: \$8,000 (combined-embedded)	Single: \$4,000 Family: \$8,000 (combined-embedded)
Coinsurance	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$15 / 50% / 50% After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Specialist Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Inpatient Hospital	20% Coinsurance After Deductible per Admission	40% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room (waived if admitted)	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Urgent Care Center	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Weekly Payroll Deductions		
Single	\$46.47	
2-Person	\$164.96	
Employee + Child(ren)	\$129.41	
Family	\$265.66	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	Signature Deductible 3 - \$4,500/\$9,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: \$4,500 Family: \$9,000 (combined-embedded)	Single: \$4,500 Family: \$9,000 (combined-embedded)
Coinsurance	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$7,000 Family: \$14,000	Single: \$10,000 Family: \$20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$10 / \$35 / \$70 After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Specialist Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Inpatient Hospital	20% Coinsurance After Deductible per Admission	40% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room (waived if admitted)	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Urgent Care Center	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Weekly Payroll Deductions		
Single	\$40.38	
2-Person	\$157.97	
Employee + Child(ren)	\$123.48	
Family	\$255.71	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DISABILITY INSURANCE

Deductions per year: 12



Disability 1000 for NY Off-Job Accident, Off-Job Sickness						
3 Month Benefit						
Elimination Period	Issue Age	\$1,000*	\$1,400*	\$1,700*	\$2,000*	\$2,200*
7 days Accident / 7 days Sickness	17-49	\$24.50	\$34.30	\$41.65	\$49.00	\$53.90
	50-64	\$29.50	\$41.30	\$50.15	\$59.00	\$64.90
14 days Accident / 14 days Sickness	17-49	\$16.50	\$23.10	\$28.05	\$33.00	\$36.30
	50-64	\$20.50	\$28.70	\$34.85	\$41.00	\$45.10

*Monthly benefit amount

Disability 1000 for NY Off-Job Accident, Off-Job Sickness						
6 Month Benefit						
Elimination Period	Issue Age	\$1,000*	\$1,400*	\$1,700*	\$2,000*	\$2,200*
7 days Accident / 7 days Sickness	17-49	\$31.00	\$43.40	\$52.70	\$62.00	\$68.20
	50-64	\$40.50	\$56.70	\$68.85	\$81.00	\$89.10
14 days Accident / 14 days Sickness	17-49	\$22.50	\$31.50	\$38.25	\$45.00	\$49.50
	50-64	\$30.00	\$42.00	\$51.00	\$60.00	\$66.00

*Monthly benefit amount



Disability 1000 for NY Off-Job Accident, Off-Job Sickness						
3 Month Benefit						
Elimination Period	Issue Age	\$2,500*	\$2,800*	\$3,100*	\$3,500*	\$4,000*
7 days Accident / 7 days Sickness	17-49	\$61.25	\$68.60	N/A	N/A	N/A
	50-64	\$73.75	\$82.60	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	\$41.25	\$46.20	\$51.15	\$57.75	\$66.00
	50-64	\$51.25	\$57.40	\$63.55	\$71.75	\$82.00

*Monthly benefit amount

Disability 1000 for NY Off-Job Accident, Off-Job Sickness						
6 Month Benefit						
Elimination Period	Issue Age	\$2,500*	\$2,800*	\$3,100*	\$3,500*	\$4,000*
7 days Accident / 7 days Sickness	17-49	\$77.50	\$86.80	N/A	N/A	N/A
	50-64	\$101.25	\$113.40	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	\$56.25	\$63.00	\$69.75	\$78.75	\$90.00
	50-64	\$75.00	\$84.00	\$93.00	\$105.00	\$120.00

Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA. © 2022 Colonial Life & Accident Insurance Company



VISTA SECURITY GROUP

OPEN ENROLLMENT JUNE 2023

During open enrollment you are offered exciting choices in your benefits program. You are eligible to apply for supplemental insurance. Participation in these benefits plans is voluntary, however, we feel it is very important for you to understand the many advantages of the products available to you:

- The ability to choose benefits to meet your individual needs.
- The ability to provide coverage for you *and* your family, with most products.

Listed below are **the three plans** for which you can apply. These benefits are paid directly to you unless you specify otherwise, and most benefits are paid regardless of other coverages you may have with other insurance companies.

Dental Insurance - Colonial Life's Individual Dental PPO product provides benefits to America's workers and their families for preventive, basic and major dental services. Our dental plan covers a wide range of treatments, from routine cleanings to root canals and pays benefits based on a defined co-insurance percentage. You have the freedom to choose any provider, and by seeing an in-network provider they can even reduce their out-of-pocket costs.

