INNOWAVE
MARKETING GROUP

Open Enrollment Informative Packet

2027 Health Benefit Available Plans

Your Benefits Roadmap



Innowave Marketing Group appreciates your commitment to our company's success.

We are equally committed to providing you with competitive, affordable health and wellness benefits to help take care of yourself and your family.

Please review this informative packet carefully to familiarize yourself with the benefits offered at Innowave Marketing Group. This guide includes summaries of the offered plans options and other benefits.

This guide will also be available on the HR site at https://www.innowavehr.com/. If there are any questions or concerns after reviewing this guide, please contact Human Resources at hr@innowavemarketing.com.

Full summary plan descriptions and additional information on the offered plans will be available for review on the HR site at https://www.innowavehr.com/.

Please feel free to contact our Acrisure Service Team for assistance:
Krisna Romero, KRomero@acrisure.com
or Kirk Grundman kgrundman@acrisure.com

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2027 Benefit Highlights

Medical Insurance Coverage

For medical coverage, Innowave is happy to announce that we will be switching to Blue Cross/Blue Shield! This change comes with new medical plan choices for this upcoming year. Please carefully review the new plans information.

Dental, Vision, Life & Additional Life Insurance Coverage

Innowave Marketing Group will continue coverage with MetLife for Dental, Vision, Life, and Additional Life insurance. Please review the plan information for updated coverage costs for 2027.

Accident, Hospital Confinement, and Specified Disease Insurance Coverage

Innowave Marketing Group will continue coverage with Colonial Life for Accident, Hospital Confinement, and Specified Disease insurance. These offered insurances are additional coverage paid 100% by employees.

Pet Insurance Coverage

Innowave Marketing Group's Pet Insurance discount will again be through MetLife this upcoming year. This offered insurance discount is paid 100% by employees through their personal payment options. Please review the information page for more details on the enrollment process.

Other Benefits Coverage: SoFi & Beneplace

Our benefits partner provides Innowave Marketing employees with additional benefits for FREE! SoFi provides Innowave's employees with student loan cost reduction. Beneplace offers Innowave employees access to several exclusive savings

Other Benefit Coverage: TELUS Health

MetLife offers Innowave employees an Employee Assistance Program (EAP) provided through TELUS Health. This benefit provides confidential, professional guidance and support to help you navigate everyday life challenges 24 hours a day, 7 days a week, 365 days a year.

Enrolling in Offered Benefits

IRS Qualifying Life Events	
Address Change Adoption Annulment	Divorce Employment Status Change Enrolled in Other Coverage
Becoming a Lawfully Present Resident Becoming a U.S. Citizen	Family and Medical Leave (FMLA) Gain Custody of Dependent Gain or Loss Dependent Eligibility Status
Becoming a U.S. National Benefit Package Addition, Improvement, or Curtailment	Gain or Loss of Eligibility Medicare/Medicaid Gain or Loss of Eligibility for Medicare or CHIP Subsidy Legal Separation
Birth Change in Cost of Coverage COBRA or State Continuation	Loss of Other Covergae Marriage Return from Military Leave
Commencement of Military Leave Court Order Death	Other (Not COBRA Qualified)

Innowave Marketing Group's open enrollment period opens on November 18th at 10 am EST and closes on November 30th at 11:59 pm EST.

Completion of the enrollment process is **required** for all full-time employees, regardless of intended coverage enrollment. **You must either enroll or waive each benefit.** Current enrollments for 2026 will end on December 31st, 2026, and for those enrolling for 2027, plans will be effective starting January 1st 2027.

After open enrollment closes, adding or editing coverage must wait until the next enrollment period for 2028 plans unless you have a qualifying life event as defined by the IRS. Please review these Qualifying Life Events on the left. The IRS requires these changes to be made within 30 days of the qualifying life event.

Enrolling in Offered Benefits

Open Enrollment Period:
Begins - November 18th, 2026 @ 10a EST
Closes - November 30th, 2026 @ 11:59p EST

Reminder: You will not have the chance to add, edit, or remove after the close of open enrollment unless you have a Qualifying Life Event

Election Effective Dates:
January 1st, 2027 - December 31st 2027

Every Full-Time employee at Innowave Marketing Group who works a minimum of 30 hours per week is eligible to enroll in our benefits program. As a Full-Time employee, you are able to enroll in benefit plans as a new hire, moving from a Part-Time to Full-Time position or during the open enrollment period.

As a new employee, you become eligible for benefit coverage effective the first day of the month following the 60th day after your hire date. During your onboarding, you will be sent your login to Ease to complete the enrollment process once hired.

Innowave Marketing Group utilizes the Ease platform for benefits management. Open Enrollment, as well as Qualifying Life Events, are completed and processed through Ease. On November 18th, you will receive an email from Ease notifying you that Open Enrollment has begun and will provide a link for you to complete the enrollment process.

