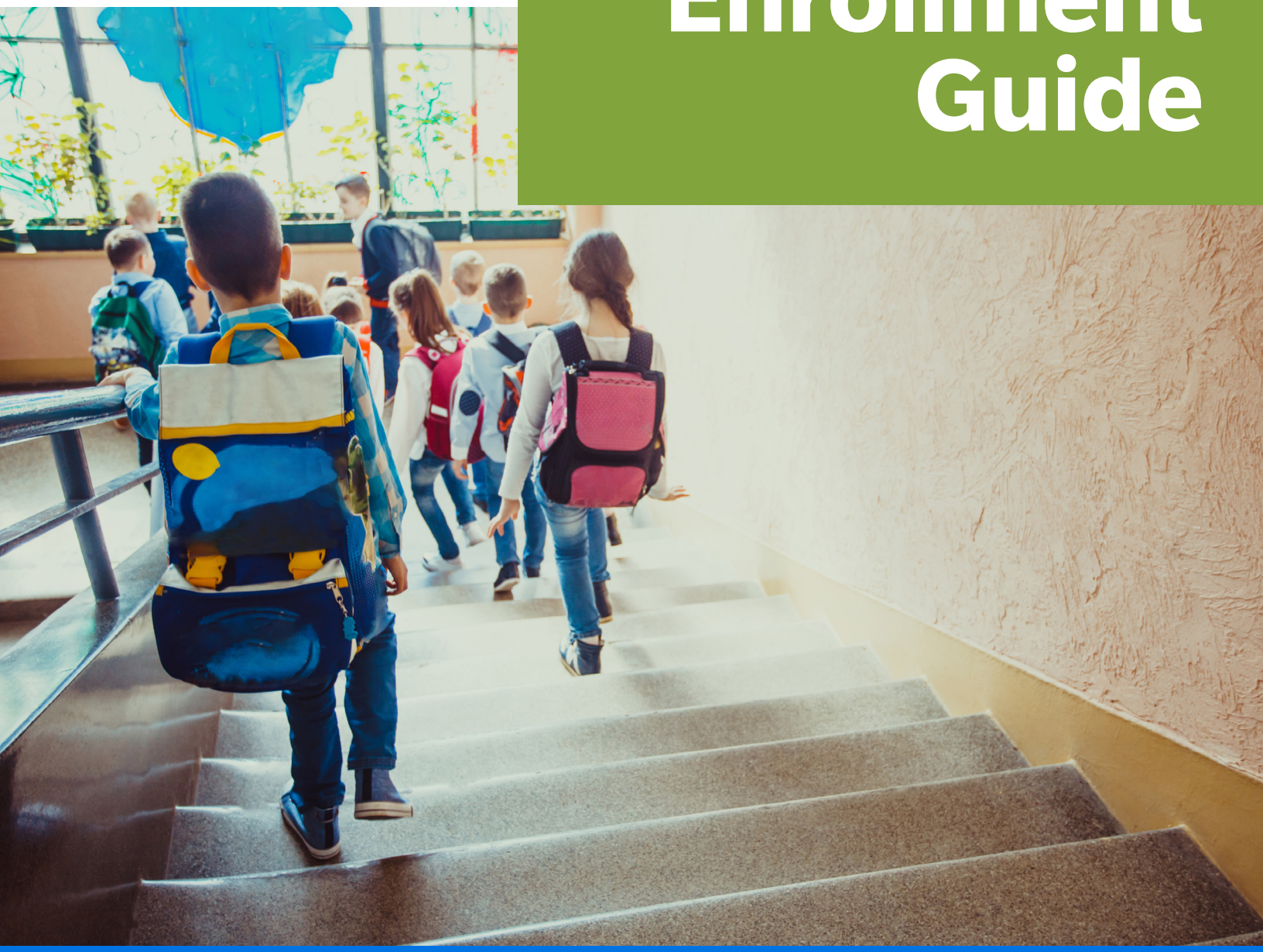
TEXAS

2027 Benefit Enrollment Guide



LOOK INSIDE FOR INFORMATION ABOUT:

How Your Benefits Work | Your Insurance Plans | Benefits Enrollment



CHOOSE SIMPLY. LIVE HAPPY.

Dear Valued Employee:

As part of the Primrose Schools Franchisee Health Plans, you and your qualified dependents have access to a comprehensive suite of benefits. Today's healthcare challenges are causing schools, and companies nationwide, to look at how we choose our healthcare coverage, how we are using healthcare services and how we manage our personal health decisions. We believe that through education, innovative solutions and personal commitment we, as Primrose Schools Franchisee Health Plan, can play a role in controlling healthcare costs for you and other schools. We will do our best to provide you with the necessary information and tools to help you make the right healthcare choices for you and your family.

Benefits Overview
- Contact Information 2
- Eligibility 3
- How To Enroll 4
- Call Center Information 6

Health Care Benefits
- Medical 8
- Dental 14
- Vision 15

Your Work. Your Life.
- Life Insurance 17
- Disability Insurance 20

Additional Benefits 23

Legal Notices 28

See the Medicare Part D notice on page 33

**This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carrier determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.*

CONTACT INFORMATION



Marsh Agency
Bryan Turner
Phone: 678-656-2093
Email: Bryan.Turner@MarshMMA.com

Contact info for the TPA:
American Benefit Services
Mark Riley
Phone: (803) 240-2258
Email: mriley@abstpa.com

Medical
BCBS of Texas
Group #: 440787
1-800-521-2227
www.bcbstx.com
Network Name: PPO

Dental
BCBS of Texas
Group #: 427567
1-877-422-4207
www.bcbstx.com

Vision
BCBS of Texas
Group #: VX440787
1-855-556-8796
member.eyemedvisioncare.com/bcbstx
mybam.bcbstx.com

Life with AD&D Insurance
VOYA Financial
Group #: 752592
1-800-955-7736
www.VOYA.com

Optional Life
VOYA Financial
Group #: 752592
1-800-955-7736
www.VOYA.com

Disability
VOYA Financial
Group #: 752592
1-800-955-7736
www.VOYA.com

Worksite Benefit Insurance
The Standard
Group #: 0C001091057
Customer Service: 1-800-521-3535
Website: www.standard.com/ahl/mybenefits

ELIGIBILITY

Eligibility for you and your dependents

You are eligible to participate in the group benefit plans if you are an active full-time employee and scheduled to work 30 or more hours per week. Employees are eligible on the 1st of the month following 60 days. Certain dependents of eligible team members can enroll in the medical, dental, vision, dependent life insurance plans and voluntary benefits.

