At Care Synergy, we know our dedicated team members—YOU—are key to our overall success as an organization. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

## WELCOME TO THE CARE SYNERGY BENEFITS GUIDE

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</tr>
</tbody>
</table>
Welcome to the Care Synergy Benefits Guide

Our benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all our team members. This booklet is intended to assist in navigating through your benefits choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of a discrepancy between the descriptions in this summary and the controlling contracts and/or plan documents, the language in the controlling contracts or plan documents will govern. To request a copy of the plan documents, please contact your Human Resources Department.

Our open enrollment period is November 6, 2023 through November 19 2023.

Open enrollment requires benefit eligible team members to actively log into UKG and either re-enroll in current benefits, enroll in new benefits or decline benefits.

**ENROLLMENT REQUIRES A PC OR LAPTOP.**
Enrollment cannot be completed on mobile device.

Who is Eligible for Benefits?

For new hires, your coverage will be effective the first of the month after the date of hire. If you enroll during open enrollment, your coverage is effective January 1 of the following year.

Team members classified as full-time or part-time, regularly scheduled to work at least 20 hours per week, are eligible (along with eligible family members) to participate in the Care Synergy benefit plans.

For purposes of these benefits, eligible family members include:

- Your legal spouse.
- Legally-Recognized Domestic Partner (notarized affidavit required).
- Your child(ren), less than 26 years of age. Child(ren) shall include a natural or legally adopted child(ren), stepson or stepdaughter, and/or a child who is less than 26 years of age and has been placed under your legal guardianship.
- Your child who is 26 years of age or over, and who is:
  - Mentally or physically incapable of earning a living;
  - Primarily supported by you.
WHAT’S NEW IN 2024?

Virtual Benefit Fair: https://flimp.live/Care-Synergy-2024-Benefits

- We will be hosting a Virtual Benefits Fair for the 2024 plan year
  - Open Enrollment will occur November 6th through November 19th!
  - Eligible team members must elect and/or decline benefits accordingly.
- Access to a variety of benefit tools to assist you in making the best choices for you and your family
  - PLANselect
  - Access to UKG
  - Access to the Care Synergy Benefits Guide
- Navigate through the booths in the exhibit hall to locate information on available benefit options
  - Medical, Dental, Vision and Prescription coverage
  - HSA, FSA and DC-FSA options
  - Voluntary and Company Paid Insurance
  - Retirement
  - And many others

CIGNA:

- Medical – Individual and Family
  - HDHP deductibles were increased per new federal IRS requirements
    - Employee only coverage from $3,000 to $3,200
    - Employee + dependents/spouse/DP coverage from $6,000 to $6,400
  - HDHP out-of-pocket maximum will also increase to these same amounts
- Digital ID cards only for Medical coverage
  - Cigna has discontinued paper ID cards for proof of medical coverage and will only be generating digital ID cards. Log into mycigna.com to view or download your ID cards for 2024.
- Medical Rates
  - Due to the inflated health care costs we have experienced, our medical plan premium costs have increased this year.
    - While most plans increased on average between 8-12% this year, Care Synergy was able to minimize this increase to our team members
    - Care Synergy has not increased our premium costs five out of the last seven years
  - Below is an example of the employee only coverage rate changes:

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>2023 Per Paycheck Rate</th>
<th>2024 Per Paycheck Rate</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical HDHP (FT EE)</td>
<td>$41.43</td>
<td>$43.91</td>
<td>$2.48</td>
</tr>
<tr>
<td>Medical PPO (FT EE)</td>
<td>$80.58</td>
<td>$85.42</td>
<td>$4.84</td>
</tr>
<tr>
<td>Medical HDHP (PT EE)</td>
<td>$104.00</td>
<td>$110.24</td>
<td>$6.24</td>
</tr>
<tr>
<td>Medical PPO (PT EE)</td>
<td>$143.15</td>
<td>$151.75</td>
<td>$8.59</td>
</tr>
</tbody>
</table>

Rocky Mountain Reserve

- IRS maximum yearly contributions increase for HSA
  - Individual from $3,800 to $4,150
  - Individual + spouse/individual + family/individual + child(ren) from $7,750 to $8,300

Other Benefits Available:

- SPOT Pet Insurance
- Early access to wages available through UKG Wallet

Additional Resources Available:

- Cigna Pre-Enrollment Benefit Hotline will be made available to all eligible employees to assist in answering questions regarding medical and dental plans, locating a doctor, and providing additional Cigna resources.

  *Keep an eye on Blink, and check your email often to keep up to date on benefits and the open enrollment process!*
Enrolling in your Benefits

HOW TO ENROLL
Completing your enrollment is easy using UKG! Just log in and get started.
Tip: Take the time to read the messaging that coincides with each benefit offering, as it contains important information regarding your benefit choices.

Access your Open Enrollment session
1. Log in to UKG using Single Sign On
2. Navigate to Myself > Open Enrollment,
3. This will open the About Open Enrollment page
   a) Left Pane: Lists all the Benefits Options
   b) Middle Section: Welcome message including number of days to complete the online open enrollment process
   c) Navigation Toolbar: Command buttons to navigate through the open enrollment process

Begin the online enrollment process
4. Click Next button on the Navigation toolbar
5. This will open the Verify Beneficiary and Dependent Information page
   a. Verify and/or correct all dependent and beneficiary information for each qualified dependent that you will be enrolling and each beneficiary that you will be designating by clicking on the person’s name
   b. If you need to add a dependent and/or beneficiary, click the Add button and enter the requested information
   NOTE: You will need the dependent and/or beneficiary’s Full Legal Name, Date of Birth, and Social Security Number
   c. Ensure the correct Designation is checked next to the person’s name
6. Click Next to continue through the enrollment process
   a. Simply navigate through each benefit by clicking the Next button in the navigation bar
   b. Once you have enrolled in or declined a benefit coverage, click Next to move to the next benefit option
   c. Repeat the process for each benefit offered

   If you make an error or have questions, you can use the buttons in the Navigation Tool Bar.

   Each button is designed to assist you in navigating through the open enrollment process. If a button is grayed out, it is not available to you. The appropriate buttons become available as you continue through the enrollment process.

   Back – Takes you to the previous screen
   Next – Takes you to the next screen
   Draft – Saves selection as a draft
   Reset – Resets screen to original
   Cancel – Takes you out of the enrollment screen
   Print – Allows you to print document

   The submit button will not be available until you've completed the process. Once you've gone through each enrollment option, the Submit button will turn green, allowing you to confirm your enrollment elections.
7. Review your selections carefully to ensure that everything is correct and accurate, which includes the plans, your covered dependents and your insurance beneficiaries.

8. When you are ready to finalize your elections, click the Submit button.

9. Review the summary page, confirm your elections and click Submit a second time to authorize your elections.

TIP: You can use the Quick Tours and Tips link to the right of your screen to assist you through the process. There is also a “Help” button to answer questions regarding the current screen.

Additional Enrollment Information

If you are enrolling a spouse in the medical plan, be sure to complete the Spousal Surcharge Affidavit section during the UKG enrollment process. If a team member's spouse has other group medical coverage available and chooses not to enroll in that coverage, you will be charged a Spousal Surcharge. You may be required/requested to submit additional documentation.

In addition, team members enrolling in a medical plan who are not able to attest that they are tobacco free or have not completed a Tobacco Cessation Program, will be charged a Tobacco Use Surcharge.

If you have any questions regarding the enrollment process or your benefits in general, ask for assistance by contacting Benefits@caresynergynetwork.org.

Note: You may be eligible for medical coverage if you fall under the ACA hours of service definition. The ACA defines a full-time employee as an employee who is employed and averages at least 30 hours of service per week with that employer. The regulations provide for a monthly equivalency, which states that 130 hours of service in a calendar month is treated as monthly equivalency.
**Making changes to your benefits during the year**

The only time you may make a change in your coverage during the plan year is when you have a qualified change in your family or employment status, also known as a Qualifying Life Event (QLE). You may change from one coverage type to another upon the occurrence of one of the qualifying events listed below, providing you apply for the change in coverage within 30 days of the qualifying event and provide supporting documentation.