How to Log in to the Ease Portal

- Access the Ease portal at https://innowave.ease.com/
- You will then need to enter your username (usually your personal email address on file) and your password
  (If a password reset is needed, please reach out to HR for assistance)
- Once logged in, you will automatically enter the Open Enrollment process
  1. Verify your Personal Information is correct
  2. Add any Dependents
  3. Enroll or waive all (10) Benefit plans
  4. Add your Beneficiaries
  5. Add any Previous or Current Coverage (If IMG coverage, continue on)
  6. Review benefit elections
- After reviewing coverage elections, click Continue and sign enrollment forms

***Please Note: Your open enrollment is not considered completed until all your enrollment forms have been signed following the Summary step.*

Enrolling in Offered Benefits

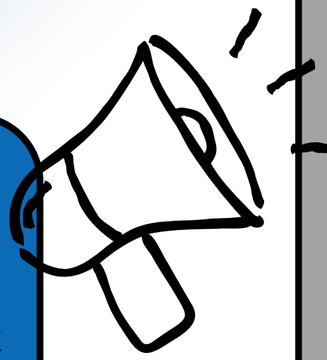
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Reminder: You will not have the chance to add, edit, or remove after the close of open enrollment unless you have a Qualifying Life Event

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As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

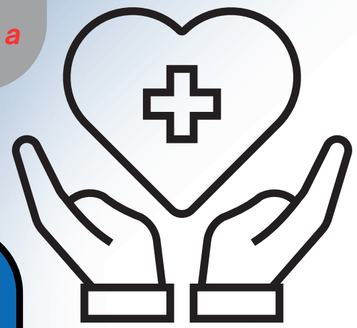
- Your Spouse
- Your children up to the age of 26. This includes your natural children and those of your spouse, your adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

Medical Plans

Blue Cross/Blue Shield

Open Enrollment Period:
Begins - November 18th, 2026 @ 10a EST
Closes - November 30th, 2026 @ 11:59p EST

Reminder: You will not have the chance to add, edit, or remove after the close of open enrollment unless you have a Qualifying Life Event



As previously mentioned in this guide, Innowave Marketing Group is now being covered by Blue Cross and Blue Shield as our 2027 Medical insurance provider.

With this change in provider, the (2) plan choices have changed as well. The plans being offered for the 2027 Plan Year are the Silver and Bronze plans. Please carefully review the plans and the coverage offered for each and select the best plan for your medical needs.

Innowave Marketing Group covers 75% of its employees' medical insurance costs, leaving only 25% of the cost for employees to pay. Dependents are not covered, and 100% of the cost is covered by the employee.

To find care/doctor in your area click the following link:

https://www.bcbs.com/member-services/find-a-doctor

You will be asked for your ZIP code as well as plan information. If you are utilizing the Find Care link prior to January 1st, please click 'Browse a List of Plans' and select the state you are in.

INNOWAVE MARKETING GROUP

BlueCross BlueShield

Medical Plans

Blue Cross/Blue Shield

Silver Plan

Your Bi-Weekly (26) Cost	
Employee	25%
Spouse	100%
Child(ren)	100%
Family	100%

Plan Provisions	Silver Tandem PPO 1800/65 OffEx	
	In-Network	Out-of-Network
Calendar Year Deductible	$1,800 Individual $3,600 Family	$3,600 Individual $7,200 Family
Calendar Year Out-of-Pocket Maximum	$9,500 Individual $19,000 Family	$19,000 Individual $38,000 Family
Co-Insurance	35%	50%
Primary Care Visit	$65 copay	50% after deductible
Specialist Visit	$85 copay	50% after deductible
Urgent Care	$65 copay	50% after deductible
Lab / X-Ray	$65 / $80	50% after deductible
Emergency Room (waived if admitted)	$300 then 40% after deductible	
Outpatient Hospital	35% after deductible	50% after deductible
Inpatient Hospital	35% after deductible	50% after deductible

Plan Provisions	Silver Tandem PPO 1800/65 OffEx	
	In-Network	Out-of-Network
Prescriptions (30-day supply)	Two Tier Pharmacy (A&B)	
Rx Deductible	$450	
Generic - Tier A / B (Ded. Waived	$30 / $35 copay	Not covered
Preferred Brand	$80 / 105 copay	Not Covered
Non-Preferred Generic/Brand	$115 / 155 copay	Not Covered
Specialty (Preferred / Non-preferred)	30% to $250 max per script	Not Covered

Rates are based on the covered individual's age. Please see specific costs for your age on the slide 10.

Medical Plans

Blue Cross/Blue Shield

Silver Plan Comparison

Group Name: Innowave Marketing Medical
Effective Date: 1/1/2027
Broker Name: Acrisure

Option Name	Current				Alternative	
Plan Name	CT OAMC 3000 100/50		CT OAMC 2500 80/50		Silver Tandem PPO 1800/65 OffEx	
Carrier	Aetna		Aetna		Blue Shield	
Network	PPO		PPO		Tandem PPO	
	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	$3,000	$6,000	$2,500	$5,000	$1,800	$3,600
Deductible - Family	$6,000	$18,000	$5,000	$15,000	$3,600	$7,200
OOPM - Individual	$6,500	$16,000	$6,500	$15,000	$9,500	$19,000
OOPM - Family	$13,000	$48,000	$13,000	$45,000	$19,000	$38,000
Co-insurance	0%	50%	20%	50%	35%	50%
PCP	$35	50% after deductible	$35	50% after deductible	$65	50% after ded.
Specialist	$75	50% after deductible	$75	50% after deductible	$85	50% after ded.
X-Ray	0% after deductible	50% after deductible	20% after deductible	50% after deductible	$80	50% after ded.
Lab	0% after deductible	50% after deductible	20% after deductible	50% after deductible	$60	50% after ded.
Inpatient Hospital	0% after deductible	50% after deductible	20% after deductible	50% after deductible	35% after ded.	50% after ded., up to $2,000 per day
Outpatient Surgery	0% after deductible	50% after deductible	20% after deductible	50% after deductible	$250 plus 40% after ded.	50% after ded., up to $350 per day
Emergency Room	$300	$300	$300 then 20% after deductible	$300 then 20% after deductible	$300 plus 40% after ded.	$300 plus 40% after ded.
Urgent Care	$75	50% after deductible	$75	50% after deductible	$65	50% after ded.
Rx						
Rx Individual Deductible	-		-		$450	
Rx Family Deductible	-		-		$900	
Member Copay Tier 1/2	$3 / $10		$3 / $10		$30/$35	
Member Copay Tier 3	$45		$50		$80 after ded./$105 after ded.	
Member Copay Tier 4	$75		$80		$115 after ded./$155 after ded.	
Member Copay Tier 5/6	20%		20% up to $250		30% after ded., up to $250	
Mail Order	2x		2x		2x	

