



# 2026 Benefits Guide





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# Open Enrollment

Vallen provides a wide array of benefits, many of which are subsidized by the company, meaning Vallen pays a significant portion. Several benefits including Basic Life, Basic Dependent Life, AD&D, STD, LTD, to name a few are provided at no cost to you.

Open Enrollment is the only time of year when you can make changes to your benefits elections, unless you experience a Qualified Life Event. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or remove coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

Vallen's Open Enrollment period will begin on October 20, 2025, and run through October 31, 2025, with elections taking effect on January 1, 2026. Important information you need to know regarding Open Enrollment includes:

- All Open Enrollment elections and changes must be made in Vallen Engage (<https://workforcenow.adp.com>)
- If you do not re-enroll, any elections that you have in 2025 will roll over to 2026 with the exception of Flexible Spending Accounts (FSAs).
  - o You **MUST** re-enroll if you wish to participate in the Flexible Spending Accounts (FSA) as the IRS requires re-enrollment each plan year.
- Wellness Reward requirements must be completed before the end of Open Enrollment every year. Employees hired after 8/1/2025 and Qualified Life Events effective after 8/1/2025, will not be required to meet the qualifications for 2026 elections.



# Eligibility



## Eligible Employees:

Full time employees are eligible to participate in the benefits program provided they are in an active at work status on the date coverage would become effective.

## Eligible Dependents:

If you are eligible for benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the disability is provided. Children may include natural, adopted, stepchildren and children obtained through court appointed legal guardianship, as well as children of same sex state-registered domestic partners.

## When Coverage Begins:

The effective date for your benefits is the 31st day of continuous employment (30-day benefit waiting period). Newly hired and rehired employees have 30 days to enroll in the Vallen benefit programs. Benefits will be effective in the Vallen benefit programs after the 30-day waiting period and with timely enrollment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying life event.

## Qualified Life Events (QLE):

A qualified life event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples include but are not limited to:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)
- Change in eligibility status for Medicaid or Medicare
- A change required by a decree, judgment, or court order

If such a change occurs, you must make changes to your benefits within 31 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 31 days of the event will result in you having to wait until the next open enrollment period to make your change. Please contact the Human Resources Department to make these changes.

## Spousal Surcharge:

If you cover your spouse or domestic partner under the Vallen plan, you will need to certify that your spouse is either a non-working spouse or a working spouse with no offer of coverage through their employer to avoid the spousal surcharge. If you do cover your spouse who works and has access to other coverage, there is a surcharge of \$100 per month.

# Total Care Option (TCO)

Administered by Healia

Vallen associates who choose to enroll in a spouse’s group health plan with their employer (*and waive coverage under the Vallen plan*), will be eligible to enroll in the Total Care Option (TCO) plan. The TCO plan provides you with a **\$6,000 Health Reimbursement Account (HRA)** to help cover the out-of-pocket costs (copays, deductibles, and coinsurance) for you and your family under your spouse’s group health plan coverage. Please note that the TCO is a separate option from the current Vallen HRA Incentive Plan.



Use the QR code to get started. Vallen & Healia have partnered to help you choose the right health insurance plan – just answer a few questions to see your personalized recommendations.



## Here are the details that you need to know about the TCO plan:

- Enrollment in the TCO is free. There are no required payroll contributions.**
- You must enroll in a group health plan sponsored by your spouse’s employer to receive reimbursement from the TCO. Medicare, Medicaid, Tricare coverage, or a plan on the ACA marketplace are not eligible. Your spouse may also not be enrolled in a Vallen plan themselves.
- You must currently be enrolled in a Vallen Medical plan and then opt out to be eligible to enroll in the TCO plan. If you have currently waived the Vallen medical plan, you are not eligible for the TCO plan.
- Check out the Healia savings tool by visiting <https://app.healiahealth.com/join/vallen-distribution> or use the QR code. Upload your spouse’s benefit guide and Healia will show you how much you could save by choosing the TCO plan.
- If you choose the TCO plan during open enrollment, you must waive your current Vallen medical plan **and** choose the “Total Care Option” plan through Vallen Engage (ADP) or the ADP mobile app.
- After enrolling in the TCO plan, you will have access to the \$6,000 HRA with Healia for services that were incurred January 1, 2026, or later.
- You must submit eligible expenses for reimbursement to Healia (typically an Explanation of Benefits from your spouse’s health insurance). Healia will review the claim and reimburse you for the expense.
- If during the 2026 plan year you have a loss of coverage, known as a Qualifying Life Event, you may enroll in one of the Vallen medical plans if you let Vallen know within 31 days of the Qualifying Life Event.
- If your spouse’s group health plan is a High-Deductible Health Plan with a Health Savings Account (HSA), you are still eligible for the TCO plan; however, you nor your spouse would be eligible to make contributions to your spouse’s HSA if you enroll for the TCO plan. The HSA and the TCO are both tax-advantaged programs and the IRS does not allow you to be enrolled in both at the same time.
- Enrollment in the TCO plan does not impact other Vallen benefits. You remain eligible to enroll in the dental, vision, life, and other benefit programs offered by Vallen.

Am I eligible for the Total Care Option Plan if:	Response
I am not married	No
I am married, but my spouse does not work	No
My spouse has Medicare, Medicaid, and/or TriCare	No
My spouse works but is not offered health coverage	No
My spouse is self-employed and buys a plan from the ACA marketplace	No
I waived or did not enroll and am not currently enrolled in a Vallen Medical Plan in 2025	No
I enrolled in a Vallen medical plan for 2026 after declining coverage in 2025	No
<b>My spouse works and is offered health coverage for themselves and eligible dependents, and I am currently enrolled in a Vallen Medical Plan</b>	<b>Yes</b>

# Medical



Vallen offers three medical plan options through BlueCross BlueShield of South Carolina (BCBS). Covered members have access to the BCBS National Preferred Provider (PPO) network. Locate a preferred provider by visiting [www.southcarolinablues.com](http://www.southcarolinablues.com) and log in to My Health Toolkit or call (800) 810-BLUE (2583).