Disability Insurance - Protecting your paycheck is the most important thing you can do for yourself and your family. Learn how Disability insurance can help provide financial security to meet financial obligations and also increased out-of-pocket medical costs.

Term Life Insurance - enables you to tailor coverage for your individual needs and helps provide financial security for your family members. Option to choose between Whole Life and/or Term Life.

ENROLLERS

JOHN JACKSON
716-432-9685

John.Jackson@ColonialLifeSales.com

Deductions per year: 52

These rates were prepared on 5/13/2022 and are valid for 90 days.

Individual Dental PPO(IDN8000) for NY

Applicable to policy form Individual Dental PPO(IDN8000)

- with Vision Rider

Zip Codes: 120, 121, 122, 123, 124, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 3 - 0/20/50 member resp., \$1,500 MAC	\$8.26	\$15.67	\$19.17	\$28.60

Disability 1000 for NY AAA Risk Class

Applicable to policy form DIS1000-NY

- Off-Job Accident, Off-Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,000*	\$3,000*	\$4,000*	\$5,000*	\$6,000*
7 days Accident / 7 days Sickness	17-49	\$11.31	\$16.96	N/A	N/A	N/A
	50-64	\$13.62	\$20.42	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	\$7.62	\$11.42	\$15.23	\$19.04	\$22.85
	50-64	\$9.46	\$14.19	\$18.92	\$23.65	\$28.38

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,000*	\$3,000*	\$4,000*	\$5,000*	\$6,000*
7 days Accident / 7 days Sickness	17-49	\$14.31	\$21.46	N/A	N/A	N/A
	50-64	\$18.69	\$28.04	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	\$10.38	\$15.58	\$20.77	\$25.96	\$31.15
	50-64	\$13.85	\$20.77	\$27.69	\$34.62	\$41.54

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,000*	\$3,000*	\$4,000*	\$5,000*	\$6,000*
7 days Accident / 7 days Sickness	17-49	\$18.92	\$28.38	N/A	N/A	N/A
	50-64	\$23.77	\$35.65	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	\$13.15	\$19.73	\$26.31	\$32.88	\$39.46
	50-64	\$17.54	\$26.31	\$35.08	\$43.85	\$52.62
30 days Accident / 30 days Sickness	17-49	\$9.46	\$14.19	\$18.92	\$23.65	\$28.38
	50-64	\$13.15	\$19.73	\$26.31	\$32.88	\$39.46

*monthly benefit amount

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 30-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$2.50	\$2.65	\$3.52	\$4.38	\$6.11
35	\$3.20	\$3.31	\$4.51	\$5.71	\$8.10
45	\$5.00	\$6.56	\$9.37	\$12.19	\$17.82

(Continued...)

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 30-Year Term Base Plan

- ▶ 20-Year Spouse Term Life Benefit

ISSUE AGE	\$25,000	\$50,000
25	\$1.36	\$2.72
35	\$1.62	\$3.24
45	\$3.78	\$7.57

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 15-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$2.46	\$2.39	\$3.13	\$3.86	\$5.33
35	\$3.00	\$2.63	\$3.49	\$4.34	\$6.05
45	\$3.92	\$4.40	\$6.14	\$7.88	\$11.36
55	\$8.11	\$8.90	\$12.89	\$16.88	\$24.86
65	\$11.90	\$22.88	\$33.86	\$44.84	\$66.80

- ▶ 10-Year Spouse Term Life Benefit

ISSUE AGE	\$25,000	\$50,000
25	\$1.34	\$2.67
35	\$1.52	\$3.05
45	\$3.22	\$6.43
55	\$7.62	\$15.25
65	\$18.12	\$36.23

Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.

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John W Jackson | john.jackson@coloniallifesales.com | (716) 432-9685



Save for the future you envision

A quick guide to enrolling in your
employer's retirement savings plan

Next(k) Retirement Solutions -
Vista Security Group, Inc.

PLAN | INVEST | PROTECT

VOYA[®]
FINANCIAL

It's your retirement. Reserve your future spot, enroll today.

Welcome.

Planning for your future means envisioning your best retirement and taking the steps today to get started.

Your employer has chosen Voya Financial® as the service provider for your retirement savings plan, to give you an easy and powerful way to save for your future.

Now it's up to you.

Do something good for yourself, enroll and get acquainted with the benefits of your plan so you can take the steps now so you can enjoy your retirement – tomorrow.

Your future is in your hands.

Once you are enrolled, you'll be able to utilize the tools, education and support to help you set realistic goals, plan confidently and stay on track to become financially healthy and retire well.

What are you waiting for?
Let's get started.

