

2024

Your Benefits, Your Choice



Benefits Summary Guide

[24]7.ai

Your Health, Well Being & Security

At [24]7.ai, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain your physical, emotional, and financial health is the reason [24]7.ai offers you this benefits program. We encourage you and your family to review this summary guide in detail and take note of any questions or points of interest that are not addressed within. A list of contacts are provided at the back of this overview for future reference.

For more detailed information, please visit 247.mybenefits.life (employer key: 247) where you can find all of the plan benefit booklets or summary plan descriptions (SPDs). If there is a difference between this overview and the official plan documents, the plan documents will be followed.

We look forward to a happy and healthy year with you and your families in 2024!



TABLE OF CONTENTS

- Who Can You Cover?..... 4
- Making the Most of Your Benefits Program..... 5
- Anthem Medical..... 6
- Anthem Medical, continued 7
- Kaiser Medical..... 8
- Health Savings Account (HSA) 9
- Vision..... 10
- Dental 11
- Flexible Spending Account (FSA) 12
- Life Insurance 13
- Disability Insurance..... 14
- Time Off..... 14
- Other Programs..... 15
- Pet Insurance 16
- Business Travel Insurance 16
- Employee Referral Program..... 16
- 401k..... 16
- Cost of Coverage 17
- Cost of Coverage (cont'd)..... 18
- Cost of Coverage (cont'd)..... 19
- ADP Online Benefits Enrollment..... 20
- Termination of Coverage 21
- For Assistance 21
- Make Friends with mobile apps..... 22
- Need Assistance?..... 22
- Important Plan Notices and Documents..... 23

Medicare Part D Notice: If you (and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices document posted on the MyBenefits.Life site for additional details.

The benefits in this summary are effective:
January 1, 2024 - December 31, 2024

Who Can You Cover?

WHO IS ELIGIBLE?

Full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview.

You may enroll your same or opposite sex spouse or domestic partner and your dependent children under the age of 26 in your medical, dental and vision plans.

Any premiums for your domestic partner paid for by [24]7.ai are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.

Children are eligible if (includes your domestic partner's children):

- Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
- Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of [24]7.ai cannot also be covered as a dependent.
- Employees who work less than 30 hours per week, interns, temporary employees, contract employees, or employees residing outside the United States.

WHEN CAN I ENROLL?

Coverage for new full-time employees begins on date of hire. New employees who do not make an election within 30 days of becoming eligible will not be able to enroll in benefits until the next open enrollment period unless they experience a mid-year qualifying life event.

MAKING CHANGES?

During Open Enrollment you can change your benefit choices. Open Enrollment is in November and changes are effective on January 1. Your decisions remain in effect for 12 months unless you have a qualifying life event as defined by the IRS such as:

- The addition of a dependent through birth, adoption or marriage
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage
- A change in the employment status of you or your spouse (e.g., from full-time to part-time or vice versa)
- A substantial change in your benefits coverage or a spouse's coverage
- The addition or separation of a qualified domestic partner
- Change in eligibility for Medicaid or Children's Health Insurance Program (CHIP) subsidy

Any benefit changes must be consistent with the type of event you experience. If you add a dependent, you can add them to your benefits but you cannot drop another dependent from benefits. For example, if you have a baby, you can add the baby to your medical plan but you could not drop your spouse from the plan.

If you decline enrollment for yourself or your dependents because of other health insurance coverage and that coverage ends, you may be able to enroll yourself or your dependents in this plan outside of Open Enrollment. In order to exercise this option, you must request enrollment during the first 30 days after your other coverage ends or within 60 days if you experience a loss of eligibility for the Children's Health Insurance Program (CHIP).

If you experience a family status change and want to change your benefits, you MUST contact Human Resources.

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits to full advantage is our goal in offering this program. Here are a few things to keep in mind:

STAY WELL

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency?

