



For Your Benefit

A guide to our 2025
associate benefits package



Independence 
Family of Companies

Our associate benefits

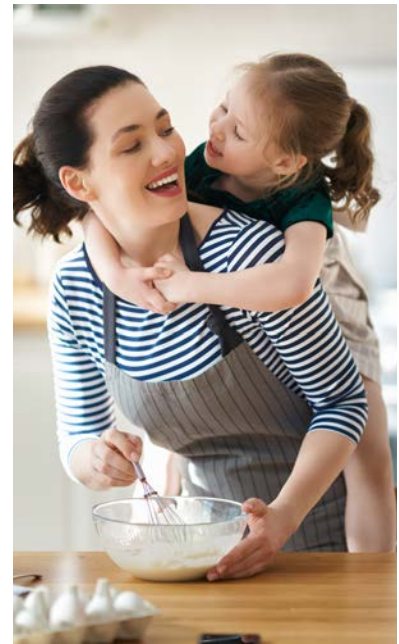
We are pleased to offer our associates a complete benefits package that includes medical, dental, prescription, vision coverage, paid time off, a retirement savings plan, tuition reimbursement, and more. Read this booklet for an overview of the benefits available to associates of the Independence Family of Companies (Independence).

Get health coverage that meets your needs

We provide coverage for all full-time associates and part-time associates scheduled to work 15 or more hours per week, along with their eligible dependents (including domestic partners). Coverage is effective the first of the month following or coinciding with the date of hire.

Most of the cost for medical and dental insurance for our full-time associates and part-time associates is paid for by the company.

A maximum fixed dollar amount, called a company contribution, for each associate's coverage is allocated. As an associate, you decide how to spend it toward the medical and dental plans of your choice.



Annual health care contribution allowance maximum – Full-time associates

Tier	Medical company contribution allowance	Dental company contribution allowance	Total annual company contribution allowance*
Associate only	\$7,364.00	\$200.00	\$7,564.00
Associate and spouse	\$16,642.64	\$400.00	\$17,042.64
Associate and child	\$11,046.00	\$370.00	\$11,416.00
Associate and children	\$16,642.64	\$370.00	\$17,012.64
Associate and family	\$20,987.40	\$470.00	\$21,457.40

Annual health care contribution allowance maximum – Part-time associates

Tier	Medical company contribution allowance	Dental company contribution allowance	Total annual company contribution allowance*
Associate only	\$7,364.00	\$200.00	\$7,564.00
Associate and spouse	\$12,003.32	\$300.00	\$12,303.32
Associate and child	\$9,205.00	\$285.00	\$9,490.00
Associate and children	\$12,003.32	\$285.00	\$12,288.32
Associate and family	\$14,175.70	\$335.00	\$14,510.70

*What the company pays

Later in the guide you will see how these allowances apply to each benefit plan.

Medical plans

Each of the plans offers you and your family comprehensive benefits, including doctor visits, inpatient hospital care, emergency services, vision, and prescription drug coverage.

High Deductible Health Plan and Health Savings Account

The High Deductible Health Plan (HDHP) option may be a good fit for associates looking to spend the minimum amount on health care premiums.

The plan combines a high deductible preferred provider organization (PPO) medical plan with a Health Savings Account (HSA) for you and your dependents.

This plan allows you to direct pre-tax dollars to a self-funded HSA that you can use for your out-of-pocket medical expenses. To participate in the HSA, you must be under 65 years old and enrolled in the HDHP plan.

Because the HDHP plan is a Personal Choice product, it gives you greater freedom of choice in choosing your doctors and hospitals.

Under the HDHP+HSA plan you:

- have a \$3,000 in-network individual and \$6,000 in-network family deductible¹
- will be responsible for 10 percent coinsurance on most covered expenses up to the out-of-pocket limit
- have a \$8,300 individual and \$16,600 in-network family out-of-pocket limit (out-of-pocket maximum includes deductible, copays, and coinsurance)²
- have access to our extensive Personal Choice network of providers

Health Savings Account

Contributions can be made to your HSA on a pre-tax basis, with an annual minimum contribution of \$260 and a maximum contribution of \$4,300 for self-only coverage or \$8,550 for family coverage.