Ready to set yourself up for retirement? Enroll here.



Click:

myretirementbenefit.voya.com/131g

Plan Number: 861677

Plan verification number: 86167799

Scan:



Need help enrolling? : Call us at 888-311-9487

Our hours are Mon-Fri from 8:00 AM to 9:00 PM ET

If you would like general information on financial wellness as you consider your plan, visit voya.com/VoyaLearn. Our informative education will help you on your journey to financial wellness. Sign up today for a live session or browse our library of on-demand videos.

Why is it important to get started now?

Be good to yourself.

We want to help you plan the retirement you've envisioned. Because you deserve to feel good about your future and confident in your plan to get there. The first step? Enroll in your retirement savings plan.



How much retirement income is enough?

Although different for everyone, you'll likely need to replace at least 70% of your current income annually in retirement. After you enroll, you determine how much income you might need by using **myOrangeMoney**[®], an interactive online experience, that will show you how your current retirement assets may translate into future potential monthly income in retirement so you know when you can retire.



The choices you make about your contributions and investments are up to you. And you can easily make changes anytime online, on the phone, or with the Voya Retire mobile app. Remember, you are always in control.

Reasons to save today

- 1 Save automatically**
Your contributions are automatically deducted from your paycheck, so it's simple to set a little aside each pay period.
- 2 Help lower your taxable income**
Every dollar you contribute before taxes reduces your taxable income, which means you may pay less in income taxes today.
- 3 Invest your way**
Would you prefer to make investment elections yourself or would you appreciate having some guidance? How much investment risk are you willing to tolerate? No matter what you decide, we offer investment solutions designed to fit your style.
- 4 Remember, your money is all yours**
What you contribute and any related earnings are yours to take with you, even if you change jobs.
- 5 Put time on your side**
Investing over a longer period of time in a tax-favored account allows you to take advantage of compounding, meaning any earnings on contributions go back into your account without being taxed and can generate its own earnings.
- 6 Employer Contributions**
Take advantage and maximize your savings. Your company matches a portion of the contributions you make to the plan. For more details, please review Employer Contributions under Get to know your plan.

Remember, it's your retirement.
Be generous.

More benefits for you

Get well fast

Get a holistic health check, take a quick financial wellness assessment, improve your money habits and get well fast.

Play hard to get

Practice safe computing and register for MyVoya access to take the first steps to enrollment into Voya's S.A.F.E. Guarantee. Doing so will enable Voya to restore the value of your account if any assets are taken from your workplace retirement plan due to unauthorized activity.

Voya Cares®

Offering financial planning and resources to employees with special needs and disabilities and those acting as caregivers. Learn more: go to voya.com/voyacares.

Paperless is more

Sign up for simple and safe e-delivery so you can help save the environment while you save more, securely.

Beneficiary

Naming a beneficiary under your employer's plan can help make sure that upon your death your assets are distributed to the individual(s) of your choice. You may enter your beneficiary information when prompted online or contact your employer to request a beneficiary form.

Voya Learn

Get motivated on your journey to financial wellness with Voya Learn. Get live and on-demand video educational material that will help you understand your full financial picture and how best to take steps to meaningful action. Visit: voya.com/voyalearn.

Once you've enrolled, what's next?

Retirement comes quicker than you think. When you enroll and then log in to your account, you can do more than just check your balance. You can make saving and investment changes, learn about financial topics or just check on your progress toward your goals. And if you need help, we're here for you!

See how your savings translates into estimated monthly retirement income with the **myOrangeMoney** educational, interactive experience or with the Voya Retire mobile app. You can model a variety of saving and investment scenarios, add outside income sources and explore how estimated healthcare costs in retirement might impact your income needs. When you're ready to make a change, simply click the "Make Change Now" button to put your plan into action!



IMPORTANT: The illustrations or other information generated by the calculators are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. This information does not serve, either directly or indirectly, as legal, financial or tax advice and you should always consult a qualified professional legal, financial and/or tax advisor when making decisions related to your individual tax situation.

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Get to know your plan

Next(k) Retirement Solutions -
Vista Security Group, Inc.

Introduction

This section describes highlights of your employer's retirement plan. It represents a general overview of the information printed in your employer's Summary Plan Description (SPD). Your retirement program is more fully described in the formal provisions of your employer's plan document. If there is a conflict between these plan highlights and your SPD, the language provided in the plan document will govern.

Eligibility Requirements

You are eligible to participate in the plan when you are 21 years of age and have 1 year of service.

Enrollment Dates

Once you have met the eligibility requirements, you can join the plan monthly.

