

EMPLOYEE BENEFIT GUIDE 2024: JANUARY 01, 2024 - DECEMBER 31, 2024



THE SCHROER GROUP FAMILY OF COMPANIES
Celebrating 50 years of Serving Our Community.



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Benefits are an integral part of the overall compensation package provided by TSG.

Within this Benefits Guide you will find important information on the benefits available to you for the 2024 plan year.

Please take a moment to review the benefits TSG offers to determine which plans are best for you.

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Self-Service Site Login Information

Employee Self Service

Log into the TSG employee self service (ESS) at <https://infor.tsgrinc.com/> to view your current benefits, complete new hire elections, complete open enrollment elections, view or print electronic paychecks, view PTO balances, and much more.

When setting up your ESS login, you first have to decide which of the 2 methods you are using:

1. On company equipment and on the company network
2. On personal or company equipment off the company network

To see details on how to login, please go to page 27.

Need Help? Please contact your Staff Coordinator/ HR Representative if you have any questions about your new hire paperwork and/or Benefits Enrollment, or if you have any difficulties using your new network credentials. For Technical Support, email itsupport@tsgrinc.com or call 330.498.8199.



Employee Benefits Overview

Benefits Eligibility

Refer to each benefit plan for eligibility information. Contact your dedicated Patient Advocate at **412-754-3250** or Human Resources Representative if you have specific questions regarding your eligibility.

Many of the plans offer coverage to eligible dependents, including:

- Your legal spouse. **If your spouse works 30 or more hours per week and they are offered health insurance through their employer, they will not be eligible for TSG medical plans.**
- Children, including stepchildren, children placed for adoption, or children for whom you or your spouse are the legal guardian. The limiting age is 26, except there is no limiting age for mentally or physically handicapped children who are unmarried and depend on you for support.

Enrollment

You can sign up for benefits or change your benefit elections at the following times:

- Within 21 days of your initial eligibility date (as a newly-hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event
- If your employment status changes to make you eligible for certain benefits

The choices you make at this time will remain the same through December 31, 2024. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year unless you experience a qualifying life event or if your employee status changes.

Changing Your Benefits During the Year

TSG allows you to pay your portion of the medical, dental, vision, and short-term disability insurance plan costs on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

To request a benefits change, contact your dedicated Patient Advocate at **412-754-3250** or Human Resources Representative within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. **Qualifying life events include, but are not limited to:**

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- If you become eligible and/or are enrolled in Medicare or Medicaid
- Address changes for Aultcare (specifically, if you move counties)
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

All employees are required to complete open enrollment for 2024. If by chance you miss the open enrollment window, your current elections will not rollover into the new year.

Benefit Plan Costs

Semi-Monthly Medical, Dental, and Vision Plan Costs

Listed below are the semi-monthly costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Wellness and non-wellness rates are effective January 1, 2024, based on completing biometrics and a preventative activity. **For voluntary life and AD&D and voluntary short-term disability rates, please refer to your Human Resources Representative. Please note that your benefit payments are deducted out of 24 pay cycles, while the payroll software states 26. We use semi-monthly deductions.**

	PLUS PLAN		VALUE PLAN		QUALIFIED PLAN	
MEDICAL INSURANCE	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$116.04	\$166.04	\$43.36	\$93.36	\$9.84	\$59.84
Employee + Spouse	\$280.58	\$330.58	\$115.32	\$165.32	\$104.88	\$154.88
Employee + One or More Child(ren)	\$203.39	\$253.39	\$82.45	\$132.45	\$73.61	\$123.61
Family: Employee, Spouse, and One or More Child(ren)	\$324.87	\$374.87	\$134.31	\$184.31	\$118.51	\$168.51

All plans are managed through Medical Mutual with the exception of employees that select Aultcare. Aultcare may be selected by employees living in certain counties.

DENTAL INSURANCE	Low Plan	High Plan	VISION INSURANCE	Vision Plan
Employee Only	\$7.01	\$11.99	Employee Only	\$2.53
Employee + Spouse	\$14.12	\$24.05	Employee + Spouse	\$4.86
Employee + One Child	\$14.12	\$24.05	Employee + Child(ren)	\$5.11
Employee + Child(ren)	\$27.31	\$45.12	Employee + Family	\$7.89
Employee + Family	\$27.31	\$45.12		

Semi-Monthly Accident, Critical Illness, and Hospital Indemnity Plan Costs

Listed below are the semi-monthly costs for accident, critical illness, and hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

CRITICAL ILLNESS INSURANCE

Age Bands	Employee Only \$10,000	Employee Only \$20,000	Employee Only \$30,000	Spouse \$10,000	Spouse \$20,000	Spouse \$30,000
<30	\$1.95	\$3.90	\$5.85	\$2.55	\$5.10	\$7.65
30-39	\$3.45	\$6.69	\$10.35	\$3.85	\$7.70	\$11.55
40-49	\$6.95	\$13.90	\$20.85	\$8.75	\$17.50	\$26.25
50-59	\$10.95	\$21.90	\$32.85	\$12.20	\$24.40	\$36.60
60-69	\$15.35	\$30.70	\$46.05	\$15.35	\$30.70	\$46.05
70+	\$20.20	\$40.40	\$60.60	\$20.20	\$40.40	\$60.60

HOSPITAL INDEMNITY INSURANCE

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$9.17	\$17.74	\$13.74	\$22.31

GROUP ACCIDENT INSURANCE

Employee Only	\$5.69
Employee + Spouse	\$11.39
Employee + Child(ren)	\$12.24
Employee + Family	\$17.93

Medical Insurance

Full-time employees working 30 or more hours per week are eligible for medical insurance on the first day of the month following 28 days of employment. In addition, employees may be eligible as defined by PPACA. **TSG offers three medical plan options through Medical Mutual or AultCare (you can select AultCare if you live in the following counties: Stark, Holmes, Summit, Tuscarawas, Carroll, or Wayne.).** Locate a Medical Mutual network provider at www.medmutual.com or call 1-800-468-6690 for more information. Locate an AultCare network provider at www.aultcare.com or call 1-800-344-8858 for more information.