	BCBS Core Option PPO In-Network Benefits	BCBS High Option PPO In-Network Benefits	BCBS HRA Incentive In-Network Benefits
<b>Annual Deductible</b>			
Individual	\$1,500 (\$1,900 w/o Wellness Rewards)	\$1,000 (\$1,400 w/o Wellness Rewards)	\$2,100
Family	\$3,000 (\$3,800 w/o Wellness Rewards)	\$2,000 (\$2,800 w/o Wellness Rewards)	\$4,200
Coinsurance	80%	80%	80%
<b>Maximum Out-of-Pocket*</b>			
Individual	\$4,800 (\$5,200 w/o Wellness Rewards)	\$3,500 (\$3,900 w/o Wellness Rewards)	\$4,500
Family	\$9,600 (\$10,400 w/o Wellness Rewards)	\$7,000 (\$7,800 w/o Wellness Rewards)	\$9,000
<b>Physician Office Visit</b>			
Primary Care	\$30 copay per visit	\$25 copay per visit	80% after deductible
Specialty Care	\$55 copay per visit	\$45 copay per visit	80% after deductible
<b>Preventive Care</b>			
Adult Periodic Exams	100%	100%	100%
Well-Child Care	100%	100%	100%
<b>Diagnostic Services</b>			
X-ray and Lab Tests	80% after deductible	80% after deductible	80% after deductible
Complex Radiology	80% after deductible	80% after deductible	80% after deductible
Blue CareOnDemand (Telehealth)	\$15 copay	\$15 copay	\$15 copay
Urgent Care Facility	\$45 copay per visit	\$45 copay per visit	80% after deductible
Emergency Room Facility Charges*	\$200 copay per visit, then 80% Coinsurance	\$200 copay per visit, then 80% Coinsurance	\$200 copay per visit, then 80% Coinsurance
Inpatient Facility Charges	80% after deductible	80% after deductible	80% after deductible
Outpatient Facility & Surgical Charges	80% after deductible	80% after deductible	80% after deductible
<b>Labs/X-Rays/Scans</b>			
Inpatient	80% after deductible	80% after deductible	80% after deductible
Outpatient	80% after deductible	80% after deductible	80% after deductible
<b>Substance Abuse</b>			
Inpatient	80% after deductible	80% after deductible	80% after deductible
Outpatient	80% after deductible	80% after deductible	80% after deductible
<b>Other Services</b>			
Chiropractic	\$30 copay per visit (limited to 20 visits per year)	\$25 copay per visit (limited to 20 visits per year)	80% after deductible (limited to 20 visits per year)

BCBS administers the HRA Incentive Plan. HSA Bank administers the debit card component for this plan.

Pre-authorization is required for specific services. This includes certain radiology and imaging services including MRI, MRA, CT and PET scans. To obtain pre-authorization for these scans, please call (866) 500-7664. For preauthorization of all other medical services, please call (800) 327-3238.

# Prescription Drugs

Prescription drug benefits are automatically included with your election of one of the three medical plans offered by Vallen. BlueCross BlueShield (BCBS) has contracted with Optum to provide pharmacy services. With this partnership, use your BCBS card when accessing pharmacy benefits. You will also contact BCBS for pharmacy related benefit questions. You will see the Optum name on your mail-order prescriptions and specialty pharmacy prescriptions.

Vallen medical plans include prescription drug coverage. Prescription drug copays apply to your medical plan out-of-pocket maximum for all plans (High, Core, HRA Incentive). To learn more about your pharmacy benefits and the list of covered medications (formulary), visit Vallen’s BCBS Open Enrollment site at [bcbs.sc/Vallen](https://bcbs.sc/Vallen). You can also access the covered drug list by visiting [www.southcarolinablues.com](https://www.southcarolinablues.com) and log in to My Health Toolkit, or call (833) 494-2991.

Retail Pharmacy (30 Day Supply)	BCBS CORE OPTION PPO	BCBS HIGH OPTION PPO	BCBS HRA INCENTIVE
Generic (Tier 1)	\$12 copay	\$12 copay	20% after deductible
Preferred (Tier 2)	30% or \$90 maximum	30% or \$90 maximum	20% after deductible
Non-Preferred (Tier 3)	40% or \$100 maximum	40% or \$100 maximum	20% after deductible
Preferred Specialty (Tier 4)	35% or \$175 maximum	35% or \$175 maximum	20% after deductible
Mail Order Pharmacy (90 Day Supply)			
Generic (Tier 1)	\$30 copay	\$30 copay	20% after deductible
Preferred (Tier 2)	30% or \$200 maximum	30% or \$200 maximum	20% after deductible
Non-Preferred (Tier 3)	40% or \$250 maximum	40% or \$250 maximum	20% after deductible
Preferred Specialty (Tier 4)	Not Available	Not Available	Not Available

## IMPORTANT DRUG POLICIES AND PROGRAMS

### RETAIL MAINTENANCE DRUG POLICY

**After the first 2 refills, maintenance drugs may only be obtained using one of the following options:**

1. Walgreens – take your prescription for your 90-day supply of medication to your local Walgreen’s pharmacy. Your prescription must be written for an 84–90-day supply. A supply amount greater than 90 days or less than 84 days will be rejected under this program. Your prescription will be filled for the 90-day supply, and you will pay the mail-order copay, or,
2. Your physician can send your prescription for a 90-day supply to OptumRx Home Delivery Pharmacy. Your prescription will be filled and mailed to you typically within 14 days.

If you opt to not utilize one of the options noted above, you will pay the full cost for the drug. Remember, this applies only to long-term, continuous use medication. Short-term prescriptions are authorized to be purchased at any participating retail pharmacy. An example of a short-term prescription includes but is not limited to an antibiotic for sinus infection, cream or ointment for treatment of poison oak, etc. Contact BlueCross BlueShield to determine if your prescription is considered a maintenance drug.

## GENERIC DRUG POLICY

The Vallen program covers generic drugs for the generic copay when generics are available. If you choose to purchase a brand name drug when a generic is available, you will pay the generic copay plus the difference in cost between the generic and the brand. This only applies when you request the brand opposed to the generic, not when your physician indicates the brand is necessary.

## PRIOR AUTHORIZATION PROGRAM

Prior authorization is required on certain classes of drugs. Your physician will need to request an exception based on medical necessity before the plan will pay for a drug that requires prior authorization. A list of these drugs is outlined on the BlueCross BlueShield Website.



## STEP THERAPY

To control costs in the pharmacy plan, the step therapy program helps make sure that associates and their covered dependents are using the most cost-effective medications. For certain classes of drugs, you may be asked to try a lower cost alternative before moving to a higher cost drug in the same therapeutic category.

## QUALITY & TIME LIMITATIONS PROGRAMS

The U.S. Food and Drug Administration (FDA) provides guidance on the safe and appropriate use of certain medications—usually recommending that no more than 30 pills be taken within a 30-day period—sometimes less depending on the medication. Quantity limits will be noted on the BCBS Premium Formulary Look-Up tool on the BlueCross BlueShield website.

## BRAND NAME PPI POLICY

The PPI class of drugs effectively treats heartburn, gastroesophageal reflux disease (GERD) and ulcers. Brand name prescription PPIs have been among the most widely advertised to consumers and heavily promoted to physicians. As a result, these drugs are both overused and unnecessarily costly. The copayment for brand name PPIs is 50% coinsurance, which means you will pay 50% of the cost of the drugs. Patients should talk with their physicians about the role that dietary and lifestyle changes can play in alleviating heartburn.