Anthem Plan Participants

- Call Anthem's 24/7 Nurse Line at 800-337-4770
- Find an urgent care center by visiting [anthem.com](https://www.anthem.com)

Kaiser Permanente Plan Participants

- Call Kaiser's 24/7 Nurse Line at 800-464-4000
- Find an urgent care center by visiting [kp.org](https://www.kp.org)

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.



WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

Anthem Medical

Here is an overview of the PPO and the HSA plans offered through Anthem. The Anthem plans are available to both California and Non-California employees.

	Anthem PPO		Anthem HDHP (HSA)	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	\$500 per individual, up to \$1,500 per family (benefits for an individual within a family are paid once the individual deduction has been met)	\$1,500 per individual, up to \$4,500 per family (benefits for an individual within a family are paid once the individual deduction has been met)	\$3,200 per individual, up to \$6,400 per family (benefits for an individual within a family are paid once the individual deduction has been met)	\$9,600 per individual, up to \$19,200 per family (benefits for an individual within a family are paid once the individual deduction has been met)
Annual Out-of-Pocket Max	\$4,000 per individual, up to \$8,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/out-of-network)	\$12,000 per individual, up to \$24,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/in-network)	\$5,500 per individual, to \$11,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/out-of-network)	\$16,500 per individual, up to \$33,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/in-network)
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Primary Provider	\$30 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Specialist	\$50 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Preventive Services	No charge	You pay 40% after deductible	No charge (deductible waived)	You pay 40% after deductible
Chiropractic Care	\$30 copay (limited to 30 visits per calendar year, combined w/out-of-network)	You pay 40% after deductible (limited to 30 visits per calendar year, combined w/in-network)	You pay 20% after deductible (limited to 30 visits per calendar)	You pay 40% after deductible (limited to 30 visits per calendar)
Lab & X-Ray	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Inpatient Hospitalization	You pay 20% after deductible	\$500 copay per admission + You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency Room	\$150 copay + You pay 20% after deductible (copay waived if admitted)	\$150 copay + You pay 20% after deductible (copay waived if admitted)	You pay 20% after deductible	You pay 20% after deductible

Anthem Medical, continued

	Anthem PPO		Anthem HSA	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Pharmacy (30 day supply)				
Tier 1a – Typically Lower Cost Generic	\$5 copay	50% coinsurance up to \$250 per prescription	\$5 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 1b – Typically Generic	\$15 copay	50% coinsurance up to \$250 per prescription	\$15 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 2 – Typically Preferred Brand	\$30 copay	50% coinsurance up to \$250 per prescription	\$40 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 3 – Typically Non-Preferred Brand	\$50 copay	50% coinsurance up to \$250 per prescription	\$60 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 4 – Typically Specialty	30% coinsurance up to \$250 per prescription after deductible	50% coinsurance up to \$250 per prescription	30% coinsurance up to \$250 per prescription after deductible	40% coinsurance up to \$250 per prescription after deductible
Mail Order – 90 days				
Tier 1a – Typically Lower Cost Generic	\$10 copay	Not Covered	\$10 copay	Not Covered
Tier 1b – Typically Generic	\$30 copay		\$30 copay	
Tier 2 – Typically Preferred Brand	\$75 copay		\$100 copay	
Tier 3 – Typically Non-Preferred Brand	\$125 copay		\$150 copay	
Tier 4 – Typically Specialty	30% coinsurance up to \$250 per prescription after deductible		30% coinsurance up to \$250 per prescription after deductible	

For help finding a provider please visit anthem.com/find-care



Kaiser Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

[24]7.ai provides you with comprehensive coverage through Kaiser Permanente and Anthem Blue Cross.

Here is an overview of the Kaiser DHMO and the Kaiser DHMO HSA plans. These plans are only available to California employees.

