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MEDICAL PLANS, DEDUCTIBLES AND COVERED CARE

On the Blue or green option plans, does one person have to meet both the individual and family deductible?

No. The Blue and Green Option Plans are designed so that the family deductible is met by expenses from two or more covered family members. If one person has significant claims during the year, their costs are capped at the individual deductible rather than requiring them to meet the full family deductible alone. Other covered family members' expenses then count toward the remaining portion of the family deductible.

Which virtual visits are covered at 100%?

Visits through LiveHealth Online are covered at 100% on both the Blue and Green plans. Other virtual visits are covered at the applicable office-visit benefit level.

Are virtual nutritionist appointments covered at 100%?

If a virtual nutrition visit is available through LiveHealth Online, it is covered at 100%, with no deductible required. Nutrition counseling is also available through the medical plans: Blue Plan members pay a $25 copay, while Green Plan members are covered at 100% after meeting the deductible. For additional support, Headspace—IMA's employee and family assistance program—offers free, 24/7 text-based coaching to help you build healthy habits and work toward your goals.

Are medical services provided by an in-network naturopathic doctor covered?

Covered medical services rendered by a naturopathic provider may be covered, but naturopathic services themselves are not covered. A provider is not excluded solely because they are a naturopath.

Who should I contact if I have questions about coverage, a provider search or have trouble accessing the AmeriBen Engage portal?

You can contact AmeriBen member services at 1-877-379-4835.

How long does a standard medical precertification review take?

A standard precertification review may take up to 15 calendar days after receipt. When possible, providers should submit requests at least two weeks before a procedure. Emergent situations will be escalated and approved much sooner. More information about precertification can be found on myimbeneftis.com here: https://myimabenefits.com/wp-content/uploads/2026/06/Precertification.pdf

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Are the same medical plans available to Hawaii associates?

Hawaii associates have access to two medical plans designed specifically for Hawaii: Kaiser and HMSA. Here is a link to the Hawaii medical, Rx and vision plans available to Hawaii associates only: Hawaii associate medical, prescription & vision coverage – IMA.

Because the Hawaii medical plan renews July 1, associates will have a separate enrollment period for medical and vision coverage. Hawaii associates should still participate in the current Open Enrollment period to enroll in or update other benefits, including pre-tax spending accounts, dental coverage, supplemental benefits, and/or identity theft coverage.

How can I compare 2026 and 2027 costs, deductibles and coverage side by side?

You will need to navigate between the 2027 Open Enrollment and Health tabs on myimabenefits.com to compare the plans for each year. We currently do not have a page built on the site on which you view all one page. The 2026 rates may be more difficult to find on the site. Here is a link for your convenience: https://myimabenefits.com/your-healthcare-costs/ As a reminder, we will be redesigning myimabenefits.com in 2027 for easier navigation.

Who can help me choose between the plans based on a possible surgery or other expected care?

Please reach out to AmeriBen Member Services with your plan questions at 877-379-4835.

Will Kaiser coverage expand to Oregon or other states where Kaiser operates?

At this time, Kaiser is offered to California and Hawaii associates only.

GLP-1 MEDICATION COVERAGE

Will GLP-1 medications still be covered in 2027?

GLP-1 medications prescribed specifically for weight management will no longer be covered on the Ameriben plans effective January 1, 2027.

If you are currently taking a GLP-1 medication for eligible medical conditions, such as diabetes, the GLP-1 prescription may be covered when the plan's medical-necessity and pharmacy-benefit requirements are met. You may be asked to complete a new prior authorization on or after January 1, 2027 to continue your prescription.

What does "may be covered" mean for a GLP-1 prescribed for diabetes?

Coverage depends on whether the prescription meets the pharmacy benefit's medical-necessity criteria. Additional prior authorization may be required. Associates with questions about a specific medication should contact CVS Caremark at 1.866.475.7589 or login to www.caremark.com to chat with a representative.

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If I was not contacted about my current GLP-1 prescription, does that mean it is still approved?

No, Effective January 1, GLP-1s prescribed specifically for weight management will no longer be covered by the Ameriben medical plans. After January 1, 2027, GLP-1 eligibility will depend on your diagnosis, medical necessity, and plan requirements. We apologize if you did not receive notice in advance. You are welcome to email hrbenefits@imacorp.com and the communication will be sent to you promptly.

If a GLP-1 is prescribed to support another medical condition but is also intended to help with weight loss, will it be covered?

