



2026 OPEN ENROLLMENT

Your benefits, **your** well-being, **your** way
- Discover more at Thrive.trilogyhs.com

AGENDA

- Open Enrollment Info
- 3 Medical Plan Options:

2025 Plan Name	2026 Plan Name
Smart Choice 2500 Plan	Green Plan
Smart Choice 3500 Plan	Yellow Plan
Smart Choice 4500 Plan	Blue Plan



- Partners in your Health Plan
- Who is Lucent Health and what do they do?
- Who is 6 Degrees Health and what do they do?
- What to do - Sample EOB
- How to find care
- Health Plan Enhancements
- Dental and Vision
- Disability and Life Benefits
- Newly available benefit options- Accident and Critical Illness Insurance
- 401(k) Information



OPEN ENROLLMENT

- February 11th- February 18th
- Enroll via INFOR or the INFOR GO mobile app
- If you want benefits as of March 29, 2026, you must enroll
- Contact the Trilogy Benefit Resource Center at 888-350-0532
- New ID cards will be mailed to your address on file in Infor and will also be available digitally via the Lucent Health App
- Medical and pharmacy benefits will be combined on a single ID card, shown below :



JOHN SAMPLE

ID Number:

SMPL0001

Group:

Plan Code:

RxBIN:

RxPCN:

RxGRP:

PRODUCTS:

161

020099

WG

WL3A

Medical/Rx

TRILogy
HEALTH SERVICES

Synchrony

Professional/Ancillary Services Only

For detailed benefit information
including Deductible and Out of Pocket
maximums, please visit anthem.com

Deductible

In-Network Ind/Fam:

Out-of-Network Ind/Fam:

Out of Pocket Max

In-Network Ind/Fam:

Out-of-Network Ind/Fam:

\$2,500 / \$5,000

\$5,000 / \$7,500

1234-CA-5FBE-IC008 LH000033 Green P&A... M000V0

20250910T02 Sh: 0 Bin 1
J13E Env [1] C Sets 1 of 1





Trilogy Management Services, LLC has hired Lucent Health to handle member contact for health plan administration. See back for contact information.



anthem.com

Member Services-Lucent Health* 1-877-789-8488

Member Concierge & Telemed* 1-888-691-7867

Pharmacy Member Services 1-833-261-2498

Help for Pharmacists 1-833-295-5639

Carelon Precent, Med Ben Mgmt 1-888-240-5057

Coverage While Traveling 1-800-810-2583

Provider Eligibility/Benefits 1-833-835-2714

Pre-Auth Review-LHC* 1-877-499-1774

Member Services Web Portal* mylucenthealth.com

Possession of this card does not guarantee eligibility for benefits.

PROVIDERS: Please file professional/ancillary claims only with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3 digit prefix in addition to the ID number.

All other claims please file to:
Claims Services
PO Box 2318
Rancho Cordova, CA 95741-2318
WebMD Payor ID# 68011

*Contracts directly with group

Services provided by Anthem HealthChoice Assurance Inc., Anthem HealthChoice HMO, Inc. and/or Anthem HP, LLC. Independent licensees of the Blue Cross Blue Shield Association. Anthem provides administrative services only and does not assume financial risk or obligation with respect to claims.

Self-funded coverage.

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● GREEN PLAN

What is different about the Green Plan?

- The Green Plan has Open Access. This allows you to receive care from any provider (doctor or specialist), facility or hospital you choose without worry whether they are in or out of network.
 - You can continue seeing your current Anthem providers, and/or
 - You can also seek care with non-Anthem providers
 - The cost for care is lower

How to confirm if your provider accepts your insurance under the Green Plan?

- Reach out to your provider to make an appointment, like normal, and provide your insurance information from your new ID cards.
- If they have questions, they can call the number on the back of your ID card.
- If you have questions, contact Trilogy's Benefit Resource Center at 888-350-0532.



FREQUENTLY ASKED QUESTIONS ABOUT THE GREEN PLAN

1. How do I respond when my Physician asks, what insurance I have?

Your insurance is with Anthem.

2. Does the Green Plan have the Health Savings Account (HSA)?

Yes, all three plans have the HSA.

