

Empowering Your Health

2026 Benefits Guide



Miltenyi Biotec



Plan Highlights

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**This Guide
Is Clickable**



Welcome to Your Miltenyi Biotec Benefits!

At Miltenyi Biotec, we care about you and your well-being. Your benefits go beyond health and income protection plans. They are resources designed to help you feel your best, support your family, and enjoy life to the fullest.

Looking ahead to 2026, your plan options will stay the same, so you can continue enjoying the coverage you know and trust. There will be a slight rate increase for dependent coverage under the Cigna PPO plan. Even with this adjustment, we're committed to keeping your benefits both comprehensive and affordable because supporting your health and happiness is always our priority.

You can review your monthly cost for coverage by plan and tier on [page 16](#).

Benefit Highlights

We want your benefits to empower you all year long! Check your email inbox for important benefit reminders and updates, provided by your Benefits Specialist, Rosa Mesa, on the second Tuesday of every month.

For the latest benefit reminders and updates, visit [UKG > HR Help > Announcements & Updates](#)

For all things benefits, visit [UKG > HR Help > Benefits](#)

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. Miltenyi Biotec reserves the right to modify or terminate any of the benefits described at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact Human Resources.



Benefit Terms & Definitions

Balance Bill

When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Coinsurance

The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Copay

A fixed dollar amount you pay the provider at the time of service; for example, a \$15 copay for an office visit or a \$10 copay for a generic prescription.

Deductible

The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care

Care received at a hospital emergency room for life-threatening conditions.

Evidence of Insurability

The process of providing health information to qualify for certain types of insurance coverage.

In-Network Care

Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care

Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

Out-of-Pocket Maximum

The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium

The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care

Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care

Care provided at an urgent care center for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefit Acronyms

AD&D

Accidental Death & Dismemberment

EAP

Employee Assistance Program

EOI

Evidence of Insurability

FSA

Flexible Spending Account

HDHP

High Deductible Health Plan

HSA

Health Savings Account

LTD

Long-Term Disability

OOPM

Out-of-Pocket Maximum

PPO

Preferred Provider Organization

STD

Short-Term Disability

Eligibility

Employees

As an active full-time employee working at least 30 hours per week, you are eligible for benefits on the first of the month following your date of hire. If your start date is the first of the month, your benefits begin immediately.

Dependents

Eligible dependents include:

- Your legal spouse or domestic partner*
- Your natural, adopted, stepchildren, or your domestic partner's children*, all up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability

**If you're enrolling with a domestic partner, you must meet eligibility requirements and complete a domestic partner affidavit. You may be required to provide proof of dependent status. Falsification of information will result in disciplinary action, up to and including termination.*



Coverage After Employment Ends

If your employment ends, your medical, dental, and vision coverage will stop at the end of that month. Life and disability benefits will end on your last day of work.

Enrolling & Making Changes

1

Initial Eligibility Date

You have 30 days from your eligibility date to enroll in benefits.

2

Open Enrollment

You can make changes to or enroll in benefits during the annual Open Enrollment period. The elections you make will be effective January 1 of the next year.

3

Qualifying Life Event

You have 30 days from the event to make changes. Examples of a qualifying life event include:

- Change in marital status
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or your dependents
- Change in Medicaid or Medicare eligibility for you and/or a dependent
- Receipt of a Qualified Medical Child Support Order

Note: You will be required to provide supporting documentation, such as a birth or marriage certificate, to prove your dependent's eligibility.

Remember

If you experience a qualifying life event (see above examples), you have 30 days to request changes.

If you have a newborn, they are not automatically added to your coverage.

How to Enroll

Follow these steps to enroll in your benefits.



1. Assess Your Needs

Evaluate what's most important for you and your family. Consider your health, finances, and future plans to ensure your benefits coverage fits your needs. The right choices today can provide peace of mind and protection tomorrow.



2. Explore Your Options

- Use this benefits guide to compare plans, costs, and potential savings.
- For pre-enrollment support or questions, contact Cigna One Guide at **(888) 806-5094**.