INNOWAVE MARKETING GROUP

BlueCross BlueShield

Medical Plans

Blue Cross/Blue Shield

Silver Tandem PPO 1800/65 OffEx					
		Employee Coverage		Dependent Coverage	
Age Band	Total Monthly	EE Share 25%	ER Share 75%	EE Share 100%	ER Share 0%
0-14	$502.57	$125.64	$376.93	$502.57	$0.00
15-15	$547.24	$136.81	$410.43	$547.24	$0.00
16-16	$564.32	$141.08	$423.24	$564.32	$0.00
17-17	$581.40	$145.35	$436.05	$581.40	$0.00
18-18	$599.79	$149.95	$449.84	$599.79	$0.00
19-19	$618.19	$154.55	$463.64	$618.19	$0.00
20-20	$637.24	$159.31	$477.93	$637.24	$0.00
21-24	$656.95	$164.24	$492.71	$656.95	$0.00
25-25	$659.58	$164.90	$494.69	$659.58	$0.00
26-26	$672.72	$168.18	$504.54	$672.72	$0.00
27-27	$688.48	$172.12	$516.36	$688.48	$0.00
28-28	$714.10	$178.53	$535.58	$714.10	$0.00
29-29	$735.13	$183.78	$551.35	$735.13	$0.00
30-30	$745.64	$186.41	$559.23	$745.64	$0.00
31-31	$761.40	$190.35	$571.05	$761.40	$0.00
32-32	$777.17	$194.29	$582.88	$777.17	$0.00

Silver Tandem PPO 1800/65 OffEx					
		Employee Coverage		Dependent Coverage	
Age Band	Total Monthly	EE Share 25%	ER Share 75%	EE Share 100%	ER Share 0%
33-33	$787.02	$196.76	$590.27	$787.02	$0.00
34-34	$797.54	$199.39	$598.16	$797.54	$0.00
35-35	$802.79	$200.70	$602.09	$802.79	$0.00
36-36	$808.05	$202.01	$606.04	$808.05	$0.00
37-37	$813.30	$203.33	$609.98	$813.30	$0.00
38-38	$818.56	$204.64	$613.92	$818.56	$0.00
39-39	$829.07	$207.27	$621.80	$829.07	$0.00
40-40	$839.58	$209.90	$629.69	$839.58	$0.00
41-41	$855.35	$213.84	$641.51	$855.35	$0.00
42-42	$870.46	$217.62	$652.85	$870.46	$0.00
43-43	$891.48	$222.87	$668.61	$891.48	$0.00
44-44	$917.76	$229.44	$688.32	$917.76	$0.00
45-45	$948.63	$237.16	$711.47	$948.63	$0.00
46-46	$985.42	$246.36	$739.07	$985.42	$0.00
47-47	$1,026.81	$256.70	$770.11	$1,026.81	$0.00
48-48	$1,074.11	$268.53	$805.58	$1,074.11	$0.00

Silver Tandem PPO 1800/65 OffEx					
		Employee Coverage		Dependent Coverage	
Age Band	Total Monthly	EE Share 25%	ER Share 75%	EE Share 100%	ER Share 0%
49-49	$1,120.75	$280.19	$840.56	$1,120.75	$0.00
50-50	$1,173.31	$293.33	$879.98	$1,173.31	$0.00
51-51	$1,225.21	$306.30	$918.91	$1,225.21	$0.00
52-52	$1,282.36	$320.59	$961.77	$1,282.36	$0.00
53-53	$1,340.18	$335.05	$1,005.14	$1,340.18	$0.00
54-54	$1,402.59	$350.65	$1,051.94	$1,402.59	$0.00
55-55	$1,465.00	$366.25	$1,098.75	$1,465.00	$0.00
56-56	$1,532.66	$383.17	$1,149.50	$1,532.66	$0.00
57-57	$1,600.98	$400.25	$1,200.74	$1,600.98	$0.00
58-58	$1,673.91	$418.48	$1,255.43	$1,673.91	$0.00
59-59	$1,710.04	$427.51	$1,282.53	$1,710.04	$0.00
60-60	$1,782.96	$445.74	$1,337.22	$1,782.96	$0.00
61-61	$1,846.03	$461.51	$1,384.52	$1,846.03	$0.00
62-62	$1,887.41	$471.85	$1,415.56	$1,887.41	$0.00
63-63	$1,939.31	$484.83	$1,454.48	$1,939.31	$0.00
64-99	$1,970.85	$492.71	$1,478.14	$1,970.85	$0.00

Rates are based on the covered individual's age. Please see specific costs for the SILVER Tandem Plan.