**Qualifying Life Event (QLE):** A change in your situation, for instance marriage, birth of a child, or losing health coverage, allows eligibility for a special enrollment period to enroll in health insurance outside the annual open enrollment period.

1. Change in marital status
2. Change in number of dependents
3. Change in employment
4. Change in dependent eligibility due to plan requirements (e.g., loss of student status, age limit reached)
5. Change in residence (e.g., team member or dependent moves out of plan service area)
6. Significant cost changes in coverage
7. Significant curtailment of coverage
8. Addition or improvement to benefits package option
9. Change in coverage of spouse or dependent under another employer plan (e.g., spouse's employer had no insurance coverage before but now offers a plan)
10. Loss of certain other health coverage (e.g., plans provided by governmental or educational institutions)
11. Health Insurance Portability and Accountability Act (HIPAA) special enrollment rights
12. Judgements, decrees or orders
13. Entitlement to Medicare or Medicaid
14. Change in hours worked to less than 30 hours per week on average if the team member and covered family members enroll in another plan providing minimum essential coverage
15. Enrollment in the marketplace exchange plan during an exchange special or open enrollment period. Team members and others covered must enroll in the exchange plan by the first day after coverage ends under the employer plan

This qualifying life event list is not all-inclusive, please refer to IRS Section 125 Qualifying Event Checklist. Supporting documentation of a life event will be required. Changes to your benefits must be made within 30 days of the event and must be consistent with your change in status.
Flimp Virtual Benefits Fair

https://flimp.live/Care-Synergy-2024-Benefits

Flimp Benefits Fair is an online resource, along with your benefits guide and other resources, designed to help you make benefit choices that best meet your individual and family needs. Along with informative videos and downloads, you can access PLANselect.

PLANselect: a simple tool to help you select the right health plan and voluntary benefits. This is a major financial decision, so what’s the right plan for you and your family?

The tool provides a personalized cost and value analysis with an opportunity for savings, without submitting personal information.

The best plan choice is not necessarily the least expensive or even the richest in coverage. It’s the plan that provides the best value – the one that covers anticipated medical services for the lowest cost with the features you need.

Answer a few simple questions and you will see a comprehensive assessment and ranking of options in less than four minutes. It’s easy to use and mobile friendly!
# Your Health Benefits – Cigna Medical

<table>
<thead>
<tr>
<th>PLAN BASICS</th>
<th>LOCAL PLUS CONSUMER HEALTH PLAN (HDHP) WITH HSA PLAN</th>
<th>LOCAL PLUS PPO PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Individual/Family</td>
<td>$3,200/$6,400</td>
</tr>
<tr>
<td></td>
<td>Calendar Year Deductible</td>
<td>Embedded</td>
</tr>
<tr>
<td></td>
<td>Coinsurance Plan/Member</td>
<td>100%/0%</td>
</tr>
<tr>
<td></td>
<td>Maximum Out-of-Pocket Individual/Family</td>
<td>$3,200/$6,400</td>
</tr>
<tr>
<td></td>
<td>Out-of-Pocket Includes</td>
<td>Deductible and Coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NETWORK BENEFITS</th>
<th>YOU PAY</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit Copay</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Preventive Care (Including Lab)</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>CIGNA Telehealth**</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>0% after Deductible</td>
<td>20% After Deductible</td>
</tr>
<tr>
<td>Diagnostic Lab</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Diagnostic X-Ray</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Advanced Imaging (MRI, CT, PET)</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>0% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Spinal Manipulation</td>
<td>0% after Deductible</td>
<td>20% After Deductible, 20 visit maximum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RX COPAYS*</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td>Tier 2</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td>Specialty Drug</td>
<td>0% after Deductible</td>
</tr>
</tbody>
</table>

* Get the most out of your plan by creating your online profile at mycigna.com or by downloading the app.

More information on how to get started and other great Cigna programs starting on p. 19.

* If your Doctor prescribes a medication where a generic equivalent is available, you may be responsible for the difference in cost if “dispense as written” is not indicated.

+ The Deductible is only waived for the PPO plan for office visits with a primary care or specialist physician. This does not apply to the HDHP plan and may not apply for all services received during an office visit.

++ Due to the provisions surrounding qualified Consumer Health Plans (HDHP), members are responsible for the full cost of coverage, including Telehealth services, prior to meeting the deductible. The typical cost of a telehealth visit is around $55. Keep in mind, this may change at any point during the year based on the provider. Once a member has met the deductible, members will pay 0% of the cost of a telehealth visit until reaching the out-of-pocket-maximum.
## Medical Plan Rates

**Full Time Team Members (30+ hours per week)**

Cigna Consumer Health Plan (HDHP)

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$866.34</td>
<td>$1,556.38</td>
<td>$1,470.13</td>
<td>$2,160.18</td>
</tr>
<tr>
<td>Care Synergy Contribution</td>
<td>$778.52</td>
<td>$1,222.89</td>
<td>$1,187.65</td>
<td>$1,682.27</td>
</tr>
<tr>
<td>Team Member Contribution</td>
<td>$87.82</td>
<td>$333.49</td>
<td>$282.48</td>
<td>$477.91</td>
</tr>
</tbody>
</table>

Cigna PPO Plan

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$947.00</td>
<td>$1,715.70</td>
<td>$1,618.38</td>
<td>$2,387.00</td>
</tr>
<tr>
<td>Care Synergy Contribution</td>
<td>$776.17</td>
<td>$1,218.25</td>
<td>$1,183.33</td>
<td>$1,675.66</td>
</tr>
<tr>
<td>Team Member Contribution</td>
<td>$170.83</td>
<td>$497.45</td>
<td>$435.06</td>
<td>$711.34</td>
</tr>
</tbody>
</table>

**Part Time Team Members (20-29 hours per week)**

Cigna Consumer Health Plan (HDHP)

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$866.34</td>
<td>$1,556.38</td>
<td>$1,470.13</td>
<td>$2,160.18</td>
</tr>
<tr>
<td>Care Synergy Contribution</td>
<td>$645.86</td>
<td>$889.40</td>
<td>$905.17</td>
<td>$1,204.37</td>
</tr>
<tr>
<td>Team Member Contribution</td>
<td>$220.48</td>
<td>$666.98</td>
<td>$564.96</td>
<td>$955.81</td>
</tr>
</tbody>
</table>

Cigna PPO Plan

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$947.00</td>
<td>$1,715.70</td>
<td>$1,618.38</td>
<td>$2,387.00</td>
</tr>
<tr>
<td>Care Synergy Contribution</td>
<td>$643.51</td>
<td>$884.75</td>
<td>$900.85</td>
<td>$1,197.75</td>
</tr>
<tr>
<td>Team Member Contribution</td>
<td>$303.49</td>
<td>$830.94</td>
<td>$717.54</td>
<td>$1,189.26</td>
</tr>
</tbody>
</table>

**Domestic Partner coverage is subject to imputed income.**

**Surcharge**

If a team member’s spouse/legally recognized domestic partner has other group medical coverage available and chooses not to enroll in that coverage, you will be charged a Spousal Surcharge. For 2024, the surcharge amount will be:

<table>
<thead>
<tr>
<th></th>
<th>SPOUSAL SURCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Team members enrolling in the medical plan who are not eligible to attest that they are tobacco-free or have not completed a Tobacco Cessation Program, will be charged a Tobacco Use Surcharge. For 2024, the surcharge amount will be:

<table>
<thead>
<tr>
<th></th>
<th>TOBACCO SURCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>$50.00</td>
</tr>
</tbody>
</table>
When deciding between Medical plans, it’s important to keep in mind the potential annual overall costs, including premiums (what you pay to access benefits through the plans), the amount Care Synergy deposits into an HSA (for those members on the HDHP or looking to enroll into it), and the plan Out of Pocket Maximum (the yearly limit before the plan pays 100% of remaining costs). Below is a helpful grid that shows the maximum cost of your healthcare, per plan and per coverage tier.

