



2025

BENEFIT GUIDE

EFFECTIVE JANUARY 1 THROUGH DECEMBER 31



Our business.

7901 N 16th Street
Phoenix, AZ 85020
602-531-4733

edgebuildingservices.com

Welcome to your Edge Building Services Benefits Enrollment Guide.

Our Employees are our most valuable asset.

Edge offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Disclaimer: If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail.

Who is eligible?

If you are a full-time, permanent employee working 30 hours or more per week you are eligible to enroll in the benefits described in this guide. Your spouse, domestic partner, biological or adopted child, or any dependent that you or your spouse have legal guardianship or custody over up to the age of 26, married or unmarried are eligible to enroll. Parents and grandchildren are not eligible for benefits.

New Hires coverage for these benefits will be effective on the first of the month following 30 consecutive days of full-time employment.

When do I enroll?

You are eligible to enroll in the benefits during your initial eligibility period or during open enrollment. Open Enrollment is held each year during the month of December.



How do I enroll?

The first step is to review your current benefit elections or if you are a newly eligible employee review your current benefit options. Verify your personal information and add or make any changes necessary. Make your benefit selections carefully. Once you have made your selections, you will not be able to change them until the next open enrollment period unless you have a qualifying life event.

How and when can I make changes?

Unless you have a qualified change in status, you cannot make changes to the benefits you selected until the next Open Enrollment period or you experience a qualifying life event. A change in status would include marriage, divorce, legal separation, birth, adoption, change in child dependent status, death of a spouse, child, or other qualified dependent, change in residence due to employment, or a change in employment status for a spouse.

Important: Employees have 30 days from the date of event to make election changes. Contact Human Resources for complete details.



Medical Plans

The following is a brief description of the types of medical plans we offer.



PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. The calendar-year deductible must be met before certain services are covered.

HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drugs, dental, and vision expenses.

For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan(s) work:

Annual Deductible: You must meet the annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. There are two types of deductibles:

- Embedded - each person only has to meet the single deductible before the plan begins to pay.
- Non-Embedded - any participant must meet the family deductible before the plan begins to pay.

Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.

Out-of-Pocket Maximum: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.

NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual under a non-embedded deductible plan.

Health Savings Account (HSA): You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B, TRICARE programs or any other health plan. See the plan documents for full details. Employer contributions count towards the annual maximum.

2025 HSA Contribution Limits: Employee Only - \$4,300 | Employee + Spouse, Child(ren), Family is \$8,550

"If you elect to participate in the HSA component, you will be required to certify that you meet all the requirements under Code § 223 to be eligible to contribute to an HSA. These requirements include such things as not having any disqualifying coverage such as Medicare. You should be aware that coverage under a spouse's plan, including a spouse's Health FSA, could make you ineligible to contribute to an HSA. To find out more about HSA eligibility requirements and the consequences of making contributions to an HSA when you are not eligible (including possible excise taxes and other penalties), see IRS Publication 969 (Health Savings Accounts and Other Tax-Favored Health Plans) and consult with your personal tax professional."

MEDICAL - EMI Health MEC Enhanced Plan



All services are subject to the EMI Health Maximum Allowed Charges. There will be no benefit when using a non-participating provider. This is a **MINIMUM ESSENTIAL Medical Plan**. Benefits are not intended to cover ALL medical expenses. Read your plan documents carefully.

MEC Plan by EMI In-Network Benefits ONLY

Prescription Drug Benefits

(If brand is purchased when a generic is available, member pays the copay plus the difference)

Participating Pharmacy (30-day supply) ACA Preventive Care Mandates – Covered at 100%

- Long-term (maintenance medications) must be purchased through mail order or a Walgreens Pharmacy to receive benefits. Generic – 10% Cost Share
- Preferred – 50% Cost Share
- Non-Preferred – Not Covered

Non-Participating Pharmacy NOT COVERED

Mail Order (90-day supply) ACA Preventive Care Mandates – Covered at 100%

Long-term (maintenance medications) must be purchased through mail order or a Walgreens Pharmacy to receive benefits.