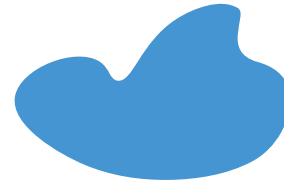
3. Enroll Online

- Visit UKG at ew34.ultipro.com to get started.
 - First, you must** add or update your beneficiaries and dependents (*Myself > Personal > Contacts*).
 - After** you complete step 1, begin your enrollment (*Myself > Open Enrollment*).
If you are a new hire, your session can be accessed here instead: *Myself > Life Events > I am a new employee*.
 - Follow** the prompts to select or waive coverage for all of your benefit options.
 - Lock** in your choices by clicking *Submit*.
- 401(k):** You are automatically enrolled in the 401(k) plan with Principal. Visit principal.com to manage your contributions and designate your beneficiaries.
- Commuter:** Contact your Benefits Specialist, Rosa Mesa, to enroll.



4. Double-Check Your Elections

Review your confirmation statement carefully to ensure your benefits and dependent information are correct.



Savings Tip!

Each year, to enjoy the benefits of a HSA, FSA, or commuter plan, you **MUST** choose how much to contribute from your paycheck—up to the annual IRS limits. Take action now to maximize your savings and make the most of these great benefits!

Health & Wellness Resources

- ➔ [Cigna One Guide](#) | (888) 806-5094 (Pre-enrollment) | (866) 494-2111 (Post-enrollment) | [mycigna.com](#)
- ➔ [MDLIVE](#) | (888) 726-3171 | [mdliveforcigna.com](#)

Cigna One Guide

Reach out to a Cigna One Guide representative throughout the year to get personalized guidance and support. Your guide can help you:

- Easily understand the basics of health coverage and your options
- Find in-network doctors and hospitals to save money
- Resolve health care issues
- Get cost estimates and avoid surprise expenses
- Understand your bills
- Get answers to any questions you may have

Reach Out to the Experts

Cigna One Guide

Phone: **(888) 806-5094** (Pre-enrollment)
(866) 494-2111 (Post-enrollment)

Visit: [mycigna.com](#)

Cigna Virtual Visits

Skip the waiting rooms and scheduling hassles. Virtual care, through MDLIVE, puts you in control of when and where you access care. You can speak with licensed providers, including pediatricians, 24/7/365 via phone or computer. Phone consultations and online video visits give you direct access to a medical professional who may be able to:

- Define treatment of common conditions, such as colds, flu, bronchitis, allergies, rashes, depression, etc.
- Provide specialist referrals
- Prescribe medication

Schedule an Appointment with an Expert

MDLIVE

Phone: **(888) 726-3171**

Visit: [mdliveforcigna.com](#)



Employee Assistance Program (EAP)

➔ **Health Advocate** | (800) 854-1446 | unum.com/lifebalance

The EAP, through Unum's partner Health Advocate, offers programs and services that empower you to lead a happier and more productive life, at **no cost to you**.

Whether you're dealing with stress, a financial pinch, or childcare challenges, the EAP has your back. Get support, find solutions, and turn things around with a smile.

3 Face-to-Face Sessions

Get up to three in-person or virtual sessions with a licensed counselor.

Unlimited Phone/Online Support

Get round-the-clock access to professional counselors whenever you need someone to talk to or have a question.



Daily Life Management

Find guidance and resources to help balance work, health, family, and your everyday to-do list.

Child & Elder Care

Access support for parenting, childcare, and elder care including helpful tools and referrals.

Financial & Legal Resources

Get expert consultations and tools for budgeting, saving, and legal matters.



Free Therapy

Feeling overwhelmed about reaching out for support? Start with three **FREE** counseling sessions—available virtually or in-person. Visit unum.com/lifebalance.

Where to Go for Care

Knowing where to go for care can save you time, money, and hassle. Remember to save the emergency room for true emergencies.

Virtual Care

Benefits: Get 24/7 help from the comfort of your home.

Why Go? For immediate advice, routine check-ups, or when you cannot get an in-person visit.



Primary Care Provider

Benefits: Long-term health management, **FREE** in-network preventive care, and a personal relationship with your doctor.

Why Go? For regular check-ups, ongoing health concerns, and personalized care.



Urgent Care Center

Benefits: Quick treatment for non-life-threatening conditions, extended hours, no appointments required.

