maximus

Today. Tomorrow. Together. We help you prepare.

Use the **Maximus Benefits Center** to enroll in your 2025 benefits.

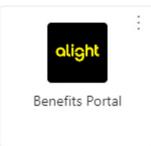
At Maximus, we provide the support you need for all the moments that matter. This includes giving you the tools to understand your benefits and select the options that work best for you and your family.

This guide will walk you through the user-friendly enrollment process on the Maximus Benefits Center.

Don't miss this chance to choose your benefits. Enroll from October 21 to November 1, 2024

NSCA

Let's get started!



Visit the <u>Maximus Benefits Center</u> directly, or click on the Alight Benefits Portal tile in your APPS section.



If this is your first time using the Alight Benefits Portal, click **New User?** under the **Log On** button to set up your user profile. Once that's done, click **Continue**.

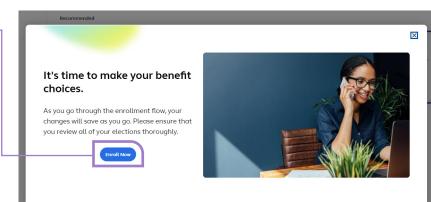
You can also enroll through the Alight App*

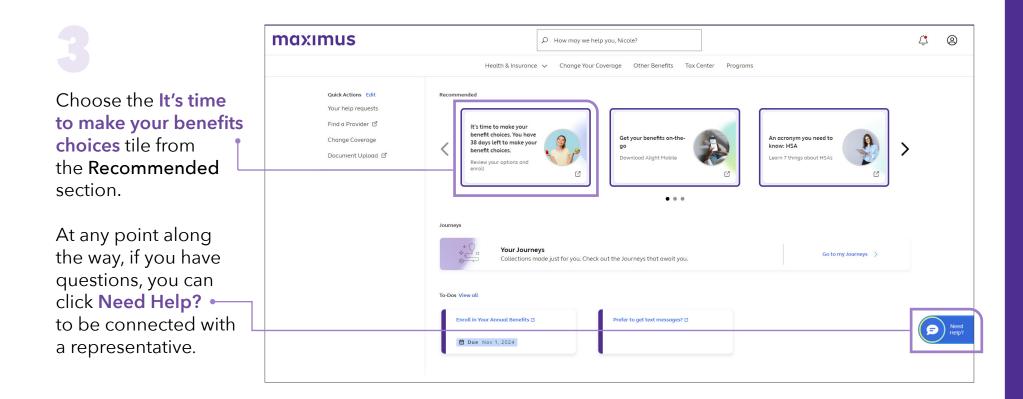
2 ways to get the Alight mobile app:

- 1. Visit http://alight.com/app
- 2. Scan the QR code with your phone



*You must have your profile set up on the website before enrolling through the Alight app. Click **Enroll now** on the pop-up window. (If you don't see this screen, you will be taken directly to the home page.)





Read the **Save As You Go** page for important information. Your elections are saved even if you don't finish the enrollment process. Click **I Agree**.

Welcome to Maximus Benefits!

Get Ready for a Better Benefits Experience

Maximus is dedicated to the health and financial wellbeing of our employees. We know that our benefits program is an important part of the total compensation package that helps us attract and retain a talented group of team members.

Our benefits program:

- Gives you choice, flexibility, and comprehensive coverage
- Is competitive and generous with many benefits covered at 100% by Maximus
- Provides you with high-quality provider networks so you and your family have access to the best available care

Your enrollment elections will Save As You Go. By starting the enrollment, you certify:

My elections are Save As You Go and I consent to all the items below (please note that you have until Nov 01, 2024, to make changes)

- Save As You Go meaning: <u>All elections will be saved regardless of completion</u>
- I have reviewed the costs of the plans
- I will provide proof of my dependent eligibility, if requested
- I will immediately notify the Benefits Center if my dependent becomes ineligible for coverage
- I understand I am responsible for payroll deductions related to my of coverage
- I understand that any fraudulent statement, falsification, or material omission of information may subject me to discipline

I Agree

, it's time to enroll in your benefits.