- Generic – 10% Cost Share
- Preferred – 50% Cost Share
- Non-Preferred – Not Covered
- Specialty Pharmacy NOT COVERED

Preventive Services

- Routine Physical Exams (1 per year) Covered at 100%
- Routine Gynecological Exam (1 per year) Covered at 100%
- Routine Pap Smear & Mammogram (1 per year) Covered at 100%
- Routine Well -Baby Exams Covered at 100%
- Covered Immunizations Covered at 100%
- Routine Vision Exam (1 per year) Covered at 100%
- Routine Hearing Exam (1 per year) Covered at 100%
- Eligible Preventive Facility Services Covered at 100%
- Physicians & Professional Services YOU PAY
- Convenience Clinic (max 3 per year) \$20 Copay
- Physicians Office Visit
- (primary care, max 3 per year) \$20 Copay
- Physicians Office Visit
- (secondary care, max 3 per year) \$50 Copay
- Major Diagnostic (max 1 per year) \$250 Copay
- Minor Diagnostic (max 3 per year) \$50
- Injections (office, max 3 per year) Covered at 100%
- Surgery (office, max 1 per year) Covered at 100%
- Anesthesiology (office, max 3 per year) Covered at 100%
- Diabetic Testing Supplies (max 3 per year) 30% Cost Share
- Medical Supplies (office, max 3 per year) Covered at 100%



MEC Plan Employee Election Tier

Employee Cost Per Pay

Employee	\$32.25
Employee + Spouse	\$64.75
Employee + Child(ren)	\$78.75
Family	\$106.25



MEDICAL - EMI Health

3 Traditional Plan Options

BCBS of AZ Statewide Network

This benefit summary reflects in-network benefits only. For complete details on these benefits refer to your SBC, SPD, or Benefit Booklets.

Benefit Type	Base PPO \$7,500 In-Network	HSA \$7,000 In-Network	Buy-Up PPO \$4,000 In-Network
Deductible	\$7,500 single \$15,000 family	\$7,000 single \$14,000 family	\$4,000 single \$8,000 family
Co-insurance Employee (EE) Cost Share	00% EE 100% Plan	00% EE 100% Plan	20% EE 80% Plan
Out-Of-Pocket Max (includes Deductible, Coinsurance, Copays)	\$9,000 single \$18,000 family	\$7,000 single \$14,000 family	\$7,000 single \$14,000 family
Preventive	100% In-Network	100% In-Network	100% In-Network
Office Visit Specialty Visit	\$50 Copay \$100 Copay	00% EE 100% Plan After Deductible*	\$30 Copay \$60 Copay
Convenience Clinic Urgent Care	\$50 Copay \$100 Copay	00% EE 100% Plan After Deductible*	\$30 Copay \$75 Copay
Emergency Services	00% EE 100% Plan After Deductible*	00% EE 100% Plan After Deductible*	\$400 Copay
Outpatient Services	00% EE 100% Plan	00% EE 100% Plan After Deductible*	20% EE 80% Plan
Inpatient Services	00% EE 100% Plan	00% EE 100% Plan After Deductible*	20% EE 80% Plan
Prescription Drug Supply & Deductible	30-Day 90-Day Supply \$500 single \$1,500 family	30-Day 90-Day Supply Combined Medical Rx	30-Day 90-Day Supply Combined Medical Rx
Generic	\$25 Copay \$63 Copay	00% EE 100% Plan*	\$15 Copay \$38 Copay
Formulary	\$50 Copay \$125 Copay	00% EE 100% Plan*	\$35 Copay \$88 Copay
Non-Formulary	\$100 Copay \$250 Copay	00% EE 100% Plan*	\$70 Copay \$175 Copay
Specialty Drug	25% up to \$500 Max	00% EE 100% Plan*	25% up to \$500 Max
Election Tier	Employee Cost Per Pay	Employee Cost Per Pay	Employee Cost Per Pay
Employee	\$78.26	\$106.81	\$183.36
Employee + Spouse	\$367.52	\$427.45	\$588.24
Employee + Child(ren)	\$314.91	\$369.15	\$514.62
Family	\$656.74	\$743.62	\$993.10



Our Medical plan is offered through EMI Health. You do not have to choose a primary care physician, and you are not required to obtain a referral to see a specialist. It is important to remember if using a non-network provider that the provider can bill for any charges over and above the contracted rates.

Telehealth

EMI Health - Recuro Health



Recuro for EMI Health gives you access to U.S. Board-certified doctors over the phone anytime, anywhere. Some 70% of all doctors visits can be handled over the phone, and 40% of urgent care visits can be managed using Telehealth services.