Eligible dependents include:

- Your natural children, legally adopted children, step children and children for whom you assume legal guardianship up to age 26
- Children age 26 or older incapable of self-support due to a mental or physical condition incurred prior to age 26. You may be required to complete a Handicapped/Disabled Certification form prior to the child attaining age 26

Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a qualifying life event. Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status or your entitlement to Medicare.

If you anticipate any of these changes, please see Human Resources in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event. **If you do not notify Human Resources within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.**



Loss of Essential Coverage



Loss of COBRA Benefits



Marriage or Divorce



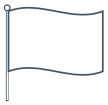
Permanent Relocation



Birth, adoption or new dependent



Aged off of Parent's Plan



Change in Citizenship



Change in Employment Status



Death in Family



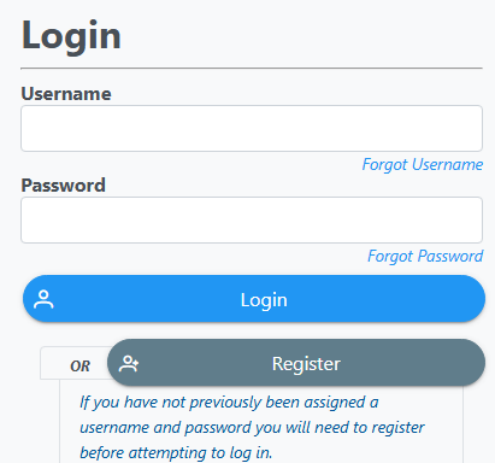
Change in Government Assistance Eligibility

Registering on the Benefit Connector Enrollment Site

Step 1
Log on to:
https://primroseschools.benefitconnector.com

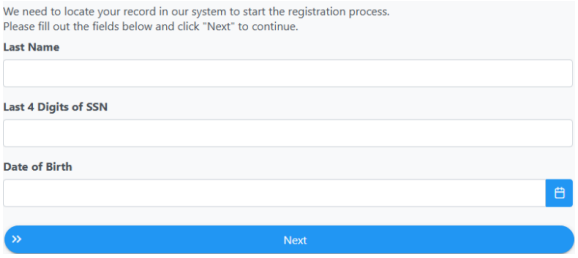
Step 2
If you have never accessed the site, you must register.

- From the log in screen, click '**register**' to begin registration process.



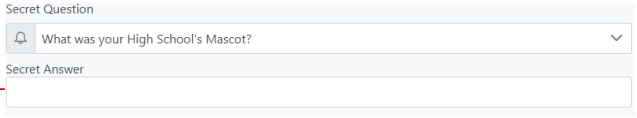
Step 3

- Enter the **Registration Information** - Last Name, Date of Birth, Last 4-Digits of SS#.
- Click 'Next' to continue.

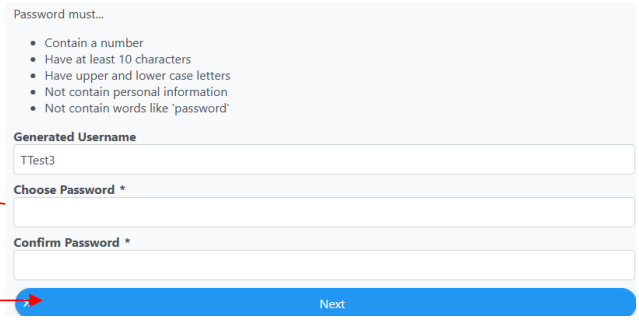


Step 4

- Select and answer a **Secret Question**



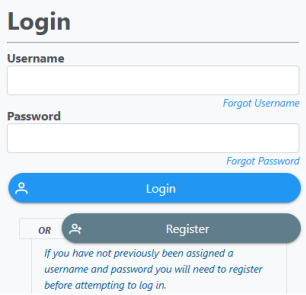
- Note your User ID& Password
- Create and verify a **Password**. Password strength is displayed as password is developed.
- Click 'Next' to continue.



Be sure to remember your Login/Username and Password for future access to Benefit Connector. If you forget your Password, it can be reset it by following the instructions for **'Forgot Login/Password'** in the log in box.

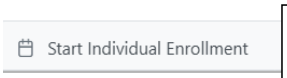
Triune Technologies

Instructions For Using On-Line with Benefit Connector™

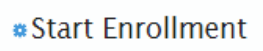


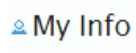
Your employer will provide you with the specific site address for the enrollment site. To access the site go to: https://primeroseschools.benefitconnector.com

User Name and Password are required to enter the enrollment site. If you are a first-time user you must go through the registration process. Click on '**Register**' and follow the simple registration instructions. A default User Name will be assigned. You will create your Password.



During an Open Enrollment period click **Start Enrollment** to begin the enrollment process. Depending on case settings you may or may not be asked to verify both employee and dependent information. Dependents who are currently listed in the system can be updated and verified at this point. Important: You'll be given the opportunity to add dependents during the actual enrollment process.

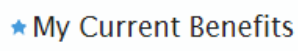




Your demographic information will be displayed in the **My Info** tab, some of which can be edited. If there is incorrect information in fields that you are not allowed to edit, please contact your HR Dept and provide them with the correct information. Suggestion: Depending on case settings you may or may not be asked to verify your employee information during the enrollment process. Complete your enrollment first. If you were not asked to verity your information during the enrollment process, you can view/update your information once you've completed enrollment.