INNOWAVE MARKETING GROUP

BlueCross BlueShield

Medical Plans

Blue Cross/Blue Shield

Bronze Plan

Your Bi-Weekly (26) Cost	
Employee	25%
Spouse	100%
Child(ren)	100%
Family	100%

Plan Provisions	Bronze Tandem PPO 7500/65 OffEx	
	In-Network	Out-of-Network
Calendar Year Deductible	$7,500 Individual (Emb.) $15,000 Family	$15,000 Individual (Emb.) $7,200 Family
Calendar Year Out-of-Pocket Maximum	$9,800 Individual (Emb.) $19,600 Family	$19,000 Individual (Emb.) $39,200 Family
Co-Insurance	50%	50%
Primary Care Visit	$65 copay 1st 10 visits	50% after deductible
Specialist Visit	50% after deductible	50% after deductible
Urgent Care	$65 copay 1st 10 visits	50% after deductible
Lab / X-Ray	50% after deductible	50% after deductible
Emergency Room (waived if admitted)	50% after deductible	
Outpatient Hospital	50% after deductible	50% after deductible
Inpatient Hospital	50% after deductible	50% after deductible

Plan Provisions	Bronze Tandem PPO 7500/65 OffEx	
	In-Network	Out-of-Network
Prescriptions (30-day supply)	Two Tier Pharmacy (A&B)	
Rx Deductible	Medical Deductible	
Generic - Tier A / B (Ded. Waived	$20 / $25 copay	Not covered
Preferred Brand	50% to $250/$500 max	Not Covered
Non-Preferred Generic/Brand	50% to $250/$500 max	Not Covered
Specialty (Preferred / Non-preferred)	50% to $500 max per script	Not Covered

Rates are based on the covered individual's age. Please see specific costs for your age on the slide 13.

INNOWAVE MARKETING GROUP

BlueCross BlueShield

Medical Plans

Blue Cross/Blue Shield

Bronze Plan Comparison

Effective Date: 1/1/2027
Broker Name: Acrisure

Option Name	Current				Alternative	
Plan Name	CT OAMC 3000 100/50		CT OAMC 2500 80/50		Bronze Tandem PPO 7500/65 OffEx	
Carrier	Aetna		Aetna		Blue Shield	
Network	PPO		PPO		Tandem PPO	
	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	$3,000	$6,000	$2,500	$5,000	$7,500	$15,000
Deductible - Family	$6,000	$18,000	$5,000	$15,000	$15,000	$30,000
OOPM - Individual	$6,500	$16,000	$6,500	$15,000	$9,800	$19,600
OOPM - Family	$13,000	$48,000	$13,000	$45,000	$19,600	$39,200
Co-insurance	0%	50%	20%	50%	50%	50%
PCP	$35	50% after deductible	$35	50% after deductible	first 10 visit(s), $65 then $65 after ded.	50% after ded.
Specialist	$75	50% after deductible	$75	50% after deductible	50% after ded.	50% after ded.
X-Ray	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded.
Lab	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded.
Inpatient Hospital	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded., up to $2,000 per day
Outpatient Surgery	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded., up to $350 per day
Emergency Room	$300	$300	$300 then 20% after deductible	$300 then 20% after deductible	50% after ded.	50% after ded.
Urgent Care	$75	50% after deductible	$75	50% after deductible	first 10 visit(s), $65 then $65 after ded.	50% after ded.
Rx						
Rx Individual Deductible	-		-		Included in Medical	
Rx Family Deductible	-		-		Included in Medical	
Member Copay Tier 1/2	$3 / $10		$3 / $10		$20 after ded./$25 after ded.	
Member Copay Tier 3	$45		$50		50% after ded., up to $250/50% after ded., up to $500	
Member Copay Tier 4	$75		$80		50% after ded., up to $250/50% after ded., up to $500	
Member Copay Tier 5/6	20%		20% up to $250		50%, up to $250	
Mail Order	2x		2x		2x	

INNOWAVE MARKETING GROUP

BlueCross BlueShield

Medical Plans

Blue Cross/Blue Shield

Bronze Tandem PPO 7500/65 OffEx					
		Employee Coverage		Dependent Coverage	
Age Band	Total Monthly	EE Share 25%	ER Share 75%	EE Share 100%	ER Share 0%
0-14	$435.86	$108.97	$326.90	$435.86	$0.00
15-15	$474.60	$118.65	$355.95	$474.60	$0.00
16-16	$489.42	$122.36	$367.07	$489.42	$0.00
17-17	$504.23	$126.06	$378.17	$504.23	$0.00
18-18	$520.19	$130.05	$390.14	$520.19	$0.00
19-19	$536.14	$134.04	$402.11	$536.14	$0.00
20-20	$552.66	$138.17	$414.50	$552.66	$0.00
21-24	$569.75	$142.44	$427.31	$569.75	$0.00
25-25	$572.03	$143.01	$429.02	$572.03	$0.00
26-26	$583.43	$145.86	$437.57	$583.43	$0.00
27-27	$597.10	$149.28	$447.83	$597.10	$0.00
28-28	$619.32	$154.83	$464.49	$619.32	$0.00
29-29	$637.55	$159.39	$478.16	$637.55	$0.00
30-30	$646.67	$161.67	$485.00	$646.67	$0.00
31-31	$660.34	$165.09	$495.26	$660.34	$0.00
32-32	$674.02	$168.51	$505.52	$674.02	$0.00

