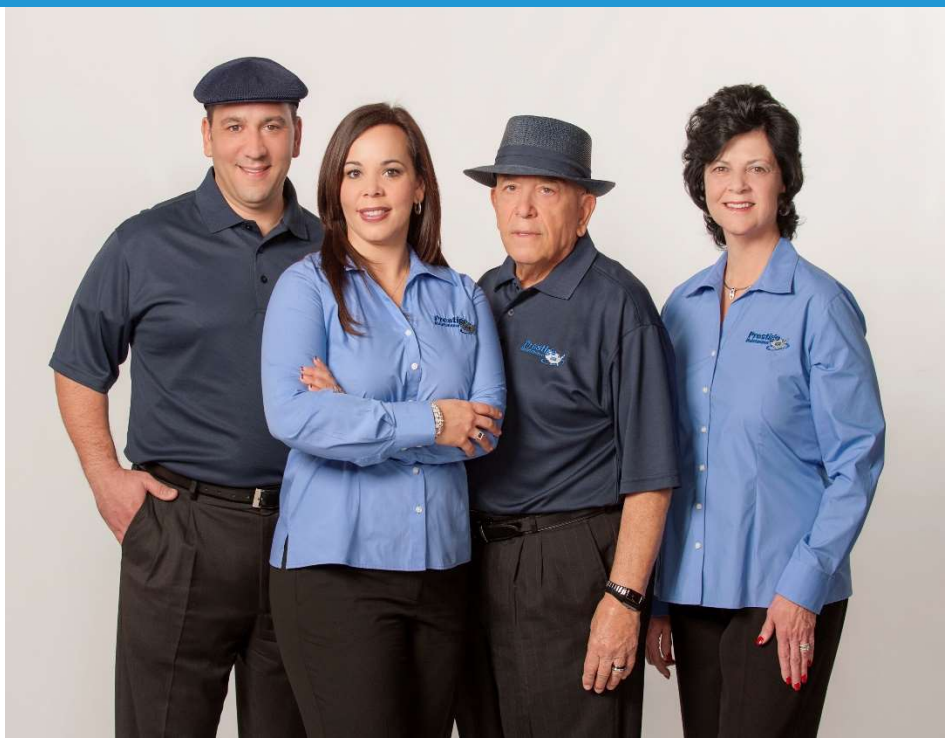
Prestige Maintenance USA



BENEFITS ENROLLMENT GUIDE

MANAGEMENT & CORPORATE EMPLOYEES

POLICY YEAR

October 1, 2024 – September 30, 2025

LONE STAR BENEFITS

TABLE OF CONTENTS

Benefits Program Overview 3

Curative Medical Highlights 5

Medical Plan Summary and Rates 8

Dental Plan Summary and Rates 9

Vision Plan Summary and Rates 10

Employer-Paid Benefit Plan Summaries 11

Voluntary Life & AD&D Plan Summary 12

Voluntary Accident and Hospital Indemnity Plan Summaries 13

Voluntary Critical Illness Plan Summary 14

Important Benefit Contacts 15

Curative Member Services 16

Curative Baseline Visit 19

Curative Pharmacy Overview 20

Curative Zero Card 23

Curative Virtual Care 24

Curative ClassPass 27

Recuro Telehealth, NB Fitness, and Legal Services 28

Principal EAP 32

LegalShield and IDShield 33

PNC Workplace Banking 38

Important Notices and Reminders 40

Important COBRA Information 46

Health Insurance Marketplace Notice 50

BENEFITS PROGRAM OVERVIEW

WHO is Eligible

If you are a full-time employee who works a minimum of 30 hours per week, you are eligible to participate in the benefits program. You may also elect coverage for your eligible dependents. Eligible dependents are defined as:

- your legal spouse;
- eligible children up to age 26 (children are defined as your natural children, stepchildren, legally adopted children and children under your legal guardianship);
- physically or mentally disabled children of any age who are incapable of self-support.

Dependents must enroll in the same plan as the employee.

WHEN to Enroll

Eligible employees may review and change their benefit elections during the annual Open Enrollment period. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, or you experience a family status event. Please refer to the following page for examples of "Qualified Events".

Full-time employees who work a minimum of 30 hours per week and are at least 18 years of age are eligible to participate in the benefits program, with an effective date of 1st of the month following 30 days from your date of hire. Please review and complete enrollment before the end of the month prior to your benefits taking effect.

HOW to Enroll

1) Utilize this guide to make benefit elections during the Open Enrollment period.

2) Use this QR code to schedule a phone call with a benefits counselor to make your elections (in English or Spanish).
   You may also go through this link to schedule your call:
   https://BeneBlocEnrollment.as.me/Prestige

All Employees: Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you incur a Qualifying Event.

HOW to Make Changes

If you experience any of the events listed below, you must notify Human Resources within 30 days of the event to make the necessary adjustments. Changes reported after the 30-day window will not be accepted. Members will have to wait until the next Open Enrollment period to make any changes. Qualified Events include:

- Marriage
- Divorce or legal separation
- Birth of a child
- Adoption of a child or placement for adoption
- Gain or loss of legal custody of a child
- Dependent child turns 26 years old
- Death of a dependent
- Medicare eligibility
- Dependent becomes disabled
- Termination of spouse's employment
- Spouse loses healthcare benefits
- Loss or gain of another group coverage
- Employment termination
- Death of the person upon whom you or your dependents depend for coverage
- Change in employment status (i.e. part-time, full-time) of the employee

WHAT documents are required

Supporting documentation might be required to process a Qualifying Event Change. Examples of acceptable forms or documents include, but not limited to:

- Marriage certificate
- Divorce decree
- Birth certificate
- Legal adoption paperwork
- Death certificate
- Certificate of creditable coverage
- Documents indicating loss or gain of another group coverage
- Copy of insurance ID card

It is your responsibility to notify Human Resources of any family status change within 30 days of the qualifying event.

Say hello to Curative.

Health insurance you'll love to use.

Curative All rights reserved.

The Curative promise: It's easy.

- Easy costs
- Easy to get care
- Easy to navigate

Curative All rights reserved.

Let's get some (minor) details covered.

If they are under **18,** your dependents will also qualify for the **$0 copay and $0 deductible** with your completion of the Baseline Visit.

Note: Only one subscriber or spouse has to complete a Baseline for your minor dependent to qualify.

Members **18 or older** will need to complete their own Baseline Visit to qualify. They can make an appointment through the member portal.

Don't forget your Baseline!

By completing your Baseline Visit within 120 days of your plan effective date, you'll also keep your $0 copays and $0 deductible for in-network care and preferred prescriptions. For more info on the Baseline, go to **curative.com/baseline.**

Members can sign up for their visit through the member portal at **health.curative.com**

Curative All rights reserved.

Our Baseline Visit is Vital.

Curative All rights reserved.

We help you reach the healthiest version of you.

At Curative, we're committed to helping our members get the most out of their health plan from day one. Curative members are invited to participate in a Baseline Visit to help take the guesswork out of their health. By completing a visit in the first 120 days, members continue with $0 out-of-pocket costs for in-network care and preferred prescriptions.

Important things to know:

- The Baseline Visit is 100% cost-free
- Results and conversations are completely confidential
- Results will not impact cost the cost of your health insurance premiums
- Visits are typically between 45 min-1 hour
- Doesn't replace your annual physical exam

Curative All rights reserved.

CURATIVE
MEDICAL PLAN SUMMARIES

Plan Type/Name	EPO PLAN (Exclusive Provider Organization)		PPO Plan (Preferred Provider Organization)			PPO+ Plan (Preferred Provider Organization)		
Network	First Health + Curative		First Health + Curative			First Health + Curative		
Network Website	www.curative.com		www.curative.com			www.curative.com		
Plan Type/Name	Yes Baseline Visit	No Baseline Visit	Yes Baseline Visit	No Baseline Visit	No Baseline Visit	Yes Baseline Visit	No Baseline Visit	No Baseline Visit
Covered Benefits	In-Network	In-Network	In-Network	In-Network	Out-Network	In-Network	In-Network	Out-Network
Calendar Year Deductible								
Individual	$0	$5,000	$0	$5,000	$10,000	$0	$5,000	$5,000
Family (Employee + 2 or more dependents)	$0	$10,000	$0	$10,000	$20,000	$0	$10,000	$10,000
Calendar Year Out-of-Pocket Maximums*								
Individual	$0	$7,500	$0	$7,500	$15,000	$0	$7,500	$7,500
Family (Employee + 2 or more dependents)	$0	$15,000	$0	$15,000	$30,000	$0	$15,000	$15,000
Professional Services								
Physician Office Visit	$0	$25**	$0	$25**	$50**	$0	$25**	$50**
Specialist Office Visit	$0	$50**	$0	$50**	$100	$0	$50**	$100**
Urgent Care	$0	20%**	$0	20%**	50%**	$0	20%**	50%**
Virtual Visit	$0	$0	$0	$0	N/A	$0	$0	N/A
Diagnostic Lab	$0	20%**	$0	20%**	50%**	$0	20%**	50%**
Diagnostic X-Ray Services	$0	20%**	$0	20%**	50%**	$0	20%**	50%**
Imaging (CT, PET Scans, MRI)	$0	20%**	$0	20%**	50%**	$0	20%**	50%**
Hospital Services								
Inpatient	$0	20%**	$0	20%**	50%**	$0	20%**	50%**
Outpatient Surgery	$0	20%**	$0	20%**	50%**	$0	20%**	50%**
Emergency Room	$0	20%**	$0	20%**	20%**	$0	20%**	20%**
Prescriptions								
Preferred Generic	$0	$50**	$0	$50**	50%**	$0	$50**	20%**
Preferred Brand	$0	$50**	$0	$50**	50%**	$0	$50**	20%**
Preferred Specialty	$0	$50**	$0	$50**	50%**	$0	$50**	20%**
Non-Preferred Generic	$50/$250	$100**	$50/$250	$100**	50%**	$50/$250	$100**	20%**
Non-Preferred Brand	$50/$250	$100**	$50/$250	$100**	50%**	$50/$250	$100**	20%**
Non-Preferred Specialty	$50/$250	25%**	$50/$250	25%**	50%**	$50/$250	25%**	20%**
						Chiropractic Care included under PPO+ Plan only.		