Current prior authorizations for GLP-1s will expire on December 31, 2026. Your provider may submit a new prior authorization request to CVS Caremark, which will determine coverage based on a review of medical necessity and plan requirements being met. GLP-1s prescribed specifically for weight management will not be covered under the Ameriben medical plans as of January 1, 2027.

Can I use FSA funds to pay for a GLP-1 that is not covered by the medical plan?

Although, prescriptions are generally considered as an eligible expense, Health Equity cannot confirm whether a specific GLP-1 expense will be eligible for reimbursement without reviewing the claim details, supporting documentation and your coverage. You may be required to submit a Letter of Medical Necessity (LMN) from a healthcare provider. If required, the LMN should include the patient's name, diagnosis or medical condition, the recommended treatment, and the expected duration of treatment.

Will IMA Rx cover GLP-1 medications that are not covered by the main pharmacy benefit?

No. IMA Rx follows the same coverage rules as the CVS Caremark pharmacy benefit. If CVS Caremark does not approve your GLP-1 prescription through prior authorization on or after January 1, 2027, IMA Rx cannot assist with the medication.

What support is available for associates who will lose GLP-1 coverage for weight management?

If you currently use this medication for weight management, we encourage you to contact your prescriber before January 1, 2027.

Let your provider know it will no longer be covered for weight management under IMA's medical plans beginning January 1, 2027, regardless of your current prior authorization status, and discuss the options that may be right for you.

Your provider can help you explore alternative treatments and plan-covered resources, including nutritional counseling. Eligible associates can also access free, 24/7 text-based coaching through Headspace for support with healthy habits and weight-management goals. In addition, the Lifestyle Spending Account can help eligible associates pay for qualifying health and well-being expenses.

You may also email HRbenefits@imacorp.com for a flyer with direct-to-consumer options for your consideration.

IMA RX AND SPECIALTY MEDICATIONS

What is IMA Rx?

IMA Rx is a voluntary pharmacy advocacy program that helps eligible associates and covered family members get certain specialty and high-cost brand-name medications at $0 out-of-pocket cost through the program. The program is available to associates enrolled in the Blue or Green Option Plan. If enrolled in the Green Option Plan, eligibility begins after the deductible is met.

You receive the same medication from the same manufacturer. Your pharmacy advocate works with you and your prescribing provider to coordinate prescriptions, delivery and refills, and answer pharmacy questions. IMARx is not a pharmacy.

To get started, contact IMA Rx to check whether your medication qualifies and request an online Rx Intake Form. Participation is voluntary; you may leave the program by notifying your advocate.

Call 866-530-9989 or email IMARx@imacorp.com.

Is IMA Rx required?

No. IMA Rx is a voluntary program. Associates may continue filling prescriptions through their preferred local pharmacy. Participation is encouraged to help us better manage our pharmacy spend on the IMA Medical plans.

Do we need to sign up for IMARx or is it automatically available after we hit the deductible on the Green Option HDHP?

IMARx will track the deductible per member. Yes, you can enroll once the deductible has been met and then would be re-enrolled the following year once deductible has been met.

What medications does IMA Rx manage?

IMA Rx focuses on covered self-injectable and oral maintenance specialty or high-cost brand-name medications. Specialty medications that require an infusion are not eligible for IMA Rx.

Will PrudentRx continue, or will associates move to IMA Rx?

IMA will continue offering PrudentRx in addition to IMA Rx.

Can I use both IMA Rx and my regular pharmacy, such as CVS?

Yes. If an associate elects IMA Rx for an eligible medication, that medication will come from IMA Rx. Other prescriptions may continue through the associate’s current pharmacy channel.

How will I know whether I am eligible for IMA Rx?

If an associate or covered family member has previously filled an IMA Rx-eligible medication through the prescription benefit, an IMA Rx representative will proactively reach out and offer enrollment.

What if an eligible medication has not been filled yet?

The first fill of a prescription should be filled through your local in-network pharmacy. After your first script has been filled through your local pharmacy, IMA Rx will confirm coverage before sourcing the medication.

When will IMA Rx begin contacting eligible associates?

IMA Rx will begin proactively outreaching to members starting in November 2026.

Where do IMA Rx medications come from, and are they sourced in the United States?

IMARx is a voluntary, cost savings option and medication are sourced internationally through Canada and Mark Cuban Cost Plus Drugs.

