



2025 - 2026

Benefits Guide



Benefits Enrollment Checklist

BEFORE ENROLLING

- Take the time to educate yourself on all the benefit options that are available to you by reviewing this benefits guide carefully as you consider your plan choices.
- Prepare a list of your doctors and prescriptions.

DURING ENROLLMENT

- Be sure to make your elections in a timely manner (within your eligibility date). If you do not make elections, then you may not be able to enroll and/or make changes to your benefits until the next Open Enrollment period.

AFTER ENROLLMENT

- Medical coverage: If you elect coverage, you will receive an ID card in the mail that you should use for all medical and prescription services.
- Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- Dental coverage: If you elect coverage, you may receive an ID card. For dental services, coverage will be tied to the employee's dental plan member ID. Be sure to give this to your provider at time of service.
- Vision coverage: If you elect coverage, you may receive an ID card. For vision services, coverage will be tied to the employee's vision plan member ID. Be sure to give this to your provider at the time of service.



Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you or your dependents must meet the following eligibility criteria:

Employees

Must be a regular, full-time employee currently working 25 hours or more per week.

Spouse/Domestic Partner

The person to whom you are legally married or your legal domestic partner. Under no circumstances may ex-spouses be covered by an employee.

Dependent child(ren)

Children up to age 26 (eligible through December 31 following the child's 26th birthday).

Over-age dependents ages 26-30 (eligible only for medical only, through December 31 following the child's 30th birthday) who are:

- Unmarried AND have no dependents of their own AND are dependent on the employee for financial support
- Not offered coverage through another group or individual plan
- Not entitled to benefits under Title XVIII of Social Security Act
- Resident of Florida or are full or part-time students

Newborn children of covered dependent children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

Disabled dependents

Dependents who become disabled before age 26 and rely on you for support may be eligible.

WHEN YOU CAN ENROLL

After you are hired

Your coverage begins the first day of the month, following 30 days of employment. You must submit your benefits elections and upload all required documentation prior to your coverage effective date.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective **December 1, 2025 - November 30, 2026**.

Mid-year changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS:

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

IMPORTANT TO KNOW

How to make mid-year changes to your benefits if you've experienced a qualified life event

- Log in to **Employee Navigator**.
- Supporting documentation should be uploaded into the Employee Navigator portal at the time the change is requested
- **If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change**



How to enroll with Employee Navigator

Employees are asked to complete their enrollment elections online using Employee Navigator. Employee Navigator is your online resource for information pertaining to your benefits. This site will allow you to review the benefits available to you and serve as a portal for accessing company specific forms, important notices, a pdf copy of this guide and more.

Visit www.employeenavigator.com.

Step 1: Once you have received your registration link or are already logged in to the portal, click the **GET STARTED** button to begin confirming your account details and navigate through the list of benefits offered.

*First time users will need to enter **Sawgrass2023** as the **Company Identifier**. Please note this is case sensitive.*

Step 2: For each benefit, make your selection and then click **SAVE & CONTINUE** at the bottom of the screen.

Once you've made your election, a checkmark will appear next to the benefit. This will verify that your election has been completed.

You will automatically move forward to the next benefit screen.

*To **CHANGE A BENEFIT**, click on the benefit you'd like to modify, make the change and click **SAVE & CONTINUE**.

Step 3: Once all sections have been completed and show a checkmark, you are ready to review and submit your elections.

Step 4: Enrollment Summary— You MUST sign to complete enrollment. Click on the green "Click to Sign" button to submit your elections.



If you do not complete the required steps, you will not be able to submit your elections and will receive an **"Enrollment Not Complete!"** error. Review the steps highlighted in yellow. Once all steps have a green checkmark, return to the enrollment summary page to electronically sign your elections.