Kaiser DHMO In-Network		Kaiser HMO HSA In-Network
Annual Deductible	\$500 per individual \$500 for each individual in a family of 2 or more \$1,000 for entire family of 2 or more	\$3,200 per individual \$3,200 for each individual in a family of 2 or more \$6,400 for entire family of 2 or more
Annual Out-of-Pocket Max	\$3,000 per individual \$3,000 for each individual in a family \$6,000 per family	\$3,200 per individual \$3,200 for each individual in a family of 2 or more \$6,400 for entire family of 2 or more
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$20 copay deductible does not apply	No charge after deductible
Specialist	\$20 copay deductible does not apply	No charge after deductible
Preventive Services	No charge	No charge, deductible waived
Chiropractic Care	No charge (20 visits)	Not covered
Lab & X-Ray	X-ray: \$10 copay per visit MRI, CT and PET: 10% coinsurance up to a maximum of \$150	No charge after deductible
Inpatient Hospitalization	10% coinsurance after deductible	No charge after deductible
Outpatient Surgery	10% coinsurance after deductible	No charge after deductible
Emergency Room	10% coinsurance after deductible (If admitted as an inpatient, you will pay the inpatient Cost Share instead of the emergency department Cost Share).	No charge after deductible (If admitted as an inpatient, you will pay the inpatient Cost Share instead of the emergency department Cost Share).
Pharmacy		
Generic	\$10 copay	No charge after deductible
Preferred Brand	\$30 copay	No charge after deductible
Specialty	20% coinsurance (not to exceed \$250)	No charge after deductible
Supply Limit	30 days	30 days
Mail Order		
Generic	\$20 copay	No charge after deductible
Preferred Brand	\$60 copay	No charge after deductible
Specialty	Not Covered	Not Covered
Supply Limit	100 days	100 days

Health Savings Account (HSA)

A Health Savings Account is a tax-advantaged, portable (you own it!) savings account available if you enroll in the HSA administered by Navia Benefit Solutions.

You and your employer contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. And, any money that you don't spend grows year after year and can be used in the future, even after you retire.

ACCOUNT CONTRIBUTIONS

	Company Contributes	You Contribute	Annual Maximum Contribution*
Employee	\$1,000	Up to \$3,150	\$4,150
Employee + Family	\$2,000	Up to \$6,300	\$8,300

The company contribution is deposited on a per pay period basis into employee's HSA accounts.

***Contribution limits:** The IRS limits the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count toward the total. In 2024, the limit is **\$4,150** for an individual and **\$8,300** for a family. If you're over 55, the IRS allows you to contribute an additional \$1,000 per year—this is called a "catch-up contribution."

USING YOUR MONEY

You can use the money in your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). For a full list of those expenses, go to [irs.gov](https://www.irs.gov). In general, your HSA can be used for these expenses without penalty:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts. You will need them to prove that you spent the money on qualified expenses if you are audited by the IRS. Click on the icon below to watch a video.



ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare or Medicaid
- Enrolled in Tri-Care
- Claimed as a dependent on someone else's tax return

SETTING UP YOUR HSA

When you elect an HSA account, you will receive an email from Navia to complete your enrollment process through www.Naviabenefits.com. Once you've established your HSA, you may start incurring eligible expenses for distribution.

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before you are age 65, you will owe a 10% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.

Vision

Routine vision exams are important, for correcting vision and because they can detect other serious health conditions.

You have the option of enrolling in one of our vision insurance plans offered through Vision Service Plan (VSP). This coverage is voluntary and you are responsible for paying 100% of the monthly premium.

	VSP LOW In-Network	VSP HIGH In-Network
Examination		
Benefit	\$20 copay	\$20 copay
Frequency	Once every calendar year	Once every calendar year
Materials	\$20 copay	Combined with exam copay
Eyeglass Lenses		
Single Vision Lens	No charge after materials copay	No charge after materials copay
Bifocal Lens	No charge after materials copay	No charge after materials copay
Trifocal Lens	No charge after materials copay	No charge after materials copay
Frequency	Once every calendar year	Once every calendar year
Frames		
Benefit	Coverage limited to \$130; \$150 for featured brands	Coverage limited to \$200; \$220 for featured brands
Frequency	Once every other calendar year	Once every calendar year
2nd Pair of Glasses	Not covered	\$20 copay; \$200 allowance Once every calendar year
Contacts (Elective)		
Benefit	Coverage limited to \$130	Coverage limited to \$200
Frequency	Once every calendar year (in lieu of glasses)	Once every calendar year (in lieu of glasses)

USING YOUR VSP BENEFIT IS EASY

- To find a VSP doctor, visit vsp.com or call 800-877-7195
- Network: VSP Signature Network
- Visit vsp.com to review your plan coverage before your appointment
- At your appointment, tell them you have VSP
- There's no ID card necessary

To watch a video about vision insurance, click on the picture below.