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On the **It's time to enroll in your benefits** page, click **Go to •• Enrollment** to be walked through the enrollment process.

n ())	left Enrollment is open until 11:59 p.m. CT on November 1, 2024		
Let's get	prepared before you Enroll!		
rega • Rev		s You Go meaning: <u>All elections will be saved</u>	
Enroument	10-003 (2)		
<	Make sure to have your dependent SSN ready for enrollment.	Gather dependent documentations for dependent verification	;

Your Dependen	t Information	
Plan costs are based on who	m you choose to cover.	
	Spouse born on 12/30/1977	Edit
Add Dependent		

First, review **Your Dependent Information**. It's important that this is up to date because your costs are based on whom you cover. If changes are necessary, click **Edit** next to an existing dependent or **Add Dependent**. When you're done, click **Continue**.

You have two choices for your enrollment experience– Personalize Estimates or No, thanks.

Click **No, thanks** to go directly to the **Choose Your Medical Plan** page.

Estimate Your Benefits Needs

We'll make enrollment suggestions for you based on estimates of your current and future benefitsrelated needs.

We will use averages for people like you to estimate your health-related expenses and benefits you should consider. Or, you can give us a little more information about yourself for a more personalized estimate.



For benefit suggestions based on your needs, choose
Personalize Estimates and follow the prompts to answer questions about your benefits usage, including health care visits, medical expenses, prescription information, and medical procedures.

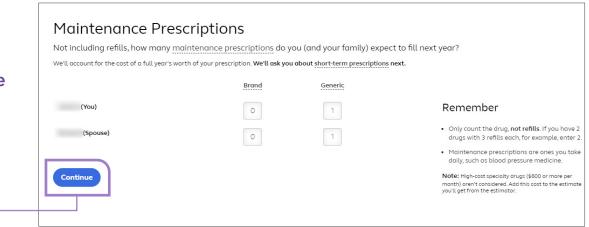
Your answers are completely confidential, not be shared with Maximus, and not retained after you finish your enrollment.

If you choose to **Personalize Estimates**, you'll be asked to fill out a few pieces of information. First, indicate the number of **doctor visits** you (and your family) expect to go to next year. Then click **Continue** to go to the next screen.

	Primary Care Physician (PCP)	Specialist	
(You)	2	1	
(Spouse)	2	1	Remember
			 Physicals and annual screenings are fully covered for everyone, so don't include them
Continue			A pediatrician is a primary care physician.

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You'll also be asked about any Maintenance Prescriptions you (and your family) expect to fill next year. Then choose Continue to proceed.

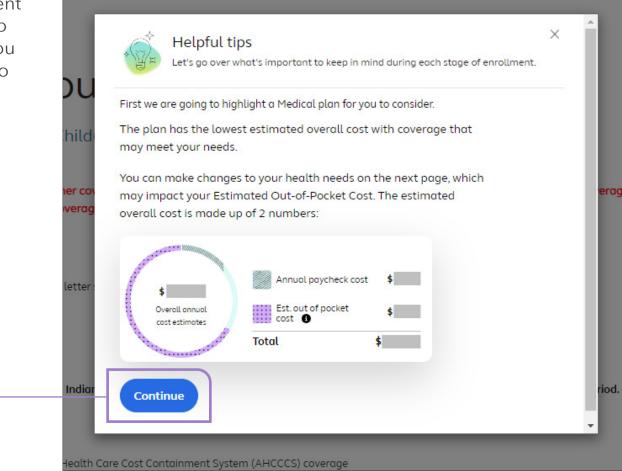


On the **Tobacco Usage** page, you'll be asked to report if you Tobacco Usage have used any tobacco products This enrollment period is for coverage beginning January 1, 2025. within the last 12 months. Are you currently using tobacco products? Choose **Yes** or **No** and click (Including those smoked, chewed, or otherwise used as a nicotine delivery system including pipes, cigars, and e-cigarettes) Employees who intend to enroll in the Maximus medical plan are required to self-attest to their tobacco usage. Employees that are tobacco free receive a \$1,500 annual discount on their medical premiums. Employees Continue to Plans. that use tobacco but are interested in receiving the annual discount can complete a tobacco cessation program. Please indicate your tobacco usage status below Yes - I am currently using tobacco No - I am not currently using tobacco Continue to Plans

Tobacco user declaration

If you are not a tobacco user, you will receive an annual discount of \$1,500 on your medical premiums, applied in your bi-weekly rates. Employees who are currently tobacco users may enroll in and complete a tobacco cessation program to receive the healthcare premium discount.