If you are turning age 55 in 2025 or already age 55, you can contribute an additional amount under the catch-up age 55 contribution provision. You contribute based upon your medical enrollment tier, self or family coverage, up to the 2025 annual limit plus add the catch-up limit of up to \$1,000 on a pre-tax payroll deduction basis.

Limited Purpose Flexible Spending Account

In addition to the Health Savings Account (HSA), you may enroll in a Limited Purpose Flexible Spending Account (LPFSA). This pre-tax benefit can be used to pay for eligible dental and vision expenses only if you are enrolled in the High Deductible Health Plan (HDHP).

The LPFSA would allow for additional pre-tax savings up to \$3,300 IRS limit. Since you can use the LPFSA for certain expenses, it may also allow for greater savings to build up in your HSA.

Save money with high deductible health plans

High deductible health plans paired with a health savings account help you control out-of-pocket costs. You pay lower premiums, and you can use the pre-tax dollars in your savings account to pay for qualified health expenses.

¹ Individual Out-of-Pocket (OOP) maximum amounts apply for self-only coverage. For family coverage (an individual enrolled with one or more dependents), in-network benefits are subject to the family deductible amount which can be met by any combination of family members. Benefits are then covered at the indicated percentage for that service until the total maximum OOP amount is met.

The family OOP amount can be met by any combination of family members. However, no family member will be subject to more than the individual amount within a family OOP maximum amount shown.

² In-network, out-of-pocket maximum includes deductible, copays, and coinsurance. Out-of-network, out-of-pocket maximum includes deductible and coinsurance.

HDHP HSA – Full-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$6,861.72	\$6,861.72	\$0.00	\$0.00
Associate and spouse	\$16,421.44	\$15,781.44	\$640.00	\$24.62
Associate and child	\$10,408.92	\$10,408.92	\$0.00	\$0.00
Associate and children	\$15,781.44	\$15,781.44	\$0.00	\$0.00
Associate and family	\$20,771.08	\$20,131.08	\$640.00	\$24.62

HDHP HSA – Part-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$6,861.72	\$6,861.72	\$0.00	\$0.00
Associate and spouse	\$16,421.44	\$15,781.44	\$640.00	\$24.62
Associate and child	\$10,408.92	\$10,408.92	\$0.00	\$0.00
Associate and children	\$15,781.44	\$15,781.44	\$0.00	\$0.00
Associate and family	\$20,771.08	\$20,131.08	\$640.00	\$24.62

*What the company pays

Benefits

Physician visits (after deductible)	Coinsurance (associate pays)
Primary care	10% after deductible
Specialist	10% after deductible
Emergency room/Urgent care	ER 10% after deductible/UC \$0 after deductible
Inpatient hospital services	10% after deductible
Prescription drug coverage	Generic (formulary) \$15 after deductible Brand name (formulary) \$45 after deductible Non-formulary \$75 after deductible
Vision coverage	Routine eye exams and corrective lenses once every calendar year - \$0 copay
In-network deductible	\$3,000 individual/\$6,000 family
In-network out-of-pocket maximum	\$8,300 individual/\$16,600 family
HSA associate annual funding maximum	\$4,300 individual/\$8,550 family
HSA Catch-up Age 55 Contribution	\$1,000 individual or family



Keystone Health Plan East Health Maintenance Organization (HMO)

The HMO plan allows you to access a complete range of medical benefits through a network of doctors and hospitals (preferred providers).

Details of this plan include:

- one doctor, a primary care physician (PCP), coordinates your overall medical care needs
- referrals must be obtained from your PCP for all specialty care needs
- no deductible
- a wide network of participating physicians and hospitals in Pennsylvania, New Jersey, and Delaware makes it convenient and easy to use

To comply with Blue Cross and Blue Shield Association regulations, Keystone Health Plan East cannot market its product to associates who live outside of the service counties which are contiguous or border the licensed counties in which Keystone Health Plan East operates. Therefore, for those associates who work in New Jersey or live in a non-contiguous county, benefits are provided under AmeriHealth HMO PA. The benefit details are the same as those for the Keystone Health Plan East products. However, the Guest Advantage program is not available for services outside of the service area under the AmeriHealth HMO PA plan.