** Out-of-Pocket Maximums include all applicable deductibles, co-pays, and coinsurance paid by the member.*
*** Deductible must be met before coinsurance/copay will apply.*
**** Plus all applicable deductibles and coinsurance paid by the member.*

MEDICAL PAYROLL DEDUCTIONS

Rates are based on 24 pay periods per year and reflect employer contributions.

TIER ELECTION	EPO	PPO	PPO+
Employee Only	**$159.89**	**$188.18**	**$207.44**
Employee + Spouse	**$511.56**	**$602.07**	**$663.69**
Employee + Children	**$447.64**	**$526.84**	**$580.75**
Employee + Family	**$799.38**	**$940.81**	**$1,037.09**

Please refer to the carrier's summaries and certificates for further details.

GUARDIAN DENTAL PLAN SUMMARIES					
Network Name	**Managed DentalGuard**	**DentalGuard Preferred**		**DentalGuard Preferred**	
Network Website	**www.guardiananytime.com**	**www.guardiananytime.com**		**www.guardiananytime.com**	
Plan Type / Name	**DHMO**	**Low Plan**		**High Plan**	
Covered Benefits	**In-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Annual Maximum	Unlimited	$750+rollover		$1000+rollover	
Annual Deductible *(waived for Preventive)*	N/A	$50 / $150		$50 / $150	
Preventive (Deductible Waived)					
Coinsurance (Carrier Pays)	*Exams, X-rays, Fluoride treatment, Sealants, Space Maintainers* Copay applies for each covered service	*Exams, X-rays, Fluoride treatment, Sealants, Space Maintainers* 100%		*Exams, X-rays, Fluoride treatment, Sealants, Space Maintainers* 100%	
Basic (Deductible Applies)					
Coinsurance (Carrier Pays)	*Anesthesia, Fillings, Repairs to Crowns, Bridges & Dentures* Copay applies for each covered service	*Anesthesia, Fillings, Repairs to Crowns, Bridges & Dentures* 60%		*Anesthesia, Fillings, Repairs to Crowns, Bridges & Dentures* 80%	
Major (Deductible Applies)					
Coinsurance (Carrier Pays)	*Crowns, Bridges & Dentures* *Simple & Complex Extraction* *General Anesthesia* *Inlays, Onlays & Veneers* Copay applies for each covered service	*Crowns, Bridges & Dentures* *Simple & Complex Extraction* *General Anesthesia* *Inlays, Onlays & Veneers* 40%		*Crowns, Bridges & Dentures* *Simple & Complex Extraction* *General Anesthesia* *Inlays, Onlays & Veneers* 50%	
Orthodontia					
Coinsurance (Carrier Pays)	To age 18	40% (to age 26) up to $750		50% (to age 26) up to $1,000	

Maximum Benefit Rollover. Guardian will rollover a portion of your unused annual maximum into your personal maximum rollover account to use in future years if you reach your annual plan maximum amount.

If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount, and charges for non-covered services.

DENTAL PAYROLL DEDUCTIONS			
Rates are based on 24 pay periods. **Dental is voluntary and 100% employee responsibility.**			
TIER ELECTION	**DHMO**	**LOW PLAN**	**HIGH PLAN**
Employee Only	**$5.80**	**$14.39**	**$20.93**
Employee + Spouse	**$9.75**	**$28.39**	**$42.14**
Employee + Child(ren)	**$12.22**	**$36.88**	**$54.08**
Employee + Family	**$17.28**	**$50.89**	**$75.31**

GUARDIAN VISION PLAN SUMMARY		
Network Name	**VSP**	
Network Website	**www.vsp.com**	
Plan Name	**VSP Choice**	
Covered Benefits	**In-Network** **You Pay:**	**Out-of-Network** **Plan Pays:**
Eye Exam - Copay		
Routine Exam	$10	Up to $39
Contact Lens Fitting and Evaluation	15% off professional fee	N/A
Lenses (Per Pair) - Copay		
Single	$15 copay	Up to $23
Bifocal		Up to $37
Trifocal		Up to $49
Lenticular		Up to $64
Frames		
	$130 Allowance	Up to $46
Contact Lenses (in lieu of glasses)		
	$130 Allowance	Up to $100
Frequency		
Eye Exams	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	

VISION PAYROLL DEDUCTIONS	
Rates are based on 24 pay periods. Vision is voluntary and 100% employee responsibility.	
TIER ELECTION	**VSP**
Employee Only	**$4.24**
Employee + Spouse	**$8.46**
Employee + Child(ren)	**$12.61**
Employee + Family	**$12.61**

EMPLOYER PAID BENEFITS
These benefits are 100% employer paid and provided at no cost to you during your employment.

GUARDIAN LIFE & AD&D PLAN SUMMARY	
Term Life & AD&D benefit per employee	$25,000
Age reduction schedule	Reduced to 35% at age 65. Reduced to 60% at age 70. Reduced to 75% at age 75. Reduced to 85% at age 80.

GUARDIAN SHORT-TERM DISABILITY PLAN SUMMARY	
Benefit Percentage	60% of Gross Weekly
Maximum Weekly Benefit	$2,300
Benefit Waiting Period:	
Accident	15 Days
Sickness	15 Days
Benefit Duration	11 Weeks

GUARDIAN LONG-TERM DISABILITY PLAN SUMMARY	
Benefit Percentage	60% of Gross Monthly
Maximum Monthly Benefit	$6,000
Benefit Duration	Social Security Normal Retirement Age
Pre-existing Condition ***(look-back period / treatment period)***	3/12

GUARDIAN
VOLUNTARY LIFE & AD&D SUMMARY

These benefits are voluntary and 100% employee responsibility

EMPLOYEE BENEFIT*	
Maximum Amount of Coverage	$300,000
Minimum Amount of Coverage	$10,000
Guaranteed Issue Amount	Under 65 $150,000 65-70 $50,000 70+ $10,000
Rate per $1000 of Coverage:	
18-24	$0.089
25-29	$0.089
30-34	$0.094
35-39	$0.119
40-44	$0.157
45-49	$0.234
50-54	$0.382
55-59	$0.649
60-64	$1.029
65-69	$1.705
70-74	$2.960
75-79	$2.960
80-84	$2.960
85 & Over	$2.960
AD&D Rate	$0.035

SPOUSE BENEFIT*	
Maximum Amount of Coverage**	$150,000
Minimum Amount of Coverage	$5,000
Guaranteed Issue Amount	Under 65 $30,000 65-70 $10,000 70+ No benefits
Rate per $1000 of Coverage:	
18-24	$0.089
25-29	$0.089
30-34	$0.094
35-39	$0.119
40-44	$0.157
45-49	$0.234
50-54	$0.382
55-59	$0.649
60-64	$1.029
65-69	$1.705
70-74	$2.960
75-79	$2.960
80-84	$2.960
85 & Over	$2.960
AD&D Rate	$0.035

CHILD BENEFIT*	
Maximum Amount of Coverage**	$20,000
Minimum Amount of Coverage	$10,000
Guaranteed Issue Amount	$20,000
Monthly Rate	$0.081
AD&D Rate	$0.035

**The employee must be covered for Voluntary Life in order to insure dependents for voluntary life.*

***Cannot exceed 50% of the employee benefit election*

Voluntary Life benefit reduces to 35% at age 65, to 60% at age 70, to 75% at age 75 and to 85% at age 80.

NEW BENEFIT!