<table>
<thead>
<tr>
<th>Annual Maximum Cost of Healthcare</th>
<th>Employee</th>
<th>Employee + Spouse / Domestic Partner</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HDHP W/HSA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Premiums</td>
<td>$1,053.84</td>
<td>$4,001.88</td>
<td>$3,389.76</td>
<td>$5,734.92</td>
</tr>
<tr>
<td>PLUS</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Annual Out of Pocket</td>
<td>$3,200.00</td>
<td>$6,400.00</td>
<td>$6,400.00</td>
<td>$6,400.00</td>
</tr>
<tr>
<td>MINUS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Annual CSN HSA HSA Contribution</td>
<td>$1,000.00</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td><strong>TOTAL MAX ANNUAL COST</strong></td>
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Health Savings Account Enrollment Guide

What is an HSA?

An HSA is a savings account where tax-free or tax-deductible deposits are made to pay for qualified medical expenses. HSA money can be used to pay for eligible expenses today or can be saved for future expenses. There is no "use-it or lose-it" at the end of the year. An HSA is owned by the participant and they retain ownership even if they change employment.

Know the Rules:

- Participants must have coverage under an HSA-qualified "high deductible health plan" (HDHP) to open and contribute to an HSA. Generally, this is health insurance that does not cover first-dollar medical expenses.

- Contributions to an HSA can be made by the participant, the employer, or both. HSA contributions are limited to a maximum each calendar year.

- HSA contributions may be made pretax through an employer or with post-tax dollars. If made with post-tax dollars individuals may take a deduction on their tax return.

- Once enrolled in Medicare, participants are no longer eligible to contribute to an HSA. However, the funds in the Health Savings Account are still owned by the account holder and can be used to pay for medical expenses tax-free.

- HSAs may be used to pay for eligible medical expenses of the participant, spouse or dependents.

- Only eligible medical expenses can be reimbursed under the plan. Eligible expenses are defined by the IRS. See the next page.

- Ineligible disbursements will be taxed and a penalty may apply.

An individual can contribute to an HSA if they meet the requirements:

1. Have coverage under an HSA qualified "high deductible health plan" (HDHP).
2. Are not covered by any other health plan including a general health FSA.
3. Are not enrolled in Medicare.
4. Cannot be claimed as a dependent on someone else’s tax return.

### HSA Contribution Limits

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Use of HSA Funds

Spending HSA Dollars Just Got Easier

The Rocky Mountain Reserve Benefits Card provides instant access to the money in your Health Savings Account by automatically deducting funds from the available balance in your account when you make a purchase.

Benefits of Using the Debit Card

- Easy to use - the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Works at merchants where MasterCard is accepted.
- It pays directly at the point of sale - no waiting for reimbursement!
- The debit card may be used for online expenses including mail-order prescriptions.
- Keep all receipts in case of a future IRS audit.
- Rocky Mountain Reserve will never request receipts.

Common Eligible Medical Expenses:

- Acupuncture
- Ambulance
- Bandages
- Birth control pills
- Chiropractor
- Coinsurance, deductibles
- Contact lenses
- Contact lens solutions
- Contraceptive devices
- Crutches, splints, casts
- Dental treatment
- Diabetic supplies
- Diagnostic devices
- Eyeglasses, eye exams, sunglasses (prescription)
- Eye surgery
- Fertility enhancement
- Hearing aids, batteries
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Pregnancy test kits
- Psychiatric care
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Thermometers
- Vasectomy
- Wheelchair
- X-rays

Health Care Reform:

Over-the-Counter Drugs do not require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Cold medicine
- Cough drops and throat lozenges
- Incontinence supplies
- Laxatives
- Nicotine medications, gum, patches
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Menstrual care products

Potentially Eligible Expenses:

A recommendation from a medical professional is required:

- Massage therapy
- Vitamins
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues

Ineligible Expenses:

- Cosmetic surgery
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, tooth brush, facial care, shampoo
- Teeth whitening

For a more detailed list of medical expenses, go to: https://rockymountainreserve.com

Online Access

To Create Your Online Account:
1. Go to https://rockymountainreserve.com
2. Click on "Login/Register" in the top right-hand corner
3. Click on "Employee Registration"
4. Username will be the name you use to log in for the web portal and mobile application.
5. The password must contain at least 3 of these: special character, number, upper or lower case letter
6. For Employee ID Use SS# or other assigned Employee ID. ID=RMRCSN
7. For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

Mobile Application:

On the mobile application, participants can see their account balance, transactions, and request disbursements.

Search "RMR Benefits" on the app store
**Flexible Spending Account Enrollment Guide**

**What is an FSA?**

A health Flexible Spending Account (FSA) allows individuals to use pre-tax dollars to pay for medical expenses not covered by insurance. A dependent care FSA, also known as a Dependent Care Assistance Plan (DCAP) allows individuals to use pre-tax dollars for daycare or dependent care expenses. The dependent care FSA (DCAP) cannot be used to pay for medical expenses. Individuals elect to contribute a portion of their paychecks to either a health FSA or dependent care FSA and save 25% to 40% in taxes.

**Know the Rules:**

**Health (medical) FSA**
- The IRS maximum for 2024 is $3,200. Employers may set a lower limit.
- Participants may claim and be paid out their entire annual election at any time.
- Every expense must be substantiated. Participants must be able to provide receipts, statements or bills for all expenses if substantiation is requested. Documents must include the date, amount and description of the expense or service.
- Only eligible expenses can be reimbursed. Medical expenses are defined by IRS rules. Expenses generally include items and services for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. See IRS Publication 502.
- All over-the-counter drugs are eligible along with all menstrual care products.
- Only "out-of-pocket" medical expenses are eligible for reimbursement. Medical expenses covered by insurance or any other plan or program are not eligible for reimbursement.
- Expenses for personal use or cosmetic surgery are not eligible for reimbursement. See IRS Publication 502.
- Medical expenses reimbursed under the health (medical) FSA may not be used to claim a federal income tax deduction.

**Health FSA and Dependent Care FSA**
- Contributions are subject to the IRS "use-it-or-lose-it" rule. However, for the health FSA, the employer may adopt a provision allowing up to a $610 (2023) carry over of unclaimed monies. Unclaimed monies not carried over are forfeited at the end of the plan year.
- Elections cannot be changed during the plan year, unless the participant has a change of status. IRS Regulations define a change of status.
- Expenses must be incurred by a participant, spouse or eligible dependents during the current plan year and while participating. Expenses are incurred when the medical care is provided and not when the expense is billed, the bill is due or when the bill is paid.
- Every employer sets the deadline when claims and documentation must be submitted after the end of the plan year. It is usually 60 or 90 days after the end of the plan year.

**Limited Health (dental & vision) FSA**
- Employees contributing to a HSA may only participate in a "limited" health FSA not a "general" health FSA. A limited health FSA can only be used to pay for "out of pocket" dental and vision expenses.
- Please note when using the debit card for the Limited Purpose FSA it must be at a dental or vision facility that their MCC code is registered as a dental or vision facility. Otherwise it may pull from your HSA.

**Dependent Care FSA**
- Participants may only be paid what they have contributed at any point in time.
- Participants must be ready to provide receipts for dependent care expenses.
- Dependent care expenses reimbursed by the dependent care FSA may not be used to claim the day care credit.

**Tax Savings Examples:**

Dave, a single taxpayer, earns $27,000/year and has eligible medical expenses of $1,200/year. Dave's annual savings realized by participating in the FSA is $327.