Dependents who are currently listed in the system will be displayed in the **My Family** tab. Where allowed you can update and correct dependent information. Suggestion: Depending on case settings you may or may not be asked to verify your dependent information during the enrollment process. Complete your enrollment first. If you were not asked to verity your dependent information during the enrollment process, you can view/update your dependents once you've completed enrollment.



Select **My Current Benefits** to view a summary of the benefits you are currently enrolled in.

My Forms - You will find any forms or documents your employer has posted for your access. You can select any desired document and click download to download the document.

My Links - You will find any links to exterior sites your employer has posted for your access.

Help Guides - You will find useful help documents that will provide detailed instructions on how to do various things in the system.

Call Center Information

The Call Center is available for Open Enrollment, November 10th - December 1st 2027. It is also available throughout the year for new hires by way of scheduling an appointment to speak to one of our licensed benefits counselors.

To use Call Center for Open Enrollment:

- Call Center number: 833-246-7611
- Hours of operation: 9am – 8pm EST, Monday – Friday

To use Call Center as New Hire throughout the year:

Scan the QR code or follow the URL below and schedule an appointment. One of our licensed benefits counselors will call the new hire during the appointment window during normal business hours.

https://bookings.cloud.microsoft/book/Bookings-PrimroseSchoolsFranchiseeHealthPlan@bookings.mmc.com/





HEALTHCARE BENEFITS

MEDICAL | DENTAL | VISION

MEDICAL

BlueCross BlueShield of Texas

You have five medical plan options to choose from:

BCBS of Texas $7,000 Deductible	BCBS of Texas $2,000 Deductible	BCBS of Texas $3,500 Deductible	BCBS of Texas $4,000 HDHP HSA	BCBS of Texas $3,000 HMO
Annual Deductible: $7,000 Individual $15,800 Family	**Annual Deductible:** $2,000 Individual $4,000 Family	**Annual Deductible:** $3,500 Individual $7,000 Family	**Annual Deductible:** $4,000 Individual $8,000 Family	**Annual Deductible:** $3,000 Individual $6,000 Family
Out-of-Pocket Maximum: $8,150 Individual $16,300 Family	**Out-of-Pocket Maximum:** $5,000 Individual $10,000 Family	**Out-of-Pocket Maximum:** $6,500 Individual $13,000 Family	**Out-of-Pocket Maximum:** $6,500 Individual $13,000 Family	**Out-of-Pocket Maximum:** $5,000 Individual $10,000 Family
Office Visits: $35 copay for Primary Care $70 copay for Specialist	**Office Visits:** $30 copay for Primary Care $50 copay for Specialist	**Office Visits:** $50 copay for Primary Care $75 copay for Specialist	**Office Visits:** 30% after deductible for Primary Care & Specialist	**Office Visits:** $50 copay for Primary Care $75 copay for Specialist

Which Plan is Right for You?

When choosing a health plan, you want to know what's available and how various benefit plan options fit your needs. You need to consider costs and benefits and then choose with confidence, knowing you have made the right decision for yourself and family. Please take as much time as necessary to review all your choices before you enroll.

Primrose Schools Franchisee Health Plan is pleased to offer you a choice of four health plans with different levels of costs and benefits. Before enrolling in a plan, consider what you want and need. Step back and look at how you and your family use health care and how much you pay for it. For example:

- Are you paying for coverage you don't need or use?
- Do you need more coverage than you have?
- How many prescription drugs do you and your family take?
- How much do you pay when you have a prescription?
- Does anyone in your family need ongoing medical care?

When choosing a health benefits plan, the most important question is: Will it provide the right amount of coverage for you and your family? After deciding how much coverage you need, consider the costs – and when you pay them.

TIP

You will receive your medical ID cards 2-3 weeks after you enroll. If you need care before you receive your card, you can download an ID card online through Blue Access for Members (BAM). Refer to page 12 of this Benefits Guide.

Medical Summary of Benefits

Medical Plan Highlights					
Plan Type	**$7,000 Deductible**	**$2,000 Deductible**	**$3,500 Deductible**	**$4,000 HDHP HSA**	**$3,000 HMO**
In-Network					
Employee Deductible	$7,000	$2,000	$3,500	$4,000	$3,000
Family Deductible	$15,800	$4,000	$7,000	$8,000	$6,000
Employee Out-of-Pocket	$8,150	$5,000	$6,500	$6,500	$5,000
Family Out-of-Pocket	$16,300	$10,000	$13,000	$13,000	$10,000
Coinsurance	30%	20%	25%	30%	25%
Preventive Annual Exam	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	$35	$30	$50	30% after deductible	$50
Specialist	$70	$50	$75	30% after deductible	$75
Inpatient Hospital	30% after deductible	20% after deductible	$25% after deductible	30% after deductible	$25% after deductible
Outpatient Surgery	30% after deductible	20% after deductible	25% after deductible	30% after deductible	25% after deductible
Urgent Care	$35	$50	$75	30% after deductible	$75
Emergency Room	$500 POD + 30% after deductible	$400	$500	30% after deductible	$500
Out-of-Network					
Employee Deductible	$14,000	$4,000	$6,000	$8,000	N/A
Family Deductible	$28,000	$8,000	$12,000	$16,000	N/A
Employee Out-of-Pocket	$16,300	$8,000	$10,000	$13,000	N/A
Family Out-of-Pocket	$32,600	$16,000	$20,000	$26,000	N/A
Coinsurance	50%	40%	45%	50%	N/A
Preventive Annual Exam	Not Covered	Not Covered	Not Covered	Not Covered	N/A
Primary Care	50%	40%	45%	50%	N/A
Specialist	50%	40%	45%	50%	N/A
Inpatient Hospital	50%	40%	45%	50%	N/A
Outpatient Surgery	50%	40%	45%	50%	N/A
Urgent Care	50%	40%	45%	50%	N/A
Emergency Room	50%	40%	45%	50%	N/A

Medical Monthly Rates					
Plan Type	**$7,000 Deductible**	**$2,000 Deductible**	**$3,500 Deductible**	**$4,000 HDHP HSA**	**$3,000 HMO**
Employee Only					
Employee + Spouse					
Employee + Child(ren)					
Family					

This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.