Why Go? For treatment of minor injuries, illnesses, or when your primary care provider is unavailable.



Emergency Room

Benefits: 24/7 availability for immediate treatment of severe or life-threatening conditions.

Why Go? For critical emergencies like chest pain, traumatic injuries, or sudden severe symptoms.



Which Plan Is Right for You?

At Miltenyi Biotec, we're committed to helping you be the best version of yourself, starting with your health. Choosing the right medical plan is the first step toward a healthier, happier you. Here's what to consider:

- **Total Cost:** Look beyond premiums. Consider annual deductibles, copays, and coinsurance. Each plan covers in-network preventive screenings, but out-of-pocket costs can vary.
- **Coverage vs. Cost:** Find a plan that balances comprehensive coverage with out-of-pocket costs that fit your budget.
- **Cigna Open Access Network (OAP):** Nationwide coverage for flexibility and access.

Benefit	Cigna PPO (OAP Network)	Cigna HDHP (OAP Network)
Eligible for the HSA	-	✓
Eligible for the Health Care FSA	✓	-
Higher premium cost	✓	✓
Higher deductible	-	✓
Higher out-of-pocket maximum	-	✓
Copays for many services	✓	-
Higher coinsurance	-	✓



Explore Your Cigna Benefits

Learn more about your Cigna benefit options, explore the large nationwide network, access ID cards, and get enrollment tips by visiting connections.cigna.com/miltenyibiotec.

Free Preventive Care

Both medical plan options cover preventive care* for **FREE**, when using in-network providers. Preventive care is care you receive to maintain and improve your health, prevent the onset of illness and disease, and detect health issues early. Catching diseases early means finding them at their most treatable and least expensive point. Covered services include:

- Annual physical exams for adults and children
- Diabetes, blood pressure, and cholesterol screenings for adults 18 and over
- Autism screenings for children at 18 and 24 months
- Mammograms for women 40 and over
- Colorectal cancer screening for adults 50 and over

**To qualify for no-cost preventive care, these services must be the primary reason for your visit.*



Medical Plan Comparison

➔ Cigna | (866) 494-2111 | mycigna.com

Plan Features	Cigna PPO		Cigna HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Miltenyi Biotec Annual HSA Contribution	N/A		\$1,500	
	You pay:		You pay:	
Annual Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$1,800 Individual \$3,300 Individual w/in Family \$3,600 Family	\$1,800 Individual \$3,300 Individual w/in Family \$3,600 Family
Annual Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$10,250 Individual \$20,500 Family	\$4,500 Individual \$9,000 Family	\$8,000 Individual \$16,000 Family
Preventive Care Visit	Covered in full	40%*	Covered in full	40%*
MDLIVE Urgent Virtual Care	\$20 copay	Not covered	20%*	Not covered
Primary Care Visit	\$20 copay	40%*	20%*	40%*
Specialist Visit	\$25 copay	40%*	20%*	40%*
Urgent Care	\$25 copay	40%*	20%*	40%*
Emergency Room (copay waived if admitted)	\$150 copay, then plan pays 100%, no deductible		\$150 copay, then 20%*	
Outpatient Hospital Services	15%*	40%*	20%*	40%*
Inpatient Hospital Services	15%*	40%*	20%*	40%*
Chiropractic & Acupuncture (Combined 20 visits per year)	\$25 copay	40%*	20%*	40%*

*After deductible.

Prescription Plan Comparison

→ Cigna | (866) 494-2111 | mycigna.com

Plan Features	Cigna PPO		Cigna HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You pay:		You pay:	
Prescription Drugs: Retail (up to a 30-day supply)				
Generic	\$10 copay	25% after deductible	\$10 copay after deductible	25% after deductible
Preferred Brand	\$30 copay		\$25 copay after deductible	
Non-Preferred Brand	\$50 copay		\$40 copay after deductible	
Specialty	30% after deductible, up to \$500		30% after deductible, up to \$250	
Prescription Drugs: Mail Order (up to a 90-day supply)				
Generic	\$20 copay	Not covered	\$20 copay after deductible	Not covered
Preferred Brand	\$60 copay		\$50 copay after deductible	
Non-Preferred Brand	\$100 copay		\$80 copay after deductible	
Specialty	30% after deductible, up to \$1,000		30% after deductible, up to \$500	



How the Health Savings Account (HSA) Works

➔ [Health Equity](#) | (866) 346-5800 | [healthequity.com](#)

If you're enrolled in the Cigna HDHP, you are automatically enrolled in an HSA, through Health Equity, to cover eligible health expenses* not included in your medical, dental, or vision plans. An HSA helps you pay for current health costs and save for future health care needs in retirement.