PRINCIPAL ACCIDENT INSURANCE PLAN SUMMARY	
These benefits are 100% employee responsibility.	
Coverage	24 hour
Burn	up to $5k
Coma	$15k
Concussion	$500
Dental Injury	$500
Dislocations	up to $7,500
Eye Injury With Surgical Repair	$500
Fractures	up to $10k
Injury Not Listed	$100
Internal Injury	$1,500
Knee Cartilage Injury with Surgical Repair	$1,500
Ruptured Disc with Surgical Repair	$1,500
Tendon / Ligament / Rotator Cuff Injury with Surgical Repair	$1,500
Wellness Benefit (routine preventive care)	$50 (1 per person per cal. yr.)
TIER ELECTION	**RATE PER 24 PAY PERIODS**
Employee Only	**$4.79**
Employee + Spouse	**$7.36**
Employee + Child(ren)	**$8.25**
Employee + Family	**$12.72**

NEW BENEFIT!

PRINCIPAL HOSPITAL INDEMNITY PLAN SUMMARY	
These benefits are 100% employee responsibility.	
Hospital Admission Benefit	$1K (1 per person per cal. yr.)
Daily Hospital Benefit	$100 (90 days per cal. yr.)
ICU Admission Benefit	$1k (1 per person per cal. yr.)
Daily Hospital ICU Benefit	$200 (30 days per cal. yr.)
Wellness Benefit (routine preventive care)	$50
TIER ELECTION	**RATE PER 24 PAY PERIODS**
Employee Only	**$7.68**
Employee + Spouse	**$19.00**
Employee + Child(ren)	**$12.51**
Employee + Family	**$24.73**

NEW BENEFIT!

PRINCIPAL CRITICAL ILLNESS PLAN SUMMARY

These benefits are 100% employee responsibility.

Maximum Amount of Coverage	$30,000
Minimum Amount of Coverage	$5,000
Guaranteed Issue Amount	$30,000
Spouse/Child Face Amount Reduction	100% of Employee Face Amount
Pre-existing Condition	3/12
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
Cancer (invasive)	100%
Cancer (non-invasive/carcinoma in situ)	25%
Skin Cancer	$250
Coronary Artery Condition	25%
Wellness Benefit (routine preventive care)	$50 (1 per person per cal. yr.)

Monthly Rates:

Rate per $1000 of Coverage:	Employee	Spouse
0-24	$0.205	$0.205
25-29	$0.299	$0.299
30-34	$0.465	$0.465
35-39	$0.553	$0.553
40-44	$0.770	$0.770
45-49	$1.103	$1.103
50-54	$1.636	$1.636
55-59	$2.281	$2.281
60-64	$3.300	$3.300
65-69	$4.677	$4.677
70-74	$6.795	$6.795
75 & Over	$6.795	$6.795

IMPORTANT BENEFIT CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE	POLICY
Medical and Prescription Drug	Curative	www.curative.com	(855) 428-7284	Prestige Maintenance USA
Dental	Guardian	www.guardiananytime.com	(800) 541-7846	025203
Vision	Guardian	www.vsp.com	(877) 814-8970	025203
Life/AD&D Voluntary Life/AD	Guardian	www.guardiananytime.com	(800) 525-4542	025203
Short-term Disability Long-term Disability	Guardian	www.guardiananytime.com	(888) 482-7342	025203
Accident Hospital Indemnity Critical Illness	Principal	www.principal.com	(800) 843-1371	1195036
Employee Assistance Program	Magellan Healthcare	member.magellanhealthcare.com	(800) 450-1327	-
Curative Virtual Urgent Care	Norman MD - **Texas only**	www.normanmd.com	(512) 421-5678	Prestige Maintenance USA
Curative Virtual Urgent Care	Teladoc - **outside Texas**	www.teladoc.com	(800) 835-2362	Prestige Maintenance USA
Curative Virtual Mental Health	Televero - **Texas and Florida only**	www.televero.com	(855) 428-7284	Prestige Maintenance USA
Curative Virtual Mental Health	Teladoc - **outside Texas**	www.teladoc.com	(855) 428-7284	Prestige Maintenance USA
Telemedicine	Recuro Health	www.recurohealth.com	(855) 673-2876	TBD
LegalShield IDShield	LegalShield - Gloria Tisdale	www.shieldbenefits.com/prestigeusa	(214) 723-1559	154789
Account Executive	Emily Walker	ewalker@LSBinc.com	(214) 619-8963	Lone Star Benefits, Inc.

curative

You're now a Curative member. Congrats!

We've made it official. So, what happens next?

1. Register your account

To get started, you'll receive a Curative welcome email where you can register for the member portal. Keep an eye out for this email to arrive in your inbox 1-2 days before your effective date.

Once your effective date begins, your digital member ID card will be ready for immediate use through the member portal. You can expect your physical member ID card to arrive within two weeks of your effective date.

Through the Member Portal, you can:

- Download, print, and request a replacement ID card
- View your pharmacy and care benefits
- Update personal information
- Register and connect to virtual urgent care

Visit the member portal at **heath.curative.com**.

2. Sign-up for Virtual Urgent Care

When you register for the member portal, you'll also receive a sign-up email for virtual urgent care. Members in Texas will have access to **NormanMD**, and if you're outside Texas, you'll be able to use **Teladoc**. Through both partnerships, you can access virtual urgent care **24/7/365**.

- Access family doctors and pediatricians
- Messaging, audio, or video chat
- Prescriptions available to your door
- $0 copay

Learn more at **curative.com/virtual-urgent-care**.

3. Schedule your Baseline Visit

As a Curative member, you and your dependents over the age of 18 year-old, will get the most out of your health plan by completing a Baseline Visit (mobile/in-person visits available in select locations). Think of a Baseline Visit as an individualized appointment that focuses on your complete well-being. By completing your visit within 120 days of your plan effective date, you'll also keep your $0 copays and $0 deductible for in-network care and preferred prescriptions. For more info on the Baseline Visit, go to **curative.com/baseline**.

Questions? We're here for you. Contact Member Services at 855-4-CURATIVE (855-428-7284)

© 2024, All rights reserved. Curative Insurance Company. MB240312-2.

curative

Elevate Your Workforce with Curative Member Services:

At Curative, we've **revolutionized** the way our member services interact, providing a **simple**, **in-house and interactive experience** that puts **employees' health in their own hands.**

A High-Touch, Personalized Approach:	Enhanced Provider & Pharmacy Selection:	Empowering Employees with Online Tools:	24/7 Member Services at Your Fingertips:	Streamlined Prescription Management:
Say goodbye to impersonal interactions and hello to a designated Care Navigator for each member, providing personalized support every step of the way.	Whether it's finding an in-network specialist or locating a nearby participating pharmacy, we can make the process simple and stress-free	From log-in access to helping update contact information and scheduling appointments, we provide assistance navigating our user-friendly member portal	Health concerns can arise at any time. That's why we are available 24/7/365 to help members with coverage questions. **If you are experiencing a medical emergency dial 911 or go to your nearest emergency center*	Transferring prescriptions and verifying coverage can be a hassle; we are here to alleviate that burden, whether it's checking if a specific medication is covered or understanding tier levels.

Care Navigators vs Member Services

Care Navigators
At the Baseline Visit, members receive a Care Navigator, their go-to source for all things Curative, and the direct point of contact if there are questions or concerns about coverage.

Member Services
Members can access our Member Services 24/7/365 for assistance. Our Member Services team is an excellent resource for any questions that may arise.

Member Services are available to assist with:

- Finding and verifying in-network providers
- Locating a participating pharmacy
- Transferring prescriptions
- Medication coverages & tiers
- Member Portal access and logging in
- Scheduling a Baseline Visit
- Updating member contact information
- Prior Authorizations
- Claims Processing and denial resolution

Say goodbye to frustrations and hello to a better healthcare experience, where employees are at the center of their own healthcare journey.

Available 24/7/365 | 855-428-7284 | health@curative.com

Curative All rights reserved.

© 2024, All rights reserved. Curative Insurance Company. ER040324-1..

curative

Eleve su fuerza laboral con los Servicios para los Afiliados de Curative:

En Curative, hemos **revolucionado** la manera en que se relacionan nuestros servicios para afiliados, proporcionando una **experiencia sencilla, interna e interactiva** que pone la **salud de los empleados en sus propias manos.**

Un enfoque personalizado y cercano:	**Selección mejorada de proveedores y farmacias:**	**Empoderamiento de los empleados con herramientas en línea:**	**Servicios para afiliados a cualquier hora, al alcance de su mano:**	**Gestión simplificada de las recetas médicas:**
Despídase de las interacciones impersonales y dé la bienvenida a un Promotor de Salud designado para cada afiliado, que le proporcionará asistencia personalizada en todo momento.	Tanto si se trata de encontrar un especialista dentro de la red como de localizar una farmacia participante cercana, podemos hacer que el proceso sea sencillo y sin estrés.	Desde el acceso al sistema hasta la actualización de los datos de contacto y la programación de citas, le ayudamos a navegar por nuestro portal de fácil uso para los afiliados.	Los problemas de salud pueden surgir en cualquier momento. Por eso estamos disponibles a cualquier hora para ayudar a los afiliados con sus preguntas sobre su cobertura. **Si tiene una urgencia médica marque al 911 o acuda al centro de urgencias más cercano.*	Transferir recetas médicas y verificar la cobertura puede ser fastidioso; estamos aquí para aliviar esa carga, ya sea para comprobar si un medicamento específico está cubierto o para comprender los niveles de cobertura.