The plans provide in-network benefits only. Out-of-network services will not be covered except in the case of a life- or limb-threatening emergency.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions. ***TSG offers a Qualified High Deductible Health Plan to employees. This plan can be paired with a Health Savings Account assuming certain eligibility requirements are met. Please see page 9 for more HSA details or view our separate HSA guide.***

	PLUS PLAN - AULTCARE AND MEDICAL MUTUAL	VALUE PLAN - AULTCARE AND MEDICAL MUTUAL	QUALIFIED PLAN - AULTCARE AND MEDICAL MUTUAL
	In-Network Only	In-Network Only	
Deductible <i>Employee</i> <i>Employee + 1 or more</i>	\$1,250 \$2,500	\$3,500 \$7,000	\$3,000 \$6,000
Coinsurance	25% after the deductible	25% after the deductible	25% after the deductible
Out-of-Pocket Maximum (Ded., Coinsurance & Copays) <i>Employee</i> <i>Employee + 1 or more</i>	\$4,500 \$9,000	\$7,000 \$14,000	\$7,000 \$14,000
Office Visit Copay	\$25	\$25	*Subject to deductible and coinsurance
Specialist Copay	\$50	\$50	
Urgent Care Copay	\$100	\$100	
ER Copay	\$500	\$500	
Rx Copay	\$10/\$35/\$70/\$100	\$10/\$35/\$70/\$100	

Only the PPO Plus and Value Plans offer the embedded deductible and out-of-pocket maximum. These are considered embedded. This means that if you enroll yourself plus any dependent or dependents, each member on the plan will be capped at the individual deductible (\$1,250 or \$3,500).

This plan enhancement provides individual protection so no one member in a family contract is responsible for the entire family deductible.

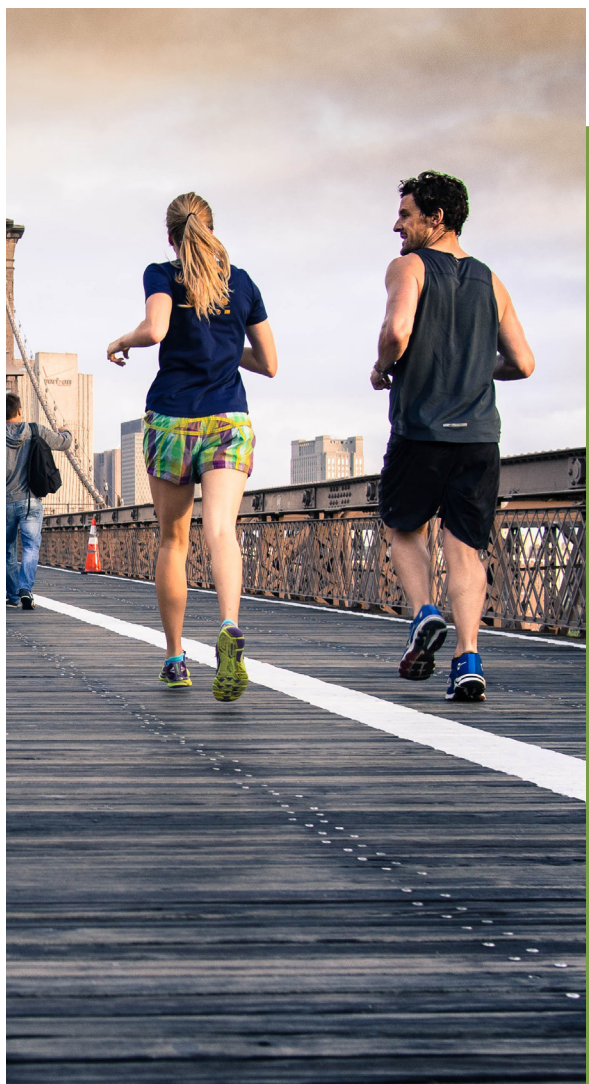
The QHDHP is a non-embedded deductible that does not offer the embedded protection.



Wellness Program

Our 2024 Wellness Program administered by GoPivot

- All full-time and part-time employees will be eligible to participate



Access to Program - Employees can access the Wellness Program by going to www.peopleareeverything.com.

FITNESS - For those who want a healthier lifestyle, our partnership will focus on fitness exercise content instructed by certified professionals, ranging from videos to biking, walking, running activities, and more.

NUTRITION - Personalized plans offer breakfast, lunch, and dinner recipes based on participant preferences for cuisine, dietary plan, and allergens.

ACTIVITIES - Designed with your organization's goals in mind, each completed activity represents the desired output from your program design.

ENGAGEMENT - Innovative individual and team challenges help to drive participation and engagement.

SHOP - Many activities award a point system. Using earned points, participants can choose from millions of choices to be rewarded. These range from gift cards, merchandise, travel, entertainment options, or even a deposit to the participants HSA.

Health Insurance Premium Reduction Program

- Employees participating in our health insurance program may receive a premium discount by completing the following activities:
 1. Complete a preventive activity.
 2. Print the biometric form, complete with your physician and upload it back into the website.
- You can access our new wellness program through www.peopleareeverything.com

Current Employees - Please complete the steps to ensure the results of your health screening are uploaded to www.peopleareeverything.com by **October 31, 2024** to ensure you receive the 2025 discount.

New Hires - Please complete a preventive activity and Biometric screening within 90 days of the insurance effective date to receive a premium discount. Information and upload can be found at www.peopleareeverything.com

Health Savings Account (HSA)

HSAs allow you to use pre-tax income for health care expenses and can be used to pay your deductible. Account contributions are not taxed and funds in the account roll over.

- The HSA accounts are managed by PNC Bank.
- Employees who elect will receive a debit card from PNC Bank to use for qualified health care expenses.
- Only the Medical Mutual and AultCare Qualified plans are eligible to participate with the HSA.

HSA General FAQ's:

1. Who is eligible to contribute to an HSA?

Basic eligibility requirements are as follows:

- Covered by a qualified high deductible health plan (HDHP)
- Not covered by another health plan
- Not eligible to be claimed as a dependent on another person's tax return
- Not entitled to Medicare benefits and/or are not collecting social security benefits

2. If I have an HSA, whose medical expenses can I cover?

The monies held within your HSA can be used for you as well as your spouse and/or tax dependents regardless if they are enrolled as dependents on your plan. To view a partial list of qualified medical expenses, see IRS Publication 502 available at <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

3. Can a husband and wife have a joint HSA?

No, each spouse must open a separate HSA. You can, however, give your spouse access to your HSA by designating them as an authorized signer on the account.

4. How will my HSA account grow over time?

Since employer and employee contributions rollover to the next plan year if unused, you will accumulate a higher balance over time.

5. Will I receive a debit card to access HSA funds?

Yes, you will receive a debit card through our banking partner, PNC, to access the funds in your Health Savings Account. **Please note:** you must verify your identity on the PNC/HSA website before using your debit card.