Why Choose an HSA?

- **Receive FREE Money:** The company contributes to your HSA, even if you don't add your own funds.
- **Secure Tax-Free Savings:** Set aside pre-tax money for out-of-pocket health expenses.**
- **Take Your Account with You:** Your HSA goes with you if you leave the company.
- **Rollover Funds:** Unused money rolls over each year.

How to Fund Your HSA

- **Pre-Tax Contributions:** Contribute pre-tax dollars from your paycheck up to the IRS annual maximums.
- **Miltenyi Biotec Contributions:** Will be pro-rated based on your effective date.

HSA contributions (company and personal combined) cannot exceed 2026 IRS maximums.

Coverage Type	Maximum Employee Contribution	Miltenyi Biotec Contribution	2026 Maximum Contribution	Age 55+ Employee Catch-up Contribution
Individual Coverage	\$2,900	\$1,500	\$4,400	Additional \$1,000
Family Coverage	\$7,250	\$1,500	\$8,750	



Explore Your Cigna Benefits

Use your Health Equity HSA Debit Card for eligible medical, dental, and vision expenses** or submit claims for reimbursement online at [healthequity.com/qme](#).

*Refer to [IRS Publication 969](#) for a complete list of eligible expenses and HSA rules.

**State taxes may apply in CA and NJ. Consult your tax advisor for details.



Important Information

- You must be enrolled in the Cigna HDHP to participate in the HSA.
- You cannot be covered by another non-qualified health plan, including a spouse's Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Dental Coverage

→ [Cigna](#) | (800) 244-6224 | [cigna.com](#)

Did you know good dental care improves your overall health? Our dental plan helps you maintain a healthy smile. All diagnostic and preventive services are covered at 100%, in- and out-of-network.

Plan Features	Cigna DPPO	
	In-Network	Out-of-Network*
Calendar Year Benefit Maximum	\$2,500 per enrolled member	
Orthodontia Lifetime Maximum	\$2,500 per enrolled member	
You pay:		
Calendar Year Deductible (waived for Preventive Services)	None	
Basic & Restorative Services (e.g., fillings, extractions, root canals)	10%	20%
Major Services (e.g., dentures, crowns, bridges)	40%	50%
Orthodontia (adults & children)	50%	50%

*For out-of-network services, your reimbursement will be the Maximum Reimbursable Charge (MRC) at the 90th percentile. Dentists may balance bill up to the usual fee.



Important Dental Notice

The Cigna dental benefit is not included in the medical plan enrollment. You must enroll in a dental plan separately if you want dental coverage for you and your family.



Vision Coverage

➔ [VSP](#) | (800) 877-7195 | [vsp.com](#)

Keep your vision clear and your eyes in good health with regular eye exams. The vision plan offers an extensive network of optometrists and vision care specialists. Don't forget, you'll save money by visiting providers in the VSP Network.

Plan Features	VSP Plan	
	In-Network	Out-of-Network
	You pay/Plan allowance:	Plan reimburses you:
Exam every 12 months	\$10 copay	Up to \$50
Frames every 24 months	\$25 copay; \$130 allowance	Up to \$70
Lenses every 12 months Single Vision Bifocal Trifocal Lenticular	Covered in full after copay	Up to \$50 Up to \$75 Up to 100 Up to \$125
Contact Lenses every 12 months (in lieu of lenses and frames) Medically Necessary Elective	Covered in full after copay \$25 copay; \$130 allowance	Up to \$210 Up to \$105
Additional Discounts	<ul style="list-style-type: none"> Lasik vision correction Nonprescription sunglasses Additional eyewear Additional discounts available on balance, beyond plan coverage 	



Cost of Coverage > [Your Cost for Coverage](#)

Your Cost for Coverage

Your monthly payroll deductions for medical, dental, and vision are shown in the table.