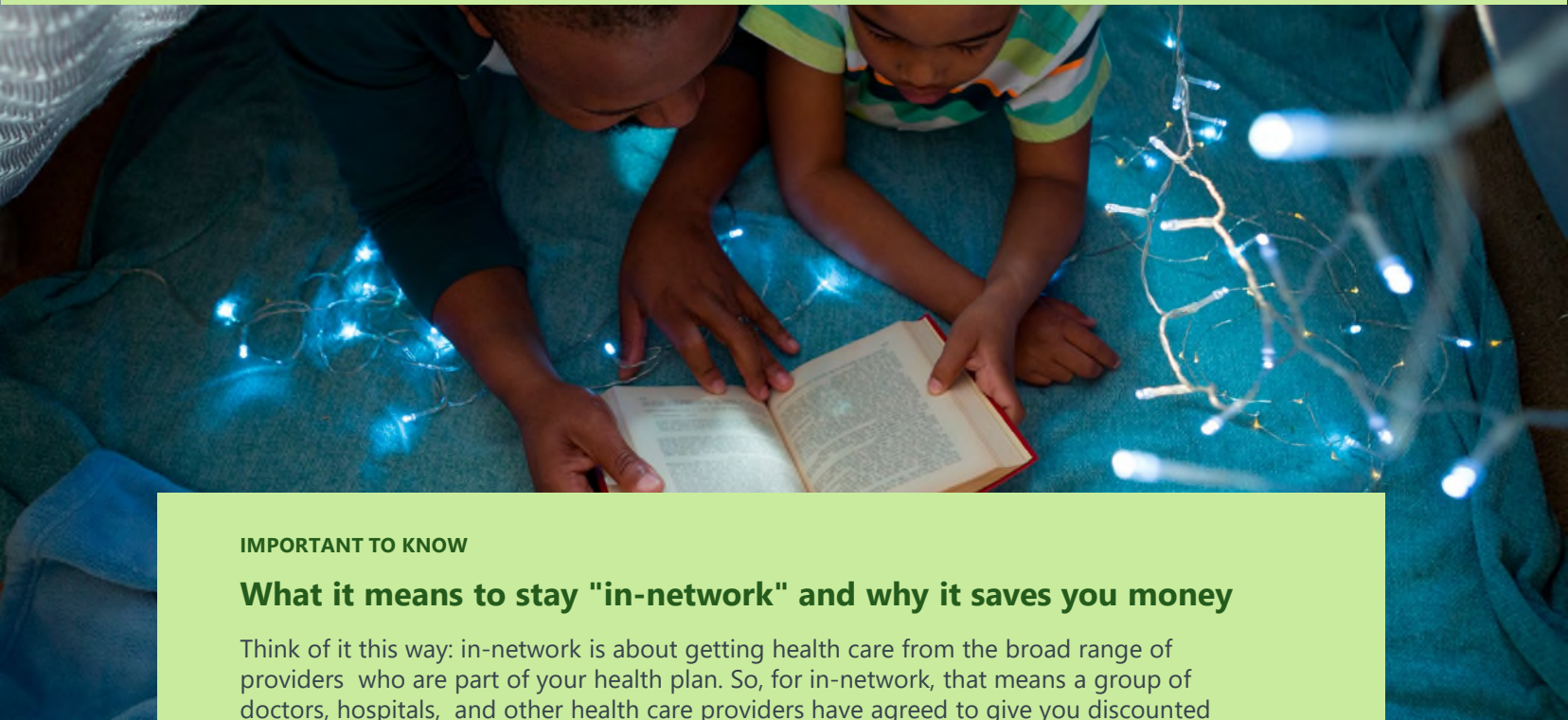
MEDICAL AND PRESCRIPTION DRUG PLANS

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.

	Bronze Plan In-Network Only	Silver Plan In-Network Only	Gold Plan In-Network Only	Platinum Plan In & Out-of-Net
MEDICAL BENEFITS	BlueCare HMO 15355	BlueCare HMO 14256	BlueCare HMO 14253	BlueOptions PPO 14006
Calendar Year Deductible Per Individual Family Aggregate	\$2,500 \$5,000	\$1,000 \$3,000	\$500 \$1,500	\$1,000 \$3,000
Out-of-Pocket Maximum Per Individual Family Aggregate	\$6,700 \$13,400	\$5,500 \$11,000	\$2,800 \$8,400	\$5,500 \$11,000
Coinsurance (% the plan pays)	80%	80%	80%	80%
Preventive Services	100%	100%	100%	100%
Office Visits Virtual Visits Primary Care Physician Specialist	Virtual: \$0 PCP / \$75 SPEC PCP: \$30 SPEC: \$75	Virtual: \$0 PCP / \$45 SPEC PCP: \$20 SPEC: \$45	Virtual: \$0 PCP / \$25 SPEC PCP: \$10 SPEC: \$25	Virtual: \$0 PCP / \$45 SPEC PCP: \$20 SPEC: \$45
Urgent Care	\$80	\$50	\$30	\$50
Mental Health	\$0	\$0	\$0	\$0
Emergency Room	20% after Deductible	\$600 + \$150 Physician Fees	\$100	\$600
Inpatient Hospital	20% after Deductible	\$500 after Deductible + \$150 Physician Fees	\$250 Per Day (\$750 Max)	\$500 after Deductible + \$150 Physician Fees
Outpatient Procedures At Hospital Facility	20% after Deductible	\$450 + \$150 Physician Fees	\$200	\$450 + \$150 Physician Fees
Outpatient Diagnostic Tests At Independent Testing Facility	Labs: \$10 X-Ray: 20% + Deductible	Labs: \$25 X-Ray: \$150	Labs: \$25 X-Ray: \$35	Labs: \$25 X-Ray: 150
Advanced Imaging MRI, CT, PET, etc.	20% after Deductible	\$350	\$75	\$350
PRESCRIPTION BENEFITS				
Retail Pharmacy Generic / Pref. Brand / Non-Pref. Brand Specialty	G: \$0 / \$4 / \$15 PB: \$50 / \$100; NPB: \$200 SP: \$300	G: \$0 / \$4 / \$15 PB: \$30 / \$60; NPB: \$100 SP: \$200	G: \$0 / \$4 / \$10 PB: \$15 / \$30; NPB: \$50 SP: \$150	G: \$0 / \$4 / \$15 PB: \$30 / \$60; NPB: \$100 SP: \$200
Mail Order (90-day supply) Generic / Pref. Brand / Non-Pref. Brand Specialty	2x Retail	2x Retail	2x Retail	2x Retail