**Please contact BCBS at 833-494-2991 to determine how your specific prescribed medication is categorized. You can also access the BCBS Premium Formulary at [bcbs.sc/Vallen](https://bcbs.sc/Vallen).**

# Tria Health

Tria Health is a pharmacy advocate program available to associates and covered dependents on Vallen's group health insurance. Tria Health is a free and confidential benefit that will support you in managing your health, medications and healthcare budget. Talk to a pharmacist over the phone and receive the personalized care you deserve.

## Who Should Participate?

Tria Health is recommended for members who have any of the following conditions:

- Asthma/COPD
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health Issues
- Migraines
- Osteoporosis

## Your Tria Pharmacist Can Help:



- Make sure your medications are working as intended.
- Help you save money – Tria saves patients an average of \$250 per year!
- Answer any questions you have about your health.
- Coordinate care with your doctor(s) – Over 95% of recommendations made by Tria Health were accepted by an individual's physician.



## Earn up to \$150 by Participating

By completing your consultation with a Tria pharmacist, you will receive a \$50 Tria Health Prepaid Mastercard. Members can qualify to receive up to \$150 within a 12-month period.\*

*\*Limited to pharmacist consultations only.*

## Free Diabetes & Blood Pressure Devices



Select participants with diabetes and/or high blood pressure will have access to a FREE blood glucose meter and testing supplies and/or a blood pressure monitor for easy monitoring at home.

*All readings will be monitored by a clinician and can easily be shared with any physician.*

Call 1-888-799-8742 or visit [www.triahealth.com/schedule](http://www.triahealth.com/schedule)



# The HRA Incentive Plan

The HRA Incentive plan covers the same services that are covered under the High and Core plans. With the HRA Incentive plan, there are no copays. The plan has a \$2,100 single deductible (\$4,200 family) when using participating providers and after the deductible is met, services are covered at 80%.

## Advantages of the HRA Incentive Plan Include:

- Premiums for the plan are lower than those for the High and Core plans. On average, the HRA Incentive plan premiums are 36% lower than the Core plan and 55% lower than the High Plan. That's money back in your paycheck!
- The HRA Incentive Plan Includes a Health Reimbursement Account funded by Vallen if you meet the Wellness Rewards requirements each year. Vallen will deposit \$700 per year for single or \$1,400 per year for a family. The funds are loaded to a debit card which can be used to pay for eligible medical expenses. Unused funds in your HRA up to \$2,100/\$4,200 each year can be applied to the following plan year which allows you to reach 100% of the deductible amount. Keep in mind that the funds in the HRA can only be used to cover eligible medical/Rx expenses (dental and vision services are not eligible for reimbursement from the HRA).

### HOW DO I EARN THE HRA CREDIT?

**Associates hired prior to 8/1/2025 and their spouse or domestic partner who elect the HRA Incentive Plan will need to complete the Wellness Rewards requirements to qualify for the HRA credit in 2026. Associates hired after 8/1/2025 electing the HRA Incentive Plan are not required to complete the Wellness Reward requirements to qualify for the HRA Incentive credit for 2026.**

Associates hired on or after 8/1/2025 who are currently on Vallen benefits will continue to receive the HRA Incentive credit for 2025 in 2026 as long as you remain enrolled in the HRA Incentive Plan for 2026.

### HOW DO I ACCESS THE FUNDS IN MY HRA?

HSA Bank makes it easy for you to access the funds in your HRA by providing the following payment/reimbursement options:

1. Debit Card: Simply present the card when payment is requested, and the money is deducted from your HRA. **Remember to keep your receipts. Proper documentation may be required to substantiate your claim.**
2. Reimburse yourself: Submit a paper claim or online claim along with your receipts and you will be reimbursed by check or electronic deposit.
3. You have until March 31, 2026, to submit 2025 expenses for reimbursement. **You may not use your debit card for expenses after 12/31/2025.** After this date, all requests for reimbursement for 2025 must be submitted using a paper form which can be submitted on the Expense page or under Resources/Secure Document Upload/Forms (<https://account.hsabank.com/#/auth/login>).
4. You cannot use 2026 funds to pay for previous claims.

### CAN I HAVE A HEALTHCARE FLEXIBLE SPENDING ACCOUNT AND AN HRA?

Yes, you also have the option to utilize the Health Care Flexible Spending Account (FSA) to help with out-of-pocket expenses. You can use your Health Care FSA to help pay the difference between the HRA credit and the annual deductible, coinsurance amount, dental and vision expenses. If you have both a Health FSA and an HRA, you decide which dollars will be used first. Remember that the HRA is for medical/RX expenses only. Use either your Health Care FSA card or your debit card to make payment for medical expenses.

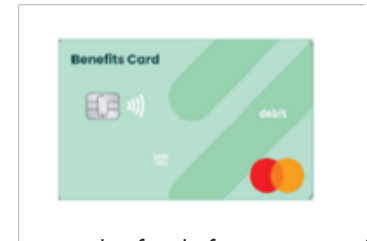
# Health Reimbursement Account



Administered by HSA Bank

## WHAT IS A HEALTH REIMBURSEMENT ACCOUNT (HRA)?

An HRA is a program that is fully funded by Vallen and is designed to help you pay for out-of-pocket medical expenses. While HRAs come in many varieties, your HRA allows you to use the funds for an array of eligible medical care expenses. Examples of eligible medical care expenses are medical expenses that apply to your annual deductible, prescription drug copays, and coinsurance amounts. Examples that are **not** covered include over the counter (OTC) drugs and dental or vision expenses. Previous HRA accounts cannot be combined with Vallen's HRA account.



## HOW IT WORKS

If you qualify for the Wellness Rewards Program, Vallen puts money into your HRA, and you use your funds to pay for eligible medical expenses. Because the money contributed by Vallen doesn't count as income, there are no tax implications. You can use the money in the HRA throughout the year for qualified medical expenses. Any HRA funds remaining in your account at the end of the plan year will carry over to the next year, not to exceed the annual deductible, provided you continue to participate in the HRA Incentive Plan.

## THE HEALTH BENEFITS DEBIT CARD

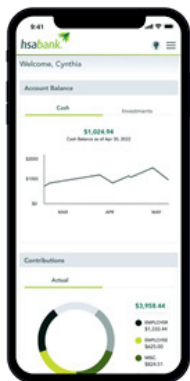
As an added benefit, your HRA comes with a Health Benefits Debit Card, which is loaded with the value of your annual HRA amount. Using the card helps you keep cash in your wallet. You'll have no claim forms to complete, and you will not have to wait to get a check in the mail. You will only need to swipe your card at eligible providers and the amount of your eligible expense will be automatically deducted from your account.