Michael and Sharon, working parents, earn a total of $48,000/year. They have $5,000 in child care expenses and $1,000 per year in eligible medical expenses. Their annual savings realized by participating in the FSA is $1,637.

Assumptions are based off of 15% Federal, 4.63% State, and 7.65% FICA tax
Eligible Expenses

Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

Dual Purpose Expenses That Potentially Qualify:
The expense must be for a specific medical reason and be accompanied by a prescription.

- Massage therapy
- Vitamins
- Supplements
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues

Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs do not require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patches
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication

These are only examples and this list is not all-inclusive — it only provides some of the more common expenses. Additional information is available in IRS Publication 502 and on our website: [https://www.rockymountainrserve.com](https://www.rockymountainrserve.com)

Over-The-Counter Items:

- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See IRS Publication 503.

- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
  - $5,000 – Married and filing federal taxes jointly or a single parent
  - $2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.
Access to Your FSA Money

Access with a Debit Card

Pay for Expenses with a Debit Card
- Easy to use- the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Restricted by merchant code (MCC) to healthcare-related merchants where MasterCard is accepted.
- It pays directly at the point of sale - No waiting for reimbursement!
- You can use it to pay for online mail-order prescriptions.
- You must save all receipts and be prepared to provide receipts if they are requested.

Save All Receipts For Purchases Made With The Benefit Card
Please remember to keep receipts for all purchases made with the Benefit Card. Per IRS regulations, Rocky Mountain Reserve may request itemized receipts to verify the eligibility of purchases made with the card.
- All receipts or other proofs of purchase must include the date of service, name of provider, dollar amount, and a description of the purchased service or product.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts and canceled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases. An Explanation of Benefits (EOB) is sufficient documentation to substantiate a transaction. Additional documentation will be requested UNLESS the transaction matches a co-payment, a previously approved repetitive expense, or was at a merchant that has installed the inventory information approval system referenced above.
- If a receipt is requested, Rocky Mountain Reserve will email a request within hours. Participants can mail, fax, email, upload the receipt online, or take a picture and submit it through the mobile app.

No Receipt Retailers
Some retailers have installed an inventory information approval system for most medical expenses and receipts will not be requested.

Below is a sample of some of the retailers who have installed the inventory information approval system:
- 1-800 Contacts
- Albertsons
- City Market
- Costco
- CVS
- Drugstore.com
- Kroger
- King Soopers
- Safeway
- Sam’s Club
- Rite Aid
- Target

Submit Claims for Reimbursement

Submit Claims Through a Mobile Application
Take a picture of your receipt and submit it with your reimbursement request through the mobile application. You can also look up your account balance and recent transactions. Claims submitted through the mobile application receive high priority. To download the mobile application: Search for “RMR Benefits”

Submit Claims Through a Web Portal
Participants may file requests for reimbursement directly to Rocky Mountain Reserve through https://www.rockymountainreserve.com Claims submitted through the web portal receive high priority.

Submit Claims Manually
Participants may also file requests for reimbursement directly to RMR through fax, mail, or email.
Fax: 866.557.0109 E-mail: claims@rmrbenefits.com Mail: PO Box 631458 Littleton, CO 80163

Claims are paid by direct deposit or check
Your prescription coverage will be provided by Express Scripts.

*Only new enrollments will receive a new ID card for your Prescription plan.* If you are currently enrolled, you will not receive a new ID card. Be sure to keep your Express Scripts card with you, as the card is required at the pharmacy.

While nearly all local pharmacies are in the Express Scripts pharmacy network, there may be some slight differences. It is always recommended to check that your preferred pharmacy is in the network by going to [www.express-scripts.com](http://www.express-scripts.com).

You can sign up to use the Express Scripts mail order pharmacy for a 90-day maintenance medication prescription by logging into the Express Scripts website.

Your 90-day mail order prescription copays are $30 for Tier 1, $100 for Tier 2, and $140 for Tier 3 on the PPO plan. Mail order on the HDHP is now **0% after the medical deductible**.

Accredo Specialty is the specialty medication pharmacy for Express Scripts. If you are currently utilizing a specialty prescription medication, you can call 1-888-608-9010 to connect with an Accredo Intake Care Representative to get started.
Getting Started with Home Delivery from the Express Scripts Pharmacy℠

Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts® mobile app, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more

To access the member website ...

Log in to express-scripts.com (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts

Or print a form by selecting “Forms & Cards” from the menu under “Benefits.” Print a mail order form and follow the mailing instructions.

Or call us and we’ll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

If you already have a prescription ...

Check Order Status online or using our app to view details and track shipping.

Transfer retail prescriptions to home delivery. Just click Add to Cart for eligible prescriptions and check out. We’ll contact your provider on your behalf and take care of the rest. Check Order Status to track your order.

Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click Add to Cart for eligible prescriptions and check out. We’ll contact your provider on your behalf, if renewals are included, and take care of the rest.

1 You can search for “Express Scripts” in your app store and download it for free. Then register, if first visit, or log in.

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Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app

Register now so you can experience:

- More savings.
  Compare prices of medicines at multiple pharmacies. Get free standard shipping1 from the Express Scripts Pharmacy®.

- More convenience.
  Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.

- More confidence.
  Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

- More flexibility.
  Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to express-scripts.com and select Register, or download the Express Scripts mobile app for free from your mobile device’s app store and select Register.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click Register now and you’re registered.
- To set preferences,2 select Communication Preferences from the menu under Account, then scroll to Communication and Viewing Preferences. Click Edit preferences. Preferences can only be selected via the member website.

Members who have touch or facial ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

1 Standard shipping costs are included as part of your prescription plan benefit.
2 Preferences include the option to share your prescription information with other adults of your household (aged 18+) covered under your prescription drug plan.
   - All covered adults (aged 18+) in the household need to register separately.
   - When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.
From programs that help improve your health to tools that help manage your health spending, there’s so much you can do on myCigna.com or the myCigna® app.

Find in-network doctors, hospitals and medical services

Manage and track claims

See cost estimates for medical procedures

Compare quality of care information for doctors and hospitals

Access a variety of health and wellness tools and resources

The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.

Register today
You can register online or through the app.

1. Go to the myCigna.com website or launch the myCigna app and select “Register Now”
2. Enter your requested information
3. Confirm your identity
4. Create your security information and provide your primary email address
5. Review and submit

Feel better-protected
Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That’s why we take certain steps to enhance the security of your personal health information on the myCigna website and app.

› Enhanced registration
› Two-step authentication
Enhanced registration

When you register for the first time on the myCigna website or app, you’ll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.

Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you’ll be encouraged to add, update and verify contact information – email addresses and mobile phone numbers.

2. Once you enable two-step authentication and log in to your myCigna account, you’ll be asked to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number. You’ll also be offered to select “Remember this Device.” If this choice is selected, you won’t be prompted for a code each time you log in to your myCigna account from that device.

Questions?

If you have any questions about your myCigna account or your plan benefits, call the number on the back of your Cigna ID card. Customer service representatives are ready to speak with you 24/7/365.

Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna app. It’s even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.*

* Please refer to your phone’s manufacturer for your phone’s specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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Big news: You never have to worry about misplacing your ID card. It’s always right there on myCigna®, whenever and wherever you need it.*

Accessing your digital ID cards is easy.

Log in to myCigna.com or the myCigna® App

Click or tap “ID Cards”

View your card(s), as well as any dependents’ card(s)**

Email cards directly to doctors

Save your digital ID cards in your Apple Wallet

Not registered on myCigna yet?
It’s quick and easy.
Visit myCigna.com® or scan the QR code to download the myCigna® App and register now.

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.
The Cigna MotivateMe Program* rewards your healthy actions
Your employer wants to help you get healthy and stay healthy. So when you get involved in wellness goals sponsored by your company, you can earn up to $125. And the more you do, the more you earn.