Prescription Medication Coverage

Our medical coverage through BCBS includes a Prescription Drug Program. The cost of each prescription is determined by the tier it falls under. The four tiers are Generic, Preferred Drugs, Non-Preferred drugs, and Specialty drugs. You can find in-network pharmacies and a list of covered prescriptions at www.bcbstx.com.

Tier 1 Drugs – Generic Drugs

To get more out of your health care plan, choose Generic drugs when possible. Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Even if your doctor prescribes you a brand name drug, you can always ask for the Generic equivalent.

Tier 2 Drugs – Preferred Drugs

Preferred brand drugs are prescriptions that your pharmacy benefit plan has selected as the most effective and cost efficient to treat certain conditions or illnesses. These brand name drugs are often more expensive than their generic counterpart.

Tier 3 Drugs – Non-Preferred Drugs

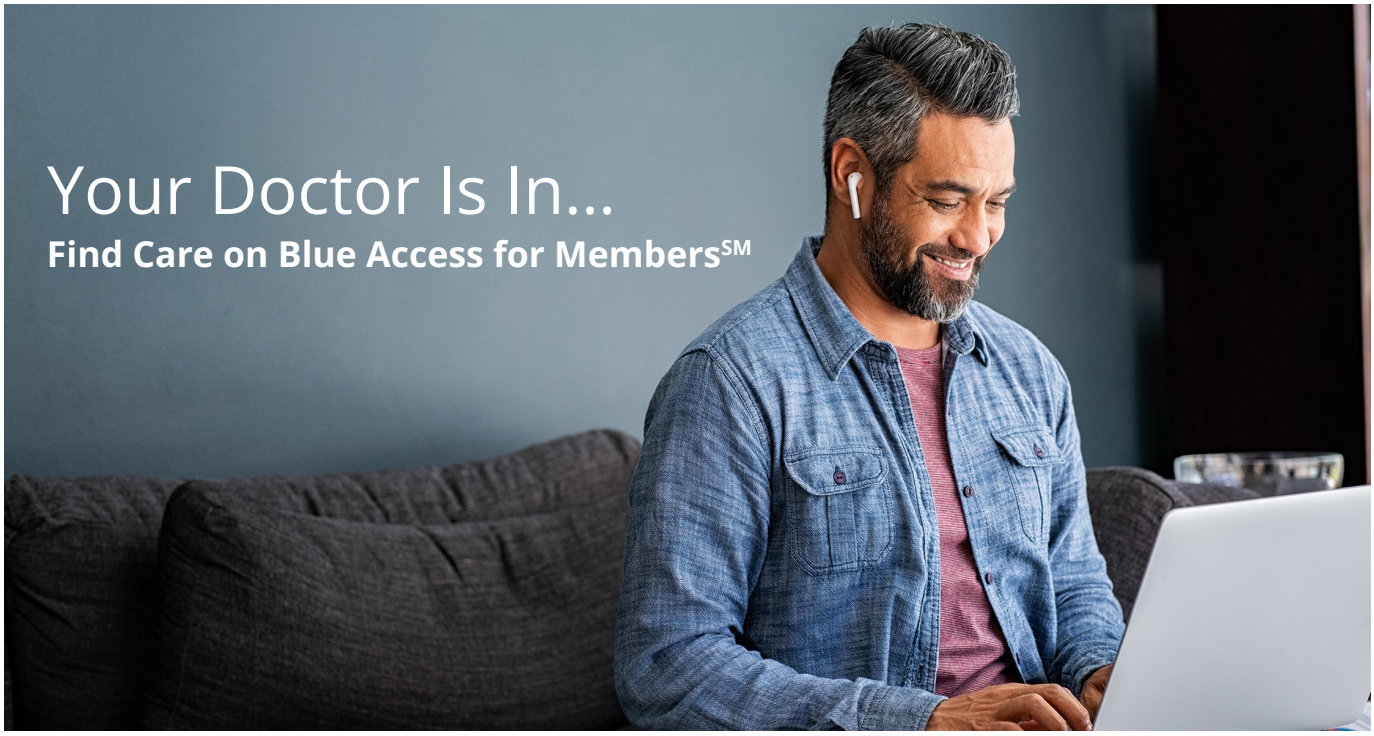
Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.

Tier 4 Drugs – Specialty Drugs

Tier 4 drugs are typically specialty and/or provider administrated medication and are often associated with highest costs.

Prescription Drug Tier Pricing					
	$7,000 Deductible	$2,000 Deductible	$3,500 Deductible	$4,000 HDHP HSA	$3,000 HMO
In-Network Retail Rx					
Generic	$0/$10	$20	$30	30% after deductible	$30
Preferred	$50	$40	$50	30% after deductible	$50
Non-Preferred	$150	$75	$90	30% after deductible	$90
Mail Order					
Generic	$25	$50	$75	30% after deductible	$75
Preferred	$125	$100	$125	30% after deductible	$125
Non-Preferred	$225	$187.50	$225	30% after deductible	$225

BlueCross BlueShield of Texas



It's easy to find a provider and manage your health care expenses.

Find Care on BAM℠

We make it easy to find in-network health care providers and manage your out-of-pocket costs.

Go to **bcbstx.com** to log in or create an account on BAM. Then, look for **Find Care** to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality, awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities for prescription drugs using the Medication Finder tool.*

* Not all plans provide this information.

Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to bcbstx.com, choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583) Also applies to Global® Core.