Bronze Tandem PPO 7500/65 OffEx					
		Employee Coverage		Dependent Coverage	
Age Band	Total Monthly	EE Share 25%	ER Share 75%	EE Share 100%	ER Share 0%
33-33	$682.57	$170.64	$511.93	$682.57	$0.00
34-34	$691.68	$172.92	$518.76	$691.68	$0.00
35-35	$696.24	$174.06	$522.18	$696.24	$0.00
36-36	$700.80	$175.20	$525.60	$700.80	$0.00
37-37	$705.36	$176.34	$529.02	$705.36	$0.00
38-38	$709.91	$177.48	$532.43	$709.91	$0.00
39-39	$719.03	$179.76	$539.27	$719.03	$0.00
40-40	$728.15	$182.04	$546.11	$728.15	$0.00
41-41	$741.82	$185.46	$556.37	$741.82	$0.00
42-42	$754.92	$188.73	$566.19	$754.92	$0.00
43-43	$773.16	$193.29	$579.87	$773.16	$0.00
44-44	$795.95	$198.99	$596.96	$795.95	$0.00
45-45	$822.72	$205.68	$617.04	$822.72	$0.00
46-46	$854.63	$213.66	$640.97	$854.63	$0.00
47-47	$890.53	$222.63	$667.90	$890.53	$0.00
48-48	$931.55	$232.89	$698.66	$931.55	$0.00

Bronze Tandem PPO 7500/65 OffEx					
		Employee Coverage		Dependent Coverage	
Age Band	Total Monthly	EE Share 25%	ER Share 75%	EE Share 100%	ER Share 0%
49-49	$972.00	$243.00	$729.00	$972.00	$0.00
50-50	$1,017.58	$254.40	$763.19	$1,017.58	$0.00
51-51	$1,062.59	$265.65	$796.94	$1,062.59	$0.00
52-52	$1,112.16	$278.04	$834.12	$1,112.16	$0.00
53-53	$1,162.30	$290.58	$871.73	$1,162.30	$0.00
54-54	$1,216.42	$304.11	$912.32	$1,216.42	$0.00
55-55	$1,270.55	$317.64	$952.91	$1,270.55	$0.00
56-56	$1,329.24	$332.31	$996.93	$1,329.24	$0.00
57-57	$1,388.49	$347.12	$1,041.37	$1,388.49	$0.00
58-58	$1,451.73	$362.93	$1,088.80	$1,451.73	$0.00
59-59	$1,483.07	$370.77	$1,112.30	$1,483.07	$0.00
60-60	$1,546.31	$386.58	$1,159.73	$1,546.31	$0.00
61-61	$1,601.01	$400.25	$1,200.76	$1,601.01	$0.00
62-62	$1,636.90	$409.23	$1,227.68	$1,636.90	$0.00
63-63	$1,681.91	$420.48	$1,261.43	$1,681.91	$0.00
64-99	$1,709.25	$427.31	$1,281.94	$1,709.25	$0.00

Rates are based on the covered individual's age. Please see specific costs for the BRONZE Tandem Plan.

INNOWAVE MARKETING GROUP

BlueCross BlueShield

Medical Plans

Blue Cross/Blue Shield

Starting on 1/1/25: Your Blue Shield of California benefit plan will include Amazon Pharmacy for home delivery of your prescriptions. Sign up today so you are ready for this change.

amazon pharmacy

Let's keep a good thing going for 2025

Keep getting your prescription medications delivered to you. Amazon Pharmacy is here to help.

Low prices. Easy refills. And pharmacists available 24/7 to answer your questions.



Amazon Pharmacy offers Blue Shield of California members:

- **Easy online sign-up** with the option of importing your medication history*
- **An Amazon shopping experience** with free shipping
- **24/7/365 access** to a pharmacist, or chat online with Customer Care
- **Clear pricing** to help you save time and money
- The ability to **manage your medication and order history**

You can sign up here:

amazon.com/blueshieldca

Choose "Get started." You'll need your Blue Shield member ID card to create your Amazon Pharmacy profile.

For new prescriptions you'd like filled by Amazon Pharmacy, let your doctor know to send them to Amazon Pharmacy by:

E-SCRIBE: Amazon.com – Amazon Pharmacy Home Delivery

FAX: 512-884-5981

MAIL: 4500 S Pleasant Valley Rd, Suite 201, Austin, TX 78744

PHONE: 855-206-3605, then press 1 (prescribers only)

*Amazon Pharmacy does not dispense Schedule II controlled substances.

Blue Shield of California is an independent member of the Blue Shield Association. Amazon Pharmacy is independent of Blue Shield of California and is contracted by Blue Shield to provide home delivery of prescription medications to Blue Shield members. Members are responsible for their share of cost as stated in their benefit plan details. Information about specific prescription drug benefits and drug benefit exclusions can be found in the member's plan documents. Members may call the customer service number on their Blue Shield member ID card if they have questions about their Blue Shield prescription drug coverage.

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blue california

blue california Rx Spectrum pharmacy network

With the Rx Spectrum pharmacy network, Blue Shield of California members can save on prescriptions at any **Level A pharmacy**.

The Rx Spectrum network is part of Blue Shield's pharmacy network and offers two options for filling prescriptions:

Level A pharmacies, also known as preferred pharmacies, offer lower copays than Level B pharmacies. Preferred pharmacies include:

- CVS Pharmacy®
- CVS Pharmacy in Target stores
- Costco
- Safeway
- Sav-On
- Vons/Pavilions

Level B pharmacies include all other pharmacies in the network. You have the same selection of covered medications at both preferred pharmacies and Level B pharmacies. However, if you use Level B pharmacies, your copays will be higher than the copays at Level A pharmacies. (See your plan's Summary of Benefits to confirm prescription copays.)