Promotores de salud vs Servicios para afiliados

Promotores de salud
En la Visita introductoria los afiliados reciben un Promotor de salud, su fuente de referencia para todo lo relacionado con Curative y el punto de contacto directo si tienen preguntas o dudas sobre su cobertura.

Servicios para afiliados
Los afiliados pueden tener acceso a nuestros Servicios para afiliados a cualquier hora para recibir asistencia. Nuestro equipo de Servicios para afiliados es un excelente recurso para cualquier duda que pueda surgir.

Los Servicios para afiliados están disponibles para asistirle con:

- Encontrar y verificar proveedores dentro de la red
- Localizar una farmacia participante
- Transferir recetas médicas
- Coberturas y niveles de medicamentos
- Ingresar al portal de afiliados e iniciar sesión
- Programar una Visita introductoria
- Actualizar la información de contacto del afiliado
- Autorizaciones Previas
- Tramitación de reclamaciones y resolución de denegaciones

Despídase de las frustraciones y dé la bienvenida a una mejor experiencia de salud, en donde los empleados son el centro de su propio viaje de salud.

Disponible a cualquier hora | 855-428-7284 | health@curative.com

© 2024, Todos los derechos reservados. Curative Insurance Company. ER040324-1.

curative

Jumpstart your health with a Baseline Visit

At Curative, we're committed to helping our members get the most out of their health plan from day one. Curative members are invited to participate in a Baseline Visit to help take the guesswork out of their health. By completing a visit in the first 120 days of plan effective date, members continue with $0 out-of-pocket costs for in-network care and preferred prescriptions.

It is completely confidential and won't impact your premiums or costs in any way.
97% of health plan participants complete the Baseline Visit (as of 9/12/23)

Here's what you get with your virtual visit:

Say hello to your Care Navigator

- Learn all about your new plan and benefits
- Get support on finding in-network care and 24/7/365 telemedicine
- Transfer prescriptions to an in-network pharmacy
- Get connected to programs to help reach your health goals

Meet with a clinician

Members who meet with a clinician can discuss any healthcare goals or needs.

Unlock $0 in-network care

After your Baseline Visit, continue to get $0 deductibles and copays for all in-network care and preferred prescriptions.

Care Navigator

Each Curative plan member is paired with a Care Navigator who will be their first point of contact to the plan and follow-up post-Baseline Visit. They provide resources and guidance on maximizing Curative benefits, find in-network care, and help navigate an often complex health system.

Members can reach them by phone, text or email. Plus there's 24/7/365 member services support.

Your Baseline Visit is our investment in you. Enroll in Curative today and experience a health plan you'll love to use. More information: curative.com/faq/prospective-members.

© 2023, All rights reserved.Curative Insurance Company, PPO. EE230323-1.

curative

Pharmacy Operational Overview

No Copays for Preferred Prescriptions. No… Really.

Optimize the pharmacy benefit of $0 copay on preferred medications. **In fact, 97% of conditions are covered on our preferred list.**

1. Get your Baseline Visit within 120 days of your start date.

2. Visit an in-network provider who prescribes a preferred medication.

3. Use our preferred in-network pharmacies.

Preferred
Consists of generic, biosimilars, select brand and specialty medications.

$0 Copay*

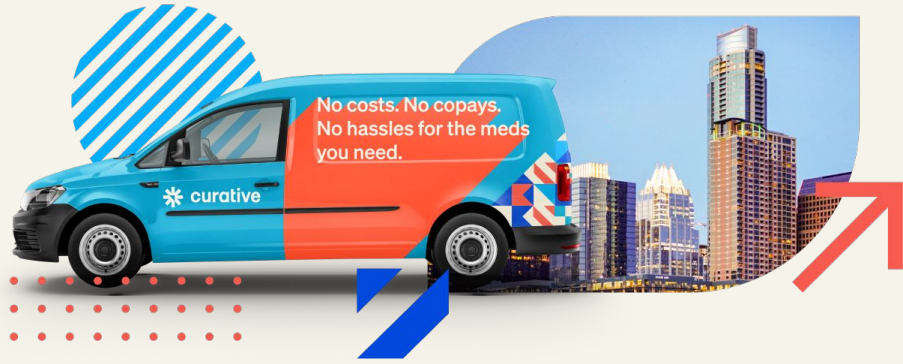
$50/$250 Copay*

Non-Preferred
Consists of lower value generics, brands, and specialty medications.

Affordability = Adherence

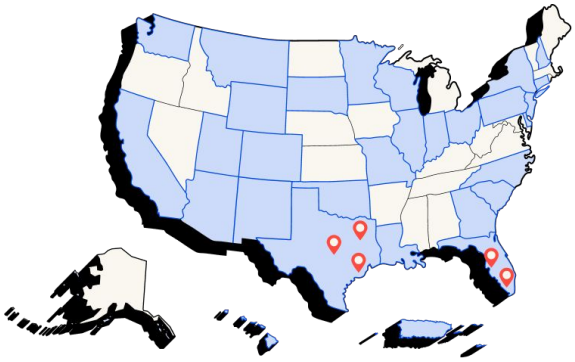
	Curative Adherence	Average PBM Adherence
Hypertension - CCB	93.2%	76.5%
Hypertension - RASA	91.5%	79.4%
Diabetes	94.9%	75.7%
Cholesterol - STATIN	94.3%	75.7%
COPD - LABA	92.2%	41.2%

Your Pharmacy Choice:
From Exclusive to Everywhere



Pharmacy Network

Our in-network pharmacies include all locations across the United States.

Curative Pharmacy	National Pharmacy Options
	**Albertsons Pharmacy Companies:** Acme Pharmacy, Albertsons Pharmacy, Albertsons Market Pharmacy, Amigos Pharmacy, Carrs Pharmacy, Haggen Pharmacy, Jewel-Osco Pharmacy, Market Street Pharmacy, Pavilions Pharmacy, Randalls Pharmacy, Safeway Pharmacy, Say-On Pharmacy, Star Market Pharmacy, Shaws Pharmacy, Tom Thumb Pharmacy, United Coalition Pharmacy, United Pharmacy, Vons Pharmacy Publix Pharmacy H-E-B Pharmacy ***Out of standard service area: CapRx Wrap Network* includes major partners, such as Walgreens, CVS, RiteAid, and Walmart***

Don't see a retailer? Never fear. If a member is not near an in-network retail pharmacy and not in range of the Curative Pharmacy, Curative will use find an alternative custom option using the CapRx network to each person that is convenient.

curative

Redefining Pharmacy, the Curative Way

We made our own Curative Pharmacy simple. Serving only Curative members, we're the overly attentive partner in health members never knew you needed.

Same or Next Day Delivery

Delivery as soon as same day available in select cities in the Austin, Dallas, Houston, and San Antonio areas.

Rapid delivery across the remaining TX geographies, LA, IN, PA, WA, UT, MT, CO, NJ, FL, MN, OH AZ, CT, WI, WY, and Puerto Rico.

Flexible Delivery Points:

Home, workplace, or wherever a member might be.

Two-Way Text Capabilities:

Members can communicate directly with our pharmacy about new medications, or refills.

Making it Simple

Curative Pharmacy will work with doctors, previous pharmacies and anyone in between to make sure members are covered every step of the way.

Regular Check-ins:

We stay in touch and make sure medications are going well.

One-Stop-Shop

Members with multiple medications can be serviced by one easy-to-use pharmacy.

Trusted Tips

We know the cost-effective choices to help members make the most of their benefits.

Members can sign-up 24/7/365 for the Curative Pharmacy through member services: 855-4-CURATIVE.

**Every Curative member can qualify for the $0 deductible or copay for in-network care. Just complete a Baseline Visit in your first 120 days. See curative.com to learn more. Curative Insurance Company PPO.BR230921-1*

curative zero card

Your Ticket to In-Network Care

Your ticket to get in-network healthcare where and when you need it. As the fresh face in health plans, we know some doctors might not recognize us just yet. No worries, though!

Your health shouldn't have to wait. This handy card takes care of your in-network costs* and reassures you of your benefits.

What will be approved?

- Office visits, urgent care visits, and certain outpatient visits at approved providers listed in the Curative Provider Search.*

What will not be approved?

- Prescriptions, surgeries and hospital visits

Questions?

Call Member Services, available 24/7 at 855-428-7284

*Members residing in Alaska can use both in-network or out-of-network providers. Members outside Alaska will only be able to use the card if the provider is confirmed as in-network.

To maintain $0 copays and deductibles, a Baseline Visit must be completed within the first 120 days of plan activation.