3. Why wouldn't someone choose the Green Plan?

Everyone's needs are different, and some may feel more comfortable with the traditional Yellow and Blue Plans.

4. Does the Green Plan have a deductible and out-of-pocket maximum (OOPM)?

Yes, the Green Plan has a \$2,500 deductible for employee-only coverage and a \$3,400 deductible per individual for employee + spouse, employee + children, or family coverage, with a \$5,000 total deductible. The OOPM for the Green Plan is \$5,000 for employee-only coverage and \$7,500 for all other coverage options.

5. Is the Green Plan a high-deductible plan and does it have co-insurance once I meet my deductible?

The Green Plan is a high-deductible plan, and the 80/20 coinsurance starts once you meet your deductible.

6. Can my dependents be covered on the Green Plan?

Yes. However, spouses can only be added to Trilogy insurance if their employer does not offer coverage.



● YELLOW PLAN

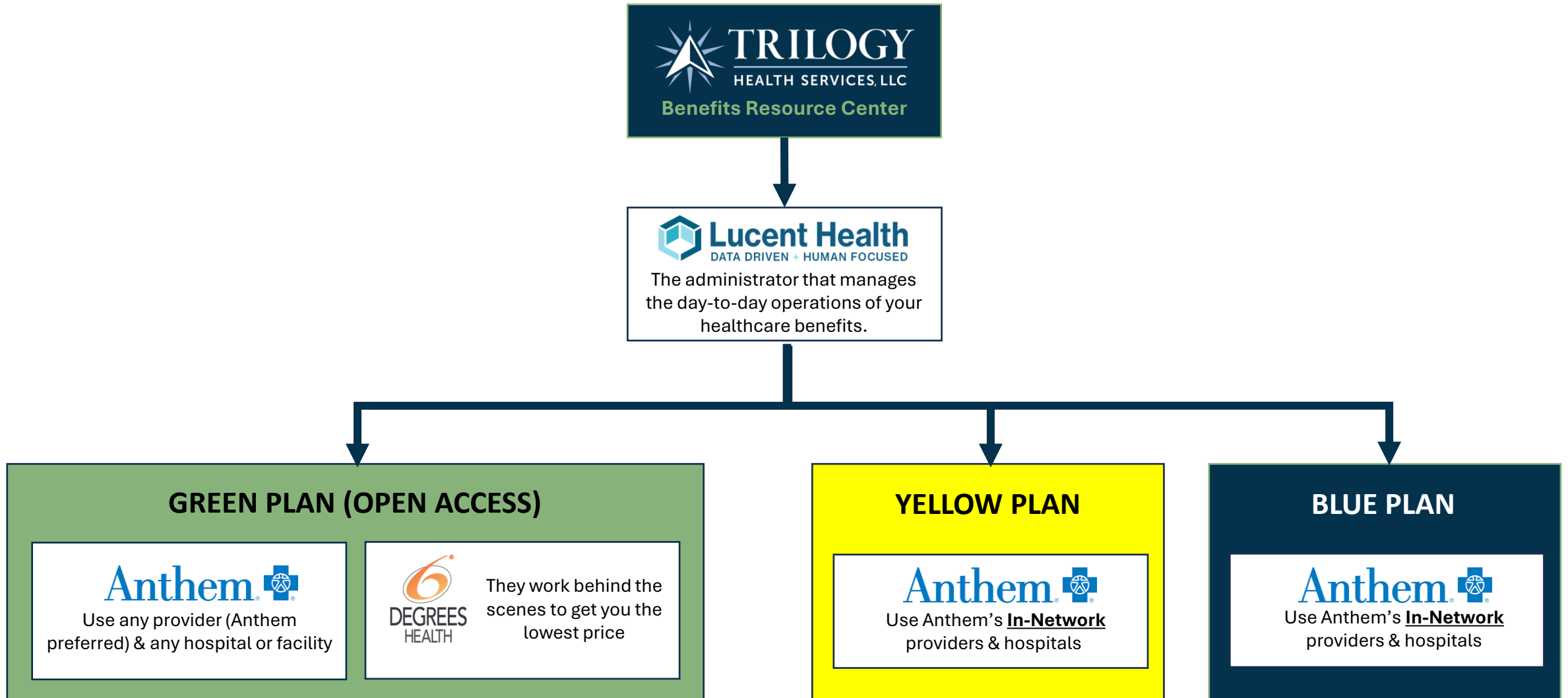
● BLUE PLAN

- Both the **Yellow Plan** and the **Blue Plan** provide the same access to Anthem in-network providers.
- To keep cost as low as possible, you will need to seek care with an in-network provider, facility or hospital.
- Costs will be higher if you seek care with an out-of-network provider, facility or hospital.
- This is a similar plan to what you are used to.
- The weekly premiums are higher.
- How to confirm if your provider accepts your insurance under the **Yellow Plan or Blue Plan?**
 - Contact the Benefit Resource Center (BRC) at 888-350-0532





PARTNERS IN YOUR HEALTH PLAN



WHAT DO THEY DO?



Lucent Health is the administrator and works with 6 Degrees Health to process your health care claims accurately, promptly and at the lowest price.



If your provider does not accept your insurance, call the BRC. If they do, your Dr sends the bill to Lucent Health



Lucent Health confirms accuracy and works with 6 Degrees Health to obtain lowest price



Lucent Health remits payment to the Dr.



You receive an Explanation of Benefits (EOB) with the processed claim noting your portion of the bill





WHAT TO DO - SAMPLE EOB

- Open all correspondence from your provider.
- Compare the bill from your provider to the Explanation of Benefits (EOB).