Speak with a doctor anytime and pay no consultation fee.

Recuro doesn't replace your primary care physician. It is a convenient, alternative way for you to get the care you need that will save you time and money. Whether it's the middle of the night, while you're on vacation, on a business trip, or that moment when you've run out of a prescription, Recuro is on call.



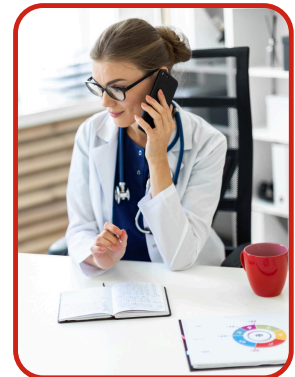
SAMPLE CONDITIONS

- Sinus Infections
- Cough
- Sore Throat
- Earaches
- Nausea
- Flu
- Rashes



PRESCRIPTIONS

- Z-Pak
- Bactrim
- Amoxicillin
- Zofran
- Macrobid
- Augmentin
- Tessalon Perles



PHYSICIANS

- U.S. based and licensed
- Primary Care Providers
- Pediatricians
- Specialists
- Average 10 years experience
- Bilingual
- Patient Care Centered



Visit www.recurohealth.com
Or Call 877-872-0370

Health Savings Account

HDHP with HSA Plan — Your Bank Account

A Health Savings Account (a bank account) is a special account owned by an individual to pay for current and future medical expenses. An HSA account is very similar to an IRA account. You can make your contributions via payroll deduction and administer your withdrawals. Everyone is eligible to enroll in the HSA qualified medical plan, but not everyone is eligible to establish or contribute to a Health Savings Account.

Who can establish an HSA account?

An individual may contribute to an HSA account in any month in which he or she is:

- Covered under a high deductible health plan on the first day of the month
- Not covered by another health plan. You cannot have coverage under your spouse, a military plan, a retiree plan from another employer. You cannot be entitled to benefits under Medicare
- Not eligible to be claimed as a dependent on another person's tax return



How much can you contribute to the account?

Each year the IRS sets the maximum contribution amounts for the HSA.

2025 HSA Contribution Limits: Employee Only - \$4,300 | Employee + Spouse, Child(ren), Family is \$8,550

Individuals age 55 or older by the end of the tax year are permitted to make “catch up” contributions up to a maximum of \$1,000. Contributions may be deducted pre-tax from your paycheck 26 times a year, and you can change your contribution amounts throughout the year.

Employer and Employee contributions are combined when considering your maximum contribution for the year.

What expenses are eligible for reimbursement from the account?

An HSA may reimburse qualified medical expenses incurred by the account beneficiary, spouse, or other legal tax dependent as defined by IRS Sec. 152. Qualified medical expenses are defined within IRS Sec. 213(d) and include:

- Medical expenses such as prescriptions, office visits, lab and x-ray charges, any medical-surgical, or hospital charges.
- Dental and vision expenses are also eligible.
- COBRA premiums, or health insurance premiums while receiving unemployment benefits, qualified long-term care premiums.
- Individuals over age 65 with funds in their Health Savings Account may use them to pay for health insurance premiums, other than for a Medicare supplemental policy.

What expenses are not eligible for reimbursement from the account?

- Premiums for Medicare supplemental policies.
- Expenses covered by another insurance plan.
- Expenses incurred before the date the HSA was established.
- After age 65, withdrawals for non-approved reasons (non-medical, boat, vacation, etc.) are subject to ordinary income taxes but not the penalty. Before age 65 penalties and taxes apply if you use funds for non-qualified medical expenses.

How does the HSA work if I also use a Flexible Spending Account?

If your employer offers an FSA, regulations require that if you have an HSA you cannot use an FSA except for “limited purposes.” The approved limited purposes are for Dental and Vision expenses. If you participate in the HSA, you should adjust your FSA election to account for only Dental and Vision expenses. The regulations do not allow reimbursement for over-the-counter medications in your FSA if you are covered under the HDHP with HSA.

Where can I find more information on HSAs?