As you go through the enrollment process, **Helpful tips** will pop up with recommendations. After you have reviewed, click **Continue** to go to the next screen.



On the **Choose Your Medical Plan** page, you will see the system-recommended plan and your current plan.

Click **Update your estimate** to use the • **Personalize Estimates** tool again.

Use election shortcuts to **Compare Plans** and **Choose Who's Covered**.

In the **Plans available** section, you will see a comparison of the plans. You can click **All coverage details** for plan • information, **Pay Period** or **Annual** for costs, and **Find a doctor** to check if your doctors are in-network.

To continue, click **Choose This Plan** or • **Keep This Plan** to select the medical plan that's best for you and your family.

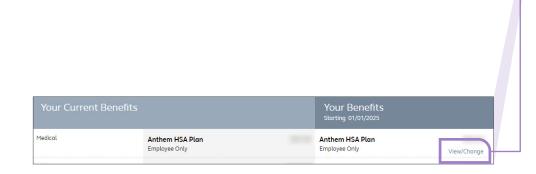
Covering: Emplo Beginning January 1				
You've perso	nalized your health care expe	ense estimate!		
The out-of-pocke suggestions cha	et costs below are based on the inform nge.	mation you provided. You can alw	ays update your answers in the est	imator tool to see if your plan
Update your	estimate			
Medical election	shortcuts			
Compare plans		Choose who's covered 🔞		
				_
2 Plans a	vailable			Pay period Anr
Suggested for	you Learn why 🕖			
Anthem H	ISA Plan All coverage details			
HSA available 👩				
Plan cost	Estimated annual cost 🚯	Deductible	Primary office visit	Out-of-pocket maximum
per pay period	View cost breakdown	\$1,800/ Individual	100% covered after deductible	\$6,000 / Individual
Choose This F			Make sure to check if your d	octors are in network. Find a doctor @
Choose mis r	ompare		Hoke sure to check in your o	
	_			
Your curren	_			
Anthem F	POPLAN All coverage details	; Deductible	Primary office visit	Out-of-pocket maximum ()
- tan cost		\$700/		\$3,000 / Individual
per pay period	View tost breakdown			
Keep This Pla			Make sure to check if your d	octors are in network. Find a doctor 🖸

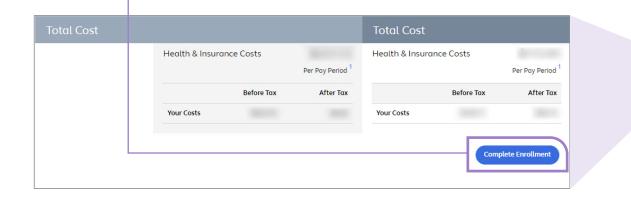
Once you complete your medical plan enrollment, y be guided through the rest your benefit options, includ dental, vision, insurance, ar other benefits.

ur nt, you'll rest of cluding e, and	← Back Choose Who You Want to Cover for Dental This enrollment period is for coverage beginning January 1, 2025. ② You (Covered)				
	(Covered)	Spouse born on	Edit		
	● Add Dependent				
← Bock Basic Life and	AD&D	Totol Benefits Cost V per pay period	Decline This Coverage Continue		
This enrollment period is for co	werage beginning January 1, 2025.				
Maximus provides you with Basic Please ensure you to review and r	: Life and Accidental Death and Dismemberment (AD&D) insurance, at n update your beneficiary.	o cost to you, at a flat amount of \$20,000.			
Your company provides you	u with Flat Amount \$20,000.00 at a cost of \$0.00.				
Your Beneficiaries		Edit			
Current Beneficiary		Benefit Percent			
Primary					
	vm on 01/01/1900)	100%			
Contingent ¹	sur insurance benefit if your primary beneficiary is not alive at the time the benefit is poid.				
		Save and Continue			

After you walk through the enrollment process, you'll see the **Summary** of Your Benefit Elections page. To make changes, click View/Change next to those options.