## REAL SAVINGS. REAL SIMPLE

It's easier than ever to use an HRA! There are now tens of thousands of merchant locations where you can use the debit card for qualified medical expenses. Be sure to save your receipts indicating the service performed by the provider when using the debit card. You may be required to provide this or an Explanation of Benefits for verification of the claim.

## ONLINE TOOLS AND APP

You'll have access to an online member website where you can view information, store receipts, file claims, initiate a provider payment, access forms, view notifications, track your expenses, and more. You'll also have access to a Mobile App where you can use your IOS (iPhone, iPod Touch, iPad) or Android-powered device to: check available account balances and view transaction details, submit claims and save and store receipts using a mobile device's camera, receive account balances and configurable alerts via text message on any mobile device, and access customer service information on the go.



### THERE'S AN APP FOR THAT

- Incentive plan debit card balance tracking
- View debit card transactions
- Order replacement debit card

**QUESTIONS?** Contact HSA Bank by Phone (877) 227-5149, Email [askus@hsabank.com](mailto:askus@hsabank.com), Website [www.hsabank.com](http://www.hsabank.com).

# Blue CareOnDemand Telehealth

Why wait for the care you need now? Blue CareOnDemand is a faster, easier way to see doctors. You can consult U.S. board-certified physicians 24/7/365 through the convenience of video visits with \$15 copay across all three medical plans (High, Core, and HRA).



## *When to use it*

Blue CareOnDemand is a great solution when:

- You need to see a doctor, but can't fit it into your schedule
- Your doctor's office is closed
- You, or your child, feel too sick to leave the house
- You are traveling

Doctors can treat many of the most common health conditions through video visits, including:

- Cold and flu symptoms
- Allergies
- Bronchitis and other respiratory infections
- Urinary tract infections
- Skin irritations
- Sinus problems
- Migraines
- Dermatology Visits
- Behavioral Health Visits

## *Not registered with Blue CareOnDemand? Register by taking the following steps:*

**Step 1:** Sign-in to My Health Toolkit via SouthCarolinaBlues.com on your desktop web browser or download the My Health Toolkit mobile app.

**Step 2:** Look for the link for Blue CareOnDemand powered by MDLive link.

**Step 3:** Click on the link. You will then be able to create a new account using your email address and insurance information.

**IMPORTANT:** When registering, your first and last name should match the name on your BCBS insurance card. Do not use nicknames when registering. Using a name other than the one printed on your BCBS insurance card could cause benefit and coverage issues.

## **Behavioral Health Therapy available online using Blue CareOnDemand**

Using Blue CareOnDemand, you can speak with a therapist from home. Your online therapist will ask a series of questions about your career, lifestyle, extracurricular activities, interests, and more. This will help them identify the cause of the stress and then together you can find ways to manage it.

Licensed therapists are available on Blue CareOnDemand and can help you get the support you need. Enroll today and you'll be able to tap into care from anywhere!

# Dental

Vallen offers dental coverage for you and your eligible dependents. We believe that dental coverage is an important component of your overall benefit package. Regular oral health exams can help detect significant medical conditions before they become serious.

Vallen offers two levels of dental coverage. Both levels of coverage are administered by Delta Dental and provide 100% coverage for eligible preventive care services.

Regardless of the level of coverage you select, you will get the most benefit from your dental plan when you use a Delta Dental participating provider (Delta Dental Premier or PPO Networks). Delta Dental has a national network of more than 155,000 dentists participating. Plus, you file no claim forms if you use a participating Delta Dental provider, and you cannot be balanced billed for charges that exceed the provider's contracted amount. To locate a Delta Dental participating provider (Premier or PPO) in your area, call toll-free at (800) 335-8266 or visit their website at [www.deltadentalsc.com](http://www.deltadentalsc.com). Claim forms for services received out-of-network can be obtained from your online benefits website on the Delta Dental website.



	Delta Dental Insurance Company Core Plan	Delta Dental Insurance Company High Plan
	In-Network Benefits	In-Network Benefits
<b>Annual Deductible</b>		
Single	\$50	\$50
Family	\$100	\$100
<b>Annual Maximum</b>		
Per Covered Person	\$1,500	\$2,000
Preventive Cleanings & Exam	100%	100%
Basic Restorative Care	80%	100%
Major Services	50%	60%
<b>Orthodontia</b>		
Benefit Percentage	50% (lifetime max is \$2,000)**	50% (lifetime max is \$2,500)**
Orthodontia benefits provide for dependent child(ren) only	Covered until age 19	Covered until age 19

\*\*The orthodontia maximum benefit is separate from the annual maximum benefit.

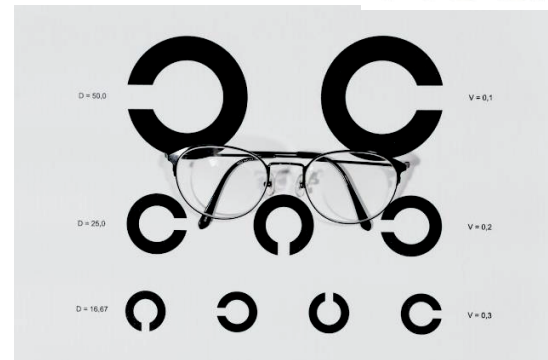
Both dental plans offer the Delta Dental MAXAdvantage dental benefit option which allows participants to receive most preventive and diagnostic services without reducing their plan year maximum benefit amount. This means they can maintain their preventive dental care routine while saving their annual maximum for other dental services they may need throughout the year. The following services do not count toward the plan year maximum benefit amount:

- Routine and comprehensive dental exams, as well as periodontal exams
- X-rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films
- Cleanings, including perio-maintenance cleanings
- Fluoride and fluoride varnishes

# Vision



Vallen offers associates and their eligible dependents the option to participate in a vision program through EyeMed. With open access to see any eye care provider, you can see the one that's right for you. Choose an EyeMed Insight Network doctor or any other provider. When you see an EyeMed Insight Network Provider, you'll get the most out of your benefit program and have lower out of pocket costs. Call an EyeMed Insight Network Provider, identify yourself as an EyeMed member and schedule an appointment. The EyeMed Insight Network Provider will file your claim with EyeMed and EyeMed will pay the provider directly. To find an EyeMed Insight Network Provider, visit [www.eyemed.com](http://www.eyemed.com) or call (866) 800-5457.