Curative Zero Card Visa® Commercial Credit cards are issued by Celtic Bank. Additional Terms & Conditions can be found in your Member Portal Account at health.curative.com.

Here's how you can access your Zero Card:

Step 1

To get started, you'll first need to activate the Curative Zero Card by logging into the member portal at **health.curative.com** and selecting "Zero Card" to follow the activation steps. Once completed, you'll have access to the digital Curative Zero Card instantly.

Call Member Services if you need a physical card (typically takes one week to deliver) – Alaska members will automatically receive a physical card so no need to request one.

Note: Curative members must be 18 or older to access the card.

Step 2

Before attempting to use the Curative Zero Card, please try using your Curative Member ID Card first.

Step 3

If declined, then proceed with the digital or physical Curative Zero Card by calling Curative Member Services to confirm your provider is in-network* and to get your transaction unlocked for use – Keep in mind, you'll need to get approval every time you want to use the Curative Zero Card.

Step 4

Look out for an email to confirm transaction approval, then simply give your card to the provider's office upon payment, and you're all set!

curative

See a doctor from the comfort of home.

24 / 7 / 365.

Access family doctors and pediatricians

Prescriptions available to your door

Messaging, audio, or video chat

$0 copay

NormanMD - Texas only

Get care you need when you need it most with 24/7 **Virtual Urgent Care** through our partnership with Norman MD.

Curative Cue: For emergency situations, go to your nearest emergency room or call 911 instead.

Curative All rights reserved.

Teladoc - outside Texas

curative Teladoc HEALTH

Virtual Urgent Care and Therapy for $0 with Teladoc

Access on-demand virtual urgent care and therapy from the comfort of home with **Teladoc**. Say goodbye to long wait times.

24/7 Virtual Care

Access doctors anytime, anywhere, through phone or video.

Expert Medical Guidance

Receive accurate diagnoses and treatment options from healthcare professionals, not the internet.

Virtual Mental Health Support

Connect with licensed psychologists, psychiatrists, and therapists to address your mental health and emotional well-being.

Prescriptions and Lab Tests

Get the medications and tests you need without leaving your home.

$0 Copay

Enjoy virtual urgent care and therapy visits without out-of-pocket expenses.

Get treated for conditions and symptoms including:

- Flu
- Cold
- Sore throat
- Bronchitis
- Cough
- Pink eye
- Arthritis
- Back ache
- Rash
- Allergies
- Sinus problems
- Skin conditions

Access remote mental health support to help with:

- Anxiety, stress, feeling overwhelmed
- Negative thought patterns
- Depression
- Not feeling like yourself
- Not wanting to get out of bed
- Relationship conflicts
- Marriage and relationship issues
- Trauma and PTSD
- Mood swings
- Medication management (Psychiatry only)

To sign up, **visit teladoc.com**, and select **register now.** (No code needed)

Questions on Teladoc? Contact 1-800-835-2362

**Teladoc is available to Curative members residing outside of Texas. Members in Texas can access virtual urgent care through NormanMD.*

curative

Let's Talk Mental Health

At Curative, we get that taking care of your mental well-being is just as important as looking after your physical health. Our wellness program is designed to connect you to readily available mental health resources that address your individual needs.

Access to $0 therapy

Finding a therapist can be a challenge. We're here to help you find in-network therapy at zero cost to you. Whether it's a therapist, psychiatrist, or psychologist, we'll walk you through the steps to find the right care for you.To look up in-network therapists near you, visit **curative.com/providers**

No-hassle meds

We can help you find an in-network pharmacy along with guidance on transferring/filling prescriptions. We'll also help ensure that your medication is working properly and can address questions on side effects or usage. Find in-network meds at **curative.com/drugs**

Connect with virtual therapy

As a Curative member, you can also tap into $0 remote therapy where you'll be able to schedule appointments and connect to a therapist typically within a week*.

Steps to enroll:

- ☑ Contact member services at 855-428-7284
- ☑ We'll ensure that the program aligns with your needs
- ☑ Start taking control of your well-being

Members in **Texas and Florida** have access to Televero and can register at **televero.com**

Members **outside Texas** have access to Teladoc and can register at **teladoc.com**

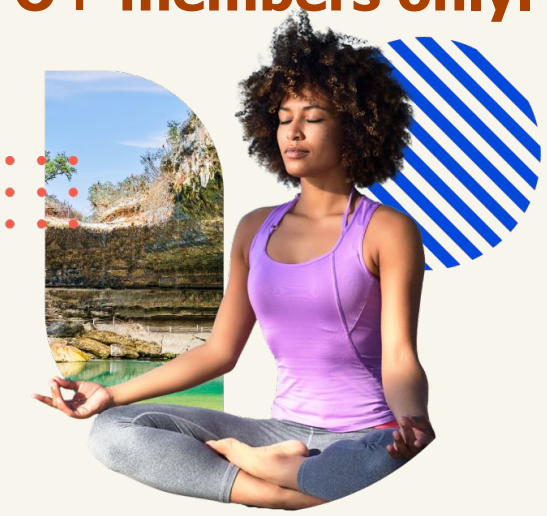
***Emergency?** If you find yourself in a critical situation or experiencing a crisis, please **call 988** for immediate support. Members in Texas can also access NormanMD for virtual crisis care, for outside Texas, members can use Teladoc. For more information, reach out to Member Services at 855-428-7284.

*Every Curative member can qualify for the $0 out-of-pocket costs for in-network care and preferred prescriptions with the completion of a Baseline Visit in the first 120 days of the plan effective date. See curative.com to learn more. Curative Insurance Company.
*Please note that Televero is currently only available for members in Texas and Florida.

ClassPass benefit is available to PPO+ members only.

curative | classpass

Get moving with ClassPass.



A credit-based membership designed to bring you **access to thousands of studios, gyms, salons, and spas** all through one app. After enrolling as a Curative PPO+ member, unlock a 25-credit monthly membership with ClassPass at no cost to you.

Yoga
Sweat it out with hot yoga and find your zen

Barre
Practice balance with a full-body workout that combines strength conditioning, cardio and mindfulness

Strength Training
Work with weights to build muscle and increase strength over time

Massage & Facials
Pamper yourself with a spa day

Gym
Access top-rated gyms in your area

Boxing
This high-energy workout will help you build fitness, strength, and coordination

For a complete list of the classes and experiences in your area, visit ClassPass.com/search

What are credits?

Credits are used to book your class or experience. The amount of credits needed varies based on the type of reservation, location, popularity & time. You'll be able to use your 25 credits however you choose – so you can easily prioritize your fitness and wellness. If you wish to add more credits to your membership, you also have the option to purchase additional credits.*

How it works

- Activate your new membership or connect an existing account through our ClassPass registration email
- Use your 25 monthly credits to book classes & appointments
- Choose between workouts, wellness appointments or both
- Credits can be rolled over each month, just as long as your inactivity doesn't exceed 60 days

Late & Missed Reservation Fees:
You can cancel in-person reservations without any charge up to 12 hours before the start time, and the credits used will be automatically refunded. However, a late cancellation fee will apply if you cancel within 12 hours of the start time. If you fail to cancel the reservation before the start time, the credits used will still be refunded, but you will receive a missed reservation fee.

Inactive & Frozen Accounts:
If you don't use any credits within a 60 day period, your account will be temporarily frozen. Once your account is frozen, you'll have a 30-day window to make use of your remaining credits. To reactivate your account, simply get in touch with classpass.com/contact.

Questions?

Reach out to **classpass.com/contact**. For general member inquiries, contact Member Services at **855-4-CURATIVE (855-428-7284)**.

**The credits you receive from ClassPass cannot be converted into cash and can only be used to book classes or appointments through ClassPass. It is not allowed to transfer, trade, gift, or exchange ClassPass credits with others. Some venues may also charge extra fees for equipment or other amenities, such as renting a yoga mat or cycling shoes, and you will be responsible for paying those fees directly. Curative is not accountable for late, canceled, or other costs incurred outside the 25 monthly credits. Curative PPO+ members only.*

HEALTH BOOST

This benefit package offers you wellness and peace of mind with no-cost virtual doctor visits, access to experienced lawyers, and discounts and flexibility to a national network of gyms!

Recuro Telehealth

Convenient care at the touch of a button, wherever you are, whenever you need it. **On-demand virtual visits** with board-certified doctors for treatment of common acute medical concerns typically available in less than 10 minutes. Ideal for allergies, sinus infections, ear problems, fever, nausea, pink eye, UTIs and more. You receive treatment plans and prescriptions, if medically necessary.

- 24/7 access to physicians when you or your immediate family needs care - day or night
- Multi-channel options for your virtual visit - live video and phone
- Diagnosis and treatment plan, based on your needs, and option to ask follow up questions at no charge
- Consults can be recorded and transcribed for access after your virtual visit

NB Fitness

Stay active for just $28 per month! NB Fitness provides you with extreme flexibility in membership choices, direct access to a national network of nearly 12,000 participating gym partners, and 9,000+ workout videos. You can switch gyms anytime, and you'll pay the monthly charges directly on the Active&Fit Direct website.