Dental

Regular visits to your dentists can help more than protect your smile, they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

[24]7.ai provides a comprehensive dental plan through Guardian Life.

Guardian Dental PPO

	In-Network	Out-Of-Network
Calendar Year Deductible	\$50 \$150 per family	\$50 \$150 per family
Annual Plan Maximum	\$2,000 (combined with out-of-network)	\$2,000 (combined with in-network)
Diagnostic and Preventive	No charge (coverage limited to 1 per 6 consecutive months)	No charge (coverage limited to 1 per 6 consecutive months)
Basic Services		
Fillings	You pay 10% after deductible	You pay 20% after deductible
Root Canals	You pay 10% after deductible	You pay 20% after deductible
Periodontics	You pay 10% after deductible	You pay 20% after deductible
Major Services	You pay 40% after deductible	You pay 50% after deductible
Orthodontic Services		
Orthodontia	You pay 50%	You pay 50%
Lifetime Maximum	\$2,500 (combined with out-of-network)	\$2,500 (combined with in-network)
Dependent Children	Dependent Children covered to age 26	Dependent Children covered to age 26

MANAGE YOUR BENEFITS

Go to GuardianAnytime.com to access secure information about your Guardian benefits including an image of your ID Card. Your online account will be set up within 30 days after your plan effective date.

FIND A DENTIST

Visit GuardianAnytime.com to find a network provider. Click on “Find a Provider”—you will need to know your plan (PPO) and dental network (Dental Guard Preferred), which can be found on the first page of your dental benefit summary.

Click on the picture to watch a video on dental insurance.



Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside pre-tax money through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. You must re-enroll in this program each year. Navia Benefits Solutions administers this program.

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 01/01/24 and 12/31/24 and submitted for reimbursement no later than 03/31/25.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- You can keep up to **\$640** of unused money for use in the next plan year. Unused amounts above **\$640** will be lost, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the [24]7.ai health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

Click here to watch a video about FSA.



HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to **\$3,200** in 2024. If you're enrolled in the Anthem HSA or Kaiser HSA, you can participate in our Limited Purpose Healthcare FSA, which covers out-of-pocket vision and dental expenses ONLY.

DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home childcare, and before or after school care for your dependent children under age 13. Other individuals may qualify if they're considered your tax dependent and are incapable of self-care. It's important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care tax credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to **\$5,000** per household for eligible dependent care expenses for 2024.

SETTING UP FSA

When you elect the FSA, you will receive an email from Navia with further instructions to complete the FSA enrollment process. Please visit www.Naviabenefits.com. Once you've established your FSA, you may start submitting eligible expenses for reimbursement.

Life Insurance

If you have loved ones who depend on your income for support, Life and Accidental Death Insurance can help protect your family's financial security.

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by New York Life Insurance.

Basic Life Amount	3 x annual salary up to \$500,000
Basic AD&D Amount	3 x annual salary up to \$500,000

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security.

Employee Voluntary Life Amount	Increments of \$10,000 not to exceed \$500,000 or 5x covered annual earnings. Guarantee Issue is: \$200,000
Employee Voluntary AD&D Amount	Increments of \$10,000 not to exceed \$500,000 or 5x covered annual earnings. Guarantee Issue is: \$200,000 An amount equal to the Employee's amount of Voluntary Life Insurance in force.
Spouse Voluntary Life Amount	Increments of \$5,000, spouse voluntary life coverage cannot exceed 50% of employee amount or \$250,000. Guarantee Issue is: \$50,000
Spouse Voluntary AD&D Amount	Increments of \$5,000, spouse voluntary life coverage cannot exceed 50% of employee amount or \$250,000. Guarantee Issue is: \$50,000
Child Voluntary Life Amount	Flat \$500 amount for each eligible child who is under 6 months or flat \$10,000 amount for each eligible child who is 6 months to under age 26.
Child Voluntary AD&D Amount	Flat \$10,000 amount for each eligible child who is 6 months to under age 26.