- If your EOB does not match the amount your provider is asking you to pay, call the BRC for assistance.
- Call the Benefit Resource Center (BRC) at 888-350-0532 if you are needing any help and they will ensure you are connected with the right team of people to help you.



4226 Penrith Ct
Dublin OH 43016

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Explanation of Benefits

Please retain for your records.

Forwarding Service Requested

*****SNGLP
PB-STL_UNSORTED-MACH-ENV 2
JOHN DOE
123 ABC LANE
ANYWHERE US 45678-9012

Customer Service

Group Name: GROUP NAME
Date: 02/15/2013
EOB #:

Questions? Please contact us at
{cTollFreePhone} or {cLocalPhone}
Please visit us at our web-site: {cWebAddress}

Claim Summary

Claim Number	Total Charge	Ineligible Amount	Claim Reductions	Covered By Plan	Penalty Amount	Deductible Amount	Co-pay / Co-ins	Patient Responsibility	Payment Amount
1315738593	\$192.00	\$0.00	\$26.50	\$140.50	\$0.00	\$0.00	\$25.00	\$25.00	\$140.50
1315739006	\$480.00	\$0.00	\$116.36	\$363.64	\$0.00	\$0.00	\$0.00	\$0.00	\$363.64
1315741664	\$456.00	\$0.00	\$91.71	\$364.29	\$0.00	\$0.00	\$0.00	\$0.00	\$364.29
Totals	\$1,128.00	\$0.00	\$234.57	\$868.43	\$0.00	\$0.00	\$25.00	\$25.00	\$868.43

Employee: JOHN SAMPLE

Claim: 1315738593

DOB:

Patient: JANE SAMPLE

Provider: PROVIDER GROUP INC

Patient Account #: 765472V3122

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reason Code	Claim Reductions	Penalty Amount	Deductible Amount	Co-pay / Co-ins	Paid At	Payment Amount
01/23/2013	OV/PRIMARY CARE	\$192.00	\$0.00	S10	\$26.50	\$0.00	\$0.00	\$25.00	100%	\$140.50
Column Totals		\$192.00	\$0.00		\$26.50	\$0.00	\$0.00	\$25.00		\$140.50
Patient's Responsibility.....		\$25.00		Other Insurance Credits		\$0.00		Adjusted Payment		\$140.50



HOW TO FIND CARE OPTIONS

Anthem Physician/Provider/Doctor:

- Use this link:
<https://www.anthem.com/find-care/>
- **You must use TUG as your Member ID** to search for a provider using this link. Do NOT use the numbers on your medical cards as they will not work.
- Input location by zip or address, and enter search criteria.
- You can search for Providers, Physicians, Facilities, and Hospitals.

What happens for out of network claims with the Green Plan?

