2027

Euronet®

COBRA Benefits Guide

Welcome

Welcome To Your 2027 Benefits Guide!

Dear COBRA Participant:

As a previous member of the Euronet team, you are eligible for coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and/or to other members of your family who are covered under the plan when you and/or they would otherwise lose the group health coverage. This notice gives only a summary of your COBRA continuation coverage rights. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. For more information about your rights and obligations under the plan and under federal law, you should either review the plan's Summary Plan Description or contact the Plan Administrator. In some cases the plan document also serves as the Summary Plan Description.

Note you may have other options available to you when you lose group health coverage. When you become eligible for COBRA, you may also become eligible for other coverage options not provided by your employer that may cost less than COBRA continuation coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Important:

For the other qualifying events (divorce or legal separation of the employee and spouse or an eligible child's losing eligibility for coverage as an eligible child), you or someone on your behalf must notify the Plan Administrator or its designee in writing within 60 days after the qualifying event occurs, using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator or its designee during the 60-day notice period, any spouse or eligible child who loses coverage will not be offered the option to elect ontinuation coverage.

For additional details, please consult with COBRA provider, WEX for additional details.

MILLERMILESTONESSM

As another alternative to checking the Marketplace, The Miller Group offers an in-house expert that navigates the maze of coverage, carriers, and prices for individual medical coverage. For more information, please feel free to contact:

(For individual coverage our main states currently are Kansas, Missouri, Oklahoma, Texas, Illinois, Nebraska, and Iowa.)

MillerMilestones℠

Life can throw curveballs. Adult children move home. Jobs end. Divorce happens. Knowing more about individual healthcare options can help you make good decisions. Miller Milestones is at your service. Are you hitting any of these milestones?

- Adult children turning 26
- Baby boomers turning 65
- New baby
- COBRA-eligible
- Needing short-term coverage

If you are looking for individual healthcare coverage, or just want to understand your options, call our experts:

Medicare: Sam George, (913) 404-8990; **Individual Coverage:** Grant George, (913) 404-8990.

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Contacts

Coverage	Carrier	Carrier Phone	Website/Email
Medical	**UMR** #76417830	800-826-9781	https://www.umr.com/
Pharmacy	**Vivid Clear Rx**	877-848-4379	http://www.vividclearrx.com
Dental	**Delta Dental of Kansas** Base #53288-05 Buy-Up #53288-06	800-234-3375	https://www.deltadentalks.com
Vision	**VSP** #30040296	800-877-7195	https://www.vsp.com
COBRA	**WEX** Benefit Participant Services	6am to 9pm CST Monday-Friday 866-451-3399	https://cobralogin.wexhealth.com
Your Benefits Team Euronet Worldwide	**Amanda Hartman** Benefits & Stock Manager	913-327-4166	ahartman@euronetworldwide.com
	Laura O'Neal Director, Human Resources	501-218-7368	laoneal@euronetworldwide.com
	Stacy Mullokandov Global Program Lead & HRBP	913-327-4275	smullokandov@euronetworldwide.com

To see plan documents and view your benefits online, please visit **euronetworldwide.millercares.com**.

Medical

PPO Plan

Your employer offers medical insurance to protect the health of you and your family. It covers medical expenses such as visits to the doctor's office, emergency care, and prescription drugs. It's important to have a medical plan that meets your needs and the needs of your family.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.umr.com. For more information or to see plan documents, visit **euronetworldwide.millercares.com**.

United Health Care Choice Plus Network	In-Network
Deductible *(Indiv./Family)*	$1,000 / $2,000
Out-of-Pocket Max *(Indiv./Family)*	$3,700 / $7,400
Member Coinsurance	10%
Office Visits	
Routine Preventive	Covered at 100%
Primary Care	$30 Copay
Specialist	$40 Copay
Telehealth (Virtual Care)	$30 Copay
Hospital Services	
Inpatient Care (Facility/Physician)	Deductible + Coinsurance
Urgent Care	$30 Copay
Emergency Room	$100 Copay + Deductible + Coinsurance
	Out-of-Network
Deductible *(Indiv./Family)*	$3,000 / $6,000
Out-of-Pocket Max *(Indiv./Family)*	$7,400 / $14,800
Member Coinsurance	40%

Semi-Monthly Cost	
Employee Only	$118.59
Employee + Spouse	$357.12
Employee + Child(ren)	$321.50
Family	$618.74

Medical

HDHP HSA Plan

Your employer offers medical insurance to protect the health of you and your family. It covers medical expenses such as visits to the doctor's office, emergency care, and prescription drugs. It's important to have a medical plan that meets your needs and the needs of your family.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.umr.com. For more information or to see plan documents, visit **euronetworldwide.millercares.com**.