You can visit [treasury.gov/resource-center/faqs/taxes](https://www.treasury.gov/resource-center/faqs/taxes)

Dental Benefits



BENEFIT TYPE	IN-NETWORK	NON-NETWORK
Deductible	\$50 single \$150 family	\$50 single \$150 family
Plan Maximum	\$2,500	\$2,500
Preventive	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics	50% up to max of \$2,000 (up to age 19)	
Reimbursement Level	See Fee Schedule	
Election Tier	Employee Cost Per Pay	
Employee	\$17.45	
Employee + Spouse	\$36.35	
Employee + Child(ren)	\$39.65	
Family	\$59.15	

With EMI Dental, you are offered their full PPO Network. When you pick an In-network contracted dentist, you will have a higher level of benefits for services accessed at in-network providers. This coverage is voluntary and you will pay the full cost of this benefit.

<https://emihealth.com/ProviderSearch>
to search for current providers



Vision



BENEFIT TYPE	IN-NETWORK	NON-NETWORK	FREQUENCY
Exam	\$10 Copay	Up to \$65	1 Every 12 Months
Single	\$10 Copay	Up to \$30	1 Every 12 Months
Bifocal	\$10 Copay	Up to \$50	1 Every 12 Months
Trifocal	\$10 Copay	Up to \$65	1 Every 12 Months
Frames	\$130 Allowance	Up to \$80	1 Every 12 Months
Elective Contacts	\$130 Allowance	Up to \$115	1 Every 12 Months

Contact lenses can be purchased in place of eyeglasses
 Medically Necessary contacts are to protect your eyes from an injury or an illness
 Elective contacts are to correct a vision issue

Election Tier	Employee Cost Per Pay
Employee	\$4.30
Employee + Spouse	\$9.10
Employee + Child(ren)	\$9.80
Family	\$13.95

Vision is offered through EMI Vision. This coverage is voluntary and you will pay the full cost of this benefit.



Voluntary Life and AD&D



Protect what means the most to you - the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries. You may buy coverage if you're an active, full-time employee. If you're covered, you may also purchase coverage for your dependents.

Benefit amounts over the guaranteed issue shown in the table below will require you to provide health information. The premium for this benefit is unique to your age and the amount of coverage elected. When you log into Employee Navigator to complete your enrollment, you will be provided the cost per pay based on the amount of coverage selected.



COVERAGE	Benefit
You	Choose from \$10,000 to \$500,000 in \$10,000 increments Guaranteed issue: \$110,000 at 70 65% reduction, 50% at age 75
Your Spouse	Minimum \$5,000, Maximum \$500,000 in \$5,000 increments. Guaranteed issue: \$25,000
Your Child(ren)	Up to \$10,000 in \$2,000 increments after 6 Months Live Birth to 6 Months benefit is a flat \$1,000

Voluntary Worksite Options



Voluntary Critical Illness

Critical Illness coverage not only provides benefits when someone is critically ill, but during the stages leading up to those illnesses as well. Employees may choose \$10,000, \$20,000 or \$30,000 of coverage. Spouses may be covered up to 50% of the employees chosen coverage and children are automatically covered up to 50% of the employees coverage.

Voluntary Accident

Accident coverage protects against non-occupational injuries. Help relieve financial strain for your loved ones in the event of a covered accident, while also helping to curb costs. Lump sum benefits are paid based on the injury.

Examples of covered injuries include but are not limited to:

- Broken bones
- Dislocations
- Lacerations
- Burns

Hospital Indemnity

Pays \$1,000 lump sum benefit for the first hospital confinement in a calendar year for covered sickness or injury sustained in a covered accident.

See summary for full list of benefits.



Our Human Resource Department is here to help you with questions or concerns regarding your employee benefits. To better assist you it is recommended you contact your Benefit Administrators Customer Service department first to clarify the claim, enrollment, eligibility, or benefit concern. Please make note of the date you contact the service center, who you spoke to, and how you were advised.

Please contact your Human Resource Department for additional information or assistance.

Contacts

Benefit | Carrier .

Website

Phone Number

Medical EMI Health	www.emihealth.com	800-662-5851
Telemedicine Recuro	www.recurohealth.com	877-872-0370
Dental EMI Dental	www.emihealth.com	800-662-5851
Vision EMI Vision	www.emihealth.com	800-662-5851
Life, Accident, Critical Illness, STD, LTD UNUM	www.unum.com	800-275-8686

Your employer has partnered with Employee Benefits International (EBI) to help us provide you with comprehensive benefit options.