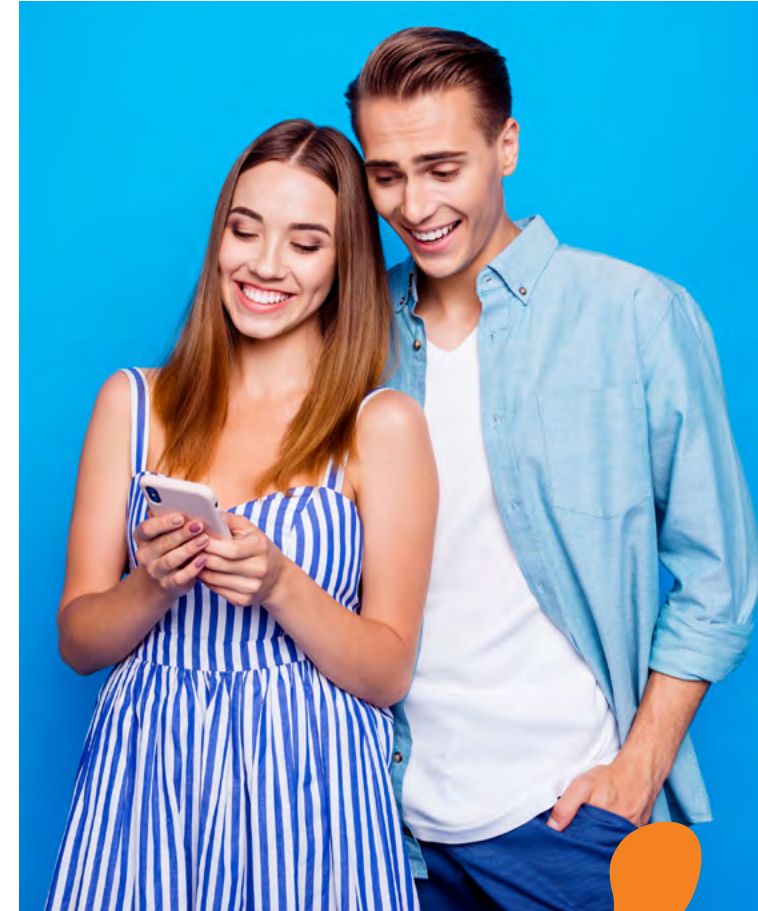
Benefit Plan	Employee Only	Employee + Spouse / Domestic Partner*	Employee + Child(ren)	Employee + Family
Medical				
Cigna PPO	\$95	\$545	\$395	\$882
Cigna HDHP	\$39	\$271	\$194	\$445
Dental				
Cigna DPPO	\$0	\$20	\$33	\$58
Vision				
VSP Plan	\$0	\$2	\$4	\$4

*The portion of a domestic partner's premium, which is paid by Miltenyi Biotec, will appear as taxable income in the employee's paycheck.

Make the Most of Your Choices

One way to control your health care costs is to choose a plan with coverage that makes sense both medically and financially for you and your household. Some questions to ask yourself when deciding which plan best meets your needs include:

- How much medical care do we use?
- How important is it that I have the widest possible choice of doctors?
- Does my spouse have access to coverage that might be more cost-effective?
- Could I save more by choosing lower premiums and an HSA?







401(k) Retirement Plan

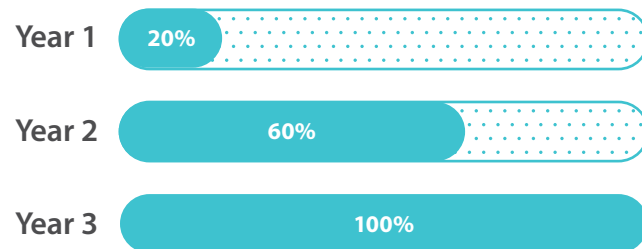
→ Principal | (800) 547-7754 | [principal.com](https://www.principal.com)

Get ready for a bright retirement future with the Miltenyi Biotec 401(k) plan.