KHPE HMO – Full-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$9,496.44	\$7,364.00	\$2,132.44	\$82.02
Associate and spouse	\$22,481.08	\$16,642.64	\$5,838.44	\$224.56
Associate and child	\$14,405.64	\$11,046.00	\$3,359.64	\$129.22
Associate and children	\$21,841.08	\$16,642.64	\$5,198.44	\$199.94
Associate and family	\$28,500.88	\$20,987.40	\$7,513.48	\$288.98

KHPE HMO – Part-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$9,496.44	\$7,364.00	\$2,132.44	\$82.02
Associate and spouse	\$22,481.08	\$12,003.32	\$10,477.76	\$402.99
Associate and child	\$14,405.64	\$9,205.00	\$5,200.64	\$200.02
Associate and children	\$21,841.08	\$12,003.32	\$9,837.76	\$378.38
Associate and family	\$28,500.88	\$14,175.70	\$14,325.18	\$550.97

*What the company pays

Benefits

Physician visits	Copay (associate pays)
Primary care	\$30
Specialist	\$50
Emergency room/Urgent care	ER \$250 (waived if admitted)/UC \$40
Inpatient hospital services	\$200 per day/\$600 maximum per admission
Prescription drug coverage	Generic (formulary) \$15 after deductible Brand name (formulary) \$45 after deductible Non-formulary \$75 after deductible
Vision coverage	Routine eye exams and corrective lenses once every calendar year - \$0 copay

Personal Choice Preferred Provider Organization (PPO)

The PPO plan gives you the flexibility to choose your own providers. You may receive care from any provider who is within the network of preferred providers or from out-of-network, non-preferred providers. You do not have to choose a primary care physician (PCP), and you never need a referral. Be aware that if you choose an out-of-network provider, you will pay more for eligible medical services and you will have to submit a claim form for reimbursement for the portion of the cost that the plan will cover.

Details of this plan include:

- no need to enroll with a primary care physician
- no referrals required for specialty care needs

If you seek services from an in-network provider, you will not pay more than the outlined copays for eligible medical services. A wide network of participating in-network providers and hospitals in Pennsylvania, New Jersey, and Delaware makes it convenient and easy to use.

Personal Choice PPO – Full-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$9,881.76	\$7,364.00	\$2,517.76	\$96.84
Associate and spouse	\$23,367.28	\$16,642.64	\$6,724.64	\$258.64
Associate and child	\$14,990.16	\$11,046.00	\$3,944.16	\$151.70
Associate and children	\$22,727.28	\$16,642.64	\$6,084.64	\$234.02
Associate and family	\$29,631.28	\$20,987.40	\$8,643.88	\$332.46

Personal Choice PPO – Part-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$9,881.76	\$7,364.00	\$2,517.76	\$96.84
Associate and spouse	\$23,367.28	\$12,003.32	\$11,363.96	\$437.08
Associate and child	\$14,990.16	\$9,205.00	\$5,785.16	\$222.51
Associate and children	\$22,727.28	\$12,003.32	\$10,723.96	\$412.46
Associate and family	\$29,631.28	\$14,175.70	\$15,455.58	\$594.45

*What the company pays

Benefits

Physician visits	Copay (associate pays)
Primary care	\$35
Specialist	\$60
Emergency room/Urgent care	ER \$250 (waived if admitted)/UC \$50
Inpatient hospital services	\$500 per day/\$1,500 maximum per admission
Prescription drug coverage	Generic (formulary) \$15 after deductible Brand name (formulary) \$45 after deductible Non-formulary \$75 after deductible
Vision coverage	Routine eye exams and corrective lenses once every calendar year - \$0 copay

Prescription drug, vision, and dental

Prescription drug coverage

There is one prescription plan across all medical plan offerings. In 2025, the prescription copays continue to be \$15/generic, \$45/brand name, and \$75/non-formulary. The prescription drug plan also has a mail-order feature that allows you to order a 90-day supply (the equivalent of a three-copay supply) at the cost of only two copays.