Please refer to benefit summary for full plan details

***Beneficiary Reminder:** Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Taxes: The IRS considers a life insurance benefit of \$50,000 or more taxable. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by New York Life Group.

Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$2,308
Benefits Begin After:	
Accident	7 days of disability
Sickness	7 days of disability
Maximum Payment Period*	12 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by New York Group.

Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	\$10,000
Benefits Begin After:	90 days
Maximum Payment Period*	SSNRA or Maximum Benefit Period (schedule)

*The age at which the disability begins may affect the duration of the benefits.

Time Off

PTO

Less than 3 years of service = 4.67 hours per pay period (14 days of accrued PTO) with a maximum accrual of 140 hours.

3 or more years of service = 6.34 hours per pay period (19 days of accrued PTO) with a maximum accrual of 190 hours.

HOLIDAYS

New Year's Day – Monday January 1

President's Day – Monday February 19

Memorial Day - Monday May 27

Independence Day – Thursday July 4

Labor Day – Monday September 2

Thanksgiving Holiday – Thursday November 28

Thanksgiving Holiday – Friday November 29

Christmas Holiday – Tuesday December 24

Christmas Holiday – Wednesday December 25

New Year's Eve – Tuesday December 31

Other Programs

Here are some other valuable programs that you are eligible to participate in:

TRANSPORTATION SAVINGS ACCOUNT



Do you have out-of-pocket commuting expenses; for example, taking public transportation to work or for commuter parking?

If so, you can save on taxes by enrolling in Transportation Savings

Account (also known as a Section 132 plan.)

A Transportation Savings Account lets you set aside pre-tax money through payroll deductions. You may enroll and/or stop participating in this program at any time. Monies in this account can be used in future months or plan years. If you leave [24]7.ai, any unused account balance will be lost. Navia Benefit Solutions administers this program.

Here are the maximum amounts of money you can set aside in 2024*:

Parking Expense Account	Up to \$315 per month
Transportation Expense Account	Up to \$315 per month

*These amounts are evaluated annually by the IRS and are subject to change. You need to re-enroll in this program each year.

KINSIDE

Kinside is available to all employees using Navia. It is a resource for finding child care. Kinside is free for all Navia members and can be accessed both through your Navia account and on **Kinside at www.kinside.com/navia** — both using the Navia login.

LEGAL INSURANCE FROM ARAG

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues, or buying a home. Visit ARAGLegalCenter.com

- Identity theft protection
- Access to a nationwide network of attorneys
- Estate Planning

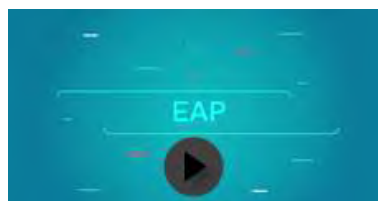
EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through CONCERN Employee Assistance can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free.

Help is available 24 hours a day, 7 days a week, and 365 days a year by telephone at **800-344-4222**.

Other resources are available online at concern-eap.com. In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to **4 visits** per problem.

Additional benefits are available through your medical plan. Review your medical benefit booklet for more [information](#).



Pet Insurance

Veterinary Pet Insurance (VPI) provides a financial safety net for those unexpected veterinary expenses. With coverage from VPI, you can focus on giving your pet the best care possible, instead of focusing on the cost of treatment. For rates and plan information, call 800-540-2016 or visit www.petsnationwide.com.