6. Will I have the ability to roll my HSA balance from a previous company to use with my current High Deductible Plan and HSA?

Yes, you have the choice to roll-over your other HSA funds to the Company's plan; however it is not required.

7. Are my employer contributions to my HSA subject to vesting?

No, there are no vesting requirements. You will have access to all funds once deposited into your account (i.e. your payroll elections or employer contributions) to pay for qualified medical expenses right away.

8. Do HSA funds roll-over each plan year?

Yes, money in your HSA is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow, tax-deferred.

9. When filing my taxes, how do I access IRS Form 8889 (HSA contributions and deductions)?

In order to retrieve IRS Form 8889, you must access your account online via the PNC/HSA website. These tax forms are delivered electronically and will not be mailed to your home address.

Prescription Drug with EpiphanyRx

Our prescription drug plan is administrated by EpiphanyRX.

Your prescription drug copays are as follows (excluding the HDHP option as that plan is subject to deductible and coinsurance):

	Retail (30 Day Supply)	Maintenance Drugs at Mail or Retail
Generic Medications	\$10 copay	\$25 copay
Preferred Brand Name Medications	\$35 copay	\$87.50 copay
Non-Preferred Brand Name Medications	\$70 copay	\$175 copay
Specialty Medication	\$100 copay	N/A

Please note: if you choose to fill a brand name medication when there is a generic equivalent available, you will be charged the brand name copay, along with the difference between the cost of the generic and the brand.

You can get a 90 day supply of your maintenance medication at either Costco Retail or Mail Order or any Walgreens location.

EpiphanyRx has over 60,000 pharmacies in-network. You can get your medications filled at any of them. Visit [epiphanyrx.com](https://www.epiphanyrx.com) to find a pharmacy near you.

Mail Order Medications

For maintenance medications, you can use the preferred mail order pharmacy, Costco Home Delivery. Costco offers convenient delivery options and makes refilling your medications easy with the ability to refill by phone, online and text. Please visit [pharmacy.costco.com](https://www.pharmacy.costco.com).

Specialty Pharmacy

If you are taking or using a specialty medication, Lumicera Health Services will be your specialty pharmacy for most medications. An EpiphanyRx representative will reach out to you to assist with this transition.

GoodRx

Through your EpiphanyRx ID card, you'll receive the benefit of either your standard copay/cost share or the GoodRx discount, whichever is less.



Dental Insurance

Eligibility

Full-time and part-time employees working 16 or more hours per week are eligible for dental insurance on the first day of the month following 28 days of employment.

Dental Plans

TSG offers two dental insurance plan options through Delta Dental. Both plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider.

Please note, for 2024, there will be two in-network tiers of dental providers. The Premier tier has a high cost-share for Basic and Major services for providers in this tier. You will receive the highest level of benefit by visiting PPO dentists. This is noted on Delta Dental's website, noted below.

Expenses from non-network providers are reimbursed based on usual and customary (U&C) charges. Any charges over the U&C amount will be your responsibility. Locate a network provider at www.deltadental.com.

	LOW PLAN			HIGH PLAN		
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Network Type	PPO Dentist	Premier Dentist	Non-Participating Dentist	PPO Dentist	Premier Dentist	Non-Participating Dentist
Calendar Year Deductible Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Benefit Max	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services	10% after ded.	20% after ded.	20% after ded.	10% after ded.	20% after ded.	20% after ded.
Major Services	Not Covered			40% after ded.	50% after ded.	50% after ded.
Orthodontia Services	Not Covered			50% after ded.	50% after ded.	50% after ded.
Orthodontia Lifetime Max	Not Covered			\$1,000		



Vision Insurance

Eligibility

Full-time and part-time employees working 16 or more hours per week are eligible for vision insurance on the first day of the month following 28 days of employment.

TSG offers a vision insurance plan through EyeMed. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a network provider at www.eyemed.com.

The table below summarizes the key features of the vision plans. Please refer to the official plan documents for additional information on coverage and exclusions.

VISION PLAN

	In-Network	Out-of-Network
Eye Exam (every 12 months from last date of service)	\$10 copay	\$10 copay, then reimbursement up to \$50
Standard Plastic Lenses (every 12 months from last date of service) Single/Bifocal/Trifocal	\$25 copay	\$10 copay, then reimbursement up to \$48/\$67/\$86
Frames (every 24 months from last date of service)	20% off balance over \$130	\$25 copay, then reimbursement up to \$48
Contact Lenses (every 12 months from last date of service in lieu of standard plastic lenses) Medically Necessary	Plan pays 100%	Reimbursement up to \$210
Elective	\$130 allowance	Reimbursement up to \$120
Laser Correction	Up to 15% off	No discounts



Life and AD&D Insurance

Basic Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. **For your peace of mind, TSG provides basic life and AD&D insurance to all eligible employees automatically and at no cost through Guardian.** This benefit is available to **full-time employees** working 30 or more hours per week. Please contact your dedicated Patient Advocate at **412-754-3250** or Human Resources Representative for more information about the life and AD&D insurance policy.

Voluntary Life and AD&D Insurance

TSG offers you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through Guardian. This benefit is available to full-time employees working 30 or more hours per week.

Employee:

- Voluntary coverage is available for a small additional payroll deduction.
- Changes in coverage after initial eligibility are subject to approval by Guardian pending review of health questions completed by the employee. This is called evidence of insurability (EOI) and when changes are made at open enrollment, the change is not effective until EOI is approved and completed. Employees will receive an email asking them to complete the EOI process.
- Life amounts for employees decrease by 35% at age 70 and 50% at age 75.

Spouse:

- Employee must be enrolled in some level of voluntary life insurance.
- Changes in coverage after initial eligibility are subject to approval by Guardian pending review of health questions completed by the employee. This is called evidence of insurability (EOI) and when changes are made at open enrollment, the change is not effective until EOI is approved and completed. Employees will receive an email asking them to complete the EOI process.
- Coverage amount may be up to 50% of employee voluntary amount up to specified amount.
- Coverage for spouse ends at age 70.

Children:

- Employee must be enrolled in some level of voluntary life insurance.
- Changes in coverage after initial eligibility are subject to approval by Guardian pending review of health questions completed by the employee. This is called evidence of insurability (EOI) and when changes are made at open enrollment, the change is not effective until EOI is approved and completed. Employees will receive an email asking them to complete the EOI process.
- Coverage amount may be up to 10% of employee voluntary amount up to specified amount.
- Coverage for children begins at age 14 days old and ends at age 26.
- Coverage elected will be the same benefit amount with one deduction regardless of the number of children enrolled.