Employee Contributions

You may contribute 0 - 100% of your annual pay, not to exceed \$20,500 annually. Annual limitations are set by the IRS and are subject to change. The tax laws may also let you contribute an additional amount over the regular annual limit if you are at least 50 years old. Check with your benefits manager to see if you can take advantage of the increased opportunity to 'catch up' and contribute even more to your employer's plan. If your adjusted gross income does not exceed certain limits, you may be eligible for a tax credit.

Roth Contributions

Your plan permits Roth after-tax employee contributions. You may contribute a minimum of 1% and your total employee contributions (Roth after-tax and Traditional pre-tax deferrals combined) may not exceed \$20,500 annually (\$27,000 if you are at least age 50 and your plan has a catch-up feature). Annual limitations are set by the IRS and are subject to change.

Employer Contributions

Profit Sharing

Your employer has established a Profit Sharing plan. A Profit Sharing plan is a tax-qualified retirement plan in which your employer makes contributions on your behalf. The amount of the contribution is determined by an allocation formula that is generally based on participant earnings, while annual contributions are generally based on the company's profits. Contributions may be modified during times of business hardship.

Employer Match

Your employer may match a portion of the contributions you make to the plan.

Vesting

You will always be 100% vested in the portion of your account attributable to your Employee contributions. You are also 100% vested upon your death, normal retirement, or disability. Your employer contributions are subject to the following vesting schedule:

Employer Match Contributions

1 year of service 20% 2 years of service 40% 3 years of service 60% 4 years of service 80% 5 years of service 100%

Profit Sharing Contributions

1 year of service 20% 2 years of service 40% 3 years of service 60% 4 years of service 80% 5 years of service 100%

Rollovers

Money from other qualified plans is accepted. Rollover contributions are allowed prior to meeting the eligibility requirements of the plan.

Contribution Change Frequency

You may stop contributions at any time. Once you have stopped, you may resume contributions each pay period. You may also increase or decrease contributions each pay period.

Investment Transfers

Using Voya's automated telephone or Internet service, you have the ability to review your accounts and transfer funds from one investment option to another, 24-hours a day.

Hardship Withdrawals

Hardship withdrawal may be taken in case of extreme hardship as defined by the IRS when no other sources are available.

In-Service Withdrawals

In-service withdrawals are permitted by your plan. If your Plan allows for distributions prior to age 59 1/2, these distributions will be subject to an early distribution penalty of 10% additional tax unless certain exceptions apply. This tax applies to the amount received that you must include in income. Generally, there are restrictions on what dollars are available for in-service distribution. See your Summary Plan Description for more detail.

Distribution & Withdrawals

Funds are available at retirement, death, disability, or termination of service.

Loan Provision

You may take a loan from vested amounts in your account. The amount the Plan may loan to you is limited by rules under the Internal Revenue Code. Any new loans, when added to the outstanding balance of all other loans from the Plan, will be limited to the lesser of: a) \$50,000 reduced by the excess, if any, of your highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over your current outstanding balance of loans as of the date of the new loan; or b) 1/2 of your vested interest in the Plan. The amount the Plan may loan to you can also be limited by Plan rules such as which Employee and Employer Contributions are available for loan use, the number of loans that can be outstanding at any one time or how often you may request a loan. For specific details please refer to your Summary Plan Description (SPD). When thinking about taking a loan from your plan, keep in mind that when money is withdrawn from a retirement savings account, it reduces the power of tax-deferred compounding.

Participant Account Statements

Your investment statements are provided quarterly.

Now that you've envisioned your future retirement take the necessary steps today.

Enroll now:

Click:

myretirementbenefit.voya.com/131g

Plan Number: 861677

Plan verification number: 86167799

Scan:



Already enrolled? Great!

Access your account anytime, anywhere 24/7

Your plan website and the Voya Retire mobile app, allow you to securely manage your retirement savings anytime, anywhere. You can learn more, make any changes or just check on your progress toward your goals. And if you need help, Customer Services Associates are here for you! They're available M-F from 8:00 AM to 9:00 PM ET, (excluding New York Stock Exchange holidays).



800-584-6001



VoyaRetirementPlans.com



Search Voya Retire
on your favorite app store

You'll also have access to plan highlights and disclosures
please visit myretirementbenefit.voya.com/131g.



Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

You should consider the investment objectives, risks, and charges and expenses of the investment options carefully before investing. Prospectuses containing this and other information can be obtained by contacting Voya at the number above. Please read the prospectuses carefully before investing.