Vision coverage

There is one vision plan across all medical plan offerings. Regardless of the plan you choose, all associates are eligible for an exam and annual allowance for frames, lenses, or contact lenses, not subject to copay, once every year.

Dental plans

Dominion, our dental insurance provider, offers two dental plans are offered. You may choose either of these plans regardless of your medical plan selection.

Both dental options are preferred provider organization (PPO) plans offering flexibility to select any licensed dentist or specialist either in or out of the plan's network of participating providers.



Dental plan comparison

	Dominion Flex High PPO*	Dominion Flex Low PPO*
Deductible	\$40 individual/\$120 family (diagnostic and preventive services exempt)	\$25 individual/\$75 family (diagnostic and preventive services exempt)
Benefit maximum	\$3,000 per covered person per calendar year (diagnostic and preventive services exempt)	\$1,500 per covered person per calendar year (diagnostic and preventive services exempt)
Fluoride application	100% (once every 6 months) to age 19	100% (once every 6 months) to age 19
Diagnostic and preventive services	Covered at 100% (once every 6 months) 1 additional cleaning during pregnancy	Covered at 100% (once every 6 months) 1 additional cleaning during pregnancy
Orthodontia	Covered at 60% \$2,500 lifetime maximum for orthodontic services for dependent children and adults	Not covered
Endodontics	Covered at 100%	Covered at 80%
Periodontics, prosthetics	Covered at 60%	Covered at 50%
Implants	Covered at 50% up to \$3,000 annual maximum	Not covered

*Please note: Non-participating providers may balance bill for these services.

Dominion Flex High PPO – Full-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$458.40	\$200.00	\$258.40	\$9.94
Associate and spouse	\$872.64	\$400.00	\$472.64	\$18.18
Associate and child(ren)	\$931.92	\$370.00	\$561.92	\$21.61
Associate and family	\$1,335.60	\$470.00	\$865.60	\$33.29

Dominion Flex High PPO – Part-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate only	\$458.40	\$200.00	\$258.40	\$9.94
Associate and spouse	\$872.64	\$300.00	\$572.64	\$22.02
Associate and child(ren)	\$931.92	\$285.00	\$646.92	\$24.88
Associate and family	\$1,335.60	\$335.00	\$1,000.60	\$38.48

*What the company pays

Dominion Flex Low PPO – Full-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate	\$379.22	\$200.00	\$179.22	\$6.89
Associate and spouse	\$714.84	\$400.00	\$314.84	\$12.11
Associate and child(ren)	\$530.64	\$370.00	\$160.64	\$6.18
Associate and family	\$857.52	\$470.00	\$387.52	\$14.90

Dominion Flex Low PPO – Part-time associates

Cost sharing	Annual full premium	Company contribution allowance*	Annual associate cost	Associate cost per pay
Associate	\$379.22	\$200.00	\$179.22	\$6.89
Associate and spouse	\$714.84	\$300.00	\$414.84	\$15.96
Associate and child(ren)	\$530.64	\$285.00	\$245.64	\$9.45
Associate and family	\$857.52	\$335.00	\$522.52	\$20.10

*What the company pays

Company-paid benefits

The following benefits are provided at no cost to all full-time associates and part-time associates scheduled to work 15 or more hours per week.