Please be sure to keep your beneficiary designations up to date with Guardian.

Disability Insurance

Disability insurance is available to full-time employees working 30 or more hours per week, and is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

Voluntary Short-Term Disability Insurance

TSG offers you the option to purchase voluntary short-term disability insurance through Guardian. Benefits will be reduced by other income, including state-mandated short-term disability plans. Employees selecting short term disability at open enrollment, after their hire eligibility will need to provide evidence of insurability (EOI). The benefit will not be effective until EOI is approved. Employees selecting short term disability at open enrollment will receive an email explaining the EOI process.

- **Benefit:** 60% of salary up to \$1,000 per week based on prior year's earnings
- **Elimination Period:** 1st day after an accident/8th day of an illness
- **Benefit Duration:** Up to 26 weeks

Long-Term Disability Insurance

TSG provides long-term disability insurance to full-time employees at no cost to you. There is no need to separately enroll in this benefit for full-time employees. This benefit is offered through Guardian.

- **Benefit:** 60% of salary up to \$10,000 per month based on prior year's earnings
- **Elimination Period:** 180 days
- **Benefit Duration:** To age 65 (standard ADEA)
- **Own Occupation Period:** The first 24 months of benefit payments from this plan
- **Pre-Existing Condition Limitation:** 3/12 (If a claim is filed within the first 12 months the policy is in effect, Guardian will look back 3 months before the policy took effect to see if it was caused by a pre-existing condition.)

Note: Outside of your initial enrollment period, you will be required to complete evidence of insurability which will be reviewed by Guardian to determine accepted enrollment.



Voluntary Benefits

Voluntary Benefits offered through VOYA

You can find more details on these Voya plans at <https://presents.voya.com/EBRC/tsgresources> or you can call and ask questions at the Voya Customer Service at (877) 236-7564.

Voya Voluntary Benefits Eligibility: Full-time and part-time employees working 16 or more hours per week are eligible for voluntary group Accident, Critical illness and Hospital Indemnity insurance on the first day of the month following 28 days of employment. For full eligibility requirements please check with your Patient Advocate at 412-754-3250 or Human Resources Representative.

For all three plans offered, payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. Additionally, the premium will be deducted from your payroll check on a post-tax basis. Please refer to the benefit brochures and certificates for details regarding all 3 Voya Voluntary plans offered below.

Wellness Benefit: Both the Accident and Critical Illness plans include a Wellness Benefit that provides you and your dependents with a reimbursement for completion of certain health screening tests as well as adult annual physical exams, well child preventative exams, hearing test, routine eye exam, routine dental exam, and immunizations. Please reference the detailed benefit brochure for the calendar year benefit amounts and the Wellness Benefit Brochure for a list of eligible expenses.

Voluntary Group Accident Insurance

TSG offers you the option to purchase voluntary group accident insurance through VOYA. This plan provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need. Coverage of injuries is available when you are off the job.

Sports Accident Benefit – If the accident occurs while participating in an organized sporting activity the benefit amounts you receive in the list of expenses below will increase 25%, to an additional maximum of \$1,000 per accident. (does not include Accidental Death & Dismemberment payments)

Travel Assistance – When traveling more than 100 miles from home, Voya Travel Assistance offers enhance security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Some covered Accident expenses include:

- Emergency Room/ Urgent Care treatment
- Initial and Follow Up Doctor Office Visit
- Hospitalization
- Physical & Occupational therapy
- Speech therapy
- Ambulance Services Ground & Air
- Medical Equipment and Prosthetic Devices
- X-Ray and Major Diagnostic Exams
- Outpatient surgery facility

Examples of covered injuries include:

- Fractures
- Dislocations
- Burns and skin grafts
- Lacerations with or without stitches
- Torn tendons and ligaments
- Eye Injuries
- Coma or concussion due to injury
- Paralysis
- Death or dismemberment

Voluntary Benefits (Continued)

Voluntary Group Critical Illness Insurance

TSG offers you the option to purchase voluntary group critical illness insurance through Voya. This plan provides a lump-sum benefit upon the diagnosis and treatment of a covered illness. If you elect coverage for yourself, you can elect coverage for your spouse and your dependent children. Please refer to the official plan documents for a full list of covered injuries and expenses.

The Amount an employee and spouse can elect with no medical questions is \$30,000 and \$15,000 for a child.

The plan does not include a pre-existing condition limitation.

Payment of a second occurrence of certain conditions of the same diagnosed condition is covered at 100% of the elected amount.

Infectious Disease Rider – Provides a benefit of 25% of the elected amount for 19 dreaded diseases including COVID-19 if you are continuously hospitalized for 5 or more days.

Payment of 10% of elected amount for Skin Cancer.

Some conditions include: Heart Attack, Stroke, Invasive and Non-invasive cancer, Skin Cancer, Major Organ Transplant, End-Stage Renal (kidney) Failure, Severe Burns, Benign Brain Tumor, Bone Marrow & Stem Cell Transplant, Permanent Paralysis, Multiple Sclerosis, ALS, Parkinson's, Advanced dementia including Alzheimer's, Huntington's, Addison's and Childhood Covered Conditions.

Coverage options:

- **Employee: \$10,000, \$20,000 or \$30,000**
- **Spouse: \$10,000, \$20,000 or \$30,000**
- **Children (under age 26): 50% of employee amount**



Voluntary Benefits (Continued)

Voluntary Hospital Indemnity Insurance

Focus on recovery during a hospital stay—not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? These benefit payments can help pay for out-of-pocket health care costs or other household expenses which can pile up during a hospital stay.

The hospital indemnity plan as been revised to be HSA compatible and therefore can only offer hospitalization benefits.

The Voya plan does not include any pre-existing condition limitation. This means you will be covered for a hospitalization if it occurs after the effective date, even for scheduled surgeries or delivery of a baby.

If you have child coverage in force (Employee/Child or Family coverage) and you deliver after the effective date, your newborn child will also receive an Admission and Daily Confinement Benefit.