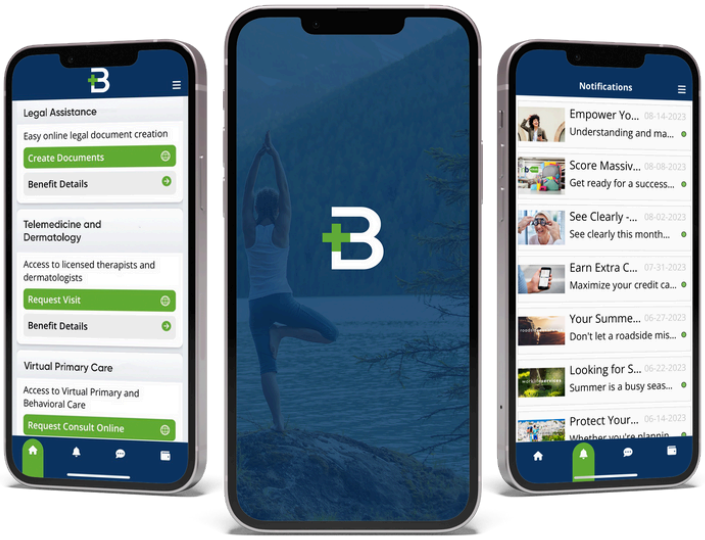
Legal Services

Have legal questions? Get legal answers from **experienced lawyers** at discounted rates. Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support. Additional services are also available at no cost to you!

Prestige Maintenance USA®

$7.00
PER MONTH
includes member, spouse and dependents

SCAN FOR A BRIEF VIDEO ABOUT THIS PACKAGE!



ACCESS YOUR BENEFITS ON THE GO!

With the **My Benefits Work™** mobile app & portal

Download on the App Store

GET IT ON Google Play

DISCLOSURES

This program is NOT insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a 30-day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is canceled within the first 30 days after the effective date. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com.

© 2023 Recuro Health, Inc. All rights reserved. Recuro Health, Recuro, and the Recuro logo are trademarks of Recuro Health, Inc. and may not be used without written permission. Recuro Health does not guarantee that a physician will write a prescription, and physicians do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Recuro Health affiliated physicians reserve the right to deny care for potential misuse of services. Medical services provided by physicians are subject to their professional judgment. Recuro Health operates subject to state regulation and some services may not be available in certain states.

NB Fitness Disclaimer: $28 per month plus applicable taxes for standard fitness centers. Costs for premium exercise studios exceed $28 per month and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected. Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection. The Active&Fit Direct™ program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. Active&Fit Direct and the Active&Fit Direct logos are trademarks of ASH and used with permission herein. Other names or logos may be trademarks of their respective owners. Standard fitness center and premium studio participation varies by location and is subject to change. On-demand workout videos are subject to change. ASH reserves the right to modify any aspect of the Program (including, without limitation, the Enrollment Fee(s), the Monthly Fee(s), any future Annual Maintenance fees, and/or the Introductory Period) at any time per the terms and conditions. If we modify a fee or make a material change to the Program, we will provide you with no less than 30 days' notice prior to the effective date of the change. We may discontinue the Program at any time upon advance written notice. © 2023 American Specialty Health Incorporated (ASH). All rights reserved.

Not available to residents in VT, WA, & UT.

AUMENTO DE SALUD

¡Este paquete de beneficios le ofrece bienestar y tranquilidad con visitas médicas virtuales sin costo, acceso a abogados experimentados y descuentos y flexibilidad en una red nacional de gimnasios!

Telemedicina Recuro

Atención conveniente con solo pulsar un botón, dondequiera que esté, cuando lo necesite. **Visitas virtuales a pedido** con médicos certificados para el tratamiento de problemas médicos agudos comunes, generalmente disponibles en menos de 10 minutos. Ideal para alergias, infecciones de los senos nasales, problemas de oído, fiebre, náuseas, conjuntivitis, infecciones urinarias y más. Recibe planes de tratamiento y recetas, si es médicamente necesario.

- Acceso a médicos las 24 horas, los 7 días de la semana, cuando usted o su familia inmediata necesitan atención, de día o de noche.
- Opciones multicanal para su visita virtual: video en vivo y teléfono
- Diagnóstico y plan de tratamiento, según sus necesidades, y opción de realizar preguntas de seguimiento sin costo.
- Las consultas se pueden grabar y transcribir para acceder a ellas después de su visita virtual.

NB Fitness

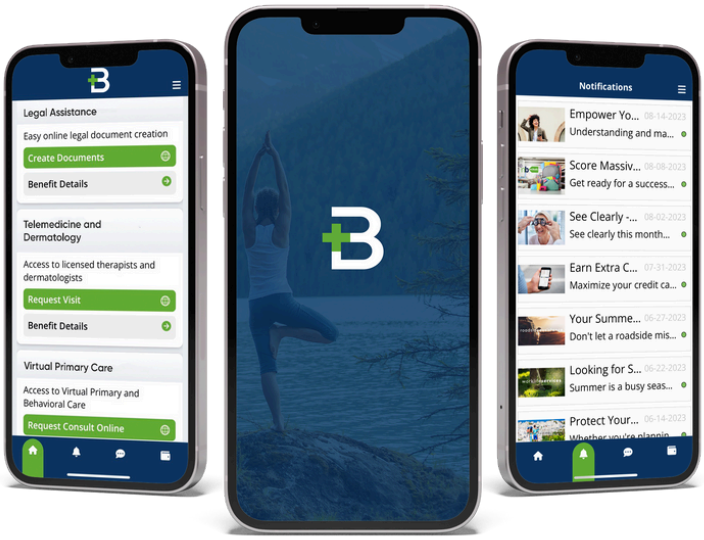
¡Manténgase activo por solo $28 al mes! NB Fitness le ofrece una gran flexibilidad en cuanto a opciones de membresía, acceso directo a una red nacional de casi 12 000 gimnasios participantes y más de 9000 videos de ejercicios. Puede cambiar de gimnasio en cualquier momento y pagará los cargos mensuales directamente en el sitio web de Active&Fit Direct.

Servicios legales

¿Tiene preguntas legales? Obtenga respuestas legales de **abogados experimentados** a precios reducidos. Los abogados ayudan con multas de tránsito, bancarrotas, divorcios y manutención de cónyuges e hijos. ¡También hay servicios adicionales disponibles sin costo para usted!

Prestige Maintenance USA®

$7.00
POR MES
Incluye miembro, cónyuge y dependientes



¡ACCEDE A TUS BENEFICIOS DONDEQUIERA QUE ESTÉS!

Con la aplicación móvil y el portal My Benefits Work™

Download on the App Store

GET IT ON Google Play

DIVULGACIONES

Este programa NO es una cobertura de seguro y no cumple con los requisitos mínimos de cobertura acreditable según la Ley de Atención Médica Asequible o Massachusetts M.G.L. c. 111M y 956 CMR 5.00. Contiene un período de cancelación de 30 días, brinda descuentos solo en los consultorios de los proveedores de atención médica contratados y cada miembro está obligado a pagar los cargos médicos descontados en su totalidad en el punto de servicio. El rango de descuentos para los servicios médicos o auxiliares proporcionados bajo el programa variará según el tipo de proveedor y el servicio médico o auxiliar recibido. El miembro recibirá un reembolso de todas las tarifas de membresía periódicas si la membresía se cancela dentro de los primeros 30 días posteriores a la fecha de vigencia. Organización del plan de descuento: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Sitio web para obtener proveedores participantes: MyBenefitsWork.com.

© 2023 Recuro Health, Inc. Todos los derechos reservados. Recuro Health, Recuro y el logotipo de Recuro son marcas comerciales de Recuro Health, Inc. y no pueden usarse sin permiso por escrito. Recuro Health no garantiza que un médico le recetará un medicamento y los médicos no recetan sustancias controladas por la DEA, medicamentos no terapéuticos y otros medicamentos que pueden ser nocivos debido a su potencial de abuso. Los médicos afiliados a Recuro Health se reservan el derecho de negar atención por un posible uso indebido de los servicios. Los servicios médicos proporcionados por los médicos están sujetos a su criterio profesional. Recuro Health opera sujeto a la regulación estatal y algunos servicios pueden no estar disponibles en ciertos estados.