Benefit	Coverage
Basic Life Insurance	<ul style="list-style-type: none"> • Effective first day of the month following or coinciding with 30 calendar days from date of hire • Benefit equal to two times salary (salary is defined as base salary plus past 12 months' commissions) • The New Hire Guarantee Issue: All amounts of Life Insurance (Basic and Supplemental combined) of the lesser of 5.5 times annual earnings or \$2,000,000.
Accidental Death & Dismemberment (AD&D)	<ul style="list-style-type: none"> • Effective first day of the month following or coinciding with 30 calendar days from date of hire • Benefit is doubled in event of accidental death • Benefit equal to two times salary (salary is defined as base salary plus past 12 months' commissions)
Basic Long-Term Disability (LTD) Insurance	<ul style="list-style-type: none"> • Benefit equals 60% of salary (salary is defined as base salary plus past 12 months' commissions) • Benefits begin following six months of continuous disability
Business Travel Accident Insurance	<ul style="list-style-type: none"> • Effective the date of hire • \$100,000 benefit
Tuition Programs	<ul style="list-style-type: none"> • Effective after 12 months of service • Eligible associates may receive up to \$5,250 annually towards an undergraduate or graduate degree program. • Tuition Assistance is a reimbursement program which the Company provides eligible associates reimbursement of expenses associated with courses taken for a matriculated degree at any accredited college or university. • University Partnership Program is a deferral program in which the Company provides direct payment to sponsoring academic institutions.
GradFin	<p>GradFin Student Loan Debt Reduction Services include:</p> <ul style="list-style-type: none"> • Student loan financial education through personal consultations and educational webinars. • Student loan refinancing through a partnership with 11 vendors, GradFin provides refinancing and consolidation of student loan(s) through their lending platform for both federal and private loans at discounted rates. • Public Service Loan Forgiveness (PSLF) membership and support: Our associates do not meet the criteria for this benefit as an associate of the Family of Companies, but it may apply to a household member.
Adoption Assistance Program	<ul style="list-style-type: none"> • Effective after 12 months of service • Reimburses associates up to \$3,500 for eligible expenses incurred for the adoption of a child not related to the associate • Eligible expenses include agency fees, placement fees, and legal fees

Additional benefits associates may purchase

Our full-time associates and part-time associates scheduled to work a minimum of 15 hours per week may purchase the benefits listed below.

Contributions are made on a pre-tax basis, so associates do not have to pay Social Security tax, federal income tax, and, in certain areas, state and local tax on the deducted amount.

Benefit	Coverage
Long-Term Disability (LTD) Insurance Enhancement	<ul style="list-style-type: none"> • Effective first day of the month following or coinciding with 30 calendar days from date of hire • Benefit supplies an additional 6²/₃% of LTD benefit added to the company-provided LTD benefit of 60%
Medical Health Care Flexible Spending Account and Limited Purpose Flexible Spending Account (only if the HDHP is elected)	<ul style="list-style-type: none"> • Effective first day of the month following date of hire • Used to fund eligible medical/dental/prescription and vision expenses not covered by insurance for the associate and eligible dependents • \$260* annual minimum; \$3,300 annual maximum • Funds not used by the end of the calendar year will be forfeited in accordance with IRS regulations
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> • Effective first day of the month following date of hire • Used to fund eligible dependent child(ren) up to age 13 or elder care expenses • \$260* annual minimum; \$5,000* annual maximum (highly compensated associates may be subject to additional limitations) • Funds not used by the end of the calendar year will be forfeited in accordance with IRS regulations
Transportation Spending Accounts	<ul style="list-style-type: none"> • Effective first day of the month following date of hire • Used to pay for transit and/or parking expenses • Transit monthly maximum is \$325 parking monthly maximum is \$325 • Funds not used by the end of the calendar year may be forfeited in accordance with IRS regulations if continued enrollment does not occur
Flex Vacation	<ul style="list-style-type: none"> • Purchase 1 to 5 flex vacation days • Cost determined by base salary • Must use all company-paid vacation before using flex vacation • No carryover; however, cost of unused flex vacation may be reimbursed at year-end • Associates hired on or after October 1 are not eligible to participate until the following calendar year

*The IRS limits are published annually. The limits provided here are the approved limits at the time this brochure was published and may have changed.

Associates may also purchase the following benefits on an after-tax basis through payroll deduction.