Facility or Hospital:

- Select facility or hospital of your choice
- Lucent Health receives the claim
- 6 Degrees Health is processed fairly before you receive Explanation of Benefit

Non-Anthem Physician or Provider:

- Lucent Health receives the claim
- 6 Degrees Health makes sure your claim is processed fairly before you receive Explanation of Benefit

Need Help? Call the
Benefit Resource Center
(BRC) at 888-350-0532

FIRST STOP HEALTH

Free Virtual Care with ALL medical plans

- Free virtual primary care visits
- Free virtual urgent care visits
- Free virtual behavior health
- Free disease management coaching
 - Help manage weight
 - Improve heart health
 - Quit nicotine products
 - Get better sleep
 - Manage Diabetes

And the best part is First Stop Health covers all household members, regardless of enrollment status!



Get Care Now

Request a visit with a virtual provider today



Resource Center

FAQs, guides, and helpful resources for members



Urgent Care

24/7 care from board-certified providers



Virtual Therapy

Virtual support for what's on your mind



Primary Care

Preventive and ongoing health care



Mental Health Care

Ongoing care for your mental wellbeing



Health Coaching

Personalized support to reach your health goals



VIRTA & HINGE HEALTH

Employees who enroll in a Trilogy Health Plan also receive access to Virta and Hinge Health for FREE!

Virta

This program is available to medically enrolled employees and dependents with type 2 diabetes, prediabetes, or a BMI over 25 who are interested in safe, sustainable weight loss. Virta's goal is to support participants in achieving their weight loss objectives, reducing medication use, and lowering overall healthcare costs.



Hinge Health

This program is a digital musculoskeletal clinic offering preventive care, acute and chronic therapy, and post-surgical recovery support. Hinge Health provides unlimited access to a team of licensed clinicians and specialists, including orthopedic surgeons, nurses, nutritionists, and board-certified health coaches. The program is offered at no cost to participants, with no copays and no need for in-person office visits.



HEALTH SAVINGS ACCOUNTS



- **Health Savings Account is administered through Bank of America:**

- Employees have multiple options for their Kingston HSA:
 - Roll over existing balances to Bank of America
 - Maintain funds in the Kingston account (fees may apply)
 - Spend down the account prior to March 29, 2026

- **Dollar-for-dollar company match:**

- Up to \$500 for Employee Only and Employee + Spouse coverage
- Up to \$1,200 for Employee + Children and Family coverage
- Spread evenly over 52 pay periods

- **Employee contribution limits are:**

- \$4,400 for Employee Only coverage
- \$8,750 for all other coverage levels
- If age 55+ during 2026, you may contribute an additional \$1,000

- **Proper elections will help avoid tax complications:**

- Employees are encouraged to contact the Benefit Resource Center (BRC) at 888-350-0532 for assistance with HSA contribution limits or questions
- Employees must account for any contributions made under Kingston HSA plans
- Employees must subtract employer contributions from the IRS maximum contribution limits
- Open enrollment contributions may be adjusted to adhere with IRS guidelines



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

- The Dependent Care Flexible Spending Account (DCFSA) helps cover eligible child and elder care expenses for dependents. Eligible children must be under age 13. This program allows employees to pay for qualified care expenses using tax-free contributions, such as day care, summer camps, etc.
- Families may contribute up to \$7,500 per year to a DCFSA, or \$3,750 per year for those who are married and file separately.
- DCFSA funds are subject to the “use it or lose it” rule. Contributions may be used for eligible expenses incurred between March 29, 2026, and March 15, 2027. Claims for these expenses must be submitted no later than March 31, 2027.
- Please note: Trilogy does not offer a Healthcare Flexible Spending Account (HCFSA). The DCFSA may only be used for eligible child and elder care expenses.



DENTAL & VISION

Trilogy's dental plan offers lower premiums and increased annual maximum, doubling from \$1,000 to \$2,000 per year.

Premiums are based on an employee only, Employee + One or a Family coverage.