NB Fitness Descargo de responsabilidad: $28 por mes más los impuestos aplicables para los centros de fitness estándar. Los costos de los estudios de ejercicios premium superan los $28 por mes y se aplicará una tarifa de inscripción para cada ubicación premium seleccionada, más los impuestos aplicables. Las tarifas varían según los estudios de fitness premium seleccionados. Agregue un cónyuge/pareja doméstica a una membresía principal para tarifas mensuales adicionales. Los cónyuges/parejas domésticas deben tener 18 años o más. Las tarifas pueden variar según la selección del centro de fitness. El programa Active&Fit Direct™ es proporcionado por American Specialty Health Fitness, Inc., una subsidiaria de ASH. Active&Fit Direct y los logotipos de Active&Fit Direct son marcas comerciales de ASH y se utilizan con permiso en este documento. Otros nombres o logotipos pueden ser marcas comerciales de sus respectivos propietarios. La participación en el centro de fitness estándar y el estudio premium varía según la ubicación y está sujeta a cambios. Los videos de ejercicios a pedido están sujetos a cambios. ASH se reserva el derecho de modificar cualquier aspecto del Programa (incluidos, entre otros, los aranceles de inscripción, los aranceles mensuales, los aranceles de mantenimiento anual futuros y/o el período introductorio) en cualquier momento según los términos y condiciones. Si modificamos un arancel o realizamos un cambio sustancial en el Programa, le avisaremos con no menos de 30 días de anticipación a la fecha de vigencia del cambio. Podemos interrumpir el Programa en cualquier momento mediante notificación por escrito con anticipación. © 2023 American Specialty Health Incorporated (ASH). Todos los derechos reservados.

No disponible para residentes de VT, WA y UT.

Group benefits

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.
- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.

800-450-1327
International: 800-662-4504
TTY: 711

Member.MagellanHealthcare.com
When you create an account, enter **Principal Core** as the program name.

Subject: LegalShield Plan

The need for legal protection is now more common than ever. Over 57 million Americans have experienced a significant legal event within the past year. Securing the proper legal guidance and managing the concerns and costs of legal coverage can become a true challenge for anyone.

To make legal protection more accessible and affordable, we are offering LegalShield—a legal protection plan—that can protect your legal rights at an affordable rate. With this benefit, you will not have to worry about high hourly costs or determining which attorney to use—LegalShield does that for you.

LegalShield's dedicated provider law firms will be your advocates offering direct high-quality legal guidance and responsive service to address your legal matters promptly.

LegalShield Plan Benefits offers a wide array of fully covered services, including:

- Dedicated Law Firm
- Legal Consultation and Advice
- Legal Document Review (up to 10 pages)
- Demand Letters and Phone Calls made on your Behalf.
- Speeding Ticket Assistance
- Will Preparation (For the named Member)
- 24/7 Emergency Legal Access
- Moving Traffic Violations (must be on the road legally – 15-day waiting period)
- Mobile App

For $15.95 a month, LegalShield provides affordable protection and coverage for you and your family. For more information, please visit https://www.shieldbenefits.com/prestigeusa

Please complete and return your form to HR for processing.

Subject: IDShield Plan

Millions of Americans are impacted by identity theft each year. In fact, someone becomes a victim of identity theft every two seconds—it is a real threat to your financial, digital, and emotional wellbeing. Having an identity theft protection plan with alerts can help notify you of suspicious activity before substantial damage is done.

With an identity theft protection plan from IDShield, you can have peace of mind knowing your identity and online privacy is protected.

IDShield provides comprehensive identity and credit monitoring, real-time alerts, and direct access to dedicated licensed private investigators who will restore your identity if stolen.

With an identity theft protection plan from IDShield, you can have peace of mind knowing your identity is protected. The plan's benefits include:

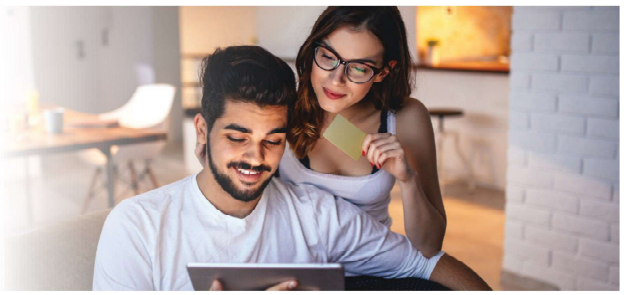
IDShield Plan Benefits Include:

- Financial Account Protection
- $1 Million Identity Fraud Protection Plan
- Identity and Credit Monitoring
- Security Monitoring
- Full-Service Identity Restoration by Licensed Private Investigators
- Monthly Credit Score Tracker
- Social Media Monitoring
- Mobile App

For $ 8.45 a month for an individual plan or $ 12.95 for a family plan. The IDShield Family Plan provides child monitoring to dependent children under 18 and consultation and full-service restoration to dependent children 18-26. For more information, please visit https://www.shieldbenefits.com/prestigeusa

Pre-Paid Legal Services, Inc. d/b/a LegalShield (“LegalShield”) provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions.

LegalShield | IDShield



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Been denied a warranty or insurance claim?
- ☐ Been overcharged or had a billing dispute?
- ☐ Purchased or leased a home?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?
- ☐ Been involved in a data breach?
- ☐ Had someone commit tax or employment fraud in your name?
- ☐ Had your driver's license or medical information stolen/used?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal or business issues
- **Letters/Calls** made on your behalf (initial letter or call on an unlimited basis)
- **Contracts/Documents** Reviewed Up to 10 pages per document
- **Will Preparation** - Last Will and Testament (for the named member)
- **Moving Traffic Violations** - (must be on the road legally) 15 day waiting period
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, and other matters outside of normal coverage)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **High Risk Application and Transaction Monitoring** We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- **Dark Web Monitoring Monitors** your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- **Username/Password (Credential) Monitoring** This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- **Identity Threat & Credit Threat Alerts** You'll receive a threat alert if your PII is found.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.

Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps

Plan	Family Price (pay period)	Individual Price (pay period)
LegalShield	$7.98	$7.48
IDShield	$7.98	$4.23
Combined	$14.45	$11.70

Prepared for: CompanyName Here, https://customurlwithpriceinfohere.com

For more information, contact your Independent Associate:

Gloria Tisdale
(214) 723-1559
lconnectionsgroup@gmail.com

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 23 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. Please see complete terms, coverage and conditions and limitations before purchase. IDShield plans are available at individual or family rates. A family rate covers the named member, named member's spouse and up to 10 dependent children under the age of 18. It also provides consultation and restoration services for dependent children ages 18 to 26. All Licensed Private Investigators are licensed in the state of Oklahoma. Spouse monitoring requires input of full name, SSN, date - of - birth and email address.

FLIER LS+IDS 1595 070721 Full IDS

LegalShield

Corporate Offices: One Pre-Paid Way • Ada, OK 74820
www.LegalShield.com • 800-654-7757
LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

Please Choose plan:

Plan	Family Price (Pay Period)	Individual Price (Pay Period)
LegalShield	$7.98	$7.48
IDShield	$7.98	$4.23
Combined	$14.45	$11.70

Today's Date ___/___/_____ (MM/DD/YYYY) **Time of Day** _____ ○ A.M. ○ P.M.

A $10 non-refundable fee ($25 for CDLP) is waived due to your employer offering this at work.
Home Business Supplement members should attach a document and provide:
1) business name, **2)** tax identification number, and
3) a general description of the business.

1 Personal Information

The information you provide on this application is considered non-public information and LegalShield takes care to protect your information.

○ **Mr.** ○ **Mrs.** ○ **Ms.** **Applicant's SSN** _____ (For Internal Use Only) **DOB** ___/___/_____ (MM/DD/YYYY)

Applicant's Name _____ (Last) _____ (First) ____ (MI)

****Email** _____

*__Co-Applicant's Name__ _____ (Last) _____ (First) ____ (MI) **DOB** ___/___/_____ (MM/DD/YYYY)

****Email** _____

Address _____ _____ (Apt.#/Ste.#)

_____ (City) _____ (State) _____ (Zip + 4)

Phone # (___) _____ (Business) _____ (Ext.) (___) _____ (Home) (___) _____ (Cell)

(*Co-Applicant refers to Spouse or Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, state or federal statute. Not applicable to Individual plans.)

(**Provide your email to receive member benefits. We do not sell your personal information to any third parties.)

Please indicate below, on a voluntary basis, if you are either blind or deaf. All information will be kept confidential, and used only to enhance the services provided by LegalShield.

○ **Blind** ○ **Deaf**

Associate Use Only

Associate # _____ **Bus. Phone** (___) _____ **Associate SSN** _____ (If Licensed)

Associate Name _____ (Last) _____ (First) ____ (MI)

Associate Lic. # _____ (In Florida) **Producer Identification Name/Number** _____

APP.PD (5.15)

Associate Signature X _____

2 Dependent Information

If you have more than five (5) dependents, please attach a separate piece of paper.

Name	Last	First	MI	**DOB**	MM / DD / YYYY
Name	Last	First	MI	**DOB**	MM / DD / YYYY
Name	Last	First	MI	**DOB**	MM / DD / YYYY
Name	Last	First	MI	**DOB**	MM / DD / YYYY
Name	Last	First	MI	**DOB**	MM / DD / YYYY

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
In OR, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I agree the contract sets forth the terms of my membership. Such terms include any exclusions and limitations. I agree to be bound by the contract, and its terms and conditions, which will be provided to me by LegalShield, unless I cancel the contract, which I may do at any time by calling 1-800-654-7757. LegalShield may send the contract to me at my email address unless I communicate in writing that I do not agree to delivery by electronic means. If I have not listed an email address, or if required by a particular state, the contract will be sent by mail. My membership cards will be sent by mail. I may ask for a mailed copy of the contract at any time, or if I have not received my contract in 10 days from this application, I can request a copy by calling Member Services at 1-800-654-7757. The contract, with this application, is the entire agreement between LegalShield and me with respect to the membership and there are no agreements or representations other than as set forth herein and in the membership contract.