Your retirement plan investments are long-term investments designed for retirement purposes. If withdrawals are taken prior to age 59½, an IRS 10% premature distribution penalty tax may apply. Withdrawals will be taxed as ordinary income in the year the money is distributed. Account values fluctuate with market conditions, and when surrendered, the principal may be worth more or less than its original amount invested.

Insurance products, annuities and retirement plan funding issued by (third party administrative services may also be provided by) Voya Retirement Insurance and Annuity Company ("VRIAC"), Windsor, CT. VRIAC is solely responsible for its own financial condition and contractual obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services LLC ("VIPS"). VIPS does not engage in the sale or solicitation of securities. All companies are members of the Voya® family of companies. Securities distributed by Voya Financial Partners LLC (member SIPC) or third parties with which it has a selling agreement. Custodial account agreements or trust agreements are provided by Voya Institutional Trust Company. All products and services may not be available in all states.

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Simplify your financial life

Learn about your options to help simplify your retirement planning



We get it

If you're like many people, you've had more than one job and saved in more than one workplace retirement plan. Your money may still be with former employers or you may have an individual retirement account – or both. Managing multiple retirement accounts can be a real challenge – it eats up time, makes it harder to gauge your progress and may even be costing you more in fees than you realize.

Consolidating your retirement savings into a single account is one of your options that could help simplify your financial life. Voya's® here to educate you on all your options. Our team of professionals is here to support you and help you on achieving a simpler financial life today and a successful retirement tomorrow.

Taking into account your personal situation, you may want to consider your options, such as: keeping your assets where they are; withdrawing your assets (taxes are generally due upon withdrawal and any applicable tax penalties that may apply); or you may choose to rollover your assets to an employer-sponsored retirement plan that accepts rollovers, or to another eligible vehicle.

Learn about your options today to help simplify.

Consolidating



Is consolidating right for you?

- ✓ Stay on top of your finances
- ✓ Organize statements and paperwork
- ✓ Track how your investments are performing
- ✓ Keep your savings and investing strategy aligned with your long-term goals



The Voya Account Consolidation Team can help:

- Explain your options
- Guide you through the consolidation process
- Assist with collecting and completing the paperwork



To learn more or for help consolidating your accounts, call **866-865-2660** or email **ACT@voya.com**.

Please provide the information noted below in your email, and we will have a Voya Account Consolidation Representative contact you.

- Name
- Cell or Home Phone
- Email Address
- Employer Name
- Best time to call



Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

Please note that while Voya retirement consultants do not make money on individual conversations, the products and programs they offer have fees and costs associated with them. Please refer to the disclosures/prospectuses of the individual products for additional pricing information.

Consolidation representatives are registered representatives of and offer securities through Voya Financial Advisors, Inc. (member SIPC), One Orange Way, A1S, Windsor, CT 06095-4774.

Please carefully consider the provisions of your current retirement plan and the new product for differences in cost, benefits, surrender charges, or other important features before transferring assets. There may also be tax consequences associated with the transfer of assets. Neither Voya Financial nor its agents or representatives provide legal or tax advice, so consult your own legal and tax advisors regarding your situation. Rollover assets may be subject to an IRS 10% premature distribution penalty tax. Consult your own legal and tax advisors regarding your situation.

Any insurance products, annuities and funding agreements that you may have purchased are sold as securities and are issued by Voya Retirement Insurance and Annuity Company ("VRIAC"). Fixed annuities are issued by VRIAC. VRIAC is solely responsible for meeting its obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services, LLC ("VIPS"). Neither VRIAC nor VIPS engage in the sale or solicitation of securities. If custodial or trust agreements are part of this arrangement, they may be provided by Voya Institutional Trust Company. All companies are members of the Voya® family of companies. **Securities distributed by Voya Financial Partners, LLC (member SIPC) or other broker-dealers with which it has a selling agreement.** All products or services may not be available in all states.

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TOLL FREE 1.800.499.1275

LOCAL 716.847.1480

univerahealthcare.com



EMPLOYEE GENERAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **January 31, 2023**. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since **January 31, 2023**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu Option 4, Ext. 61565

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

EMPLOYEE GENERAL NOTICES

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

EMPLOYEE GENERAL NOTICES

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

EMPLOYEE GENERAL NOTICES

PATIENT PROTECTION NOTICE

The Plan Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact **Mona Rinaldo, Co Owner, 716-745-4641, mona@buffalopi.com**

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Singles receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce asymmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT (NMHPA) NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

TO REQUEST NOTICES OR MORE INFORMATION

To request a copy of the General Notices or more information, please contact:

Mona Rinaldo, Co Owner

Vista Security Group

60 Bryant Woods South

Amherst, NY 14228

716-745-4641

mona@buffalopi.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.



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