› Health assessment
› Annual preventive exams
› Preventive dental goal
› Coach by phone
› And a variety of other healthy activities

Getting started is easy
Visit myCigna.com and select “Wellness” or “View my incentives” to:

› Find detailed instructions on how to get started
› View a list of eligible goals and matching rewards
› Check and track your completed goals and earned rewards.

Reasonable alternatives may be available for certain activities. Please refer to program materials for more information.

The rewards you earn will be automatically applied toward a:

› Debit/gift card

If you are eligible for an incentive as part of your Employer wellness program: For all participants - If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please refer to your Employer’s program materials for program and contact information, or contact Cigna at 855.246.1873 and they will work with you and, if you wish, with your doctor.

For participants who may have an impairment - If you are unable to participate in any of the program events, activities or goals because of a disability, you may be entitled to a reasonable accommodation for participation, or an alternative standard for rewards. For worksite accommodations please contact your Employer at HR administrator. For accommodations with online, phone or other Cigna programs, please contact Cigna at 855.246.1873.

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The rest is up to you
For more information or help setting up your account, visit myCigna.com or call 800.244.6224.

*Incentive awards may be subject to tax; you are responsible for any applicable taxes. Please consult with your personal tax advisor for assistance.
IT PAYS TO GET HEALTHY

The Cigna MotivateMe Program® rewards your healthy actions

Many of you are already completing healthy actions – like completing annual physical, getting a preventive dental exam, even working to lower your stress - and leaving money on the table! All it takes is logging into mycigna.com and clicking the “Wellness” tab. Cigna takes care of the rest – even reviewing submitted claims so you don’t have to.

<table>
<thead>
<tr>
<th>Get a personalized health assessment</th>
<th>$25 gift card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete my annual physical (preventive exam)</td>
<td>$50 gift card</td>
</tr>
<tr>
<td>Get my annual OB/GYN exam (preventive exam)</td>
<td>$50 gift card</td>
</tr>
<tr>
<td>Get my mammogram (preventive exam)</td>
<td>$50 gift card</td>
</tr>
<tr>
<td>Get my colon cancer screening (preventive exam)</td>
<td>$50 gift card</td>
</tr>
<tr>
<td>Talk to a health coaching and make progress to overcome a chronic health problem</td>
<td>$50 gift card</td>
</tr>
<tr>
<td>Get help improving lifestyle habits – tobacco</td>
<td>$25 gift card</td>
</tr>
<tr>
<td>Get help improving lifestyle habits – weight</td>
<td>$25 gift card</td>
</tr>
<tr>
<td>Get help improving lifestyle habits – stress</td>
<td>$25 gift card</td>
</tr>
<tr>
<td>Select &amp; add your Cigna care designated provider to your health team</td>
<td>$25 gift card</td>
</tr>
<tr>
<td>Receive care from you Cigna designated provider</td>
<td>$25 gift card</td>
</tr>
<tr>
<td>Get a preventive dental exam</td>
<td>$25 gift card</td>
</tr>
<tr>
<td>Participate in the Cigna Fitness Challenge</td>
<td>$25 gift card</td>
</tr>
</tbody>
</table>

Complete a combination of healthy actions for a max of $125 in gift card rewards!
When leaving the office is easier said than done.

Employees can get care whenever and wherever with minor medical and behavioral/mental health virtual care.

Your employees’ lives are demanding. It’s hard for them to find time to take care of themselves as it is, never mind when they’re not feeling well. That’s why health plans through Cigna include access to medical and behavioral/mental health virtual care. Whether they’ve got meetings all day or they just don’t have the time or energy to go anywhere but home after work, employees can:

- Access care from just about anywhere via video or phone.
- Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Access board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to a local pharmacy, if appropriate.

Convenient, not costly.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.
Minor medical virtual care
Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

MDLIVE providers can also conduct virtual wellness screenings.

Behavioral/Mental health virtual care
Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men’s issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women’s issues

Virtual care options
Cigna partners with MDLIVE® for minor medical and behavioral/mental health virtual care.* This can be accessed via myCigna.com. Additionally, Cigna’s in-network medical and behavioral providers also provide access to virtual medical and behavioral care, including virtual counseling.

Connect with virtual care your way.
- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on myCigna.com
- Schedule an appointment with an MDLIVE provider or licensed therapist on myCigna.com
- Call MDLIVE 24/7 at 888.726.3171

Encourage your employees to access virtual care whenever and wherever they need it.

Virtual medical care is available from MDLIVE. Behavioral/mental health virtual care is available from MDLIVE.

*Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan’s network and may not be available in all areas or under all plan types. A primary care provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.


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We are pleased to provide you with dental coverage through CIGNA. Below is a summary of the benefit. Refer to the plan description for full plan details.

<table>
<thead>
<tr>
<th><strong>Basic Information</strong></th>
<th><strong>PPO</strong></th>
<th><strong>DHMO PLAN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Provider Required</strong></td>
<td>CIGNA DPPO</td>
<td>All Other Providers</td>
</tr>
<tr>
<td><strong>Deductible (Individual/Family)</strong></td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Calendar Year</td>
<td>Calendar Year</td>
</tr>
<tr>
<td><strong>Deductible Applies To</strong></td>
<td>Type II &amp; III</td>
<td>Type II &amp; III</td>
</tr>
<tr>
<td><strong>Dental Benefit Year Maximum</strong></td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Preventive Care Applies to Maximum</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Dependent (Unmarried) Child Age Limit</strong></td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Child &amp; Adult</td>
<td>Child &amp; Adult</td>
</tr>
<tr>
<td><strong>Type I – Diagnostic &amp; Preventive</strong></td>
<td>100% No Ded.</td>
<td>100% No Ded.</td>
</tr>
<tr>
<td><strong>Frequency of Exams/Cleanings</strong></td>
<td>Twice Per Year</td>
<td>Twice Per Year</td>
</tr>
<tr>
<td><strong>Type II – Basic Services</strong></td>
<td>80% after Ded.</td>
<td>80% after Ded.</td>
</tr>
<tr>
<td><strong>Type III – Major Services</strong></td>
<td>50% after Ded.</td>
<td>50% after Ded.</td>
</tr>
<tr>
<td><strong>Type IV – Orthodontic Services</strong></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Periodontic Coverage</strong></td>
<td>Type II</td>
<td>Type II</td>
</tr>
<tr>
<td><strong>Endodontic Coverage</strong></td>
<td>Type II</td>
<td>Type II</td>
</tr>
<tr>
<td><strong>Implants</strong></td>
<td>Type III</td>
<td>Type III</td>
</tr>
<tr>
<td><strong>Reasonable and Customary</strong></td>
<td>N/A</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Waiting Period (12 months)</strong></td>
<td>50% coverage on Type III and IV</td>
<td>50% coverage on Type III and IV</td>
</tr>
<tr>
<td><strong>Waiting Period Applies To:</strong></td>
<td>Late Entrants</td>
<td>Late Entrants</td>
</tr>
<tr>
<td><strong>Network Provider Required</strong></td>
<td>CIGNA DPPO</td>
<td>All Other Providers</td>
</tr>
<tr>
<td><strong>Deductible (Individual/Family)</strong></td>
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<td>$50/$150</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Calendar Year</td>
<td>Calendar Year</td>
</tr>
<tr>
<td><strong>Deductible Applies To</strong></td>
<td>Type II &amp; III</td>
<td>Type II &amp; III</td>
</tr>
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<td>$2,000</td>
</tr>
<tr>
<td><strong>Preventive Care Applies to Maximum</strong></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Dependent (Unmarried) Child Age Limit</strong></td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

* See HR for a Copay Schedule of Benefits, or go to MyCigna.com

** Reasonable and customary refers to the average cost of dental services in a given geographic area. If you are seeing an out-of-network provider, Cigna will use the 90th percentile of all provider charges in the geographic area to determine the plan payment amount for your dental services.
## Cigna Dental Rates