401(k) Overview

 Eligibility	 Contributions	 Matching	 Vesting
<p>As an active full-time employee working at least 30 hours per week, you are eligible for benefits on the first of the month following your date of hire. If your start date is the first of the month, your benefits begin immediately.</p>	<p>You are automatically enrolled at a 6% pre-tax contributions, with an annual increase of 1%, up to 12%.</p>	<p>Miltenyi Biotec will match your 401(k) contributions as determined by the company each year.</p>	<p>Your personal contributions are yours to keep. Miltenyi Biotec contributions are vested according to the vesting schedule below.</p>

Vesting Made Simple



Need a Little Extra Guidance?

Your EAP offers **FREE** financial resources and referrals to advisors who can help you feel confident about your future. See [page 8](#) for more details.

Tips for a Successful Retirement



- 1 Start saving now to grow your funds longer.
- 2 Make sure you add a beneficiary to your account and review the information at least twice a year.
- 3 Consistently set aside money to make saving an easy habit to create.
- 4 Growth takes time, so do not panic during market dips.
- 5 Keep your money in the account. Try not to withdraw until retirement to avoid penalties and fees.

Flexible Spending Accounts (FSAs)

➔ [Health Equity](#) | (866) 346-5800 | [myhealthequity.com](#)

FSAs, administered by Health Equity, offer a smart way to stretch your dollars by setting aside pre-tax money to pay for eligible health and dependent care expenses. Each year, you must elect the annual amount you want to contribute to each account. Your contributions are deducted pre-tax from your paycheck which helps reduce your taxable income.

Plan Features	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	Eligible employees who are not enrolled in the Cigna HDHP	Cigna HDHP participants only	All eligible employees
Annual Contribution Limit	\$3,300*	\$3,300*	\$7,500 (\$3,750 if married and filing separately)
Eligible Expenses**	Health care plan deductibles, copays, coinsurance, prescriptions, and dental and vision hardware and expenses	Dental and vision expenses only	Daycare for children age 12 and under, disabled children, and dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	The full annual amount you elect is available on your plan effective date	You can be reimbursed up to the amount available in your account
Payment or Reimbursement Options	Debit card or reimbursement	Debit card or reimbursement	Reimbursement
Rollover Options	Yes, you may roll over up to \$660 of unused funds when you re-enroll	Yes, you may roll over up to \$660 of unused funds when you re-enroll	Unused funds do not roll over
Deadline for Services to be Incurred	12/31/2026	12/31/2026	12/31/2026
Submission Deadline for Reimbursement	3/31/2027	3/31/2027	3/31/2027

*During Open Enrollment, you can allocate up to \$3,300 to your FSA, as per the 2025 IRS limits. Please note, the 2026 IRS limits are not available at this time. Should you elect the maximum amount, HR will contact you once the 2026 limits are released, allowing you to adjust your contribution if desired.

**Refer to [IRS Publication 502](#) and [503](#) for a complete list of eligible expenses.

Life & AD&D Insurance

➔ [Unum](#) | (800) 421-0344 | [unum.com/employees](#)

We rarely see life-threatening situations coming, which is why it's always important to be prepared. Life and Accidental Death and Dismemberment (AD&D) insurance, through Unum, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As an eligible employee, you receive Basic Life and AD&D insurance equal to two times your annual earnings to a maximum of \$600,000 at **no cost to you**. Your life insurance benefit is paid to your beneficiaries upon your death, and your AD&D insurance will pay an amount equal to your Basic Life benefit in the event of an accidental death or certain injuries.

Your life benefit will be reduced by 35% at age 70, and then reduces to 55% at age 75. Coverage exceeding \$50,000 is considered imputed income. This means any amount over \$50,000 must be included as income and will be subject to Social Security and Medicare taxes, which may be reflected in your paycheck.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes.



To Add/Change a Beneficiary:

- Visit [ew43.ultipro.com](#)
- Navigate to Myself > Personal > Contacts
- Mark them as a *beneficiary*

To Change Contribution Percentages:

- Visit [ew43.ultipro.com](#)
- Select *Submit a Qualifying Life Event* (Right side of landing page under Benefits)
- Select *Add or change a beneficiary*
- Allocate percentage amounts for your primary beneficiaries (the first person/people to receive the benefit) and secondary beneficiaries (the person/people to receive the benefit if your primary is unable to)



Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy Voluntary Life and AD&D coverage at discounted rates. The chart describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren). You must be enrolled in employee Voluntary Life in order to enroll your spouse and/or dependents in the plan.