In Network	VSP Network	Davis Network
Vision Exam	\$10 Copay	\$10 Copay
Lenses	\$20 Copay	\$20 Copay
Frames	\$130 Retail Max + 20% off remaining balance	\$130 Retail Max + 20% off remaining balance
Contact Lenses		
Elective	\$130 max, copay waived	\$130 Retail Max + 15% off remaining balance
Non-Elective	Covered at 100% after \$20 Copay	Covered at 100%, Copay waived



	In-Network
Individual Deductible	\$50
Family Deductible	\$150
Annual Maximum	\$2,000
Services	
Diagnostic & Preventive	No charge
Basic Services	20% after deductible
Major Services	50% after deductible
Orthodontia	50% after deductible
Ortho Lifetime Maximum	\$1,000

Trilogy's vision plan offers access to two provider networks, allowing employees to choose between VSP or Davis.

Lower premiums across all coverage levels, which are structured as Employee Only or Family coverage.



VOLUNTARY LIFE AND AD&D



- Employees are not subject to health questionnaires when benefits are elected upon hire.
- Please keep in mind, benefits have the following age reductions:
 - 35% at age 65
 - 60% at age 70
 - 75% at age 75
 - 85% at age 80

VPs and above may contact the Benefit Resource Center for additional information.

	Benefit	Coverage Amount	Maximum Coverage	Guaranteed Issue Amount
Employee	Supplemental Life and AD&D	1-5x's the basic annual earnings, in increments of \$1,000	\$250,000	\$250,000
Spouse	Life Insurance	Up to 50% of the employee's Supplemental Life benefit, in increments of \$5,000	\$50,000	\$50,000
Children (at birth)	Life Insurance	\$10,000 per child	\$10,000 per child	\$10,000 per child

Need Help? Call the Benefit Resource Center (BRC) at 888-350-0532



SHORT- AND LONG-TERM DISABILITY



Trilogy offers employees the option of BOTH Short- and Long-Term Disability.

Short Term Disability

- 60% of your weekly pre-disability earnings
- Maximum: \$750 per week
- Benefits begin : After a 14-calendar day waiting period
- Benefits end: After up to 24 weeks

Long Term Disability

- 60% of your monthly income
- Maximum: \$10,000 per month
- Benefits begin: On the 181st calendar day of absence
- Benefits end: Up to five years of a non-work-related accident or sickness



ACCIDENT AND CRITICAL ILLNESS INSURANCE

What are these brand-new benefits and what can they do for me?

Accident Insurance provides an additional layer of financial protection by offering a cash benefit to help cover out-of-pocket expenses when a qualifying, unexpected accident occurs. Examples of covered events may include emergency room treatment, ambulance services, burns, dislocations, fractures, hospital confinement, broken bones, and surgery. Click [here](#) to learn more!

Critical Illness (CI) Insurance pays a lump-sum benefit if you or an eligible dependent is diagnosed with a covered illness or condition. CI includes benefits for over 30 major illnesses including cancer, heart attack, stroke, and kidney failure. Click [here](#) to learn more!

	BENEFIT	GUARANTEED AMOUNT
Employee	\$10,000 \$20,000 \$30,000	\$30,000
Spouse	\$5,000 \$10,000 \$15,000	\$15,000
Children	Benefit amount is equal to employee's election amount	Full amount



401(K) INFORMATION

During Open Enrollment, eligible employees will acknowledge whether they want to participate in the Trilogy 401(k) plan. Upon transitioning to Trilogy, your eligibility will be transferred to Bank of America (BofA), Trilogy's 401(k) Plan Administrator. Employees may enroll in Trilogy's 401(k) plan by contacting Bank of America beginning **April 1, 2026**.

Company Match: \$0.25 for every \$1.00 contributed, up to 10% of eligible weekly pay. The employer match applies to both pre-tax and post-tax (ROTH) deferrals and is credited to the 401(k) account on a weekly basis.

Vesting: Company contributions are subject to a vesting schedule; however, your Kingston tenure is recognized and applied toward this vesting schedule:

- After 1 year of employment- match is 20% vested
- After 2 years of employment- match is 40% vested
- After 3 years of employment- match is 60% vested
- After 4 years of employment- match is 80% vested
- After 5+ years of employment- match is 100% vested

Additional details will be provided as the enrollment date approaches.



Any Questions?

Call the Benefit Resource Center (BRC) at 888-350-0532

