

Employee Benefits Guide 2026 - 2027



Chameleon Innovations Inc.

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CHAMELEON INNOVATIONS INC.

Welcome!

We are happy to provide you this Benefit Guide to summarize your employee benefits for the 2026-2027 plan year.

Chameleon Innovations Inc. recognizes that benefits are an important part of your life as an employee. Our benefits program will help you choose what works best for your needs.

This document is not just an enrollment guide. It is a resource for you and your family to use throughout the year. Inside you will find a summary of each benefit plan and helpful tips you may not have known about in the past.

This guide is designed to break down the insurance benefits to help you make an informed decision regarding the selection and management of the services and benefits provided to you as an employee of Chameleon Innovations Inc.

Benefit Eligibility

For You

All full-time employees working an average of 40 hours per week are eligible to enroll in benefits.

For Your Family

Legislation regulates eligibility requirements for dependent coverage on medical insurance plans. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Examples of Eligible Dependents Include:

- Legal Spouse
- Dependent Children

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the employee
- Residency with the employee
- Student Status
- Marital Status
- Employment Status

Dependent Coverage

When you first enroll, and/or if you change coverage mid year due to a qualifying event, you may be asked to provide the applicable documentation from the following list:

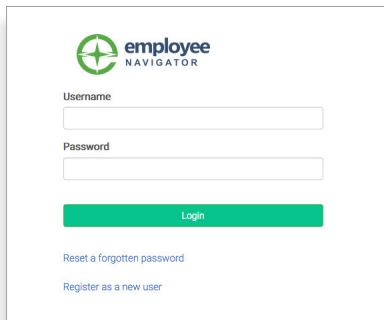
Spouse Verification Documentation:

- Marriage Certificate

Child Verification Documentation:

- Birth Certificate
- Court document awarding custody or requiring coverage

You can provide these documents to Human Resources

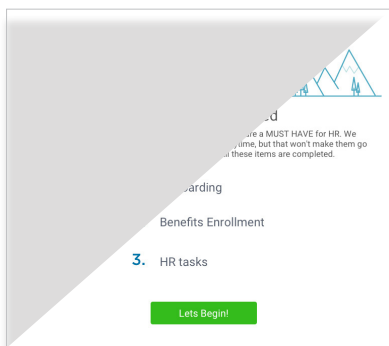


Employee Navigator Login Page. It features the logo at the top, followed by 'Username' and 'Password' input fields. A green 'Login' button is below the fields. At the bottom, there are links for 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeeenavigator.com and click **Login**

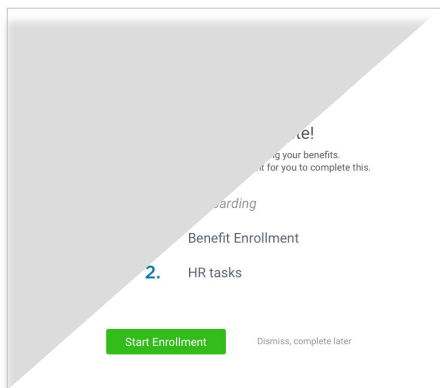
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



Employee Navigator Welcome Page. It shows a progress bar with three steps: 1. Welcome, 2. Benefits Enrollment, and 3. HR tasks. The 'Let's Begin!' button is at the bottom.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



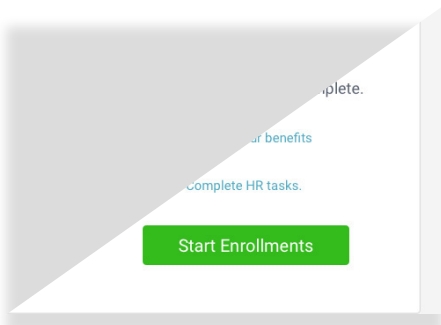
Employee Navigator Onboarding Page. It shows a progress bar with three steps: 1. Welcome, 2. Benefits Enrollment, and 3. HR tasks. The 'Start Enrollment' button is at the bottom.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



Employee Navigator Start Enrollments Page. It shows a progress bar with three steps: 1. Welcome, 2. Benefits Enrollment, and 3. HR tasks. The 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a button to 'View employer contributions summary'. At the bottom, there are buttons for 'Save & Continue' and 'Don't want this benefit?'.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It includes a progress bar indicating 'Progress 6 of 8'. A warning message states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a list of enrolled plans, including 'Medical' and 'Key Care HSA PPO2017 404E2435 Long Plan Name'. On the right, a progress bar shows the completion status of various steps: 1. Personal Information (complete), 2. Dependent Information (complete), 3. Medical (complete), 4. Dental (incomplete), 5. Vision (complete), 6. HSA (complete), 7. FSA (complete), and 8. Enrollment Summary (incomplete).