BlueCare plans (Bronze, Silver, and Gold) offer in-network coverage only. The BlueOptions plan offers in and out-of-network coverage. Please reference the SBC for the full details regarding the out-of-network benefits for the BlueOptions plan, which can be found in Employee Navigator.

Florida employees can select any of the plans above. Non-Florida resident employees must select the BlueOptions plan.



IMPORTANT TO KNOW

What it means to stay "in-network" and why it saves you money

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a **Florida Blue** member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it, as long as you stay in-network.

MEDICAL PLAN PREMIUMS

Your employee contributions for this plan year are based on your choice of plan and coverage tier.

Listed below are per-pay-period costs for you and your dependents effective **December 1, 2025 - November 30, 2026**:

	BlueCare HMO 15355	BlueCare HMO 14256	BlueCare HMO 14253	BlueOptions PPO 14006
PER-PAY-PERIOD COSTS				
Employee Only	\$37.12	\$39.60	\$46.45	\$48.54
Employee + Spouse	\$222.70	\$237.58	\$278.73	\$291.20
Employee + Child(ren)	\$194.86	\$207.89	\$243.89	\$254.80
Employee + Family	\$380.45	\$405.87	\$476.16	\$497.46

HOW TO LOCATE A DOCTOR IN YOUR PLAN'S NETWORK

- Go to www.floridablue.com
- Click on "Find a Doctor"
- Click "Find a Doctor or Dentist"
- Enter your Zip Code and be sure to select the full zip code – county that displays in the dropdown box
- Select **BlueCare (for Bronze, Silver, or Gold Plan)** or **BlueOptions (for Platinum Plan)** as your Plan
- Enter your Provider Search by Provider Name, Facility or Condition and click Search;
or
• You can also choose a Provider Type (on the search screen to help narrow your search)

Just browsing? Search our provider networks

We know finding care for you or your family can be challenging. We've made it easier! Search now to find the doctors, pharmacies or other facilities that can best help you. [Where do I find my plan name?](#)

[Search for Providers Outside of Florida](#)

1. Where do you live? ⓘ
Location: 32216 - DUVAL

2. Select a Plan ⓘ
Available Plans: BlueCare

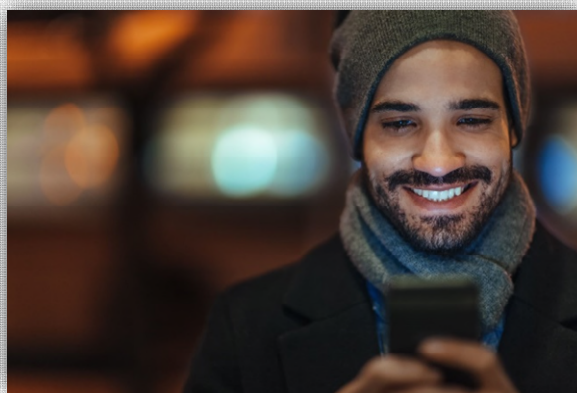
3. Search for providers:
Search by In-Network Provider, Facility or Condition:

Or choose a provider type below to get you closer to finding the care you need.