United Health Care Choice Plus Network	In-Network
Deductible *(Indiv./Family)*	$1,750 / $3,500
Out-of-Pocket Max *(Indiv./Family)*	$3,000 / $6,000
Member Coinsurance	10%
Office Visits	
Routine Preventive	Covered at 100%
Primary Care	Deductible + Coinsurance
Specialist	Deductible + Coinsurance
Telehealth (Virtual Care)	Deductible + Coinsurance
Hospital Services	
Inpatient Care (Facility/Physician)	Deductible + Coinsurance
Urgent Care	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance
	Out-of-Network
Deductible *(Indiv./Family)*	$3,000 / $8,000
Out-of-Pocket Max *(Indiv./Family)*	$6,000 / $12,000
Member Coinsurance	40%

Semi-Monthly Cost	
Employee Only	$83.10
Employee + Spouse	$282.27
Employee + Child(ren)	$251.50
Family	$506.60

Pharmacy Benefits

Pharmacy Benefits

Vivid Clear Rx is your Pharmacy Benefit Manager (PBM). Vivid Clear Rx helps administer prescription coverage, provides member support and coordinates mail-order and specialty medication services.

What you pay for prescriptions

Prescription category	PPO plan	HDHP / HSA plan
Tier 1: Generic and some Brand-Name	Retail: $10 Copay Mail order: $20 Copay	10% Coinsurance after Deductible
Tier 2: Preferred Brand-Name and some Generic	Retail: 50% up to $50 Mail order: 50% up to $100	10% Coinsurance after Deductible
Tier 3: Nonpreferred Brand-Name and Generic	Retail: 70% up to $75 Mail order: 70% up to $150	10% Coinsurance after Deductible
Tier 4: Specialty	Cost sharing follows the applicable Tier 1, 2 or 3 category	10% Coinsurance after Deductible

- Retail prescriptions: up to a 30-day supply per fill.
- Mail order: 31–90 days per fill.
- Specialty prescriptions: up to a 30-day supply.
- PPO plan: out-of-pocket limit applies.
- HDHP plan: the deductible and out-of-pocket limit apply.
- Non-network pharmacies may require payment upfront, with reimbursement subject to plan rules.

A note for HDHP/HSA members

Under the HDHP plan, covered prescription costs generally apply toward your medical deductible before the plan pays 90% of the allowed amount. Certain preventive medications may be treated differently; check your current plan documents for details.

Save time with the Vivid Clear Rx Member Portal

Visit vividclearrx.com/member-portal.

1. Select **Sign In**
2. **Get Started**
3. **Sign Up**
4. Verify your email
5. Accept the terms and link your **Member ID** using your **Member ID and RxGroup**.
6. You can also start at MyRxCabinet.com/VividClearRx.

Questions about your pharmacy benefits?

Vivid Clear Rx Care Team: 877-848-4379 (24/7/365) | info@vividclearrx.com | vividclearrx.com

VIVID CLEAR Rx

Welcome to Vivid Clear Rx

We're excited to be your new Pharmacy Benefit Manager (PBM). Vivid Clear Rx is a different kind of PBM, committed to pharmacy coverage you can clearly understand and outstanding customer service whenever you need us.

Customer Service

The Vivid Clear Rx Care Team is always here to help. Reach us 24/7/365 for answers to all of your pharmacy benefit questions.

Member Portal

Create an account and log in to the member portal to access your pharmacy benefits at **MyRxCabinet.com/VividClearRx**.

Contact Vivid Clear Rx

PHONE
877-848-4379

EMAIL
info@vividclearrx.com

WEB
www.vividclearrx.com

MEMBER PORTAL
MyRxCabinet.com/VividClearRx

ADDRESS
13220 Birch Drive, Suite 200
Omaha, NE 68184

Hy-Vee Mail / Home Delivery

Your plan requires mail order medications to be filled by Hy-Vee Mail Order. If you currently use a mail order pharmacy, contact Hy-Vee Mail Order. They will transfer your existing prescriptions and coordinate your refills.

Tel 866-794-9833
Email mailorder@hy-vee.com

Hy-Vee pharmacy

Specialty & High-Cost Assistance

Specialty medications are covered only when a medical necessity review is approved by Vivid Clear Rx and the medication is filled through Rescrybe.