Stay Connected with BCBSTX

Even on the go you can manage your ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log in or create a BAM account at **bcbstx.com**.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

750975.0724

BlueCross BlueShield of Texas



Blue Access for Members℠

Puts your health care at your fingertips

BAM℠ gives you simple online access to information about your health benefits. Log in from your desktop, laptop or mobile device. View your coverage details whenever you want and wherever you are.

Coverage

See benefit highlights for your medical, dental and pharmacy plans.

Claims

Quickly view claims summaries or download your Explanation of Benefits.

Wellness

Take control of your wellbeing with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.

Find Care

Find in-network doctors, hospitals and other health care providers quickly and easily.

Spending

Keep track of your deductible and out-of-pocket expenses.

Member ID Card

Once you've registered, you can view, print or download your member ID card.

SCAN ME

It's easy to get started.

Scan the QR code or go to **bcbstx.com** to register.
Get BAM to go: Text **BCBSTXAPP** to **33633*** to get the app.

*Message and data rates may apply. See terms and conditions and our privacy policy at bcbstx.com/member/account-access/mobile/text-messaging.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

749626.0225

Real People, Real Support. Chat with us today!

WEconnect Works EAP

We're so excited to partner with you! Together, we're going to reach your wellness goals. Here's what you need to know about the WEconnect smartphone app.



Support in the Palm of Your Hand

The WEconnect mobile app can empower your wellness journey while ensuring complete anonymity.
With WEconnect, you can:

- Get 1-on-1 mental health coaching — Certified Peer Support, Anxiety, Work-Life Balanc
- Join online virtual sessions — Mental Health, Grief Support, Family & Loved ones, He
- Supports all wellness goals — Meditate, Exercise, Read, Sleep, Device Downt
- 100% anonymous & confidential — Anonymous Enrollment, Confidential Support, Secure

Get Started

1. Scan the QR code above and download the free WEconnect app
2. Create an account
3. Enter access code **PRIMROSE**

Scan to download

Download on the App Store | GET IT ON Google Play

Questions? Call customer support at 888.425.4605

WEconnect | Primrose Franchisee Health Plan

DENTAL

BlueCross BlueShield of Texas

You have two dental plan options through BCBS. Although you can use an out-of-network dentist, you will save the most money out of your pocket by using BCBS dentists who have agreed to give you negotiated rates. To find a provider go to www.bcbstx.com and click “Find a Provider”.

You have two dental plan options:

LOW Plan

COVERED AT **100%** — **Preventive Services:** x-rays, cleanings, exams

COVERED AT **80%** — **Basic Services:** fillings, extractions

COVERED AT **50%** — **Major Services:** implants, crowns, bridges, prosthetics, periodontics, endodontics, oral surgery

HIGH Plan

COVERED AT **100%** — **Preventive Services:** x-rays, cleanings, exams

COVERED AT **80%** — **Basic Services:** fillings, endodontics, periodontics

COVERED AT **50%** — **Major Services:** implants, crowns, bridges, prosthetics, oral surgery

Dental Summary of Benefits		
	LOW Plan	HIGH Plan
Calendar Year Deductible		
Individual	$50	$50
Family	$150	$150
Annual Maximum	$1,000	$1,500
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Out of Network	90% UCR	90% UCR

Dental Monthly Rates		
	LOW Plan	HIGH Plan
Employee Only	$36.42	$43.14
Employee + Spouse	$66.90	$80.34
Employee + Child(ren)	$74.78	$85.15
Family	$112.36	$130.14

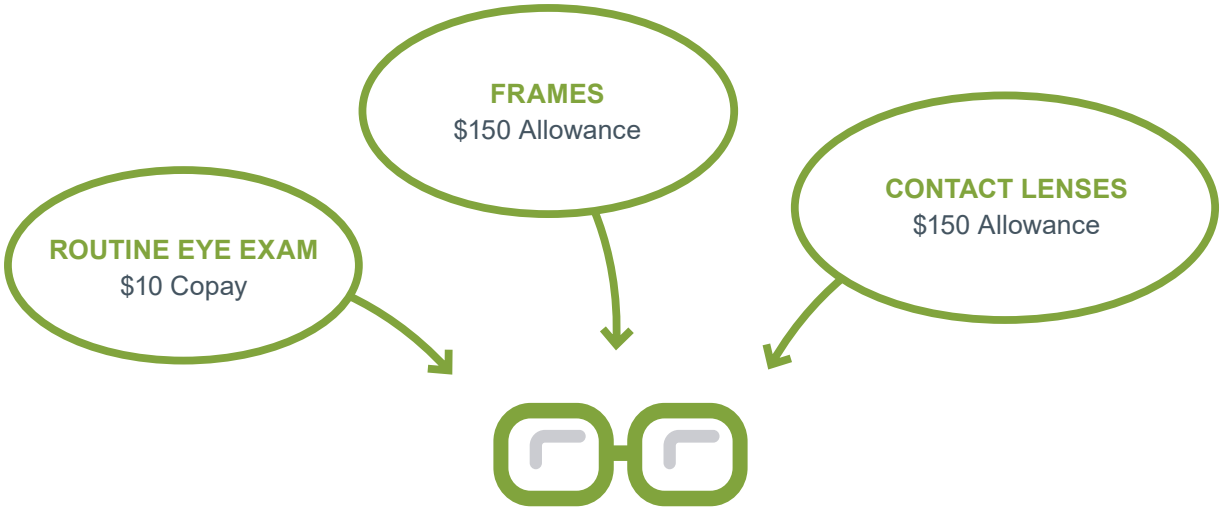
TIP

Minimize your out-of-pocket expenses for dental care by asking your dentist for a pre-treatment estimate before you agree to receive any prescribed major treatment. Your dentist may be able to present alternative treatment options that will lower your share of the bill while still meeting your basic dental care needs.

This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.