Be sure to click **Complete Enrollment** when you're done (as a reminder, your elections are saved as you go throughout the process).





ummary of Your Benefit	Elections			
etow is a summary of your bene lew/Change buttons.	Exerctions. You may select individual benefits by usi	ng the		Annual)
Your Current Ben	efits		Your Benefits	Arroa
Medical	Anthem HSA Plan		Anthem HSA Plan	
HSA	Employee Only		Employee Only	View/Chonge
RaA	Health Savings Account \$4,000 00 Annually UPDATE © \$250.00		Health Savings Account \$1,500.00 Annually @ \$250.00	View/Change
Dentol	Delta Dental Plan		Delto Dental Plan	View/Change
Vision	VSP Base Plan Employee Only		VSP Base Plan Employee + Spouse (Richard)	
Hospital Indemnity	No Coverage UPDATE		Hospital Indemnity Insurance - Low Plan Employee Only Your coverage begins on 01/01/2025.	View/Chonge View/Chonge
Critical Illness	No Coverage UPDATE			View/Chonge
Group Accident	No Coverage UPDATE		Accident Insurance - Low Plan Employee Only Your coverage begins on 01/01/2025.	View/Change
No Coverage			No Coverage storting 01/01/2025	
HCPSA	No Coverage		No Coverage Not eligible for update based on Medical enrollment	
Dependent Core PSA	No Coverage		No Coverage	View/Chonge
Voluntory Life	No Coverage UPDATE		No Coverage	View/Chonge
Spouse Life	No Coverage		No Coverage	View/Change
Child Life	No Coverage		No Coverage	View/Change
Voluntory AD&D	No Coveroge UPDATE		No Coverage	
Group Legel	No Coverage		No Coverage	View/Chonge View/Chonge
😳 Suggested for You 🕨	E Authorization		Not Available	
Commuter Plan	Not Available		No Coverage	View/Chonge
	_	_		
			Employer Provided Ben Storting 01/01/2025	efits
Bosic Life and AD&D	Employer Provided Basic Life & AD&D 1X Annuel Salary \$50,000		Employer Provided Basic Life & AD&D 1X Annuel Salary \$50,000	View/Change
Besic STD	Employer Provided Short Term Disability 60% of Weekly Solary (up to \$2,000) up to 12 weeks		Employer Provided Short Term Disability 60% of Weekly Selary (up to \$2,000) up to 12 weeks	
Besic LTD	Employer Provided Long Term Disability 60% of Henthly Earnings (up to \$10,000)		Employer Provided Long Term Disobility 60% of Henthly Barnings (up to \$10,000)	
ELD	EAP Employee Assistance Program		EAP Employee Assistance Program	
Total Cost			Total Cost	
	Health & Insurance Costs	Per Pay Period	Health & Insurance Costs	Per Pay Period
	Before Tax	After Tax	Before Tax	Per Poy Period
	Your Costs	-	Your Costs	1000
				nplete Errollment
	Contact Us			alightwo

	Congratulations ! Your enrollment steps are complete.			
	Confirmation number: 11135325			
	What happens next?			
	 Typically, you will receive your ID card within the next two weeks. However, there are some instances where you will not receive a health ID card. 			
	 Complete the required follow-ups listed below before their deadlines. You or your dependents may not receive full coverage if you do not complete them on time. 			
	You can review or print a summary of your choices and costs: Get your summary			
l				

Below your **Confirmation number**, you can click **Get your summary** to print a list of your benefits. You may see some **Required Follow-Ups** and will need to complete those to ensure coverage.



Questions?

Contact the Maximus Benefits Center at **877.385.0710** Monday - Friday, 8 a.m. to 8 p.m. ET

- 1. Enter your credentials
- 2. Press 1 to Enroll in your benefits
- 3. Press 3 for Annual Enrollment