EyeMed Vision Services	In-Network	Out-of-Network
Routine Exams (Annual)	\$10 copay	Up to \$50
Retinal Imaging	Up to \$39	N/A
<b>Frames</b>		
Materials Copay	\$0 Copay, \$130 Allowance, 20% off balance over \$130	Up to \$70
<b>Lens Benefits</b>		
Single	\$15 copay	Up to \$50
Bifocal		Up to \$75
Trifocal		Up to \$100
Lenticular		Up to \$125
Standard Progressive Lens	\$65 copay	Up to \$75
Premium Progressive Lens	Tier 1 - \$95 copay Tier 2 - \$105 copay Tier 3 - \$120 copay Tier 4 - \$190 copay	Up to \$75
<b>Lens Options</b>		
UV Treatment, Ting, Standard Plastic Scratch Coating	\$15 copay	N/A
Other lens options include anti-reflective coating, photochromatic, and other add-on services	Copays vary based on service. See plan description for more details.	N/A
<b>Contact Lens Fit and Follow-Up (Available Once a Comprehensive Exam has been Completed)</b>		
Standard Contacts Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contacts Lens Fit & Follow-Up	10% off retail price	N/A
<b>Contact Lenses (Contact Lens Allowance Includes Materials Only)</b>		
Conventional	\$0 Copay, \$125 Allowance	Up to \$125
Disposable	15% off balance over \$125	
Medically Necessary	\$0 Copay, paid-in-full	Up to \$210
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off the promotional price less \$1,000 Allowance	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frames	Once every 24 months	
Laser Vision Correction	Once per lifetime	

# Retirement (401k)



Associates have the opportunity to participate in the Vallen Distribution, Inc. 401(k) Plan administered by Charles Schwab by saving a portion of their compensation on a pretax and/or Roth after-tax basis. Whether or not you are prepared for the future depends on the choices you make today.

The Plan helps you provide for your retirement security by making it simple and convenient for you to contribute regularly. Because the Plan is intended to be qualified by the IRS, special tax exclusions allow you to save more dollars for your retirement. The 2025 IRS maximum annual contribution limit is \$23,500. 2026 limits won't be available until late 2025. If you are 50 years of age or older, you are permitted to make an additional contribution of \$7,500 (max of \$31,000 in 2025). You may make or change your 401(k) elections anytime throughout the year.

Plan Features	Detail
<b>Enrollment</b>	You may enroll yourself the first of the month following the month of hire or we will automatically enroll you at 3% approx. 45 days after hire. You may always opt out of auto enrollment at any time.
<b>Discretionary Company Match</b>	Vallen may make a contribution equal to 50% of your deferral up to the first 6% deferred. The match is made quarterly.
<b>Beneficiary</b>	Don't forget to name your 401(k) beneficiary. There is a separate beneficiary form specifically for the 401(k) Plan.
<b>Pre-tax 401(k) and/or after-tax Roth Deferrals</b>	You may defer up to 75% of eligible comp either pre-tax or after-tax or a combination of both, up to the IRS limits.
<b>Roth Rollovers</b>	Allows you to convert all or a portion of your eligible pre-tax balances to after-tax Roth savings.
<b>Automatic Escalation</b>	You can sign up to increase your savings rate by picking the timing of the increase, the percentage you would like to increase each year and a cap on the increases. You may stop or change these elections at any time.
<b>1-on-1 Advice</b>	The Plan offers access to third-party personalized advice at no additional cost.
<b>Rollovers</b>	Consolidate your assets by rolling over your vested 401(k) plan balance(s) from previous employers.
<b>Qualified Birth or Adoption Distribution</b>	If you've recently had a child or completed an eligible adoption, you may be eligible for a penalty-free withdrawal of up to \$5,000 from your account.
<b>Loans</b>	One loan is permitted at a time.
<b>Schwab App</b>	Download the Schwab Workplace Retirement app for on-the-go access to your Plan account.

To obtain the 401(k) Summary Plan Description, details on the vesting schedule and other plan features, please visit Schwab's website at [workplace.schwab.com](https://workplace.schwab.com) or contact Schwab's Participant Services Representatives at (800) 724-7526.

# Healthcare Flexible Spending Account

HealthEquity

The Healthcare Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. You pay no federal or state income taxes on the money you place in an FSA.

## How a Healthcare FSA works:

- Choose a specific amount of money (an annual election) to contribute pre-tax during the year (January 1 – December 31).
- The amount is automatically deducted from your pay in equal amounts from each paycheck.
- The Healthcare FSA offers a pre-paid Debit card with your election already deposited on the card.
- As you incur eligible medical expenses, you may use your debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Plan your Healthcare FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year. You have until March 31<sup>st</sup>, 2026, to submit 2025 claims for expenses incurred during the previous year.

## Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the remaining balance in your FSA, you will lose any remaining funds. You are allowed to roll over up to \$660\* of any remaining 2025 funds into the next year’s plan.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- You may contribute between \$250 and \$3,300\* annually.
- You should always keep receipts for services purchased with your debit card. While HealthEquity will make every attempt to match your medical and pharmacy claims to the amount swiped on your card, they may occasionally request a receipt for verification that the expense incurred was eligible based on IRS regulations.
- You cannot use your debit card to pay for 2025 claims after 12/31/2025.

\*These amounts are set annually by the IRS and are subject to change after the printing of this book.



# Eligible and Ineligible Expenses under a Healthcare FSA

Eligible Expenses	Ineligible Expenses
Office visit and prescription drug copays	COBRA premiums
Deductibles and Coinsurance	Prescription drugs for cosmetic purposes
Insulin and diabetic supplies	Vitamins
Braces and other orthodontic expenses	Teeth bleaching / bonding
Weight loss programs prescribed to treat a medical condition	Physical treatments or personal trainers for non-medical conditions
Infertility treatments	Cosmetic surgery for non-medical conditions
Orthopedic shoes	Dermatology work for non-medical conditions
Hearing aids	Diet foods or nutritional supplements
Lasik / laser eye surgery	Gym or athletic club memberships
Medical equipment (wheelchair, crutches, braces)	DNA testing
Adoption expenses	Domestic partners expenses
Breast pumps	Doula / birthing coach expenses
Dental and vision expenses	Ear piercing

\*For a more detailed list, go to [www.HealthEquity.com](http://www.HealthEquity.com)

## Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to set aside pre-tax dollars through payroll deductions to pay for work-related childcare expenses. The Dependent Care FSA is specifically for:

- ❖ Childcare expenses for children up to age 13
- ❖ Adult day care expenses for dependents who you claim on your income taxes that are mentally or physically unable to care for themselves.
- ❖ Before and after school programs up to age 13
- ❖ Day care centers
- ❖ Nursery and pre-school tuition
- ❖ Au pair / nanny expenses
- ❖ Summer and sports day camp
- ❖ Care at home by a licensed provider

### Important Notes for Dependent Care Accounts:

- ❖ Dependent care benefits elected under an FSA plan offset the federal tax credit for dependent care allowable on your federal tax return.
- ❖ If you are married, both spouses must work or attend school full time to take advantage of this benefit.
- ❖ Only the amount that had been deducted year to date from your paycheck can be submitted for expense reimbursement.
- ❖ The Maximum Annual Election is \$7,500 if married and filing joint return or head of household or \$3,750 if married and filing separate returns.
- ❖ Dependent care accounts do not have a debit card nor a rollover feature. Make your elections wisely so you do not lose money.