VISION

BlueCross BlueShield of Texas



Whether you have glasses, contacts, or even 20/20 vision, Primrose Schools Franchisee Health Plan offers a comprehensive vision benefit provided by BCBS. Vision insurance is the key to maintaining good eye health, as annual exams may detect early warning signs of various health conditions. To find a provider go to member.eyemedvisioncare.com/bcbstx or call 1-855-556-8796.

Vision Summary of Benefits	
Routine Eye Exam *(once every 12 months)*	$10 copay
Single	$10 copay
Bifocal	$10 copay
Trifocal	$10 copay
Frames *(once every 24 months)*	$150 allowance plus 20% off amount over allowance when using participating locations
Contact Lenses *(in lieu of glasses)*	$150 allowance plus 15% off amount over allowance

Vision Monthly Rates	
Employee Only	$7.59
Employee + Spouse	$15.17
Employee + Child(ren)	$21.77
Family	$31.71

This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.



YOUR LIFE.
YOUR WORK.

LIFE INSURANCE | DISABILITY

BASIC LIFE AND AD&D

VOYA FINANCIAL™

Basic Life Insurance

When the unthinkable happens, you want to know your family is covered. Primrose Schools Franchisee Health Plan offers life and accidental death and dismemberment (AD&D) insurance through Lincoln Financial. You also have the option to purchase supplemental life insurance through Lincoln Financial for you, your spouse and your child(ren).

Your Life Insurance benefits reduce to:

- Age Reductions are 50% reduction at age 70

Benefits will terminate when the Insured Person retires.

Accidental Death & Dismemberment

If you pass away as the direct result of an accident, your beneficiary will receive both the life and AD&D portion of the benefit. If you suffer a covered accidental injury such as loss of speech and hearing, quadriplegia, paraplegia, loss of limb, or thumb and index finger, you would be the beneficiary of a benefit (based on the type of loss).

Life and AD&D Summary of Benefits	
Eligibility description	All Full-Time Employees working a minimum of 30 hours per week
Contribution	Your employer pays the cost of your coverage
Employee life coverage amount	$15,000
AD&D Plus coverage amount	Your enhanced AD&D coverage is equal to the life benefit amount.
Benefit reductions	35% at age 65, 15% at age 70 Benefits end when you retire.

Please be sure to assign your beneficiary information!

The Basic Life and AD&D $15,000 Benefit is Paid for by your Employer

OPTIONAL LIFE

VOYA FINANCIAL™

Voluntary life insurance is available to supplement your basic life benefit. You can elect up to a max of $200,000. There is a guaranteed issue amount of $200,000 if you are a new enrollee or if this is a special enrollment period.



What does "Guaranteed Issue" mean?

Guaranteed issue is a term used in health insurance to describe a situation where a policy is offered to any eligible applicant without regard to health status.

Optional Life Summary of Benefits	
Eligibility description	All Full-Time Employees working a minimum of 30 hours per week
Contribution	You pay the cost of your coverage
Employee life coverage amount	Increments of $25,000
Employee life coverage maximum	This amount may not exceed the lesser of five times annual earnings or $200,000
Spouse coverage	The amount of dependent life insurance coverage cannot be greater than 50% of the employee benefit. Increments of $5,000
Spouse coverage maximum	This amount may not exceed the lesser of 5 times annual earnings rounded $ or $50,000
Dependent child(ren) coverage	Day 1 to 26 Years: $10,000
Guarantee issue: You're not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period.	Employee: $200,000 Spouse: $50,000
Benefit reductions	35% reduction at age 65, 15% reduction at age 70 Benefits end when you retire. Reductions are based on employee age

OPTIONAL LIFE

VOYA FINANCIAL™

Life and AD&D insurance rate information

Premiums per $1,000 a Month	EE	SP	CH
Under 25	$0.031	$0.031	$0.20 per $1,000
25 to 29	$0.031	$0.031	
30 to 34	$0.046	$0.046	
35 to 39	$0.054	$0.054	
40 to 44	$0.061	$0.061	
45 to 49	$0.092	$0.092	
50 to 54	$0.161	$0.161	
55 to 59	$0.269	$0.269	
60 to 64	$0.407	$0.407	
65 to 69	$0.783	$0.783	
70 to 74	$1.275	$1.275	
75 and Over	$1.275	$1.275	
AD&D	$0.020	$0.020	$0.020



DISABILITY VOYA FINANCIAL

Accidents and illnesses happen every day. How long would your money last if your paycheck suddenly stopped? Thankfully, there is insurance that pays you an income if you become temporarily or permanently disabled.

In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income.

Short Term Disability

Short Term Disability, STD, provides you with a specified percentage of your pre-disability income on a weekly basis. Conditions that can trigger Short Term Disability are usually temporary in nature, such as pregnancy, broken bones, sprains, or minor surgery. The coverage can begin on the first day, or can have a short waiting period such as 7 to 14 days. Most people use accumulated sick time to cover the waiting period.

Long Term Disability

Long Term Disability, LTD, provides you with a specific percentage of your pre-disability income on a monthly basis. This type of policy provides protection for a longer period of time, sometimes to age 65. LTD is often used in situations of a catastrophic disease or illness.

These policies usually start when a short term policy ends. In a long term policy, you are usually defined as disabled if you cannot complete the duties of your own occupation for a first initial period. After the initial period, you are defined as disabled if you cannot complete the duties of any occupation to which you are suited by education, training, or experience, for the remainder of the benefit period.