Is there a cost for IMA Rx delivery, and how quickly will medications arrive?

There is not cost to delivery. IMARx medications are shipped either by FedEx Priority or USPS, depending on the prescription and destination. FedEx Priority generally delivers within 2–3 business days, while USPS typically takes 5–10 business days. Temperature-sensitive medications are shipped in specialized packaging with coolant packs to maintain the appropriate temperature during transit.

What is the benefit of IMA Rx if my Green plan prescriptions are covered after the deductible?

IMA Rx provides convenient, concierge-style home delivery for eligible medications while helping IMA manage health plan costs. Better plan cost management helps IMA address rising health care costs and limit the impact of premium increases on associates.

Since IMA Rx is administered by individuals I may know or work with, how is my or my dependents' protected health information (PHI) handled?

Access to this information is limited to the IMA Rx team. Participation in IMA Rx is voluntary, giving eligible participants the choice of whether to engage with the program based on their personal comfort level and privacy preferences.

HSA CONTRIBUTIONS AND ACCOUNTS

Will IMA contribute to HSAs in 2027?

Associates who elect an HSA may receive up to $500 annually for individual coverage and up to $1,000 annually for spouses, employee-plus-child(ren) or family coverage. To receive the

contribution, associates must elect to participate in the HSA plan. Pro-rated contributions are made to your HSA account for each payroll.

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DENTAL

Is the Right Start 4 Kids benefit included in the Traditional High dental plan or elected separately?

Right Start 4 Kids is included in both the Traditional High and Traditional Low dental plans.

VISION

Will an annual eye exam be covered within the medical plans this year?

No, this is not changing. Only diagnostic eye exams will be offered as well as any eye exams required under preventive requirements

LIFE INSURANCE AND BENEFICIARIES

What is the guaranteed issue amount for supplemental life insurance through Lincoln?

For new hires, the guaranteed issue amount is $200,000 for associates and $75,000 for spouses. During open enrollment, associates currently enrolled below the guaranteed-issue amount may increase coverage by up to $20,000 without Evidence of Insurability (EOI), while spouse coverage may increase by up to $10,000 without an EOI. Larger increases—more than two coverage levels—will require the submission of an EOI.

PLAN DOCUMENTS AND BENEFITS RESOURCES

Is there a decision support tool available to help me evaluate my options and select the benefits that best meet my needs for 2027?

Yes, you can access our 2027 benefits decision support tool through the open enrollment page or go directly to the decision support tool.

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Where can I find printable 2027 benefits information?

You can access all plan information on www.myimabenefits.com. For the 2027 plan information, visit the open enrollment page on MyIMABenefits. Printed benefit guides are not made available to associates.

When will the Ameriben 2027 plan document be available?

The 2027 Summary Plan Description (SPD) will be available near the beginning of the year. You may continue to reference the 2026 AmeriBen SPD but know that the deductibles in this document are for 2026 and you should refer to the Ameriben 2027 Summary of Benefits and Coverage (SBC) for current deductible levels. SPD's and SBC's are posted on myimabenefits.com

Can I still access the 2026 plan document and coverage details?

Yes. The 2026 Summary Plan Description remains available. You can view these documents along with required notices—including Summaries of Benefits and Coverage, plan documents and summary annual reports—on the Compliance & Plan Documents page on MyIMABenefits.

DEPENDENT ELIGIBILITY AND LIFE EVENTS

Can I wait to enroll until I lose coverage under a parent's plan at age 26?

Yes. Losing coverage under a parent's plan is a qualifying life event that allows for special enrollment rights. You will have 30 days from the date of your loss of coverage to provide the HR Benefits team with documentation verifying this event. We suggest you proactively reach out to hrbenefits@imacorp.com in advance of the loss of coverage date to become apprised of the steps you will need to take to become eligible to participate in an IMA medical plan.

How long can a dependent remain on the IMA plan?

The plan covers an eligible dependent through the end of the month in which the dependent turns age 26. Because the plan is self-funded, state mandates extending dependent coverage do not apply.

OTHER BENEFITS QUESTIONS

How can I learn more about Lantern and preventive-care services?

To learn more about Lantern, visit the Lantern Care page on MyIMABenefits.com

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What are the dates of the 2027 benefit plan year?

Changes made during open enrollment will be effective on January 1, 2027 and will remain in effect until December 31, 2027, unless you experience a qualifying life event.