Business Travel Insurance

All employees are provided Travel Accident Insurance through AIG. Each employee is covered up to \$300,000 and eligible spouses and dependent children are covered up to \$10,000. In the event of your accidental death or if you suffer a loss of limb while on company business, your beneficiary will receive a benefit from this program. This benefit is provided at no cost to you. This benefit also provides travel assistance benefits such as lost luggage assistance, emergency medical referrals, translation services, and more.

Employee Referral Program

When you recruit a friend or colleague to join [24]7.ai, you will be eligible to receive a bonus. The amount of the bonus is \$1,500 (less all applicable payroll deductions/taxes) for employees who are non-technical (i.e. G&A or Legal). For technical roles, the bonus is \$3,000 (less all applicable payroll deductions/taxes). Examples of technical roles include software developers, engineers, net-ops engineers, telco engineers, help desk techs and technical managers. Employee Referral bonuses are paid through payroll after confirmation the employee has worked for the company for 30 days.

401(k)

[24]7.ai believes planning for your future is important and wants to help you build retirement security. Although [24]7.ai does not currently offer a company match, participating in the 401(k) plan is still a great way to start planning for retirement.

Here are some of the plan's valuable features:

- You are always 100% vested in (meaning you “own”) your paycheck contributions, rollover contributions, and any earnings on these amounts.
- The 2024 IRS Contribution limit is \$23,000. The additional catch-up contribution limit for individuals aged 50 and over is an additional \$7,500.
- You have a choice to contribute to a traditional 401(k) and/or a Roth 401(k). With the traditional 401(k), your pre-tax earnings grow tax-deferred until you withdraw funds. With the Roth 401(k), you make after-tax contributions now, but can withdraw your money tax-free when you retire (as long as it has been five tax years since your first Roth 401(k) contribution and you are at least 59½ years old).
- It's convenient. Funds are deducted automatically from your paycheck. Your traditional 401(k) contributions are taken out before taxes and can lower your taxable income.



Cost of Coverage

[24]7.ai pays part of the coverage costs for medical and dental and 100% for Basic Life, AD&D, STD, and LTD. You share in the cost of coverage for other plans and coverage levels. In general, you pay for health coverage before federal, state and social security taxes are withheld.

Payroll is processed on a semi-monthly basis your cost taken out each payroll is listed below.

MEDICAL

Anthem PPO Plan		Your Cost Semi Monthly
Employee Only		\$109.49
Employee + Spouse/DP		\$276.99
Employee + Child(ren)		\$226.64
Employee + Family		\$407.29
Anthem HDHP HSA Plan		Your Cost Semi Monthly
Employee Only		\$45.92
Employee + Spouse/DP		\$116.58
Employee + Child(ren)		\$89.02
Employee + Family		\$175.23
Kaiser DHMO Plan		Your Cost Semi Monthly
Employee Only		\$64.03
Employee + Spouse/DP		\$156.51
Employee + Child(ren)		\$142.28
Employee + Family		\$234.76
Kaiser HDHP HSA Plan		Your Cost Semi Monthly
Employee Only		\$40.42
Employee + Spouse/DP		\$96.32
Employee + Child(ren)		\$87.57
Employee + Family		\$141.45

Cost of Coverage (cont'd)

DENTAL

Guardian Dental	Your Cost Semi Monthly
Employee Only	\$4.93
Employee + Spouse/DP	\$12.03
Employee + Child(ren)	\$14.74
Employee + Family	\$26.84

VOLUNTARY VISION – you pay 100% of the premium

VSP Low	Your Cost Semi Monthly
Employee Only	\$5.68
Employee + 1	\$8.82
Employee + 2 or more	\$13.99
VSP High	Your Cost Semi Monthly
Employee Only	\$13.12
Employee + 1	\$20.38
Employee + 2 or more	\$32.32

ARAG LEGAL

ARAG Legal	Your Cost Semi Monthly
UltimateAdvisor™	\$10.38
UltimateAdvisor Plus™	\$12.13

Cost of Coverage (cont'd)