- **Hospital Admission - \$1,000 per admission, limited to 1 admission per insured per calendar year (no family maximum)**
- **Hospital Daily Confinement - \$100 per day, up to 30 days per each confinement per insured**
- **Hospital Daily ICU Confinement - \$100 per day, up to 15 days per confinement**

Sontiq Identity Theft Protection powered by IdentityForce

IdentityForce, ranked as the top provider of Identity Theft Protection Services by Investopedia, CNBC and Techradar, accredited on Consumer Affairs and an A+ rating on Better Business Bureau, will partner with you to help minimize threats, monitor personal information and manage recovery if you're ever the victim of identity theft or fraud. This coverage offered through convenient payroll deductions helps you take control and protect your valuable personal information and Identity.



- **Monitor & Alert (email/text):** Dark Web, Credit, Bank-Credit Card-HSA-401(k)-Investment Accounts, Social Media Accounts, Personalized Breach Mitigation through BreachIQ™, Financial Account Activity Alerts, Compromised Credentials Alerts, Credit Alerts, etc.
- **Control:** Credit Reports-Scores-Tracker, Mobile Phone Scan, Secure VPN, Online PC Protection Tools, Secure Storage and more.
- **Recover:** Fraud Resolution Specialists available 24/7, up to \$2 Million ID Theft insurance, up to \$25k reimbursement for Ransomware and Social Engineering attacks.
- **Protection for the Family**
 - **CHILDWATCH** – free and unlimited ID Theft protection for dependents 25 years and under living in the same household, regardless of whether you elect the Employee or Family plan.
 - **Senior Fraud Resolution** – resolution services and insurance extended to in-laws, parents, grandparents at no additional cost, including those who live outside of your home.
- **MySontiq Mobile App:** Touch ID & Facial Recognition, Dashboard alerts, One-touch to contact Resolution Specialist, Anytime-Anywhere Access.

	Monthly	Semi-Monthly
Employee (Includes Children)	\$8.25	\$4.13
Family	\$16.25	\$8.13

Savings Plans

401(k) Profit Sharing Plan

- Your retirement plan offers a great way to save! You are able to defer money on a pre-tax Traditional and/or post-tax Roth basis.
- You are always 100% vested in your own contributions. Prior to 11/1/2023, employer matching contributions have a 6-year vesting schedule—20% after two years, 40% after 3 years, 60% after 4 years, 80% after 5 years, 100% after six years.
- Participating is easy! You are eligible to participate on the first day of the month following a 28-day waiting period. Employees of any status are welcome to participate.
- Enrollment and/or contribution changes can be made at any time after the initial eligibility period (changes will be made as soon as administratively feasible). Enrollment, contribution changes, and loan requests may be easily completed at www.nationwide.com/enroll.
- MGO, Inc., of Cleveland Ohio, provides plan administration services and their subsidiary, MGO Investment Advisors, is a registered SEC advisor managing approximately three quarters of a billion dollars.
- Your retirement assets are held with Nationwide Trust Co.—a Fortune 100 Company located in Columbus, Ohio.
- Do It For Me Option—MGO Road to Retirement Managed Account (optional) Service allows employees to have their retirement assets actively managed by the professional advisors of MGO Investment Advisors, Inc. There is no minimum balance requirement in the program. The annual fee for service is 0.80% of plan assets (\$8.00 per \$1,000 of invested assets) and the fee is deducted quarterly directly from your retirement account—you are not invoiced.
- Build your own Portfolio—you can create your own mix of investments from the available mutual fund investment options within the Plan. You then manage your portfolio and rebalance the account on your own.
- Quarterly statements detailing your retirement account are sent to your address of record on a quarterly basis.
- Web Access: Once your account is established, you can check your account balance, review funds available, or make changes to your investment allocations at www.nationwide.com/login.
- For questions about your retirement account, contact MGO, Inc. at **216-771-4242**.



529 College Advantage - Ohio's 529 Savings Plan

- All employees are able to establish a college savings account on the first of the month following 28 days of employment. You can fund the contributions via payroll deduction. If funding via payroll deduction, you can start the process at any time after the initial waiting period.
- Low Minimum Contribution—\$7.50 per pay period.
- Tax Free Withdrawals—The account grows tax-free. Withdrawals are free from federal and state income tax if used to pay for qualified higher education expenses.
- State Income Tax Deductibility—Contributions to your state's plan may be eligible for a total or partial deduction from the State of Ohio taxable income.
- One Beneficiary Per Account. Ability to change beneficiary—you may transfer the account at any time to a different beneficiary who is an eligible family member of the original beneficiary.
- You may open multiple accounts—each will name a designated beneficiary and must meet the required minimum of \$7.50 per pay period.
- Assets are held through BlackRock Investments. Call MGO, Inc. for questions regarding this optional college savings program, call 216-771-4242.

Employee Perks

In Jerry's Footsteps - Employee Foundation

- Special fund for employees experiencing:
 - Unforeseen emergencies
 - A major medical situation
 - Suffering from a catastrophic event
 - Other challenges in life which they are not financially prepared to handle
- To apply for the IJF grant - go to peopleareeverything.com, click the IJF tile to fill out the application.



All employees may choose to make a financial donation to the fund through payroll deductions. No contribution is too small. This Foundation is set up as a 501(c) (3) not-for-profit organization, and consists of a Board of Directors and a Grant Selection Committee made up of employees from all divisions in our Organization.

This fund honors Jerry Schroer Sr.'s legacy by continuing the family valued culture in our Companies. It is all about families helping families.

Employee Assistance Program through ComPsych

COMPSYCH®
— The GuidanceResources Company™ —

- **Confidential Support:** Access to consultation by phone 24 hours a day, seven days a week, from GuidanceResources clinicians and free in-person counseling sessions from Masters- and PhD- level licensed behavioral health clinicians.
- **Work/Life Solutions:** Referrals are available for topics including prenatal care, parenting, childcare, adoption, special needs, senior care, education, pet care, and more!
- **Legal and Financial Services:** Legal resources in the areas of criminal law, elder law, estate law, family and divorce, real estate, and tips on finding a lawyer. Financial resources in the areas of bankruptcy, buying and selling a home, credit, financial planning.
- **Online Support:** 24/7 access to an online portal featuring articles, podcasts, videos, on-demand trainings on a variety of topics and a personal response "Ask the Expert" tool.
- For more information about GuidanceResources, visit the GuidanceResources website at guidanceresources.com and enter the TSG company code TSG. You can also use the app for your smart phone - GuidanceNow or call 888-810-0034.