By filling your prescriptions at a **preferred pharmacy**, you can save on your out-of-pocket costs.

Rx

How do I find a preferred pharmacy?

To find a preferred pharmacy near you:

1. Visit blueshieldca.com/pharmacy and select *Explore Our Network*
2. Scroll down and select *Find* on the *Rx Spectrum Network*, then select *2027 Rx Spectrum Pharmacy Search* to go to the Pharmacy Locator
3. Enter your *Address* and, check the *Preferred Pharmacy* box, and click *Search*
4. Contact the Preferred Pharmacy of your choice and transfer prescriptions from your current pharmacy.

New 90-day Retail Pharmacy Option

If you take maintenance medications for chronic conditions such as diabetes, you now have the alternative of 90-day mail-order prescriptions. With Rx Spectrum, you can fill 90-day prescriptions at most preferred pharmacies for the same copay savings.

INNOWAVE MARKETING GROUP

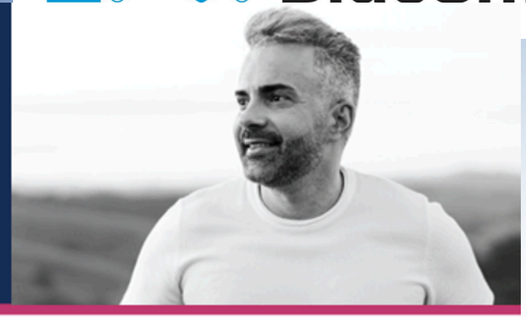
Medical Plans

Blue Cross/Blue Shield

BlueCross BlueShield

Blue Shield of California offers Teladoc Health®

Access to licensed doctors and mental health professionals by video or phone, no matter where you are.



Talk to a doctor or licensed mental health professional for a $0 copay*

Don't wait until you are sick. Register your account now by visiting **blueshieldca.com/teladoc** or the Blue Shield mobile app.

Teladoc Health general medical services

Get care when and where you need it through your Blue Shield health plan. You have access to Teladoc Health's national network of U.S. board-certified physicians. Whenever you need care, Teladoc Health doctors are available 24/7 by phone or video to treat many non-emergency medical conditions, such as cold and flu symptoms, allergies, sinus problems, and respiratory infections.

Teladoc Health Mental Health services

You can speak to licensed mental health professionals including psychiatrists, psychologists, counselors, therapists, and social workers. Schedule mental health services from 7 a.m. to 9 p.m., seven days a week. Teladoc Health mental health services are available for members age 13 and older. Mental health providers can help manage many conditions, including anxiety, depression, addiction, and grief.

Get started with Teladoc Health

1 Set up account

Visit **blueshieldca.com/teladochealth** or the Blue Shield mobile app (and click on *Teladoc Health*) to register your account. Account registration is required before you can request a consult. You can also call Teladoc Health at **1-800-Teladoc** or **(800) 835-2362 [TTY: (855) 636-1578]** for help.

2 Provide medical history

Your medical history gives Teladoc Health providers the information they need to make an accurate diagnosis.

Web: Log in to **blueshieldca.com/teladochealth** and click *Medical Info and Medical History*.

Mobile: Download or access the Blue Shield mobile app. Log in, click on *Teladoc Health*, and then select *Medical History* to add your information.

Phone: Teladoc Health can answer questions about completing your medical history. Call **1-800-Teladoc** or **(800) 835-2362**.

3 Request a consult

Once your account is set up, scheduling a phone or video appointment is easy and convenient. General medical visits can be scheduled on-demand 24/7. Mental health visits are by scheduled appointment only, available from 7 a.m. to 9 p.m., seven days a week. Teladoc Health confirms mental health appointments within 72 hours.

Shield Concierge

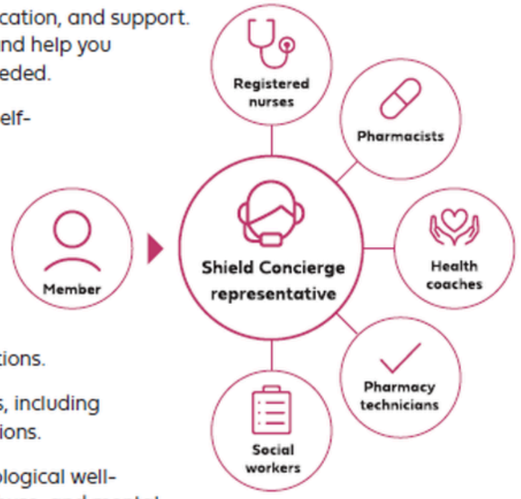
Your total healthcare connection

One call to Shield Concierge connects you to a dedicated representative who can answer your questions and connect you to a team of experienced health professionals when you need more – all in one call.

Get answers to your questions about your plan benefits and coverage, ID cards, provider network, claims, medications, language assistance, condition management programs, and more.

Access complete member care assistance by connecting you directly to our certified team of healthcare experts including:

- **Registered Nurses:** Provide health counseling, education, and support. They can also resolve issues with accessing care, and help you navigate through the health care system when needed.
- **Health Coaches:** Guide you with information and self-management tools to promote a healthy lifestyle including disease prevention, nutrition, weight management, stress reduction,and management of chronic conditions such as diabetes, hypertension, and stress.
- **Pharmacy Technicians:** Coordinate prescription drugs between doctors and pharmacies and assistance with emergency prescription authorizations.
- **Pharmacists:** Answer questions about medications, including side effects, drug safety, costs, and treatment options.
- **Social Workers:** Help assess emotional and psychological well-being and provide crisis intervention, substance abuse, and mental health referrals.