Benefit	Coverage
Supplemental Life Insurance	<ul style="list-style-type: none"> • Effective first day of the month following or coinciding with 30 calendar days from date of hire. • Purchase additional coverage initially up to 3.5 times salary (1, 1.5, 2, 2.5, 3, and 3.5). Salary is defined as base salary plus past 12 months' commissions. Additional levels of coverage up to 6 times salary will be available in future open enrollment windows. • Supplemental Life Insurance amounts include an equal amount of AD&D Insurance. • The New Hire Guarantee Issue: All amounts of Life Insurance (Basic and Supplemental combined) of the lesser of 5.5 times annual earnings or \$2,000,000.
Dependent Life Insurance	<p>Effective first day of the month following or coinciding with 30 calendar days from date of hire:</p> <p>Spouse/Domestic Partner Life can be elected in increments of \$10,000 through \$100,000. The highest level you can elect for spouse/domestic partner life insurance at new hire is \$50,000 without Evidence of Insurability (EOI) required.</p> <p>Child(ren)/Domestic Partner Children(ren) can be elected in three levels:</p> <ul style="list-style-type: none"> • Level 1: \$5,000* • Level 2: \$10,000* • Level 3: \$15,000* <p>The highest level of child(ren)/domestic partner child(ren) you can elect at new hire is \$15,000.</p> <p>*Children are covered at 50 percent of stated amounts until they reach age 3.</p>
Voluntary Benefits	<p>Effective first day of the month following or coinciding with 30 calendar days from date of hire:</p> <p>Through Guardian, we offer three voluntary benefits that can help protect you and your families from unexpected out-of-pocket expenses as follows.</p> <p>Associates do not have to be enrolled in one of our medical plans to purchase one or all three of the benefits.</p> <ul style="list-style-type: none"> • critical illness* insurance provides a lump sum payment to members upon diagnosis of an illness such as cancer, heart attack or stroke. Members can use this money for unexpected medical and non-medical expenses of a covered illness. <ul style="list-style-type: none"> • Associate levels are \$10,000 - \$30,000 and the cost is based upon age • Associate + Spouse levels are \$5,000 - \$10,000 and the cost is based upon the spouse's age • accident insurance provides a benefit payment to members to be used for any purpose while they recover from an unexpected event such as a fall or car accident. • hospital indemnity provides a benefit to offset out-of-pockets costs for hospital admissions. <ul style="list-style-type: none"> • accident and hospital are purchased by tiers; associate, associate + spouse, associate + child(ren) and associate + family <p>*To elect coverage for your spouse, you must also elect Critical Illness coverage for yourself.</p> <p>**Critical Illness is not subject to Evidence of Insurability (EOI) rules, therefore you can elect any level during Open Enrollment, or a qualified life event.</p>



Nationwide Pet Insurance

Enjoy the peace of mind of knowing that you can get care for your beloved animal at an affordable price. Independence has partnered with Nationwide — the first and largest provider of pet insurance in the country — to bring you a reasonably priced comprehensive coverage plan.

My Pet Protection® Wellness500

My Pet Protection® Wellness500 is a coverage option offering benefits for preventive care, including eligible exams, vaccinations, flea prevention, spay or neuter, teeth cleaning, and more. Existing pets may be enrolled in this plan during their annual renewal period only.

Regardless of which plan you choose, there is a \$250 deductible for services.

For more information and a no-obligation quote, visit [PetsNationwide.com](https://www.petsnationwide.com) or call 877-738-7874.

Retirement plan

Blue Chip 401(k) retirement savings plans

To assist associates with saving for their retirement, the company will contribute to their 401(k) Blue Chip Retirement Savings Plan, administered by Empower, through an automatic contribution and company match:

- Employer-funded retirement account – the company will deposit three percent of your eligible earnings into a 401(k) plan. This contribution will be invested directly into the company's default fund (Empower Target Fund). You do not need to participate in the Blue Chip Retirement Savings Plan to receive this contribution. Company match – the company will match 50 percent up to the first eight percent of your contributions. (90-day waiting period for matching contribution, and employer three percent contribution).