### PPO Plan

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPOUSE / DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$52.87</td>
<td>$104.98</td>
<td>$126.21</td>
<td>$196.51</td>
</tr>
<tr>
<td>Care Synergy Contribution</td>
<td>$5.93</td>
<td>$10.81</td>
<td>$15.18</td>
<td>$17.08</td>
</tr>
<tr>
<td>Employee Contribution</td>
<td>$46.94</td>
<td>$94.17</td>
<td>$111.03</td>
<td>$179.43</td>
</tr>
</tbody>
</table>

### DHMO Plan

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPOUSE / DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$13.99</td>
<td>$25.87</td>
<td>$35.38</td>
<td>$42.50</td>
</tr>
<tr>
<td>Care Synergy Contribution</td>
<td>$9.37</td>
<td>$17.32</td>
<td>$23.69</td>
<td>$28.45</td>
</tr>
<tr>
<td>Employee Contribution</td>
<td>$4.62</td>
<td>$8.55</td>
<td>$11.69</td>
<td>$14.05</td>
</tr>
</tbody>
</table>

Reminder: It is the team member’s responsibility to confirm dentist participation in the DHMO plan.
Vision Insurance

VSP

Care Synergy offers a voluntary vision plan through VSP for team members and their family members. You can search for providers by visiting www.vsp.com.

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CARE SYNERGY AND VSP

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It’s easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLVISION EXAM</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>PRESCRIPTION GLASSES</td>
<td>$150 featured frame brands allowance</td>
<td>$25</td>
<td>See frame and lenses</td>
</tr>
<tr>
<td>FRAME</td>
<td>$130 frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENSES</td>
<td>20% savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEN ENHANCEMENTS</td>
<td>$150 Walmart*/Sam’s Club® frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$70 Costco® frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENS</td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impact-resistant lenses for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTACTS (INSTEAD OF</td>
<td>$130 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>GLASSES)</td>
<td>Contact lens exam (fitting and evaluation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIMARY EYECARE™</td>
<td>Retinal screening for members with diabetes</td>
<td>$0</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Additional exams and services for members with diabetes, glaucoma,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or age-related macular degeneration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment and diagnoses of eye conditions, including pink eye, vision loss,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and cataracts available for all members. Limitations and coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with your medical coverage may apply. Ask your VSP doctor for details.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MONTHLY

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + SPouse / DOMESTIC PARTNER</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost</td>
<td>$8.62</td>
<td>$13.79</td>
<td>$14.08</td>
<td>$22.70</td>
</tr>
<tr>
<td>Employee Cost</td>
<td>$8.62</td>
<td>$13.79</td>
<td>$14.08</td>
<td>$22.70</td>
</tr>
</tbody>
</table>

GET YOUR PERFECT PAIR

EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS®

SEE MORE BRANDS AT VSP.COM/OFFERS.

UP TO 40% SAVINGS ON LENS ENHANCEMENTS
Welcome!

We're so glad you're here. There's a retirement plan waiting for you! In just a few steps, you'll be on your way. Here's what to expect.

Get your account set up
Visit principal.com/Welcome or use the Principal® app. You can also text ENROLL to 78259.

Set your contribution
Contributions are one way to help your savings work hard for you. To learn more, visit principal.com/MatchEnrollmentWebinar.

Check out the plan's investments
Each investment is different, and you can choose based on your goals and how you feel about risk. You can also pick from the plan's investment options later. But by picking it later, you understand that until you make a new investment selection, you're directing contributions to the plan's default.*

For a full listing, refer to the Investment Option Summary.

*The plan’s participant level default is: American Funds Target Retirement Fund R6. See Investment Option Summary for important information. If the default is a target date fund series, the applicable target date fund will be based on the plan’s normal retirement date.
See your retirement savings in one place

We’ll help you roll eligible outside retirement savings into your retirement account.

Designate a beneficiary

Don’t leave the decision up to someone else if something happens to you before retirement. Always designate a beneficiary to ensure the money in your account goes to a loved one.

Keep in touch

Staying in the know when it comes to retirement planning is a pretty good idea. We’ll send you educational information about what’s important to you.
ELIGIBILITY FOR PARTICIPATION

Eligible Employee-Elective Deferrals
You are an “Eligible Employee” if you are employed by Comfort Bridge dba Care Synergy or any affiliate who has adopted the Plan. However, you are not an “Eligible Employee” if you are a member of any of the following classes of employee:
1. Employees who are non-resident aliens.
2. Employees who are students performing services described in Code section 3121(b)(10).

Eligible Employee-Other Contributions
For purposes of Matching Contributions, the term “Eligible Employee” will have the same meaning as specified above under “Eligible Employee-Elective Deferrals.”

Time of Participation-All Contributions
If you are an Eligible Employee, you will become a participant eligible for purposes of Elective Deferrals and Matching Contributions on the first day of your employment coincident with the date you first perform an Hour of Service as an Eligible Employee.

Matching Contributions
• If you make an Elective Deferral, the Company will make a Matching Contribution on your behalf in an amount equal to 50% of your contributions that are not in excess of 8% of your compensation.
• Matching Contributions are allocated to your account at the discretion of the Company. Complicated provisions of the Internal Revenue Code may also further restrict matching contributions for highly compensated employees.

Vesting
Participant Contributions
Vesting = Ownership. You are always vested in what you contribute – your money is yours! When does the company match in your account actually belong to you?
1. At your Date of Hire two-year anniversary you are 50% invested, upon reaching your three-year anniversary, you are 100% vested.
2. If you leave/change jobs/retire and you worked here two years but didn’t hit your three-year anniversary, you can take all of what you contributed and HALF of the company match in your account. Once you reach your three-year anniversary your entire account balance is yours.
3. The number of years you work will dictate how much of the company match you get to take with you when you leave: if you work here less than two years, you don’t take the match with you; if you work here two years you can take half the match with you; if you work here three years (or more) you can take all the match.
Matching Contributions

Your interest in your Matching Contribution Account will vest based on your Years of Vesting Service (defined below) in accordance with the following schedule:

<table>
<thead>
<tr>
<th>Years of Vesting</th>
<th>Vesting Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>0%</td>
</tr>
<tr>
<td>One year but less than two years</td>
<td>0%</td>
</tr>
<tr>
<td>Two years but less than three years</td>
<td>50%</td>
</tr>
<tr>
<td>Three years but less than four years</td>
<td>100%</td>
</tr>
<tr>
<td>Four years but less than five years</td>
<td>100%</td>
</tr>
<tr>
<td>Five years but less than six years</td>
<td>100%</td>
</tr>
<tr>
<td>Six or more years</td>
<td>100%</td>
</tr>
</tbody>
</table>

Notwithstanding the foregoing, you will become fully (100%) vested upon (1) your attainment of Normal Retirement Age while an employee of the Company, (2) your death while an employee of the Company, or (3) the date you suffer a disability while an employee of the Company.
SunLife Disability Insurance

Care Synergy offers you the opportunity to purchase short- and long-term disability insurance through SunLife. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any benefit payments you receive are not taxed.