Disability Summary of Benefits	Short Term Disability	Long Term Disability
Eligibility description	All Full-Time Employees working a minimum of 30 hours per week	All Full-Time Employees working a minimum of 30 hours per week
Contribution	You pay the cost of your coverage	You pay the cost of your coverage
Coverage amount	60% of your weekly earnings up to a maximum of $750	60% of your monthly earnings up to a maximum of $2,500 per month.
Maximum benefit	12 weeks	3 years
Accident elimination period	7 days	90 Days
Illness elimination period	7 days	90 Days
Recurrent disability benefits	If you become disabled for the same condition within two weeks following your prior disability, your benefits will continue under the same claim	No new Elimination Period if due to same or related condition
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	After Initial Open Enrollment Health statement may be required.	After Initial Open Enrollment Health statement may be required.
Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months lookback; 12 months after effective date of coverage	12 months lookback; 12 months after effective date of coverage
Premium waived if disabled: Premium won't need to be paid when you're receiving benefits.	Yes	Yes

DISABILITY VOYA FINANCIAL

Short-term disability rate information

STD per $10 of weekly benefit	
Under 25	$1.180
25 to 29	$1.459
30 to 34	$1.365
35 to 39	$0.896
40 to 44	$0.558
45 to 49	$0.654
50 to 54	$0.718
55 to 59	$0.850
60 to 64	$0.992
65 to 69	$1.193
70 to 74	$1.262
75 and Over	$1.262

Long-term disability rate information

LTD per $100 of monthly covered payroll	
Under 25	$0.170
25 to 29	$0.190
30 to 34	$0.240
35 to 39	$0.370
40 to 44	$0.490
45 to 49	$0.720
50 to 54	$0.930
55 to 59	$1.170
60 to 64	$1.820
65 to 69	$1.820
70 to 74	$1.820
75 and Over	$1.820





ADDITIONAL BENEFITS

CRITICAL ILLNESS | ACCIDENT | HOSPITAL INDEMNITY

CRITICAL ILLNESS

The Standard

Critical illness can affect any one at any time.

Critical Illness insurance pays a benefit upon the diagnosis and/or treatment of a named critical illness or certain category of major surgery. Plan options let you choose the amount of coverage you need.

The reasoning behind a critical illness policy is that someone with employer provided health care coverage and disability coverage could still incur a large amount of costs in copayment, deductibles, coinsurance, and non-covered items in the event of a critical illness.

Critical illness policies help to pay these expenses, and assist someone during their recovery by paying the insured a cash benefit. You can choose a coverage amount between $5,000 and $30,000 in increments of $5,000. This money would be paid to you in cash for you to use as you see fit.

What is considered a "critical illness"?

Critical illness insurance provides coverage if you experience one or more of the following medical emergencies:

- Heart attack
- Stroke
- Organ transplants
- Cancer
- Coronary bypass

You can only choose a $20,000 lump sum amount.

Core Benefits		
Covered Condition	**Benefit Amount**	**Recurrence Benefit**
Cancers and Benign Tumor Diagnoses		
Cancer (Invasive)	100% of principal sum	100% of initial benefit
Benign Brain Tumor / Benign Spinal Cord Tumor	100% of principal sum	None
Skin Cancer	$500	None
Vascular and Pulmonary Conditions		
Heart Attack	100% of principal sum	100% of initial benefit
Coronary Artery Disease (Major)	100% of principal sum	100% of initial benefit
Neurological Brain & Skull Conditions		
Bone Flap/Skull Defect	100% of principal sum	None
Stroke	100% of principal sum	100% of initial benefit
Organ Conditions		
End Stage Renal Failure	100% of principal sum	100% of principal sum
Major Organ Failure	100% of principal sum	100% of initial benefit
Neurological Movement Disorders		
Alzheimer's Disease	100% of principal sum	None
Parkinson's Disease	100% of principal sum	None
Functional Loss		
Coma	100% of principal sum	None
Severe Burn	100% of principal sum	None
Paralysis	100% of principal sum	None
Childhood Conditions		
Cerebral Palsy	100% of principal sum	None
Genetic Disorders	100% of principal sum	100% of initial benefit
Structural Congenital Defects	100% of principal sum	100% of initial benefit
Additional Benefits		
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year	$50	

This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.

CRITICAL ILLNESS

The Standard

Option 1 Plan 2 Monthly Attained Age - $20,000

Age	EE	EE+SP	EE+CH	F
18-24	$5.65	$11.30	$5.65	$11.30
25-29	$6.77	$13.54	$6.77	$13.54
30-34	$9.10	$18.21	$9.10	$18.21
35-39	$13.44	$26.88	$13.44	$26.88
40-44	$17.43	$34.86	$17.43	$34.86
45-49	$22.71	$45.42	$22.71	$45.42
50-54	$29.38	$58.76	$29.38	$58.76
55-59	$35.72	$71.43	$35.72	$71.43
60-64	$45.88	$91.76	$45.88	$91.76
65-69	$61.07	$122.16	$61.07	$122.16
70-74	$80.31	$160.62	$80.31	$160.62
75-79	$96.61	$193.22	$96.61	$193.22
80+	$138.04	$276.07	$138.04	$276.07



ACCIDENT

The Standard

Accidents happen. Accident Insurance can help.

Accident coverage is one of the more common benefits people choose to elect. Any guesses why? It's because accidents are a leading cause of injury for people under age 40, and because they occur more randomly than sickness. Accident insurance pays you with cash benefits for expenses that may not be fully covered by your comprehensive health insurance, including:

- Treatment for an injury
- Ambulance cost for transportation to a hospital
- X-ray or lab exams
- Hospital confinement

Accident Plan Features	
Benefits	**Amounts**
Initial Care & Emergency - Most treatment required within 72 hours of accident	
Emergency Treatment	$150
Urgent Care Center	$125
Ambulance	Air-$1,250 / Ground-$250
Hospital, Surgical & Diagnostic	
Hospital Admission	$1,000
Daily Confinement	$500
Daily ICU Confinement	$400
Surgical	Up To $1,500
Diagnostic	$150
Specified Injuries	
Dislocation	Up to $18,000
Fracture	Up to $9,000 / Up to $4,500
Lacerations	Up to $500
Burns	Up to $2,000
Dental Care	Up to $150
Follow-Up Care - Treatment required within 365 days of accident	
Physician Follow-Up Office Visit	$100; Up to 6 per accident
Therapy Services	$60; Up to 6 per accident
Medical Device	$250
Prosthetic Device	$1,000 for one device; $2,000 for two+ devices
Additional Benefits - Benefits payable within 365 days of accident	
Transportation (Up to 3 trips per accident)	$500 per trip
Lodging (Up to 30 nights per accident)	$200 per night

Accident Monthly Rates	
Employee Only	$6.55
Employee + Spouse	$11.32
Employee + Child(ren)	$14.85
Family	$18.86

HOSPITAL INDEMNITY

The Standard

Hospitalization is unplanned.