How Much Voluntary Life and AD&D Insurance Should I Buy?

When deciding how much Voluntary Life and AD&D coverage to buy, consider the following:

- How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
- How much do your dependents need to maintain their current standard of living?
- What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (up to age 26)
Coverage Options	\$10,000 increments	\$5,000 increments	\$1,000 increments
Maximum	Up to 5x salary \$500,000	\$250,000 (cannot exceed 50% of employee coverage)	\$10,000 (cannot exceed 50% of employee election)
Guaranteed Issue Amount*	\$250,000	\$30,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualified change in status		

*Your Guaranteed Issue Amount is automatically approved—no additional action is required. If you elect coverage above this amount, you must complete the Evidence of Insurability (EOI) process for the excess amount to be reviewed and approved. If you do not complete the required EOI, your coverage will default to the Guaranteed Issue Amount only.



What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect Voluntary Life and AD&D coverage above the guaranteed issue limit or after the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by the carrier, and you will be notified of their decision directly.

[Financial](#) > [401\(k\)](#) | [FSA](#) | [Life & AD&D](#) | [Disability](#) | [Additional Benefits](#) | [Resources & Discounts](#)

Disability Coverage

→ [Unum](#) | (800) 421-0344 | unum.com/employees

If you experience an injury or illness that prevents you from working, disability coverage, through Unum, provides partial income replacement to assist you financially.

Short-Term Disability (STD)

STD coverage provides you with partial income replacement if you are unable to work due to a non-work-related illness or injury. You are automatically enrolled in STD coverage at **no cost to you**.

Short-Term Disability	
Percent of Earnings	60%
Weekly Maximum	\$2,300
Elimination Period	7 days
Maximum Duration	12 weeks

Long-Term Disability (LTD)

LTD pays you a portion of your earnings if you cannot work for an extended period due to a disabling illness or injury. You are automatically enrolled in LTD coverage at **no cost to you**.

Long-Term Disability	
Percent of Earnings	All classes: 60%
Monthly Maximum*	Classes 1 & 2: \$15,000 Class 3: \$5,000
Elimination Period	90 days
Maximum Duration	Up to age 65

*Class 1: Corporate Officers, Directors, Controllers, and Manager earning \$85,000 or more annually.

Class 2: All other members earning \$85,000 or more annually.

Class 3: All other members.



Additional Benefits

Commuter Benefit Plan

➔ **HealthyEquity | Benefits Specialist: Rosa Mesa | rosam@miltenyi.com**

The HealthEquity commuter benefit plan allows employees who commute to and from work to set aside pre-tax funds to pay for their work-related transit and parking expenses. Eligible expenses for the commuter benefit include transit passes, fare cards, ticket books, and vanpool expenses.

Contributions to the commuter plan are non-taxable. The maximum contribution is \$325 per month for transit and \$325 per month for parking expenses. Miltenyi Biotec will fund your commuter benefit up to \$280 per month.

Travel Assistance

➔ **Assist America | (800) 872-1414 (US & Canada) | (609) 986-1234 (International)
medservices@assistamerica.com**

When you're exploring the world through travel, you can rest assured that Travel Assistance, through Assist America, is available to help you cope with any travel-related emergencies that may arise. When you travel more than 100 miles from your home or travel internationally, Travel Assistance provides you with 24/7 access to:

- Pre-Trip Assistance
- Trip Assistance
- Medical Emergency Support
- Legal Assistance
- Emergency Transportation Services
- Personal Support

Download the App

- Download the Assist America app.
- Use reference number
01-AA-UN-762490 to activate the app.



Medical Coverage While Traveling Abroad

Your medical coverage works differently when you're outside of the U.S. If you plan to explore another country, be sure to familiarize yourself with how your medical coverage works before the start of your adventure.