High-cost medications may be available to you at a $0 copay through Rescrybe after initial fills at a retail pharmacy. If your medication is considered high cost, Rescrybe will contact you for more information.

Rescrybe

www.vividclearrx.com

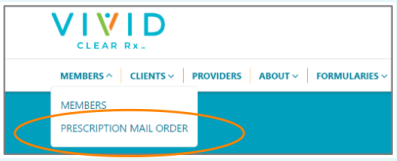
Questions? Call us 24/7/365 at 877-848-4379

Hy-Vee Mail Order / Home Delivery

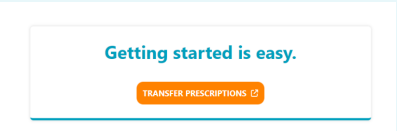
Your prescription benefit plan requires that all mail order prescriptions be filled by Hy-Vee Mail Order Pharmacy.

To transfer your prescriptions to Hy-Vee Mail Order, please use the link on our website:

1. Visit www.vividclearrx.com and select 'Prescription Mail Order' under the Members dropdown menu.



2. Getting started is easy – Transfer Prescriptions



3. Complete Hy-Vee Mail Order online welcome packet – please review and scroll through 'Patient Rights' and 'Notice of Privacy' to mark acknowledgment box



For new mail order prescriptions, please have your physician e-prescribe the prescription directly to Hy-Vee Mail Order.

For Prescription Support, please contact Hy-Vee Mail Order

866-794-9833
mailorder@hy-vee.com

The Vivid Clear Rx Care Team is always here to help! You can reach us 24/7/365 for all your pharmacy benefit questions!

Tel: 877-848-4379 Email: info@vividclearrx.com Web: www.vividclearrx.com

Where To Go For Care

millergroup

WHERE SHOULD I GO FOR CARE?

Have a plan for when you need quick care. You'll be on your way to making smart healthcare decisions today and in the future.





PRIMARY CARE DOCTOR

- Call your doctor first, if available
- They know your medical history best
- They should help coordinate all your care



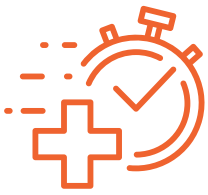
VIRTUAL CARE

- Affordable access to 24/7 sick care-No appointment
- Behavioral healthcare by appointment



RETAIL HEALTH CLINIC

- Conveniently located within retail stores
- For minor, non-emergent health issues



URGENT CARE

- Immediate care for pressing, not life-threatening conditions
- Most have extended hours, some 24/7
- Wait time is typically shorter than ER



EMERGENCY ROOM/ COMMUNITY HOSPITAL

- Immediate care for life-threatening emergencies
- Always go to the ER if your health is in danger, or call 911

Your Benefits Online

One Convenient Place For Your Medical Benefits

UMR administers your medical plan. Visit umr.com or download the **UMR app** to access your benefits information whenever you need it.

Get Started

Go to umr.com.

- **If you are a first-time user:**
  - Register for a HealthSafe ID with your member ID card nearby
- **Already registered?**
  - Sign in with your username and password.

You can also download the **UMR app** from your app store.

What You Can Do Online

- View covered services, Copays and Deductibles
- Check how much you have paid toward your deductible and out-of-pocket maximum
- Review claims
- Find network providers
- Access health education resources

Your ID Card – Wherever You Go

In the **UMR app** you can:

- View your digital medical ID card.
- You can also add your plan details to Apple Wallet or Google Wallet by selecting View ID cards and following the prompts.

At umr.com, you can print a temporary card or request a replacement.

Track Claims and Review EOBs

Under Claims, check the status of a claim and select the claim number or Explanation of Benefits (EOB) to see billed charges, payments and what you may owe. An Explanation of Benefits (EOB) is not a bill; your provider will bill you for any amount due. You may also choose electronic EOB notifications.

TIP

Keep your current ID card handy when contacting UMR or visiting a provider.

Find Care & Get Support

Find a Provider in Your Network

At umr.com:

- Select **Find a Provider**
- Search for **UnitedHealthcare Choice Plus Network**.
- Select **View Providers** for medical care or Behavioral health directory for counseling and substance use services

In the **UMR app:**

- Select **Find Care**

Make Informed Choices

The **online directory** can show provider contact information, hospital affiliations, board certifications, office languages, directions and available quality and cost information.

Confirm that your provider and facility participate in the network before receiving care.

Understand Costs Before Your Visit

From **Find Costs and Care**, use the **Health Cost Estimator** to review estimated costs for treatments or procedures in your area.