Connect instantly to Shield Concierge at **(855) 599-2657**, from 7 a.m. to 7 p.m. PT, Monday through Friday.

MetLife: Dental/ Vision/Life Plans

MetLife does not send out physical ID cards.

To Access your ID Card:

1. To access your dental ID card, please visit mybenefits.metlife.com.
2. Enter Innowave Marketing Group in the search box. When the company name appears, select it and click Next.
3. Log in to your existing MetLife account or create a new account if you haven't registered.
4. Once logged in, navigate to My Accounts on your dashboard and select Dental PPO.
5. On the right-hand side of the page, select Print Your Dental Card to access and print your dental ID card.

Please Note: MetLife does not issue separate ID cards for vision coverage. However, your vision coverage uses the same Group and Member ID numbers as your dental insurance.

Group Number: 5393912

Member Number: Your Social Security Number

To Find an In-Network Dentist in Your Area

1. Visit https://www.metlifetakealongdental.com/Home/FindADentist.
2. Enter, your *ZIP code* in the box and click *Go*.
3. Make sure *Your Network* is filtered to *PDP Plus*.
4. Review in-network dentists in your area.

To Find an In-Network Vision Provider in Your Area

1. Visit https://www.vsp.com/metlife.
2. You can search by *Location, Office, Doctor, or Online Shopping*. Select the appropriate search tab based on your needs.
3. Enter the requested information and click *Search* to view your results.

INNOWAVE MARKETING GROUP

MetLife

Dental Plan

MetLife

Plan Provisions	MetLife Dental PPO	
	In-Network (PDP Plus)	Out-of-Network*
Calendar Year Deductible (waived for Preventive Services)	$50 Individual / $150 Family	$50 Individual / $150 Family
Calendar Year Benefit Maximum	$1,250	
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	100%	100%
Basic and Restorative Services (e.g., fillings, extractions, root canals)	90% after deductible	80% after deductible
Major Services (e.g., dentures, crowns, bridges)	60% after deductible	50% after deductible
Orthodontia	Not Covered	
Orthodontia Lifetime Maximum	Not Covered	

Save Money with In-Network Dentists	In-Network	Non-Network
Average Charge for Crown	$1,018	$1,018
Network Discount	30%	NA
Actual Fee	$714	$1,018
Insurance Pays (60%in 50%out)	$428	$509
You Pay	$286	$509
Your Savings by using a Network Dentist	$223	
Annual Max Remaining	**$822**	**$741**

Plan Provisions - TEXAS EMPLOYEES ONLY	MetLife Dental PPO	
	In-Network (PDP Plus)	Out-of-Network*
Calendar Year Deductible (waived for Preventive Services)	$50 Individual / $150 Family	$50 Individual / $150 Family
Calendar Year Benefit Maximum	$1,250	
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	100%	100%
Basic and Restorative Services (e.g., fillings, extractions, root canals)	90% after deductible	90% after deductible
Major Services (e.g., dentures, crowns, bridges)	60% after deductible	60% after deductible
Orthodontia	Not Covered	
Orthodontia Lifetime Maximum	Not Covered	

Your bi-weekly (26) cost	
Employee	$5.68
Employee + 1	$27.05
Employee + 2 or more	$57.20

REMEMBER
Always go to MetLife's website to search for In-Network dentist

Choose "PPO PDP Plus " plan type

****Out-of-Network claims are paid at the 90th UCR; you may be balance billed for the difference between submitted charges and MetLife's paid amount***

Your bi-weekly (26) cost	
Employee	$5.68
Employee + 1	$27.05
Employee + 2 or more	$57.20

INNOWAVE MARKETING GROUP

MetLife

Vision Plan

MetLife

Your bi-weekly (26) cost	
Employee	$0.87
Employee + Spouse	$4.36
Employee + Child(ren)	$3.29
Employee + Family	$7.12

Plan Provisions	MetLife Vision PDP	
	In-Network	**Out-of-Network**
Vision Exam *(every 12 months)*	$10 copay	Up to $45
Frames *(every 24 months)*	$150 allowance, 20% off balance over $150	Up to $70
Lenses *(every 12 months)* **Single Vision** **Bifocal** **Trifocal** **Lenticular**	 $25 copay $25 copay $25 copay $25 copay	 Up to $30 Up to $50 Up to $65 Up to $100
Contacts *(every 12 months)* **(in lieu of glasses)**	$150 allowance	Up to $105 allowance *(elective)*

Life Plan

MetLife

Remember:
Keep your beneficiary information up-to-date!

This Voluntary Life plan is provided and paid for 100% by the employee!

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (under age 26)
Coverage Options	Increments of $10,000	Increments of $5,000	up to $10,000
Maximum	Lesser of 5x salary or $500,000	$100,000 (cannot exceed 50% of employee coverage)	up to $10,000
Guaranteed Issue Amount	$100,000	$25,000	up to $10,000
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

*Evidence of Insurability (EOI) may be required.

This Basic Life plan is provided and paid for 100% by Innowave Marketing Group!

Coverage	Basic Life and AD&D
Basic Life and AD&D	•Up to $25,000 maximum •Policy is convertible •100% paid for by Innowave Marketing

What is Evidence of Insurability?

If you elect Voluntary Life and/or AD&D coverage in amounts above the guaranteed issue limit, you will need to submit additional health information to MetLife for review.