Voluntary Life/AD&D Insurance

New York Life - Life/AD&D – per \$1,000 of coverage – Monthly		
Age	Employee Rate	Spouse Rate
<0-19	\$0.070	\$0.070
20-24	\$0.070	\$0.070
25-29	\$0.080	\$0.070
30-34	\$0.100	\$0.100
35-39	\$0.110	\$0.110
40-44	\$0.120	\$0.120
45-49	\$0.170	\$0.170
50-54	\$0.250	\$0.250
55-59	\$0.450	\$0.450
60-64	\$0.680	\$0.680
65-69	\$1.290	\$1.290
70-74	\$2.080	Spouse Coverage Terminates
75-79	\$3.460	N/A
80-84	\$6.854	N/A
85-89	\$12.619	N/A
90-94	\$20.576	N/A
95-99	\$31.224	N/A
Dependent Child(ren)	\$0.200 per \$1,000, regardless of number of children	

*These rates include \$0.020 voluntary AD&D rates for Employee & Spouse

You are responsible for paying the cost of Voluntary Life and AD&D coverage through payroll deduction. Calculate your cost by dividing your amount by Voluntary Life insurance and AD&D by 1000 and multiplying the result by the rates above:

EXAMPLE: 30 year old rate: \$0.080

Employee only benefit: \$150,000

$\$0.080 \times 150 \text{ units} = \12.00

ABOUT YOUR PREMIUMS

Any contributions you make for yourself, your spouse, or your children's medical, dental or vision plan coverage are automatically deducted from your paycheck on a pre-tax basis per IRS guidelines under Section 125. This decreases your taxable earnings and can increase your take-home pay. You are enrolled in this program when you become eligible for benefits and do not need to take any action if no changes are needed. You must notify Human Resources in writing if you would like your contributions to be taken post-tax.

PREMIUMS FOR DOMESTIC PARTNERS AND THEIR CHILDREN

Because the IRS does not recognize domestic partners or their children (unless they qualify as dependents under Section 125 for tax filing purposes), we are required to impute the value of these benefits and report that value, less any post-tax deductions, as taxable income to you. The applicable amount will be added back into your paycheck as taxable income and you'll pay taxes on that amount. In addition, deductions for your Domestic Partner and their children will be taken post-tax.

If you enroll a domestic partner in these plans, you may be able to deduct your portion of the premium costs on your state tax return. Each state's requirements vary; please consult your tax advisor for details.

Some states do not permit pre-tax or tax-free coverage for adult children. As a result, we may impute the value of this coverage and report it as taxable income.

To determine the applicable imputed income for the plan you have chosen, please contact Human Resources.

ADP Online Benefits Enrollment

Choose your benefits through our online enrollment system with ADP. You will receive notification from Human Resources after you start with [24]7.ai on how to register with ADP. The ADP website allows you to view and manage your benefits 24 hours a day, 7 days a week. Please visit the ADP portal at: <https://workforcenow.adp.com>

Step 1: Log in and navigate to the **Myself** tab and select **Benefits> Enrollments**

Step 2: An enrollment tool begins the process. The following three benefit enrollment options are available:

- Walk me through the process (preferred)
- I know the changes I want to make
- Review my benefit coverage

Step 3: The Enrollment Wizard will walk you through the changes you need to make if you select "Walk me through this process." If this is the first time you've enrolled in benefits using, <https://workforcenow.adp.com>, we recommend this option.

Step 4: You can check the progress while you make changes, or stop in the middle to return later, and the system will remember where you left off.

Step 5: When you have submitted your finished changes, you can click on **View/Print Summary of Changes** for a print out of your elections. Medical cards (if applicable) will be mailed to your home address within 3 weeks of completing your benefits election. No cards are sent out for dental or vision.

REMINDER – YOU MUST MAKE YOUR INSURANCE ELECTIONS WITHIN 30 DAYS FROM YOUR DATE OF HIRE THROUGH THE ADP PORTAL OR YOU WILL NOT HAVE INSURANCE COVERAGE FOR THIS CURRENT PLAN YEAR.