Pet Insurance

- TSG has partnered with Wishbone Pet Insurance to offer your pets insurance coverage. Wishbone Pet Insurance offers high-value, easy-to-use PET HEALTH INSURANCE that gives you peace of mind knowing your best friend can live their best life. Enjoy 90% reimbursement, no waiting periods on accidents and illnesses, and exclusive employee benefit rates. Add routine care coverage to maximize your savings on pet care. All Wishbone policies include 24/7 pet telehealth and a durable pet ID tag. All you need to fetch a quote is your pets name, breed, age, and your zip code!
- If you are interested in seeing pricing, please visit: <https://wishboneinsurance.com/tsgresources>. You can also contact Wishbone Pet Insurance at (888) 913-7387 to speak to a representative. Please remember to reference that you are an employee of TSG Resources, Inc. and the **Group ID: 4917**

wishbone
PET HEALTH INSURANCE

Wishbone Pet Insurance is a program managed by Odie Pet Insurance Marketing, Inc., and administered by Thorson Specialty Insurance Services, Inc. Underwriters include PrimeOne Insurance Company, Clear Blue Insurance Company, and Clear Blue Specialty Insurance Company.

Employee Perks (Continued)

Cell Phone Discounts

- TSG offers cell phone discounts to employees with qualifying plans through Verizon and AT&T. To learn more information about potential discounts available, follow the instructions below.
- **Verizon:** Visit these websites for information and instructions.
 - » <https://www.verizon.com/discounts/>
 - » <https://www.verizon.com/support/how-to-use-discount-registration/>
- **FirstNet with AT&T:** With FirstNet, you will receive affordable rate plans, industry-leading devices, and employee discounts. To get started, scan the QR code to the right, and use the extended primary affiliation code: ALTERCARE

verizon[✓]

FIRSTNET[™]
Built with AT&T



Wellness and Fitness Center Discounts

- TSG has partnered with many fitness and wellness centers to arrange discounted membership fees to employees. Please contact your HR representative to inquire about partnerships near you.



Important Contact Information

PLAN	Phone #	Website
TSG Dedicated Patient Advocate	412-754-3250	
Medical Dedicated Unit - Medical Mutual	1-800-468-6690	www.medmutual.com www.medmutual.com/SchroerGroup
AultCare	1-800-344-8858	www.aultcare.com
Prescription Drug - EpiphanyRx	1-844-820-3260	www.epiphanyrx.com
Dental - Delta Dental	800-524-0149	www.deltadentaloh.com
Vision - EyeMed	866-800-5457	www.eyemed.com
Life/AD&D and LTD - Guardian	800-525-4542	www.guardiananytime.com
Voluntary Short-Term Disability - Guardian	888-262-5670	www.guardiananytime.com
Group Accident, Critical Illness & Hospital Indemnity - Voya	877-236-7564	https://presents.voya.com/EBRC/tsgresources
401(k) Profit Sharing - Nationwide (Loans and Balance Inquiries)	888-867-5175	www.nationwide.com/login
MGO, Inc. Investment Consultants	216-771-4242	
Employee Assistance Program (EAP) - Compsych	888-810-0034	www.guidanceresources.com Web ID: TSG
In Jerry's Footsteps	330-498-8088	www.injerryfootsteps.org
Pet Insurance - Wishbone	800-891-2565 Reference group code: 4917	https://www.wishboneinsurance.com/tsgresources

This guide contains highlights of the benefits options that may be available to you. They are not complete descriptions of the benefits. TSG may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

TSG complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



RESOURCES

IMPORTANT DISCLOSURES ABOUT OUR PLAN

Notice of Special Enrollment Rights

If you are declining coverage 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).

If you have a new dependent as a result of a 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, or placement for adoption. Additionally, if you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Rights under the Women's Health and Cancer Rights Act

Under Federal law, group health plans and health insurance issuers that provide medical and surgical benefits with respect to a mastectomy must provide certain benefits to a participant or beneficiary who is receiving benefits in connection with mastectomy and who elects breast reconstruction.

Specifically, the group health plan and issuer must provide coverage in a manner determined in consultation with the attending physician and the patient, for (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications during all stages of mastectomy, including lymphedemas. This coverage may be subject to annual deductibles and coinsurance provisions, consistent with other benefits under the medical coverage option.

Newborns' & Mothers Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Our group health plan 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 insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

Summary of Privacy Practices

We are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) make certain you are notified of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

In the course of providing employee benefits we may use and disclose health information about you and your participating dependents without your permission for the administration of these plans and for any other health care operation as allowed or required by law.

Employees who are responsible for maintaining eligibility for these benefit programs may not share your information for employment-related purposes. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information.

We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had. You have the right to inspect and copy your protected health information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your protected health information, or that communications about your protected health information be made in different ways or at different locations.

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

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 one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid Website: www.medicare.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://dhhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

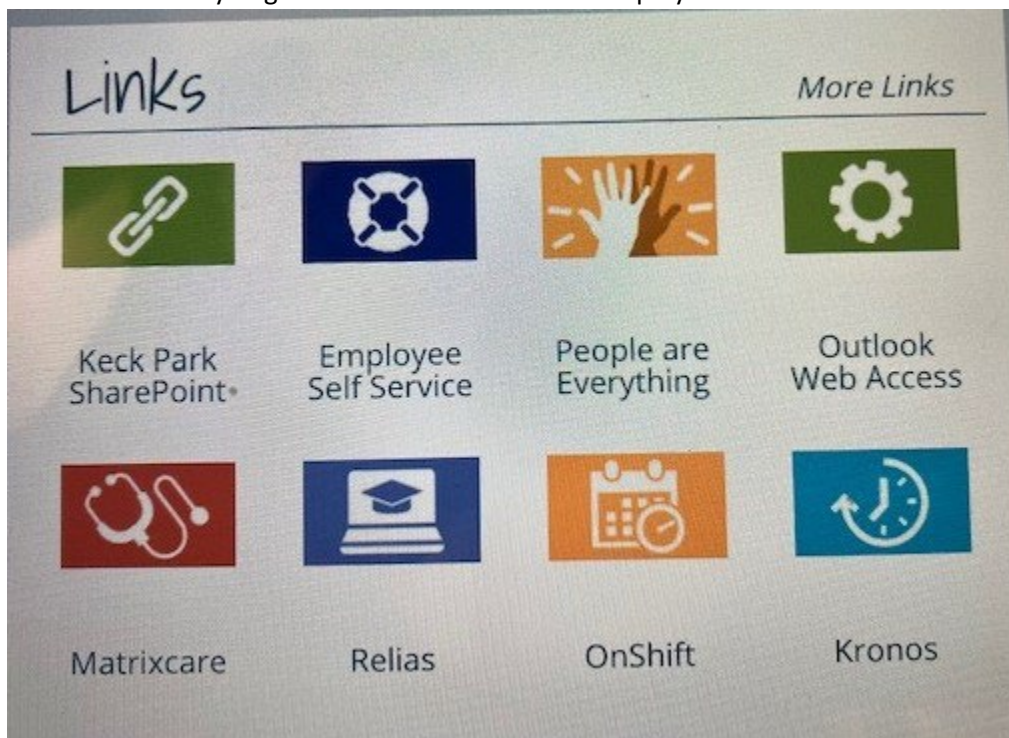
Setting Up your ESS login. First have to decide which of the 2 methods you are using:

1. On company equipment and on the company network
2. On personal or company equipment off the company network

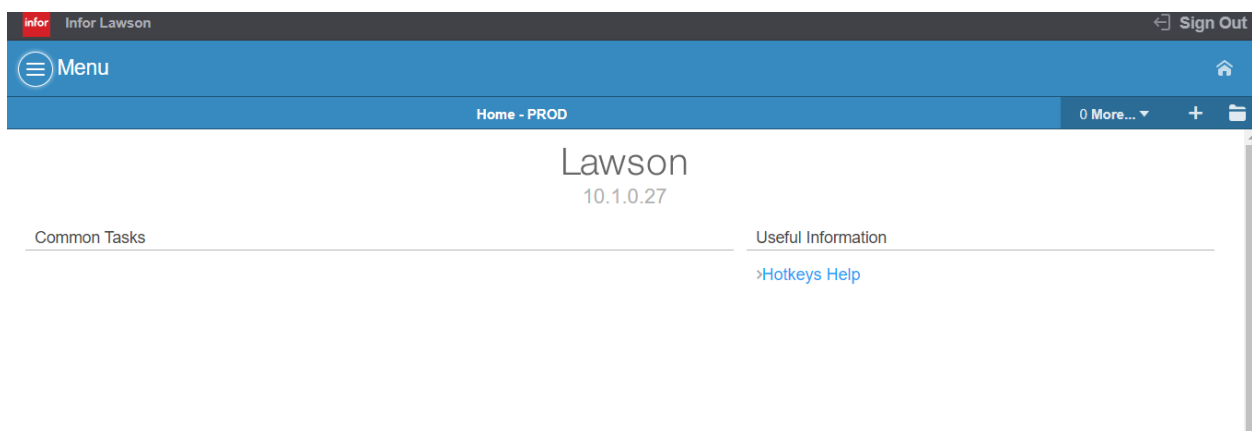
OPTION 1 – Company Equipment on Company Network

You must use this option if you do not have a smart phone.

1. Go to company computer, you **MUST** log into the computer using the Network username and password you were given. You will be prompted to change your password.
2. Open the Chrome Browser. This will take you to our intranet site.
3. Scroll down until you get to this area and click on Employee Self Service

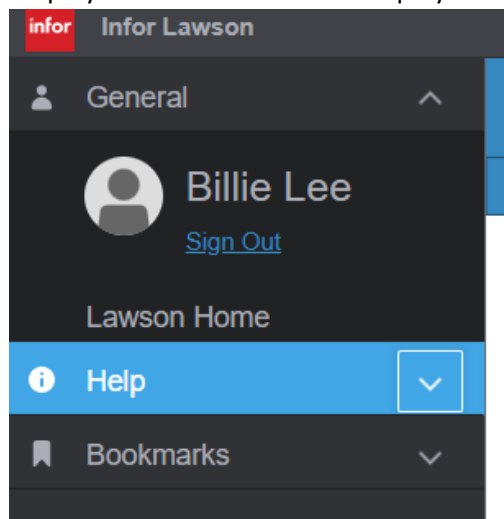


4. This will log you straight into the ESS portal as yourself. If the home page opens like the picture below, click on the word **Menu** on the top left to open up the ESS menu

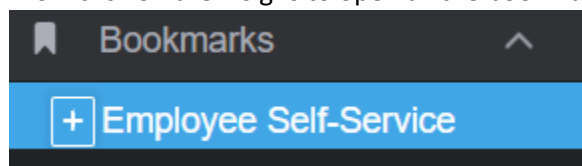


5. An option for Bookmarks will now display. Click on the down arrow to see the two options in ESS.

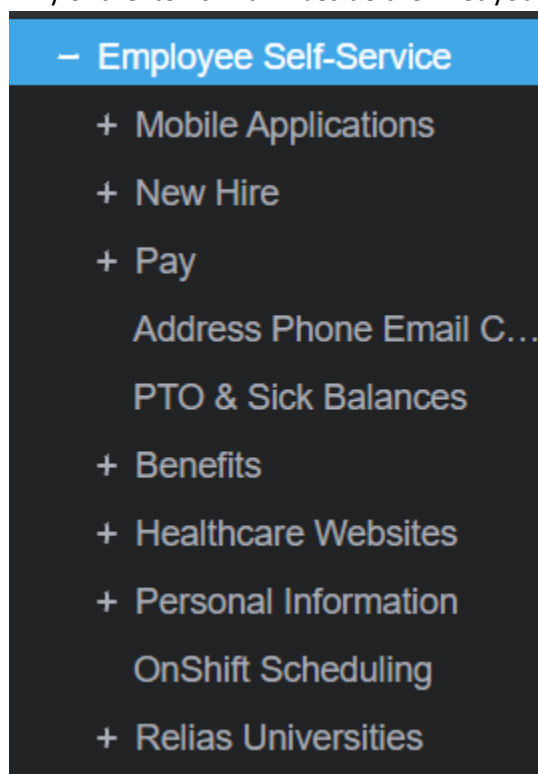
1 –



6. Now click on the + signs to open all the bookmarks in ESS.



7. Any of the items with + beside them let you know there are other options below that menu.



When you finish make sure you sign out. Once you see this message below, then you can log off the computer or continue on with your work. If you are using a machine that is used by multiple people, be sure you **LOG OFF** the computer before you walk away. If you do not, the next person to use the machine could log into ESS as you since it is an auto login to ESS based on who is logged into the machine.



The Schroer Group

Sign out

You have successfully signed out.

OPTION 2 – Personal or company equipment off the company network

You can only use this option if you have a smart phone.

Preparing for Okta MFA: iPhone

If you have an **iPhone**: Scan the QR Code below to download the free Okta Verify app. Follow the prompts from the app to install.



This app requires software iOS 14 or later on an iPhone. Please update your phone as needed.