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows the 'HR Tasks' screen. It features a large 'Start Tasks' button and a link to 'Dismiss, complete later'. The background is a light gray with a diagonal split.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

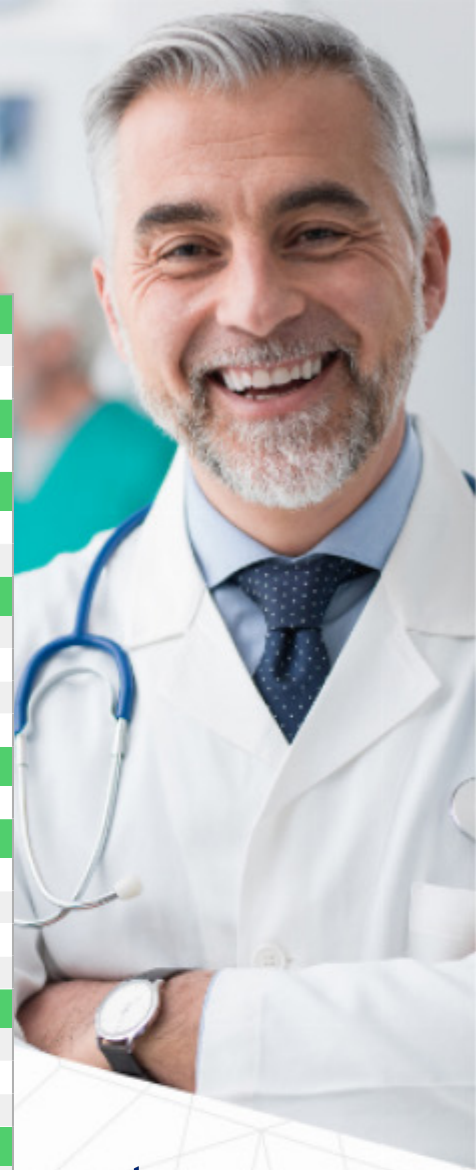


You can login to review your benefits 24/7

Health

UnitedHealthcare | NHP HMO

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	\$5,000	Not covered
Family	\$10,000	Not covered
COINSURANCE		
Member %	20%	Not covered
OUT OF POCKET MAXIMUM		
Single	\$6,500	Not covered
Family	\$13,000	Not covered
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	20%	Not covered
Specialist Office Visit	20%	Not covered
Urgent Care	20%	Not covered
Emergency Room	20%	Not covered
PREVENTIVE CARE		
Preventive Services	No Charge	Not covered
MAJOR MEDICAL EXPENSES		
Outpatient Surgery	20%	Not covered
Inpatient Hospitalization / Surgery	20%	Not covered
CT scan, PT scan, MRI	50%	Not covered
Hospital Newborn Delivery	Varies based on location	Not covered
PRESCRIPTION DRUG COVERAGE		
Generic (Tier 1)	\$10	\$0
Brand Name (Tier 2)	\$35	\$0
Non-Preferred (Tier 3)	\$70	\$0
PLAN INFORMATION		
Plan Year	2026 - 2027	
Deductible Period	Annual	
Deductible Explanation	Individual deductibles contribute towards the family deductible, but individuals won't exceed their individual deductible.	
Network Type	HMO	
Network Name	NHP HMO	
Member Website	myuhc.com	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$46.15	
Employee + Spouse	\$92.31	
Employee + Child(ren)	\$115.38	
Family	\$184.62	



Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Dental

UnitedHealthcare | Voluntary National Options PPO 20 Network

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	\$50	\$50
Family	\$150	\$150
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	\$50 per person per Calendar Year	\$50 per person per Calendar Year
FREQUENCIES		
Cleaning	Limited to 2 times per consecutive 12 months.	
Exam	Limited to 2 times per consecutive 12 months.	
DENTAL COVERAGE		
Cleanings	100%	100%
Exams	100%	100%
X-Rays	100%	100%
Sealants	100%	100%
Fillings	80%	80%
Simple Extractions	80%	80%
Root Canal	80%	80%
Periodontal Gum Disease	80%	80%
Oral Surgery	80%	80%
Crowns	50%	50%
Dentures	50%	50%
Bridges	50%	50%
OUT OF NETWORK EXPLANATION		
	The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network	
PLAN INFORMATION		
Waiting Period for Major Services	No waiting period	
Plan Year	Calendar Year	
Network Type	PPO	
Network Name	Voluntary National Options PPO 20 Network	
Member Website	myuhc.com	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$2.31	
Employee + Spouse	\$4.62	
Employee + Child(ren)	\$6.92	
Family	\$9.23	



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Vision

UnitedHealthcare | SH414

VISION COVERAGE		IN-NETWORK	OUT-OF-NETWORK
Eye Exam		\$10	Up To \$40.00
Single Vision Lens		\$25	Up To \$40.00
Lined Bi-Focal Lens		\$25	Up To \$60.00
Lined Tri-Focal Lens		\$25	Up To \$80.00
Lenticular Lens		\$25	Up To \$80.00
Contact Lens Allowance		\$200	Up To \$150.00
Frame Allowance		\$200	Up To \$45.00
FREQUENCIES			
Exam Frequency		Once every 12 months	
Lens Frequency		Once every 12 months	
Frame Frequency		Once every 12 months	
OUT OF NETWORK EXPLANATION			
		Copays do not apply. Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance.	
PLAN INFORMATION			
Plan Year		2025	
Network Name		UnitedHealthcare Vision Network	
Member Website		myuhcvision.com	
Customer Service Phone Number		(800) 638-3120	
PREMIUM PER EMPLOYEE PAYCHECK			
Employee Only		\$9.23	
Employee + Spouse		\$13.85	
Employee + Child(ren)		\$18.46	
Family		\$23.08	



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Helpful Links

Your Benefits, Just a Scan Away...

Access your employee benefits information quickly and easily by scanning the QR code with your smartphone camera. From benefit details to helpful resources, everything you need is a scan away.

Health Plan
Benefit Summary



Vision Plan
Benefit Summary



Dental Plan
Benefit Summary



Questions? We're Here for You.

Your benefits are an important part of your overall well-being, and we want you to feel confident in understanding and using them.

If you have questions, need assistance or simply want to talk through your options, please reach out to us.

We're always happy to help and are here to make navigating your benefits as simple and stress-free as possible.



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This Benefit Booklet

Presented by

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