Termination of Coverage

If you or a covered dependent no longer meet these eligibility requirements or if your employment ends, your medical, dental, and vision coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, vision and Health Care FSA coverage. FSA, Life, AD&D, Voluntary Life and AD&D, and disability coverage will end on the date you become ineligible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Phone Number	Website	Policy/Group #
Anthem PPO /HSA	866-461-3583	anthem.com	PPO: L03990M001 HSA: L03990M010
Kaiser DHMO / HSA	800-464-4000	kp.org	602059
Guardian Dental	800-541-7846	guardiananytime.com	394693
VSP Vision	800-877-7195	vsp.com	30017328
New York Life / AD&D	888-842-4462	New York Life	Life SGM67027 AD&D SOK605017
New York STD, LTD	888-842-4462	New York Life	SGD607313
Concern EAP	800-344-4222	employees.concernhealth.com	24/7
Navia FSA, HSA, Transit	FSA: 425-452-3500 HSA: 425-452-3421	naviabenefits.com	201601/ 201611
Pet Insurance	800-540-2016	Petsnationwide.com	24/7
401(k) – Fidelity	800-343-3548	netbenefits.com	20408
Business Travel AIG	877-244-6871	aig.com/travel-guard	GTP 9148390
ARAG Legal	800-247-4184	ARAGlegalcenter.com	18158inc
Payroll	Email: 247Payroll-HQ@247.ai		
Human Resources	Email: 247HR-HQ@247.ai		
Benefits	Email: 247Benefits-HQ@247.ai		



Get To Know Your Benefits Portal

Understanding your benefits is easier than ever with MyBenefits.Life, your website and app for [24/7].ai employee benefits information anytime, anywhere. Whether you're at home, at work, or on the go, you can log on to MyBenefits.Life from your computer, tablet, or smartphone.

GO TO:

- BENEFITS to see your benefit plans and what's covered
- CONTACTS to get help with your benefit plans
- DOCUMENTS to access important plan documents, forms, and flyers
- RESOURCES on the home page:
 - personalize MyBenefits.Life to show only your benefit choices
 - message notifications for important announcements
 - explainer articles and videos to help you understand your benefits coverage

MyBenefits.Life Website: 247.mybenefits.life

Employer Key: 247

Visit the App Store or Google Play to download the MyBenefits.Life app!

Make Friends with mobile apps

Stay informed while you're on the go! Many of your benefit plans offer apps that provide personalized information about your benefits coverage and individual usage. Visit the plan's website for app information or search on the Apple Store or Google Play.

Need Assistance?

Reach out to your benefit advocate for personal and confidential assistance with general benefit questions; eligibility and coverage; finding a network provider; coverage changes due to life events such as marriage, a new child, or divorce; and health care claim or billing issues (when warranted).

If you have any questions or need help, contact our Benefit Advocate Jeremy Beasley:

Phone: 925-287-7241

Email: 247Benefits-HQ@247.ai

Hours: 8 am - 5 pm (M-Th)

8 am - 4:30 pm (Fri) Pacific Time

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis; they are available on the MyBenefits.Life Site.

MyBenefits.Life Website: 247.mybenefits.life
Employer Key: 247

The notices will include:

- **Medicare Part D Notice**
Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act**
Describes benefits available to those who will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act**
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights**
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **Notice Grandfathered Plan Status**
Notifies you that a plan is grandfathered and does not include all Affordable Care Act (ACA) provisions.
- **Notice of Choice of Providers**
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- **Children's Health Insurance Program Reauthorization Act (CHIPRA)**
Describes availability of premium assistance for Medicaid eligible dependents.

Summary Plan Descriptions (SPDs)

A Summary Plan Description, or SPD, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions are available:

- [24]7.ai Health and Welfare Plan

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available by request or can be found on:

MyBenefits.Life Website: 247.mybenefits.life
Employer Key: 247

Anthem PPO / HDHP HSA
Kaiser Permanente DHMO / HDHP HSA

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources at:

247Benefits-HQ@247.ai

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the [24]7.ai Health and Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

The company reserves the right to amend or terminate the program in whole or in part at any time.