Preparing for Okta MFA: Android Users

If you have an **Android** phone: Scan the QR Code below to download the free Okta Verify app. Follow the prompts from the app to install.

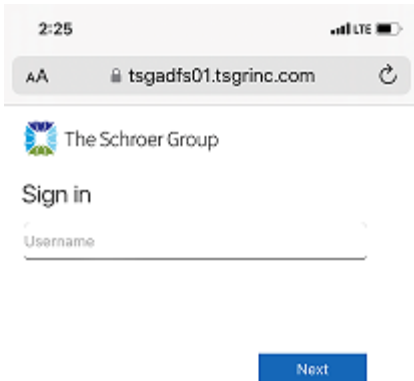


The version of phone required to use the Okta app is specific to the type of Android phone you own. Please update your phone as needed.

1 Begin Enrollment Steps

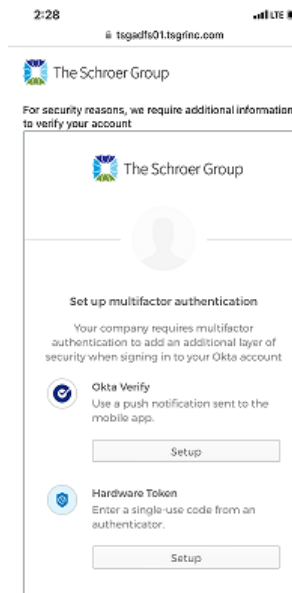
Browse to this site from your smart phone:
<https://tsgconnections.com> (no www needed)

Enter your **Network AD Username** and **Password**.
Tap **Sign In**.



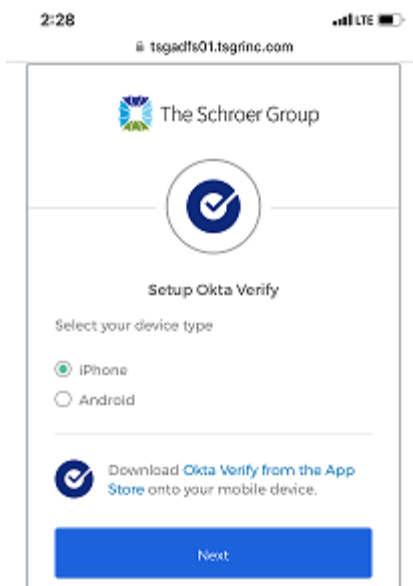
2 Setup Multifactor Authentication

Under the Okta Verify option, tap **Setup**.



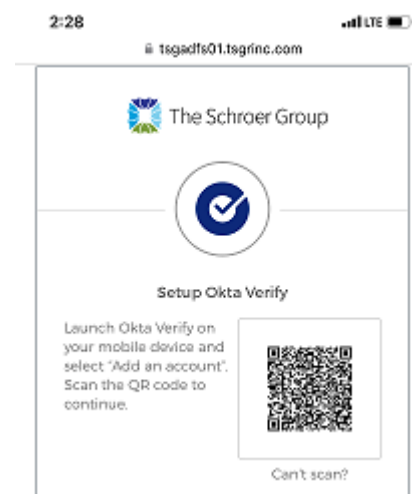
3 Setup Okta Verify

Select device type between iPhone or Android and tap **Next**.



4 Setup Okta Verify Cont.

Tap the **Can't Scan** link under the QR code.



5

Setup Okta Verify Cont.

Enter the phone number of the mobile device you are on and tap **Send**.

2:29

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Setup Okta Verify

Can't scan QR Code?

Setup Options

Send activation link via SMS

Country/region

United States

Phone number

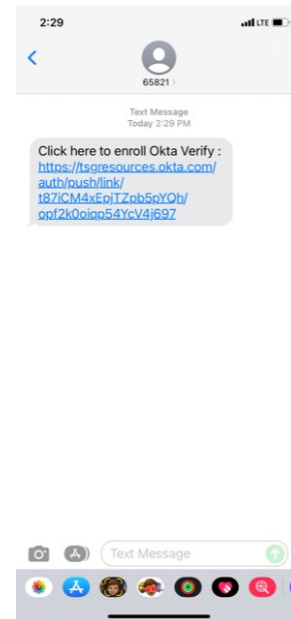
+1

Send

6

You Have a Text!

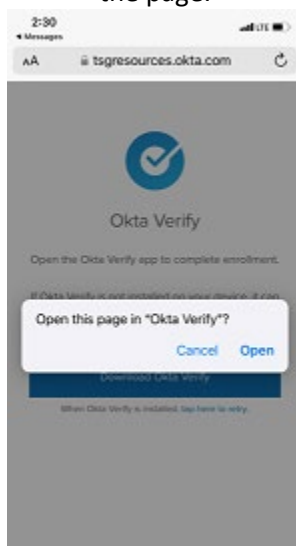
You have received a text message. **Open** the text and **tap the link**.



7

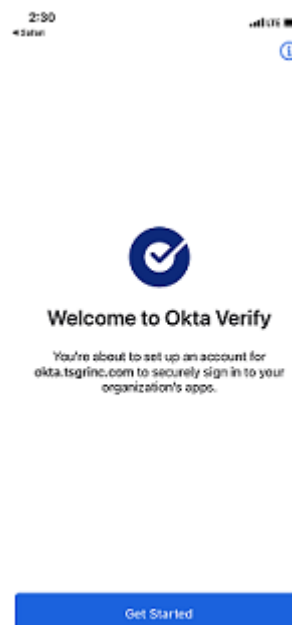
Open Okta Verify

You will be taken to an Okta Verify page. Tap to **Open** the page.



8

Welcome to Okta



Your Okta Account has been added. Tap **Done!**

2:30
Sat Jan 10
LTE



Account Added

lmshaulk@tsgrinc.com

You can now securely sign in to your organization's apps.

Return to your organization's instructions to continue.

Important: Keep this app installed on your device. You'll need it to sign in.

Done

Summary of Steps for Daily Use

1. Open TSG Connections at **<https://tsgconnections.com>** in a web browser on your phone or computer.
2. Enter your Network AD User Name and Password on the TSG Resources Network Landing page.
3. When prompted, select **Send Push**.
4. Select **Yes, It's Me** when prompted by Okta Verify on your phone.
5. Confirm your identify when prompted on your phone using the method you have selected: Touch ID or Face ID.
6. Access TSG Connections on your phone or computer.

IT Support

Need Help? Contact
itsupport@tsgrinc.com
 or call 330 498 8199
 for assistance