I acknowledge that I purchased this membership plan in the city of _____ in the state of _____.
By signing this application I confirm I am legally residing in the United States and agree to the below Payroll Deduction Authorization, the membership fees selected below, and the terms of the selected membership plan.

Employer **Occupation**

Signature of Applicant X _____

We'll help make sure your money works as hard as you do.

PNC WorkPlace Banking® lets you show your money who's boss.

With smart, easy-to-use tools that let you track and manage your money how and when you want, our bank-at-work program helps you take control today and plan wisely for down the road. And that's not all:

Work with a dedicated team

PNC WorkPlace Banking provides personalized information and guidance to help you select the products and services that are best for your needs.

Tap into free financial education and 1-to-1 appointments

Get insights and guidance to help you make smart money decisions at every stage of your financial journey.

Open a PNC mortgage and earn $300[1]

Offer is available with a qualifying PNC WorkPlace Banking checking account.

Explore more WorkPlace Banking offers that may be available to you[2]

Visit pnc.com/workplaceoffers

*Carrier fees for data usage may apply

Talk with me today

to schedule your financial wellness conversation.

Dianna Hagian
dianna.hagian@pnc.com
214-871-4393
NMLS 935356

PNC BANK | BRILLIANTLY BORING SINCE 1865℠

Virtual Wallet®

Checking and savings in one smart, easy package

1 Spend

Your everyday checking account

2 Reserve

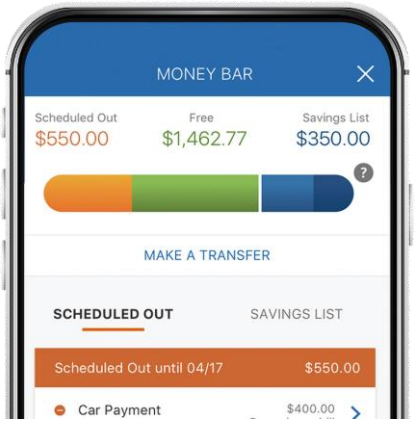
An additional checking account to set aside money for short-term planning

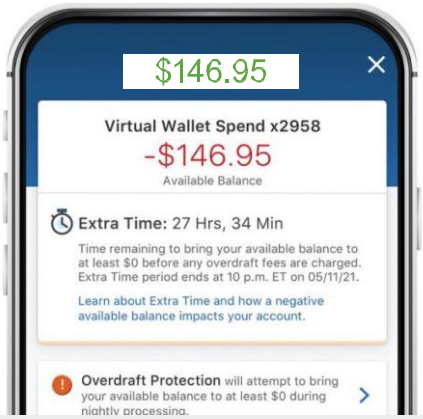
3 Growth

A savings account that can earn interest — ask about our rates

Innovative Online[3] and Mobile Banking[4] tools

- Money Bar and Calendar for scheduling and tracking spending
- Zelle® to send money to and receive money from people you know and trust — wherever they bank in the U.S.[5]
- Low Cash Mode® to help you avoid surprise overdraft fees[6]





1 To qualify for the $300 mortgage account reward, at the time of mortgage funding, the PNC WorkPlace Banking or PNC Military Banking customer must have an eligible PNC WorkPlace Banking or PNC Military Banking Virtual Wallet with Performance Select, Virtual Wallet with Performance Spend, Virtual Wallet Checking Pro, Performance Select Checking account or Performance Checking account.

The PNC WorkPlace Banking or PNC Military Banking checking account must remain open in order for you to receive the $300 reward, which will be credited to the eligible checking account within 90 days after conditions have been met and will be identified as "CREDITS MORTGAGE WKP MIL" on your monthly checking account statement.

Offer may be extended, modified, or discontinued at any time. The value of the reward may be reported on the appropriate Internal Revenue Service (IRS) forms, and may be considered taxable income to you. Please consult your tax adviser regarding your specific situation.

2 In order to be eligible for the WorkPlace Banking Program offers and rewards, you must apply for eligible PNC products either directly with a dedicated WorkPlace Banking Consultant or you must notify a PNC Branch Banker/PNC Customer Care Consultant that you are employed by a WorkPlace Banking company.

3 Online Banking is free to customers with an eligible account; however there may be a fee for certain optional services. We reserve the right to decline or revoke access to Online Banking or any of its services. All online banking services are subject to and conditional upon adherence to the terms and conditions of the PNC Online Banking Service Agreement.

4 PNC does not charge a fee for Mobile Banking, including PNC Alerts. However, third-party message and data rates may apply. Check with your wireless carrier for details.

5 Zelle® should only be used to send or receive money with people you know and trust. Before using Zelle® to send money, you should confirm the recipient's email address or U.S. mobile phone number. Neither PNC nor Zelle® offers purchase protection for payments made with Zelle® — for example, if you do not receive the item you paid for, or the item is not as described or as you expected, Zelle® is available to almost anyone with a bank account in the U.S. Transactions typically occur in minutes between enrolled users. If the recipient has not enrolled, the payment will expire after 14 calendar days. See the PNC Zelle Terms of Use for additional terms and conditions. Use of Zelle® is subject to and conditional upon adherence to the terms and conditions of the PNC Zelle® Terms of Use.

6 Low Cash Mode is only available on the Spend account of your Virtual Wallet product.

Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

Brilliantly Boring since 1865 is a service mark of The PNC Financial Services Group, Inc.

PNC WorkPlace Banking is a registered mark of The PNC Financial Services Group, Inc.

Virtual Wallet is a registered mark of The PNC Financial Services Group, Inc.

This flyer is intended for participants currently seated within the United States only. PNC does not market to individuals residing outside of the United States.

PNC is a registered mark of The PNC Financial Services Group, Inc. ("PNC"). All loans are provided by PNC Bank, National Association, a subsidiary of PNC, and are subject to credit approval and property appraisal.

EQUAL HOUSING LENDER ©2024 The PNC Financial Services Group, Inc. All rights reserved.
PNC Bank, National Association. **Member FDIC.**

WKP PDF 0224-068-2416703

PNC BANK | BRILLIANTLY BORING SINCE 1865℠

IMPORTANT NOTICES & REMINDERS

The following notices contain important information about your employee benefits plan(s). Please read through all notices and contact Human Resources for more information.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive health insurance coverage at this time.

Loss of Other Coverage

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).

Example: You waived coverage under this plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

Marriage, Birth, or Adoption

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.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. If you elect one of our traditional health insurance plans that has office visit and prescription copays, the prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. However, for anyone that elects a Health Savings Account plan, the prescription drug coverage is not considered Creditable Coverage. Because of this, if you do not enroll in Medicare Part D, when first eligible, you will pay a penalty when you try to enroll in Part D at a later date.

Medicaid or CHIP

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.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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, 2024, 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)

Important COBRA Information

The following notices contain important information about your employee benefits plan(s). Please read through all notices and contact Human Resources for more information.

**** CONTINUATION COVERAGE RIGHTS UNDER COBRA ****

Introduction
You're getting this notice because you recently gained coverage under a group health plan. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health 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.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resource Department.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions
Questions concerning your plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

_____

_____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. mployer name	4. mployer dentification Number N	
5. mployer address	6. mployer phone number	
7. ity	8. State	9. code
10. ho can we contact about employee health coverage at this ob		
11. hone number if different from above	1 . mail address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** ontinue
13a. f the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage _____ mm dd yyyy ontinue
☐ **No** ST and return this form to employee

14. Does the employer offer a health plan that meets the minimum value standard
☐ es o to uestion 15 ☐ No ST and return form to employee

15. For the lowest cost plan that meets the minimum value standard **offered only to the employee** don t include family plans f the employer has wellness programs, provide the premium that the employee would pay if he she received the ma imum discount for any tobacco cessation programs, and didn t receive any other discounts based on wellness programs.
a. ow much would the employee have to pay in premiums for this plan $_____
b. ow often ☐ eekly ☐ very weeks ☐ Twice a month ☐ Monthly ☐ uarterly ☐ early

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. hat change will the employer make for the new plan year _____
☐ mployer won t offer health coverage
☐ mployer will start offering health coverage to employees or change the premium for the lowest cost plan available only to the employee that meets the minimum value standard. remium should reflect the discount for wellness programs. See uestion 15.
a. ow much would the employee have to pay in premiums for this plan $_____
b. ow often ☐ eekly ☐ very weeks ☐ Twice a month ☐ Monthly ☐ uarterly ☐ early

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)