# Employee Assistance Program (EAP)

**HEALTH ADVOCACY** With Health Advocate, you, and your extended family (spouse, children, parents, and parents-in-law) have unlimited, confidential access to a Personal Health Advocate, who can get to the bottom of a wide variety of health care and insurance-related issues, no matter how long it takes.

## Your Personal Health Advocate can help:

- Find the right doctors and hospitals; schedule tests, appointments; secure second options
- Explain benefits coverage and health conditions, research the latest treatments
- Resolve billing and claims issues; locate child and elder care services
- Negotiate balance due with your provider(s)

## EAP + WORK/LIFE

Your Employee Assistance and Work/Life benefit provides confidential access (in person, by phone or secure video) to Licensed Professional Counselors for help with a wide range of personal issues. You also have access to Work/Life Specialists for help achieving a better work/life balance. In a crisis, emergency help is available 24/7.

## GET HELP 24/7 WITH PERSONAL, FAMILY AND WORK ISSUES:

- Grief, loss, depression; relationship issues, divorce; new baby, adoption, eldercare; addiction, eating disorders, mental illness
- Health Advocate can also help you and your family members find expert mental health professionals
- Financial and legal issues, retirement, identity theft
- Medical Bill Saver™ service for help negotiating non-covered medical and dental bills of \$400 and over\*

\*If negotiations are successful, Health Advocate will retain 25% of the savings. If Health Advocate is not successful, you pay nothing.

## HEALTH ADVOCATE MYHELP

Health Advocate's MyHelp offers easy access to a Licensed Counselor via text message in lieu of face-to-face counseling for personal, family and work/life issues. You can send messages via your web browser or mobile app – anytime, anywhere. With MyHelp, you will maintain an ongoing relationship with the counselor, unless you request a change. You can reach out to your counselor as often as you need and expect to hear back within one working day, during their business hours, five days a week.



## HOW TO CONTACT HEALTH ADVOCATE:

- Call (866) 799-2728 or
- Email [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)
- Health Advocate can be accessed 24/7. Normal business hours are Monday – Friday, 8:00am – 10:00pm EST. Staff is available after hours and during weekends for assistance
- Download the Mobile App



# Vallen Wellness Program



We are committed to the health and well-being of our associates. We believe that the most effective means toward achieving both is through individual empowerment — the power for each of you to live your healthiest life! You and your spouse/Domestic Partner (DP) have the opportunity to engage in Vitality™, a unique and fun wellness program that will provide you with the tools and motivation to improve your health with the ultimate goal of enhancing your life. Vallen Wellness Programs are part of your benefit package and are provided at no cost to you.

## WELLNESS REWARDS

Associates and their covered spouse/DP are eligible to participate in **Wellness Rewards** through Vitality and earn the incentive credits. If you and/or your covered spouse/DP choose NOT to participate and complete the set forth wellness requirements, you will not qualify for the 2026 Wellness Rewards and will have greater financial responsibility in your medical deductible costs.

## 2026 WELLNESS REWARDS CRITERIA

To receive the 2026 Wellness Rewards, covered associates and their covered spouse/DP must complete the following requirements between January 1, 2025, and **October 31, 2025**. The following requirements allow associates and their covered spouse/DP to complete activities based on their comfort levels; requirements can be completed all from the comfort and safety of your home.

1. Complete the Vitality Health Review (health assessment), and
2. Complete the Vitality Check (biometric screenings) **OR** earn 1,750 Vitality Points

The Vitality Health Review will remain a requirement, but associates and covered spouse/DP will have the option of completing a Vitality Check **OR** achieving 1,750 Vitality Points no later than **October 31, 2025**. Associates hired on or after 8/1/2025 will automatically receive Wellness Rewards for the remainder of 2025 and for 2026.

## REGISTER ONLINE WITH VITALITY

- Go to the Vitality website, [www.PowerofVitality.com](http://www.PowerofVitality.com)
- Click on "First time logging in? Register Now"
  - Complete all required (\*) fields:
  - First Name; Last Name; Date of Birth
  - Provide your email address so you will stay informed of the most recent events and activities.
- Click "Confirm Your Identity."
  - You will then be asked to confirm your identity by providing the last four digits of the principal employee's SSN.
- Then click "Validate Your Details."
- Create a Username and Password.
- Read and accept the Terms and Conditions.
- Answer your security questions.
- You are now registered!

### VITALITY HEALTH REVIEW (health assessment)

The VHR evaluates your current health status, determines your health risks, and suggests lifestyle changes you can make to enjoy your healthiest life. Upon completion, the VHR will give you a detailed report comparing your inputs and values to medical recommendations. The VHR will reveal your Vitality Age, a reflection of your overall health, and will award you Vitality Points which will help to earn additional incentives in the coming year.

### VITALITY CHECK

The Vitality Check is an assessment that helps you uncover and identify potential health conditions before they become more serious. The measures included are Body Mass Index (BMI) (height and weight), blood pressure, fasting blood glucose and cholesterol levels. Submit your assessments to Vitality via the physician fax form or online and earn points for each measure. Earn additional Vitality Points for measures that are in a healthy range.

# Basic Life and AD&D



**NEW – Starting 2026, Unum will serve as the new carrier for Basic Life, AD&D, Short Term Disability, Long Term Disability, Accident & Injury, Critical Illness, and Hospital Indemnity.**

Vallen provides Basic Life and AD&D benefits to eligible employees in the amount of 1 time their annual salary (including bonus and commission) rounded to the next higher \$1,000 up to \$500,000. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. Vallen also provides all associates with a \$5,000 basic dependent life benefit for your eligible spouse and dependent children.

and evidence of insurability. Your contributions will depend on your age and the amount of coverage you elect. **Associates and spouses currently enrolled will be able to increase up to the Guaranteed Issue amount at annual enrollment so long as they are actively at work.**

Unum Life Insurance Company Basic Life	
<b>You*</b>	
Benefit Maximum	\$500,000
<b>Your Spouse</b>	
Benefit Maximum	\$5,000
<b>Your Child</b>	
Benefit Maximum	\$5,000

*\*includes AD&D Coverage. Benefits reduce at age 70.*

Supplemental Life and AD&D	
<b>You</b>	
Benefit Maximum	Lesser of <b>10X</b> earnings or \$1M
Increments	\$10,000
Guarantee Issue	\$500,000
<b>Your Spouse</b>	
Benefit Maximum	\$150,000
Increments	\$5,000
Guarantee Issue	\$50,000
<b>Your Child</b>	
Benefit Maximum	\$5,000 or \$10,000
Rates per \$1,000 of coverage per month	
Age Bracket	Rate
Under age 25	\$0.061
25 – 29	\$0.074
30 – 34	\$0.099
35 – 39	\$0.111
40 – 44	\$0.123
45 – 49	\$0.185
50 – 54	\$0.284
55 – 59	\$0.530
60 – 64	\$0.814
65 – 69	\$1.565
70+	\$2.540
AD&D Rate per \$1,000 for employee	\$0.033
AD&D Rate per \$1,000 for spouse and/or child	\$0.028
Child Rate	\$5,000 = \$0.58 per month \$10,000 = \$1.16 per month