Even with your employer's medical insurance, the cost of a hospital stay can be overwhelming. According to HealthCare.gov, the average price for a three-day hospital stay is $30,000.

Voluntary hospital indemnity coverage pays a fixed, pre-determined dollar amount for each day the insured is confined to a hospital for either sickness or injury. The plan pays benefits without regard to actual medical expenses and do not decrease if benefits are paid by other coverage. It can also cover unforeseen expenses such as travel, child care during hospital visits, and home maintenance expenses.

To purchase a hospital indemnity plan, you must be enrolled first in comprehensive health care coverage, as per the Affordable Care Act.

Anyone who is concerned about the cost of hospitalization or the potential impact on personal finances would be a good candidate for this type of policy.

Hospital Admission & Confinement	Amount
Hospital Admission—limited to a combined total of 1 admission per policy year. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.	
Hospital Admission	$1,000 per admission
ICU Admission	$2,000 per admission
Hospital Confinement—limited to a combined total of 30 days per policy year. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits.	
Daily Hospital Confinement (up to 30 days	$100 per day
Daily ICU Confinement (up to 30 days	$100 per day
Daily Newborn Nursery Care Confinement	$75 per day, up to 2 days per policy year
Additional Benefits	$100, once per newborn
Rehabilitation or Subacute Rehabilitation	$100 up to 30 days
Mental or Nervous Disorder Confinement	$100 up to 30 days

Hospital Indemnity Monthly Rates	
Employee Only	$16.27
Employee + Spouse	$25.02
Employee + Child(ren)	$22.08
Family	$31.32



LEGAL NOTICES

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, 2027. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
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
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
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+)
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

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – 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

INDIANA – Medicaid
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)
Medicaid Website:
https://hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – 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

LOUISIANA – Medicaid
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
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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
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
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)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
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: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
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
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
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
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
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
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
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, 2027, 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

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the 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."

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

** Continuation Coverage Rights Under COBRA**

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 TBD.

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. Any Disability Extension needs to be sent to Admin America.

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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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.

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

** Continuation Coverage Rights Under COBRA**

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

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/agencies/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.

Plan Contact Information

Human Resources

MEDICARE PART D CROSS-REFERENCE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

MEDICARE PART D CREDITABLE COVERAGE NOTICE

IMPORTANT NOTICE ABOUT 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 with Primrose Schools Franchisee Health Plan 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. Primrose Schools Franchisee Health Plan has determined that the prescription drug coverage offered by BCBS of AL are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays 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.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan while enrolled in Primrose Schools Franchisee Health Plan coverage as an active employee, please note that your Primrose Schools Franchisee Health Plan coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Primrose Schools Franchisee Health Plan coverage as a former employee.

You may also choose to drop your Primrose Schools Franchisee Health Plan coverage. If you do decide to join a Medicare drug plan and drop your current Primrose Schools Franchisee Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To

MEDICARE PART D CREDITABLE COVERAGE NOTICE (CONTINUED)

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with Primrose Schools Franchisee Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage: Contact Human Resources. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Primrose Schools Franchisee Health Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Your Options under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

IMPORTANT NOTICES

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Newborns' And Mothers' Health Protection Act (NMHPA) Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Notice of Availability of Notice of Privacy Practices

Primrose Schools Franchisee Health Plan Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.

Summary Plan Description (SPD) Notice

As required under the Employee Retirement Income Security Act (ERISA), all employees and their covered dependents must be given access to a copy of the Summary Plan Description (SPD) for the associate welfare benefit plans. The SPD outlines the eligibility, schedule of benefits, and covered/excluded items of the benefit plans offered by your employer. Employees and/or their covered dependents can obtain a copy of a SPD from Human Resources Department.

Summary of Benefits (SBC) and Coverage & Uniform Glossary

As required by the Patient Protection and Affordable Care Act (Healthcare Reform), the Summary of Benefits and Coverage (SBC) for the medical plan(s) offered and the Uniform Glossary are available on the online enrollment system. You may also request a paper copy from Human Resources Department.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Primrose Schools Franchisee Health Plan group health 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).

In addition, if you have a new dependent as a result of 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, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Primrose Schools Franchisee Health Plan sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of Primrose Schools Franchisee Health Plan, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

1. your past, present or future physical or mental health or condition;
2. the provision of health care to you; or
3. the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by Primrose Schools Franchisee Health Plan, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact Human Resources.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

HIPAA NOTICE OF PRIVACY PRACTICES

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment: We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

For Payment: We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations: We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law: We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

HIPAA NOTICE OF PRIVACY PRACTICES

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors: For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation: If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

HIPAA NOTICE OF PRIVACY PRACTICES

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Law Enforcement: We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research: We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has (a) re- viewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits: We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You: When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach: We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

HIPAA NOTICE OF PRIVACY PRACTICES

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Other Disclosures

Personal Representatives: We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney- in-fact, etc., so long as you provide us with a written notice/ authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- treating such person as your personal representative could endanger you; or
- in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members: With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations: Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy: You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

HIPAA NOTICE OF PRIVACY PRACTICES

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Right to Amend: If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

HIPAA NOTICE OF PRIVACY PRACTICES

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see Your Rights Under HIPAA.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20211, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

SEND EXCHANGE NOTICE

SEND EXCHANGE NOTICE

NOTES

NOTES



**This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carrier determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.*