Under **Coverage and Benefits**, review your Deductible, Copays, and In-Network versus Out-Of-Network costs.

Estimates are not guarantees of payment.

Need Help? Contact UMR

UMR benefits specialists can answer questions about coverage, claims and finding care.

Call the member services number on your **UMR ID card**, or sign in at umr.com to use the **Message Center**.

The **UMR app** also offers member support options.

QUICK REFERENCE

Website: umr.com

Provider Network: UnitedHealthcare Choice Plus

Member Services: Phone number on the back of your ID card

Plan documents control if there is any difference between this summary and your benefits.

Telehealth

24/7 doctor visits via phone or mobile app

Teladoc HEALTH



What to know

Teladoc Health gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online using the Teladoc Health mobile app for affordable medical care, when you need it.

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment with 24/7 on-demand access
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime!
Visit **teladochealth.com**, download the Teladoc Health app or call 1-800-Teladoc.

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UMR
A UnitedHealthcare Company

CARE A UMR Solution

UMR offers clinical guidance and personalized support to help you make informed health decisions, manage ongoing conditions and navigate complex care.

NurseLine | Answers Whenever You Need Them

Speak with a registered nurse about symptoms, common health concerns, treatment questions or where to seek care.

NurseLine is available 24 hours a day, seven days a week, at no cost to members.
Live nurse chat is also available online.

Call 877-950-5083 | Online: umr.com > Health center > NurseLine > Nurse chat

Maternity CARE | Support Before And During Pregnancy

Nurses provide:

- Pre-pregnancy assessments
- Prenatal education
- Check-ins each trimester
- Follow-up after delivery

Members may also access:

- Virtual Classes
- Breastfeeding Support
- Educational Materials
- Additional Assistance for High-Risk Pregnancies

Participation is available at no additional cost.

Enroll: 888-438-8105 | Members may also self-enroll using the QR code in the full UMR maternity materials.

Complex Condition CARE | Coordinated Help For Serious Conditions

A dedicated CARE nurse can:

- Help coordinate treatment across providers
- Explain coverage and treatment expectations
- Assist with transitions after hospital care

Examples include:

- Complex Cancer Care
- Transplants
- High-Risk Pregnancies
- Certain Behavioral Health or Substance-Use Treatment needs

To learn about available support, contact UMR Member Services using the number on your health plan ID card.

Your health information is confidential. UMR states that identifiable personal health information is not shared with your employer through its CARE programs.

Personalized Care Wherever You Are

CARE
A UMR Solution

Additional UMR resources help eligible members stay connected with nurses, build healthier routines and manage long-term conditions.

Ongoing Condition CARE | One-on-one nurse support

Eligible members living with chronic conditions can work with a CARE nurse on a personalized plan, understand their treatment instructions and receive practical guidance.

Examples include:

- Diabetes
- Heart Disease
- Asthma or COPD
- Certain Cancers
- Kidney Disease
- Autoimmune Disorders and other Qualifying Conditions

Participation is voluntary and available at no cost.

Call 866-575-2540 | umr.com > Health center > Ongoing Conditions > Enroll Now | or use Contact us to message the program

CARE App | Connect with your clinical care team

The **CARE app**, powered by **Vivify Health**:

- Supports secure communication with participating UMR CARE nurses
- Educational Resources
- Virtual Visits
- When appropriate, tracking of measures such as blood pressure, blood sugar, oxygen level and weight.

Available features depend on the member's clinical program.

Some connected monitoring devices require employer election and are not automatically included.

Ask your **UMR CARE** nurse about access to the **CARE app** and features available through your program.

Additional CARE Programs

UMR materials also identify (among the **CARE app**-supported programs):

- Emerging CARE
- Wellness CARE
- Tobacco and Nicotine Cessation
- Persistent back and neck pain support

Availability and eligibility may vary by program.

For program information, contact UMR Member Services using the number on your health plan ID card.

Good to know:
The **CARE app** is designed for clinical coaching and monitoring. It is different from the UMR benefits app used to view ID cards, coverage and claims.

Confirm program availability and contact information for the 2027 plan year. Clinical resources provide education and support, not a substitute for medical care.

Dental

DELTA DENTAL®

Dental Plan

Dental insurance offers coverage for preventive care like routine exams, cleanings, and X-rays as well as basic and major services like fillings, extractions, root canals and crowns.
Keep in mind that your costs will generally be lower if you choose an in-network dentist. To find an in-network dentist, please visit www.deltadentalks.com. For more information or to see plan documents, visit **euronetworldwide.millercares.com**.