Primary Care → Specialist → Facility or Hospital →
Behavioral & Mental Health →

HOW TO USE AND ACCESS FLORIDA BLUE'S MEMBER PORTAL

- Get personalized results once you sign up for your own member website
- **Calendar Year Deductible—The medical deductible and out-of-pocket maximum run on a calendar year (January 1—December 31). That means each January 1st they start over**
- Money Saving Tips – How to save when accessing healthcare and filling prescriptions
- Healthcare Cost Estimator – Get an estimate for the cost of treatment before you go
- Detailed Benefit Summaries and other important Plan Documents
- Medication Search – Look up medications, lower cost alternatives, prior authorization/step therapy requirements, quantity limits, etc.
- Mail Order Pharmacy – Forms and instructions
- Member Discounts – Take advantage of exclusive discounts on a wide variety of healthy products and services



Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. As a covered member, you and your covered dependents have access to the following benefits and resources.

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

If you use out-of-network providers, deductibles and coinsurance apply.

VIRTUAL VISITS¹

When you or a family member on your plan needs medical attention, and you're not able to see your regular health care provider, BlueVirtualCare is here to help you get the care you need.

Log in to your member account, on the web, or Florida Blue app, and go to Find & Get Care. Select Find a Doctor & More, click on Find Virtual Care, then select BlueVirtual Care. It's that easy!

1. Access to virtual visits and prescription services may not be available in all states.

ONLINE AND MOBILE RESOURCES

You can stay on top of your benefits anywhere you go thanks to the mobile apps and websites our benefit carriers provide. These tools give you the ability to:

- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

Be sure to register on our carrier partners' websites and download their apps so that you can access your benefits information anytime, anywhere.

DISCOUNTS

View hundreds of discounts available to you, including hearing devices, fitness equipment, homeopathic health services, and much more.

Log in to your member website at WEBSITE to access these great deals:

- Apparel & Footwear
- Fitness
- Hearing & Vision
- Home & Family
- Nutrition
- Personal Care
- Travel

HEALTH AND WELLNESS REWARDS

Better You Strides is a personalized wellness and rewards program that helps you make the most of your health plan and encourages you to participate in healthy activities. You get to choose which activities you want to participate in and you can apply your rewards toward qualifying health care costs.

When you log in to your online Florida Blue member account, you'll have the opportunity to participate in rewards with three easy steps.

1. Join the member-exclusive Better You Strides rewards program
2. Complete personalized rewardable activities
3. Redeem points for dollars that can be used toward qualifying health care costs

meQuilibrium

meQuilibrium is a resilience building program designed to help you face each day with confidence, at no extra charge. This program is offered through Florida Blue's Better You Strides program. Log in to the Member Portal for access.

Dental Benefits

Your dental coverage is provided through **Principal Financial Group**.

You can visit principal.com/dentist or call **800.247.4695** to find a participating dentist.

KEY FEATURES AND DETAILS

- Maximum accumulation – Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold.
- Periodontal program – If you’re pregnant or have diabetes or heart disease, you may receive scaling and root planning covered at 100% (if dentally necessary), or one additional cleaning.
- Second opinion program – You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
- Cancer treatment oral health program – If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
- General anesthesia program – If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

IMPORTANT TO KNOW

Reimbursement schedule for your out-of-network benefits

When you receive care from an out-of-network provider, benefits will be based on the 99th percentile of the usual and customary charges.

Voluntary PPO Dental

IN-NETWORK	
Calendar Year Deductible Individual Family	\$50 \$150
Diagnostic & Preventive Cleanings, exams, bitewing x-rays, and fluoride treatments	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), sealants, space maintainers, oral surgery, general anesthesia, endodontics and non-surgical periodontics	20% after Deductible
Major Services Periodontal surgical procedures, inlays, onlays, crowns, bridges and implants	50% after Deductible
Orthodontic Services	Not Covered
Annual Benefit Maximum	\$1,500
OUT-OF-NETWORK	
YOU MAY BE BALANCE BILLED IF YOU USE AN OUT-OF-NETWORK PROVIDER	
Diagnostic & Preventive	100%
Basic Services	20% after Deductible
Major Services	50% after Deductible
EMPLOYEE COST PER-PAY-PERIOD	
Employee Only	\$15.95
Employee + Spouse	\$32.86
Employee + Child(ren)	\$33.50
Employee + Family	\$50.42

Vision Benefits

Your vision coverage is provided through **Principal Financial Group**. When you utilize a provider that participates in the **VSP** network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and lasik eye surgery.

You may view benefits, print an ID card and search for in-network vision providers at www.vsp.com or principal.com/vsp.



IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

Voluntary PPO Vision

IN-NETWORK

Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$10 Copay \$60 Copay
Frames <i>Benefits may be redeemed every 12 months</i>	\$250 Allowance <i>20% off over allowance</i>
Lenses Single Bifocal Trifocal Lenticular <i>Benefits may be redeemed every 12 months</i>	\$10 Copay
Contacts <i>Benefits may be redeemed every 12 months</i>	\$250 Allowance

OUT-OF-NETWORK

Eye Exams Routine Eye Exam	Up to \$45 Reimbursement
Frames	Up to \$70 Reimbursement
Lenses Single Bifocal Trifocal Lenticular	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement Up to \$100 Reimbursement
Contacts	Up to \$105 Reimbursement

EMPLOYEE COST PER-PAY-PERIOD

Employee Only	\$4.85
Employee + Spouse	\$8.73
Employee + Child(ren)	\$9.21
Employee + Family	\$14.56

AFLAC Voluntary Short-Term Disability

SHORT-TERM DISABILITY INCOME BENEFITS

What happens if you become disabled and can't go to work? How would you pay for the expenses of daily life such as your monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- You choose the plan that's right for you based on your financial needs and income
- Aflac offers the option of guaranteed-issue, short-term disability coverage. That means no medical questionnaire is required
- Cash benefit for each day you are disabled

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

- **Monthly Benefit Payment Options: \$530 to \$6,360 (subject to income requirements)**
- **Total Disability Benefit Period Options: 3, 6, 12, 18 or 24 months**
- **Elimination Period (7 Days for Injury/ 7 Days for Sickness)**
- **Reach out to our AFLAC Agent for Pricing and Full Details**

Tom Oller
904.307.2235
thomas_oller@us.aflac.com



IMPORTANT TO KNOW

Why disability coverage is important

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work due to an injury or illness.

Federal Notices

IMPORTANT NOTICE FROM SAWGRASS NUTRA LABS, LLC ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Sawgrass Nutra Labs, LLC** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Sawgrass Nutra Labs, LLC** has determined that the prescription drug coverage offered by the **Sawgrass Nutra Labs, LLC Group Health Plan** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. You can keep your current coverage from **Sawgrass Nutra Labs, LLC**. However, if your elected coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

If you drop or lose current creditable coverage with **Florida Blue** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current coverage with **Sawgrass Nutra Labs, LLC** will not be affected. Your current coverage pays for health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 9 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current **Sawgrass Nutra Labs, LLC** coverage, be aware that you and your dependents will be able to get this coverage back only during a qualified life event or during the annual enrollment period.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Sawgrass Nutra Labs, LLC** changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

NOTICE OF PATIENT PROTECTIONS AND SELECTIONS OF PROVIDERS

Sawgrass Nutra Labs, LLC group medical plans may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

Until you make this designation, **Florida Blue** designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact **Florida Blue Member Services at 800.352.2583** or log in to your member portal at www.floridablue.com. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from **Florida Blue** or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact **Florida Blue Member Services at 800.352.2583** or log in to the member portal at www.floridablue.com.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact **Sawgrass Nutra Labs, LLC at 844.688.7244**.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MICHELLE'S LAW

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **844.688.7244**.

CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in the following state, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2025**. Contact your State for more information on eligibility:

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>

Phone: 1-877-357-3268

Key Contacts

CONTACT	PHONE	EMAIL	WEBSITE
Sawgrass Nutra Labs, LLC Gary Murphy	844.688.7244	gmurphy@sawgrassnutralabs.com	www.sawgrassnutralabs.com
The Bailey Group Benefits Representative Crystal Taylor	904.671.0509	ctaylor@mbaileygroup.com	www.mbaileygroup.com
Employee Navigator Benefits Enrollment Website			www.employeenavigator.com
Medical / COBRA Admin Florida Blue	800.352.2583 Member Services 877.789.2583 Nurse Line		www.floridablue.com
Dental Principal Financial Group (COBRA administered by Group)	800.247.4695		www.principal.com
Vision Principal Financial Group Network: VSP (COBRA administered by Group)	800.877.7195		www.principal.com www.vsp.com
Voluntary Disability Aflac Representative Tom Oller	904.307.2235	thomas_oller@us.aflac.com	www.aflac.com



Sawgrass Nutra Labs, LLC
2025-26 Benefits

The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize **Sawgrass Nutra Labs, LLC** to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. **Sawgrass Nutra Labs, LLC** reserves the right to change, amend or cease these benefits at any time.