## Supplemental Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions

**If you did not elect Supplemental Life Insurance when you were first eligible, any amount of Supplemental Life elected during subsequent enrollment periods will require an Evidence of Insurability (EOI).**

# Disability



## Short Term Disability

Vallen provides short-term disability coverage through **Unum Insurance Company** to all eligible associates at no cost to you after 30 days of continuous employment. This benefit covers 60% of your weekly base salary (including any bonuses or commissions) up to \$2,308/week. The benefit begins on the 15th day of injury or illness and lasts up to 24 weeks following a 14-day elimination period.

Short Term Disability – Base (Non-Contributory)	
<b>Weekly Benefit</b>	Up to \$2,308 per week
<b>Income Replaced</b>	60%
<b>Elimination Period</b>	14 days
<b>Benefit Payable</b>	24 weeks



## Long Term Disability

Vallen provides long-term disability income protection through **Unum Insurance Company** to full-time associates after 30 days of continuous employment in the event you become unable to work due to illness or injury at no cost to you. This benefit covers 60% of your monthly base salary (including any bonuses or commissions) up to \$10,000. Benefit payments begin after 26 weeks of disability.

Long Term Disability	
<b>Monthly Benefit</b>	Up to \$10,000 per month
<b>Income Replaced</b>	60%
<b>Elimination Period</b>	180 days
<b>Benefit Payable</b>	To Social Security Normal Retirement Age
<b>Pre-Existing Condition Limitation</b>	The plan does not cover a disability caused by a pre-existing condition during the first 12 months that you are covered on the plan

### Definition of Disability

You are disabled when Unum determines that because of sickness or injury:

- You are unable to perform the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled. See your Summary Plan Description for the pre-disability earnings definition.



## 2026 Open Enrollment Individual Short-Term Disability Buy- Up

### PROTECT YOUR FINANCIAL WELLBEING

Vallen Distribution, Inc. provides employees Short-Term Disability protection to cover up to 60% of your income, should you experience a covered, non-work-related accident or illness; however, you may decide that you may need more than 60% of your income.

Colonial Life's Short-Term Disability protection provides you with an option to select a benefit up to an additional 20% of your earnings (max \$4,000 per month) for up to 6 months. The plan begins paying benefits after you have been absent from work for 14 days.

The existing Voya Short-Term Disability Buy-Up plan will no longer be offered as of January 1, 2026, and the Colonial plan will be the replacement. If you are currently enrolled in the Voya Short-Term Disability Buy-Up plan, **your coverage will NOT automatically transfer to Colonial.** You **MUST** sign up for this program during the Open Enrollment period (10/20/25 – 10/31/25) if you wish to be covered under this plan.

### HOW DO I OPT IN?

Schedule a time to speak with a Colonial benefits counselor to enroll in your Buy-Up Short-Term Disability coverage.

Please note that this benefit is **NOT** available as a Vallen payroll deduction as it was previously. This benefit is paid directly by you via bank draft from your bank account. If you enroll in this plan, you will work directly with Colonial to establish your coverage, not Vallen.



For immediate assistance contact Jennie Stills at 843-441-1956

Scan the QR Code to view short term disability coverage benefits!



# Supplemental Products



Vallen is proud to offer you exciting choices in your benefits program. Participation in these benefit plans is voluntary; however, we feel it is very important for you to understand the many advantages of the products we are making available to you:

- The ability to choose benefits to meet your individual needs.
- The convenience of premium payment through payroll deduction.
- The ability to provide coverage for you and your family, with most products.

## Accident & Injury

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. The Unum Accident policy can help pick up where other insurance leaves off and provide cash to cover the expenses. The Accident product includes a wellness benefit which entitles each covered person to receive \$50 per person year when you show proof of a wellness screening – things like annual check-up, immunizations, mammogram, colonoscopy, etc.

<b>Voluntary Accident Plan – Benefits Paid to You for Treatment As A Result Of An Accident</b>	
<b>Hospital Care Benefits</b>	\$2,000 per admission \$300 per day \$150 per day for critical care confinement \$200 per day rehabilitation facility \$200 lodging benefit per night for family member
<b>Physician Care Benefits</b>	\$250 Treatment in Physician's Office \$75 per treatment Chiropractic/Physical Therapy Visits (max 10 visits) \$250 Urgent Care or Emergency Room \$300 Outpatient Surgery Benefit
<b>Ambulance Benefits</b>	\$400 (ground) \$2,000 (air)
<b>Lacerations</b>	\$85 benefit if no sutures needed \$250 benefit up to 2" laceration \$500 benefit 2-6" laceration \$1,000 benefit over 6" laceration
<b>Dislocations/Fracture</b>	Hip Joint - \$4,000 Knee Joint - \$2,500 Ankle/Foot (excluding toes)- \$1,700 Shoulder - \$2,000 Wrist Joint - \$2,000 Lower Jaw or Collarbone - \$1,250
<b>Burns</b>	\$1,000 - \$2,000 2 <sup>nd</sup> degree burn \$4,000 - \$20,000 3 <sup>rd</sup> degree burn 50% of burn benefit paid for skin grafts
<b>Emergency Dental Work</b>	\$450 Crown / \$150 Extraction
<b>Wellness Benefit</b>	\$50 Employee & Spouse & Child(ren)
<b>Accidental Death</b>	Employee - \$50,000 Spouse - \$25,000 Child - \$12,500
<b>Cost of Coverage (per pay period)</b>	<b>Employee Only - \$3.56</b> <b>Employee + Spouse - \$7.11</b> <b>Employee + Child(ren) - \$7.65</b> <b>Family - \$11.20</b>

# Supplemental Products



## Critical Illness (Specified Disease)

The signs pointing to a critical illness are not always clear and may not be preventable, but Critical Illness coverage can help offer financial protection in the event you are diagnosed. Unum's voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. Wellness benefit entitles the covered insured to receive \$100 for each covered person per year, when you show proof of a wellness screening – things like an annual check-up, immunizations, mammogram, colonoscopy, etc. Benefits are available at \$10,000, \$20,000 or \$30,000 amounts. If you have one of the occurrences noted in the chart below, you would be paid that percentage based on the policy amount you elect (either \$10,000, \$20,000 or \$30,000).