In addition, a program called One-Step is offered. This voluntary program will automatically:

- Enroll you in the plan after 30 days of employment with a four percent pre-tax deduction.
- Increase your contributions one percent each year until it reaches a cap of eight percent.
- You may opt out of this program or contribute more (or less) than the four percent.

Associates may make both pre-tax and Roth after-tax salary contributions of up to 50 percent of covered pay (combined totals not to exceed IRS limits).

- Associates are always 100 percent vested in their contributions to the plan.
- The company matches 50 cents for every dollar contributed up to the first eight percent of an associate's contribution.

Paid time off (PTO) and leave-of-absence policies

Benefit	Coverage
Company holidays	<ul style="list-style-type: none"> • Eight designated paid holidays
PTO Bank	<ul style="list-style-type: none"> • 20 to 35 days per year based on length of service • Prorated first calendar year based on hire date • Used for any "time away from work" reason including vacation, associate's own or family member's illness, personal emergency, bereavement of non-immediate family member
Short-Term Disability	<ul style="list-style-type: none"> • Eligible 90 days from date of hire • Benefit is paid at 100% or 60% based on years of service • Medical documentation and claim approval required • Benefits begin on the sixth business day of absence
Family and Medical Leave Act	<ul style="list-style-type: none"> • Eligible 12 months from date of hire • Associates must have worked 1,250 hours in the previous 12-month period • Unpaid leave for up to 12 work weeks for birth, adoption, or foster care, or a serious medical condition of an associate's spouse, child, parent, or self • 30 days' notice to manager/supervisor is required when need for leave is foreseeable
Domestic Partner Leave	<ul style="list-style-type: none"> • Eligible after 12 months of service • Associates must have worked 1,250 hours in the previous 12-month period • Unpaid leave for up to six weeks to care for a domestic partner with a serious health condition • 30 days' notice to manager/supervisor is required when need for leave is foreseeable
Parental Leave	<ul style="list-style-type: none"> • Eligible after 12 months of service • Associates must have worked 1,250 hours in the previous 12-month period • Leave runs concurrently with FMLA and used after Short Term Disability (where applicable) • Up to four weeks of paid bonding leave to be taken in one week increments within six months of the birth or adoption of a child • 30 days' notice to manager/supervisor is required when need for leave is foreseeable
Caregiver Leave	<ul style="list-style-type: none"> • Eligible after 12 months of service • Associates must have worked 1,250 hours in the previous 12-month period • Leave runs concurrently with FMLA • Up to four weeks of paid leave to be taken in full day increments to care for a parent, spouse, domestic partner or child with a serious health condition • 30 days' notice to manager/supervisor is required when need for leave is foreseeable
Bereavement Leave	<ul style="list-style-type: none"> • Up to three paid days of leave due to the death of an immediate family member
Court Appearance	<ul style="list-style-type: none"> • Benefit covers jury duty service and court appearances for which associates are not personally involved • Associate receives regular pay reduced by juror pay
Military Leave	<ul style="list-style-type: none"> • For Active Reservist and civil emergency leave • Provisions of leave are based on federal and state law in effect at the time of leave • Service credited for benefits during absence • Reemployment and reinstatement provisions apply

This Benefits Profile describes highlights of the Company's benefits program. Details are contained in the official plan documents and corporate policies that legally govern the operation of the plans. If there is any conflict between this Benefits Profile and the plan documents or policies, the plan documents and policies will always govern. We reserve the right to change, amend, or terminate these plans and policies at anytime. This Benefits Profile does not constitute a contract of employment or contract of any other nature between Independence and any other sponsoring company and any associates.



The summaries in this brochure represent only a partial listing of benefits and exclusions of the Keystone Health Plan East and Personal Choice programs. These managed care programs may not cover all of your health care expenses. Read your contract, member handbook, and/or benefit booklet carefully to determine which health care services are covered. For more information, please call 1-888-745-3189.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

2025 At-A-Glance Core, *For Internal Use Only*