In Case of an Emergency

In an emergency, seek immediate care for severe symptoms, including broken bones, chest pain, or unconsciousness. For urgent, non-emergency issues, such as infections or sprains, call Cigna before receiving care, if possible. **If you are unable to contact Cigna before receiving care, you must contact them within 24 hours.** You'll need to pay up front for care and can submit a claim for reimbursement once you are home. Your claim must include your Cigna ID number, an explanation of care, itemized bill, letter of medical necessity and/or procedure notes, and proof of payment.

Download the App

To call Cigna from another country, enter the **exit code (011)**, then the country code, followed by **(866) 763-8442**. This number is available 24/7 and is necessary for accessing urgent or emergency care outside the U.S.; the number on your Cigna ID card won't work abroad.

Reimbursement Questions

For claim submission questions after your return, use the customer service number on your Cigna ID card.



Resources & Discounts

We know great benefits are about more than just health care and preparing for the future—they're about enhancing your everyday life. These perks are the little things that make a big difference, offering you convenient, valuable options to improve your overall wellbeing.

Perks at Work

Available to all employees, Perks at Work offers you access to exclusive discounts on a wide range of products and services, from electronics and home appliances to travel and fitness. Whether you're making big purchases or just looking to save on everyday essentials, Perks at Work connects you with thousands of national and local deals, making it easier to enjoy the things you love while saving money. To start saving, visit perksatwork.com and sign up, using your work email address.

Cigna Healthy Resources & Discounts

When you enroll in a Cigna medical plan, you gain access to a wide range of health support services, resources, and discounts.

 <p>Specialty Care</p>	 <p>Vision Care</p>	 <p>My Secure Advantage</p>	 <p>Fitness Gear</p>	 <p>Active&Fit</p>
<p>Save up to 25% on services including acupuncture and chiropractic care.</p>	<p>Save on eye exams and glasses at 20,000+ locations.</p>	<p>Get personalized financial guidance.</p>	<p>Get discounted yoga mats, accessories, and more!</p>	<p>Access more than 16,000 gyms and 4,000 virtual workouts.</p>
 <p>Hearing Care</p>	 <p>LASIK</p>	 <p>Mom's Meals</p>	 <p>Fitness Trackers</p>	 <p>Daily Burn</p>
<p>Up to 40% off hearing exams and 25% off hearing aids.</p>	<p>Get up to \$800 off LASIK at over 600 locations nationwide.</p>	<p>Order tailored, nutritious, and healthy meals with free shipping.</p>	<p>Track your health with discounted Fitbit and Garmin devices.</p>	<p>Access 2,000+ virtual workouts at a discounted rate.</p>



Want These Perks?

Log in to mycigna.com or call the toll-free number on the back of your Cigna ID card.

Remember to show your Cigna ID or mention you're a Cigna member to get your discount.

For more information about Healthy Rewards, call **(800) 870-3470**.

Your Benefit Contacts

Coverage	Contact/Policy Number	Phone		Website/Email
401(k)	Principal / 302961	(800) 547-7754		principal.com
Commuter Benefit	HealthEquity	(866) 346-5800		myhealthequity.com
Dental	Cigna	(800) 244-6224		mycigna.com
Employee Assistance Program (EAP)	Unum EAP	(800) 854-1446		unum.com/lifebalance
Flexible Spending Account (FSA)	HealthEquity	(866) 346-5800		myhealthequity.com
General Benefit Questions	Newfront Employee Services	(866) 511-9006		miltenyibenefits@answers.newfront.com
Health Savings Account (HSA)	HealthEquity HSA	(877) 857-6810		myhealthequity.com/qme
Life & AD&D, Voluntary Life & AD&D	Unum / 479994	(800) 421-0344		unum.com/employees
Medical	Cigna	(866) 494-2111		mycigna.com
New York Disability Benefits Law (NY DBL)	Unum / 479995	(800) 854-1446		unum.com
Short & Long-Term Disability	Unum / 479994	(800) 421-0344		unum.com/employees
Travel Assistance	Assist America / Ref# 01-AA-UN-762490	(800) 872-1414 (US & Canada)	+(609) 986-1234 (International US Access Code)	assistamerica.com
Virtual Visits	MDLIVE	(888) 726-3171		mdliveforcigna.com
Vision	VSP / 12158291	(800) 877-7195		vsp.com

This communication highlights some of your Miltenyi Biotec benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Miltenyi Biotec reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