## Hospital Indemnity

Hospital indemnity insurance can help you handle those unexpected hospital bills and the additional expenses that may come up from spending time in the hospital. This plan helps covered employees, and their families cope with the financial impacts of a hospitalization. Wellness benefit entitles the covered insured to receive \$50 per person per year when you show proof of a wellness screening – things like an annual check-up, immunizations, mammogram, colonoscopy, etc.

Voluntary Critical Illness	
<b>Heart Attack – 100%</b>	<b>Organ Transplant – 100%</b>
<b>Stroke – 100%</b>	<b>Sudden Cardiac Arrest – 100%</b>
<b>Cancer – 100%</b>	<b>Coronary Artery Disease – 10% - 50%</b>
<b>Major Organ</b>	End Stage Renal Failure – 100% Type 1 diabetes – 50% for children only Heart surgery – 10% – 50%
<b>Cancer</b>	Invasive Cancer – 100% Non-invasive Cancer – 25% Skin cancer – \$500 Bone marrow transplant – 25%
<b>Quality of Life</b>	Paralysis, loss of sight, hearing or speech – 100% MS, Parkinson's, Alzheimer's, Huntington's, Muscular dystrophy, Addison's, Myasthenia Gravis, Lupus – 100%
<b>Wellness Benefit</b>	\$100 Employee & Spouse & Child(ren)
<b>Cost of Coverage</b>	<b>Rate per \$1,000 - Monthly</b>
Under Age 30	\$0.55
30 – 39	\$0.83
40 – 49	\$1.42
50 – 59	\$1.87
60 – 69	\$2.69
70+	\$3.99

\*More covered conditions available

Voluntary Hospital Indemnity	
<b>Hospital and/or Critical Care Admission (includes Mental Health &amp; Substance Abuse admissions)</b>	\$1,000 (maximum of 4 total admissions benefits are payable per calendar year)
<b>Daily Benefit</b>	\$100 per day, up to 30 days per confinement
<b>Rehab/Subacute Rehab Unit (excludes Mental Health/Substance abuse)</b>	\$100
<b>Wellness Benefit</b>	\$50 Employee / Spouse / Child
<b>Cost Coverage (per pay period)</b>	Employee Only - \$6.15 Employee + Spouse - \$13.53 Employee + Child(ren) - \$11.53 Family - \$18.91

\*More covered conditions available

# Cancer Expert Now



An Onvivo Company

**As a part of your health benefits package, we are pleased to offer you and your immediate family access to Cancer Expert Now.**

**Get the answers you need. We'll match you with a top expert in your cancer type.**

Cancer Expert Now virtually connects you with a world-class healthcare practitioner who can offer guidance about your diagnosis. You will speak with a live expert over an audio or video call. Cancer Expert Now is completely free, virtual access to the world's top cancer experts. During the call, you can ask questions and receive guidance on your treatment options, prognosis and/or diagnosis.

## A cost-free solution for the whole family

Access to Cancer Expert Now is a benefit offered to you and your spouse/domestic partner, children, parents, and parents in-law. Your employer pays the full cost of this confidential service, and no advance enrollment is necessary. For more information, visit [CancerExpertNow.com/access](http://CancerExpertNow.com/access) or get in contact with a Care Navigator by emailing [carenavigator@onvivo.com](mailto:carenavigator@onvivo.com) or calling +1 855-946-5735.

## ASK THE EXPERT ANYTHING

**There is no question too big or small. Ask about...**

- A screening
- A new or existing diagnosis
- A procedure or surgery
- A treatment plan
- Medications
- Survivor protocols
- A condition requiring a specialist
- And more...



**Cancer Expert Now is here for YOU!**

**CONTACT US TO SCHEDULE AN APPOINTMENT WITH A TOP EXPERT.**



[carenavigator@onvivo.com](mailto:carenavigator@onvivo.com)



+1 855-946-5735



[CancerExpertNow.com/access](http://CancerExpertNow.com/access)

We're available Monday–Friday, 8:30 AM–5:00 PM EST.



SCAN TO VISIT  
OUR WEBSITE

# Important Contacts

## Have Questions? Need Help?

Vallen is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Central Standard Time at 855-874-0835 or via e-mail at [BRCSouth@usi.com](mailto:BRCSouth@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

## Required Annual Notices

Required annual notices can be found at <https://www.flipsnack.com/5de6a5a7c6f/vallen-distribution-inc-2026-required-annual-notices/full-view.html> or scan the QR Code here.



## Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical	Blue Cross Blue Shield of South Carolina	(833) 494-2991	<a href="http://www.southcarolinablues.com">www.southcarolinablues.com</a>
Total Care Option	Healia		Email: <a href="mailto:support@healiahealth.com">support@healiahealth.com</a>
Cancer Expert Now	Cancer Expert Now	1-855-946-5735	<a href="http://Cancerexpertnow.com/access">Cancerexpertnow.com/access</a> Email: <a href="mailto:carenavigator@onviv.com">carenavigator@onviv.com</a>
Dental	Delta Dental Insurance Company	(800) 335-8266	<a href="http://www.deltadentalsc.com">www.deltadentalsc.com</a>
Vision	EyeMed Vision Care	(866) 800-5457 Vision (877) 203-0675 Hearing	<a href="http://www.EyeMed.com">www.EyeMed.com</a>
Health Reimbursement	HSA Bank	(877) 227-5149	<a href="http://www.hsabank.com">www.hsabank.com</a>
Tria Health	Pharmacy Advocate Program	(888) 799-8742	<a href="http://www.triahealth.com">www.triahealth.com</a>
Life and AD&D	UNUM	800-445-0402	<a href="https://portal.unum.com/">https://portal.unum.com/</a>
Voluntary Life and AD&D			
Short Term Disability (STD)			
Long Term Disability (LTD)			
Family Medical Leave			
Voluntary Accident, Critical Illness, and Hospital Indemnity		800-635-5597	
Employee Assistance Program (EAP)	Health Advocate	(866) 799-2728	<a href="http://www.healthadvocate.com/vallen">www.healthadvocate.com/vallen</a> Email: <a href="mailto:answers@Healthadvocate.com">answers@Healthadvocate.com</a>
Flexible Spending Account (FSA)	HealthEquity	(877) 924-3967	<a href="http://www.healthequity.com">www.healthequity.com</a>
Wellness Program	Vitality	(877) 224-7117	<a href="http://www.powerofvitality.com">www.powerofvitality.com</a> Email customer service at: <a href="mailto:wellness@powerofvitality.com">wellness@powerofvitality.com</a>
COBRA (Continuation of Benefits)	HealthEquity	(888) 678-4881	<a href="https://mybenefits.wageworks.com">https://mybenefits.wageworks.com</a>

This brochure summarizes the benefit plans that are available to Vallen's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.



# Notes

This brochure highlights the main features of the Vallen Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Vallen reserves the right to change or discontinue its employee benefits plans at any time.