<table>
<thead>
<tr>
<th><strong>Short Term Disability</strong></th>
<th><strong>Long Term Disability</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit after your claim is approved</td>
<td>You will receive a check for your benefits on a <strong>weekly</strong> basis. It will replace <strong>60%</strong> of your Total Weekly Earnings, up to <strong>$1,500</strong> each week.</td>
</tr>
<tr>
<td>When benefits begin</td>
<td>You will receive a check for your benefits on a <strong>monthly</strong> basis. It will replace <strong>60%</strong> of your Total Monthly Earnings, up to <strong>$11,000</strong> each month.</td>
</tr>
<tr>
<td>Benefits may be paid for</td>
<td>Benefits begin as soon as <strong>15 days</strong> from the date you are unable to work due to an injury and <strong>15 days</strong> due to an illness.</td>
</tr>
<tr>
<td>Additional plan info</td>
<td>Benefits begin as soon as <strong>90 days</strong> from the date of your disability.</td>
</tr>
<tr>
<td></td>
<td>Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.</td>
</tr>
<tr>
<td></td>
<td>This plan provides a benefit for covered disabilities resulting from illness or injury that are <strong>not work-related</strong>.</td>
</tr>
<tr>
<td></td>
<td>This plan provides a benefit for covered disabilities resulting from illness or injury that occur <strong>on or off</strong> the job.</td>
</tr>
</tbody>
</table>

**COMMON CAUSES OF SHORT-TERM DISABILITY**

- Pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

**COMMON CAUSES OF LONG-TERM DISABILITY**

- Musculoskeletal conditions
- Circulatory condition
- Cancer
- Nervous system disorders
- Injuries
SunLife Disability Rates

**Employee - monthly** rate for Short-Term Disability. Short-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate. Follow the example below to figure out your monthly and pay period costs.

### STD Rate calculation table

<table>
<thead>
<tr>
<th>Your age</th>
<th>STD Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$1.055</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$1.203</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.950</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.741</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.637</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.593</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.698</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.889</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$1.081</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$1.203</td>
</tr>
<tr>
<td>70+</td>
<td>$1.203</td>
</tr>
</tbody>
</table>

**Example**

Multiply Example

Weekly benefit 

Multiply by rate 

Monthly cost 

Divide by your number of pay periods per year 

Estimated cost per pay period

<table>
<thead>
<tr>
<th>Example weekly benefit (60% of earnings)</th>
<th>Divide by 10</th>
<th>Multiply by rate</th>
<th>Example monthly cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$350</td>
<td>10 = 35</td>
<td>1.055</td>
<td>$36.93</td>
</tr>
</tbody>
</table>

**Your weekly benefit (60% of earnings)**

Multiply by rate

**Your monthly cost**

Divide by your number of pay periods per year 

Estimated cost per pay period

| $___________ | 10 = ________ | ________ | ________ | ________ | ________ |
|--------------|---------------|---------|----------|----------|

**Your monthly cost**

Multiply by 12 months

Annual cost

Divide by your number of pay periods per year 

Estimated cost per pay period

| $___________ | 12           | ________ | ________ | ________ | ________ |
|--------------|--------------|---------|----------|----------|

### LTD Rate calculation table

<table>
<thead>
<tr>
<th>Your age</th>
<th>LTD Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.210</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.347</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.526</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.878</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$1.222</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$1.561</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$1.691</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$1.902</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$2.175</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$1.876</td>
</tr>
<tr>
<td>70+</td>
<td>$1.034</td>
</tr>
</tbody>
</table>

**Employee - monthly** rate for Long-Term Disability. Long-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction. Find your age bracket (as of the effective date of coverage) to see your rate. Follow the example below to figure out your monthly and pay period costs.

**Example**

Multiply Example

Monthly earnings 

Divide by 100 

Multiply by rate 

Monthly cost 

Divide by your number of pay periods per year 

Estimated cost per pay period

<table>
<thead>
<tr>
<th>Example monthly earnings</th>
<th>Divide by 100</th>
<th>Multiply by rate</th>
<th>Example monthly cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500</td>
<td>100 = 25</td>
<td>0.210</td>
<td>$5.25</td>
</tr>
</tbody>
</table>

**Your monthly earnings**

Multiply by rate

**Your monthly cost**

Divide by your number of pay periods per year 

Estimated cost per pay period

| $___________ | 100 = ________ | ________ | ________ | ________ | ________ |
|--------------|---------------|---------|----------|----------|

**Your monthly cost**

Multiply by 12 months

Annual cost

Divide by your number of pay periods per year 

Estimated cost per pay period

| $___________ | 12           | ________ | ________ | ________ | ________ |
|--------------|--------------|---------|----------|----------|

*Contact Human Resources to confirm your part of the cost.
Basic Life and AD&D from SunLife

Care Synergy provides you with a Basic Life and Accidental Death & Dismemberment plan at no cost to you. It is important to have up-to-date beneficiary information on file. Please update your beneficiaries in UKG.

PROTECTS YOUR LOVED ONES
Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS PAY YOUR FINAL EXPENSES
Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

**BASIC LIFE**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Description</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Benefit Amount</td>
<td>1x Annual Earnings up to $500,000*</td>
<td></td>
</tr>
<tr>
<td>AD&amp;D Benefit Amount</td>
<td>Same as Life</td>
<td></td>
</tr>
<tr>
<td>Minimum Benefit</td>
<td>$25,000</td>
<td></td>
</tr>
<tr>
<td>Rounding Method</td>
<td>To the $1,000</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER BENEFIT INFORMATION**

<table>
<thead>
<tr>
<th>Reduction of Benefits</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>To Age 65: To 65%</td>
</tr>
<tr>
<td>Level 2</td>
<td>At Age 70: To 50%</td>
</tr>
<tr>
<td>Level 3</td>
<td>At Age 75: To 35%</td>
</tr>
</tbody>
</table>

Even among people who have life insurance, about 1 in 5 say they don’t have enough.

What is my AD&D benefit?
We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

*If the life benefit amount exceeds $50,000, Care Synergy must impute, as taxable income, the cost of the additional coverage.
Voluntary Life and AD&D from SunLife

Care Synergy provides you with the option to purchase an additional Life and Accidental Death & Dismemberment plan. This plan allows you to cover your spouse and dependent children.

<table>
<thead>
<tr>
<th>VOLUNTARY LIFE BENEFITS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For you</strong></td>
<td>You can choose from $1,000 to $500,000—in increments of $1,000 <strong>not to exceed 5 times</strong> your Basic Annual Earnings. No medical questions asked <strong>up to the Guaranteed Issue amount of $180,000</strong>. Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.</td>
</tr>
<tr>
<td><strong>For your spouse</strong></td>
<td>If you elect coverage for yourself, you can choose from $1,000 to $500,000—in increments of $1,000. No medical questions asked <strong>up to the Guaranteed Issue amount of $25,000</strong>. The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.</td>
</tr>
<tr>
<td><strong>For your child(ren)</strong></td>
<td>If you elect coverage for yourself, you can choose $1,000 to $10,000—in $1,000 increments. No medical questions asked. The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VOLUNTARY AD&amp;D BENEFITS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Accidental Death &amp; Dismemberment may be purchased separately from Voluntary Life at the same schedule as above. See Voluntary AD&amp;D plan certificate by contacting HR or logging on or on the Flimp Virtual Benefits Showcase.</td>
<td></td>
</tr>
</tbody>
</table>

Do I need to answer any health questions to enroll?
Yes, if you request an amount higher than the Guaranteed Issue amount. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.
## Voluntary Life and AD&D Rates

### Monthly Rates (per $1,000 of Volume)

<table>
<thead>
<tr>
<th>Life Rate (per $1,000)</th>
<th>Employee/Spouse(^{11})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt;24</td>
<td>$0.05</td>
</tr>
<tr>
<td>Age 25-29</td>
<td>$0.06</td>
</tr>
<tr>
<td>Age 30-34</td>
<td>$0.08</td>
</tr>
<tr>
<td>Age 35-39</td>
<td>$0.09</td>
</tr>
<tr>
<td>Age 40-44</td>
<td>$0.13</td>
</tr>
<tr>
<td>Age 45-49</td>
<td>$0.25</td>
</tr>
<tr>
<td>Age 50-54</td>
<td>$0.35</td>
</tr>
<tr>
<td>Age 55-59</td>
<td>$0.50</td>
</tr>
<tr>
<td>Age 60-64</td>
<td>$0.66</td>
</tr>
<tr>
<td>Age 65-69</td>
<td>$1.27</td>
</tr>
<tr>
<td>Age 70-74</td>
<td>$4.00</td>
</tr>
<tr>
<td>Age 75+</td>
<td>$4.00</td>
</tr>
</tbody>
</table>

### AD&D Rate (per $1,000)

- $0.028

\(^{11}\)Employee must elect Voluntary coverage in order to extend coverage to spouse or child(ren)

### Child Life Rate

- $0.20 per $1,000
- $0.028

### Child AD&D Rate

- 6 months

### Full child benefit begins at

- Birth to 14 days: $1,000
- 14 days to 6 months: $1,000

\(^{1}\)Spouse rate per $1,000 is based upon employee’s age

\(^{2}\)Child age limit is 26 years of age.
Additional Benefits

SunLife Accident Coverage

HELPS YOUR FINANCES AFTER A MISHAP
When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, childcare, deductibles and co-pays.