Additional Voluntary Plans - Colonial Life

Insurance Offered	Insurance Discription	Examples of Use
Accident 	Helps cover the costs that result from an accident.	Pays a lump sum directly to you and use this money as you see fit • Copays • Deductibles • Transportation • Lodging needs • And more
Critical Illness 	Critical Illness insurance offers coverage to help you pay for expenses related to the treatment of a critical illness for you, your spouse, and your children.	Covered illnesses include: • Heart attack • Coma • Kidney failure • Cancer • And more
Hospital Indemnity 	When you elect Hospital Indemnity insurance, you receive a lump sum payment directly to you to help with the cost associated with a hospital stay.	Use this money to pay: • Copays • Deductibles • Household bills • And more

These additional Insurance Plans are 100% employee-paid!

Additional Voluntary Plans - MetLife Pet

MetLife | Pet Insurance

Save on veterinary expenses with a MetLife Pet Insurance Plan.

Visit metlife.com/insurance/pet-insurance or call 800-GETMET8 for a quote.

Please note that the cost will vary based on your pet's information and payment will be made directly to MetLife, not through a payroll deduction.

Mention code **4500** to receive a discount!



What is Covered?

- Accidental injuries
- Illnesses
- Exam fees
- Surgeries
- Medications
- Ultrasounds
- Hospital stays
- X-rays and diagnostic tests

This is an Additional Insurance Plan that is 100% employee-paid!

Other Benefits Offered

SoFi: Student Loan Cost Reduction

Refinance your student loans and save

- Convenience – Consolidate all your student loans into a single loan
- Flexibility – Choose from a variety of loan terms
- No Commitment – No obligation rate quote
- Unemployment Protection- If loss of job, loan payments will pause
- $300 Bonus – Receive a $300 welcome bonus

Apply Now: www.SoFi.com/PROCO

ACRISURE

Acrisure Perks, powered by **Beneplace**, gives you access to several exclusive savings at theme parks such as Disneyland and Walt Disney World, with hotels, rental cars, retail, meal programs such as Blue Apron, education, movie tickets, sporting events, concert tickets, select dealerships such as BMW and that is just the beginning! There are over **400** different brands that offer exclusive discounts. Be sure to visit the site often as new discount deals are constantly being added.

How to sign up:

- Go to: https://acrisure.savings.beneplace.com
- Enter in your work email address
- Create a password

And Begin saving!

INNOWAVE MARKETING GROUP

MetLife

Other Benefits Offered

MetLife: Employee Assistance Program (EAP)

The Employee Assistance Program (EAP), provided through TELUS Health and available with your MetLife insurance coverage, offers confidential professional support and guidance for everyday life challenges.

- Available at no additional cost to employees.
- Extended to eligible household members living in your home.
- Offers up to 5 phone or video counseling consultations per year.
- Available 24 hours a day, 7 days a week, 365 days a year.
- Personal information shared with TELUS Health remains confidential, subject to applicable legal and safety exceptions.

Ways To Contact	
Call 1-888-319-7819	Available 24/7/365. Select "Employee Assistance Program" when prompted.
Online one.telushealth.com	Username: metlifeeap ; Password: eap
Mobile App TELUS Health Apple App Store or Google Play	Username: metlifeeap ; Password: eap

How Can the Program Help You?

TELUS Health provides professional guidance, resources, and counseling for a variety of personal and professional challenges.

Area of Support	Examples of Assistance
Family & Relationships	Divorce, parenting, caregiving and family matters
Workplace Challenges	Workplace relationships, job relocation and organizational changes
Financial Guidance	Budgeting, retirement planning, tax questions and home purchases
Legal Services	Civil, family, financial and estate planning matters
Identity Theft	Prevention tips and recovery guidance
Mental & Physical Well-being	Anxiety, depression, sleep concerns and breaking unhealthy habits
Everyday Life	Grief, moving, adjusting to a new community and other life transitions

Additional resources include:

- *Access to educational tools and online resources.*
- *Online chat with consultants for guidance and appointment scheduling.*
- *Digital self-help programs through CareNow, including resources for stress, anxiety and depression.*

Innowave Marketing - 2027 Open Enrollment

Open Enrollment Period:
Begins - November 18th, 2026 @ 10a EST
Closes - November 30th, 2026 @ 11:59p EST

Reminder: You will not have the chance to add, edit, or remove after the close of open enrollment unless you have a Qualifying Life Event

Please Remember: Completion of the enrollment process is required for all full-time employees, regardless of intended coverage enrollment. **You must either enroll in or waive each benefit.** Your open enrollment is not considered complete until all your enrollment forms have been signed following the Summary step.

Enrollment Checklist

✓	Carefully consider your plan options
✓	Enroll, change, or decline benefits via the online enrollment portal – www.innowave.ease.com
✓	Review your beneficiary information to make sure it is up-to-date
✓	Submit your benefit selections by November 18th
✓	**Your benefits will be effective on January 1st, 2026**

Employee Benefits Help Desk



Our Acrisure Account Partners

Krisna Romero
Email: KRomero@acrisure.com
Phone: 650-289-3834

Krik Grundman
Email: KGrundman@acrisure.com
Phone: 650-761-4235

ACRISURE

Contact M-F 8a-4p

Have Questions? - HR is also Here To Help!

Email: hr@innowavemarketing.com

Phone: 650-488-7266 (Call or Text)

Open Enrollment Period:
Begins - November 18th, 2026 @ 10a EST
Closes - November 30th, 2026 @ 11:59p EST

Reminder: You will not have the chance to add, edit, or remove after the close of open enrollment unless you have a Qualifying Life Event