	Base Plan	Buy-Up Plan
Annual Deductible *per Person*	$50	$50
Annual Maximum Benefit *per Person*	$1,000	$2,000
Type I - Preventative Services	100%	100%
Type II - Basic Services	80%	90% (80% out-of-network)
Type III - Major Services	50%	60% (50% out-of-network)
Type IV - Orthodontia Services	Not Covered	50%
Orthodontia Lifetime Maximum	Not Covered	$1,000
Dependent Limiting Age	26	

Right Start 4 Kids - Kids 12 and under receive 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist (Delta Dental Premier or Delta Dental PPO) is seen. If an out-of-network provider is seen, the underlying contract applies including waiting periods, deductibles and coinsurance levels.

Unlimited Cleanings — The plan will allow for unlimited cleanings for enrolled members. This includes regular/prophylaxis cleanings and periodontal maintenance cleanings.

Semi-Monthly Cost	Base	Buy-Up
Employee Only	$2.88	$7.21
Employee + Spouse	$9.30	$18.44
Employee + Child(ren)	$9.88	$24.27
Family	$20.20	$43.40



Vision

Vision Plan

Vision insurance offers coverage for the routine care of your eyes and may provide coverage for eyeglasses and contact lenses.
Keep in mind that your costs will generally be lower if you choose an in-network eye-doctor. To find an in-network eye-doctor, please visit www.vsp.com. For more information or to see plan documents, visit **euronetworldwide.millercares.com**.

	In-Network	Out-of-Network	Frequency
Exam	$10 Copay	$45	Every 12 months
Lenses Single Vision Bifocal Trifocal Lenticular	100% Covered	Up to $30 Up to $50 Up to $65 Up to $100	Every 12 months
Frames	$130 allowance + 20% discount over allowance	Up to $70	Every 24 months
Contact Lenses Elective Medically Necessary	Lens Fitting & Evaluation: 100% once every 12 months after $60 max copay Materials: Up to $130 100% covered	Up to $105 Up to $210	Every 12 months *glass lenses or contacts, not both*
VSP LightCare	Fully covered WellVision Eye Exam Use your frame and lens allowance toward ready-made non-prescription sunglasses or non -prescription light filtering glasses		

Semi-Monthly Cost	
Employee Only	$0.82
Employee + Spouse	$2.12
Employee + Child(ren)	$2.05
Family	$4.28



Know Your Terms

Watch this video for more information

Coinsurance
The percentage of total costs you pay out-of-pocket for covered expenses after you meet the deductible.

Copay (Copayment)
The set fee you have to pay out-of-pocket for certain services, such as a doctor's office visit or prescription drug.

Deductible
The amount you pay out-of-pocket before the health plan will start to pay its share of covered expenses.

Employee Contribution
The amount you pay for your insurance coverage.

Explanation of Benefits (EOB)
A statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

Network
The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use preferred providers, you pay less because they have agreed to prenegotiated pricing. Also called in-network. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the innetwork providers offer.

Out-of-Pocket Maximum
The most you pay each year out-of-pocket for covered expenses. Once you have reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Over the Counter (OTC) Medications
Medications made available without a prescription.

Preventive Care Services
Visits, treatments, etc. you receive to help you stay healthy (rather than when you are sick or injured). Preventive care services include annual physicals, wellness screenings, and well-baby care.

Prior Authorization
Prior authorization means getting approval before you can get access to medication or services. With prior authorization, your health plan agrees to help pay for the service but this is subject to any cost sharing or other limitations may apply

Summary of Benefits and Coverage (SBC)
Mandated by health care reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

Qualifying Life Event (QLE)
A Qualifying Life Event (QLE) is a major change in your life circumstances such as marriage, a new baby, or job loss, that allows you to enroll in or modify your insurance coverage outside of the standard annual Open Enrollment Period. Experiencing a QLE triggers a Special Enrollment Period (SEP), which is typically a limited 30-day window to make changes to your health plan.

Usual, Customary, and Reasonable (UCR)
UCR refers to the usual, customary, and reasonable fees that providers, health care facilities or other health care professionals in the same geographic area charge for similar services. If providers have an affiliation with the plan, they are obligated to accept the plan's UCR or R&C as payment in full. However, if providers are not affiliated with the plan, they are not obligated to accept the UCR or R&C, and you may have to pay any charges in excess of the payment made by the plan.

Notes


Euronet®