What’s more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

<table>
<thead>
<tr>
<th>DISLOCATIONS</th>
<th>OPEN (SURGERY)</th>
<th>CLOSED (NO SURGERY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>$6,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Knee, ankle, or bones of the foot</td>
<td>$3,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Elbow, wrist, Shoulder or Lower jaw</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td>Finger(s) or toe(s)</td>
<td>$400</td>
<td>$200</td>
</tr>
<tr>
<td>FRACTURES</td>
<td>OPEN (SURGERY)</td>
<td>CLOSED (NO SURGERY)</td>
</tr>
<tr>
<td>Bones of the face, Nose or Multiple ribs</td>
<td>$1,500</td>
<td>$750</td>
</tr>
<tr>
<td>Leg</td>
<td>$2,500</td>
<td>$1,250</td>
</tr>
<tr>
<td>Vertebrae, Sternum or Pelvis</td>
<td>$2,400</td>
<td>$1,200</td>
</tr>
<tr>
<td>Lower jaw, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel</td>
<td>$900</td>
<td>$450</td>
</tr>
<tr>
<td>Collarbone</td>
<td>$900</td>
<td>$350</td>
</tr>
<tr>
<td>Rib or Coccyx</td>
<td>$600</td>
<td>$300</td>
</tr>
<tr>
<td>Finger or Toe</td>
<td>$300</td>
<td>$150</td>
</tr>
</tbody>
</table>

ADDITIONAL INJURIES

- Eye Injury - surgical repair | object remove | $300 | $300
- Paralysis—paraplegia | quadriplegia | $25,000 | $50,000
- Coma | | $10,000 |
- Concussion | | $150 |

BURNS

- 20 square centimeters – 225 square centimeters | 2ND DEGREE | 3RD DEGREE |
| Skin graft | $400 - $2,000 | $1,000 - $20,000 |

LACERATIONS

- No sutures and treated by doctor - Greater than 15 cm with sutures (total of all lacerations) | $35 - $700

WELLNESS – Get $50 each year with your annual preventive care exam ($0 on both plans) | $50

LIFE AND DISMEMBERMENT LOSSES*

- Accidental Death | $50,000
- Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance) | $150,000

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Cost per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$12.38</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$20.20</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$23.34</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$31.16</td>
</tr>
</tbody>
</table>
SunLife Critical Illness Coverage

HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.
When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

HELPS COVER RELATED EXPENSES.
Use your benefit to help with related expenses like lost income, childcare, travel to and from treatment, deductibles and co-pays.

PAYS A CASH BENEFIT DIRECTLY TO YOU.
Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have. Just like Accident, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

### Critical Illness Benefits

<table>
<thead>
<tr>
<th>For you</th>
<th>You can choose <strong>$10,000</strong> or <strong>$20,000</strong> of coverage. No medical questions asked.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For your spouse</td>
<td>If you elect coverage for yourself, you can choose <strong>$5,000</strong> or <strong>$10,000</strong> of coverage. No medical questions asked. Not to exceed 50% of your coverage amount.</td>
</tr>
<tr>
<td>For your child(ren)—to age 26</td>
<td>If you elect coverage for yourself, you can choose <strong>$5,000</strong> or <strong>$10,000</strong> of coverage. No medical questions asked. Not to exceed 50% of your coverage amount.</td>
</tr>
</tbody>
</table>

### Covered conditions – The plan pays 100% of the benefit amount unless stated otherwise

| Core Conditions | Heart Attack® End-Stage Kidney Disease® Occupational HIV/Hepatitis B, C or D Stroke® Coronary Artery Bypass Graft® (pays 25%) Major Organ Failure® |
| Cancer Conditions | Invasive Cancer® Noninvasive Cancer® (Pays 25%) Skin Cancer® (Pays 5%) |
| Other Conditions | Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma Severe Burns Advanced ALS/Lou Gehrig’s Disease Advanced Parkinson’s Disease (pays 25%) Advanced Alzheimer’s Disease (pays 25%) |

| Wellness Screening Benefit | Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening. | Employee $50 Spouse $50 Child $50 |

*® Recurrence benefit available. See plan certificate for details.*
# SunLife Critical Illness Rates

Rates are effective as of January 1, 2024.

The chart below shows possible coverage amounts and their *monthly* costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

## Employee Critical Illness - Non-tobacco rates ! Age and monthly cost

<table>
<thead>
<tr>
<th>Coverage amounts</th>
<th>&lt;25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>3.00</td>
<td>3.60</td>
<td>4.50</td>
<td>5.90</td>
<td>7.70</td>
<td>9.80</td>
<td>12.20</td>
<td>16.20</td>
<td>22.40</td>
<td>32.70</td>
<td>51.20</td>
<td>76.00</td>
</tr>
<tr>
<td>$20,000</td>
<td>6.00</td>
<td>7.20</td>
<td>9.00</td>
<td>11.80</td>
<td>15.40</td>
<td>19.60</td>
<td>24.40</td>
<td>32.40</td>
<td>44.80</td>
<td>65.40</td>
<td>102.40</td>
<td>152.00</td>
</tr>
</tbody>
</table>

## Employee Critical Illness - Tobacco rates ! Age and monthly cost

<table>
<thead>
<tr>
<th>Coverage amounts</th>
<th>&lt;25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>3.00</td>
<td>4.20</td>
<td>5.40</td>
<td>7.60</td>
<td>10.10</td>
<td>14.20</td>
<td>18.20</td>
<td>25.30</td>
<td>35.10</td>
<td>45.60</td>
<td>67.20</td>
<td>93.50</td>
</tr>
<tr>
<td>$20,000</td>
<td>6.00</td>
<td>8.40</td>
<td>10.80</td>
<td>15.20</td>
<td>20.20</td>
<td>28.40</td>
<td>36.40</td>
<td>50.60</td>
<td>70.20</td>
<td>91.20</td>
<td>134.40</td>
<td>187.00</td>
</tr>
</tbody>
</table>

## Spouse Critical Illness - Non-Tobacco rates ! Age and monthly cost

<table>
<thead>
<tr>
<th>Coverage amounts</th>
<th>&lt;25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>1.50</td>
<td>1.80</td>
<td>2.25</td>
<td>2.95</td>
<td>3.85</td>
<td>4.90</td>
<td>6.10</td>
<td>8.10</td>
<td>11.20</td>
<td>16.35</td>
<td>25.60</td>
<td>38.00</td>
</tr>
<tr>
<td>$10,000</td>
<td>3.00</td>
<td>3.60</td>
<td>4.50</td>
<td>5.90</td>
<td>7.70</td>
<td>9.80</td>
<td>12.20</td>
<td>16.20</td>
<td>22.40</td>
<td>32.70</td>
<td>51.20</td>
<td>76.00</td>
</tr>
</tbody>
</table>

## Spouse Critical Illness - Tobacco rates ! Age and monthly cost

<table>
<thead>
<tr>
<th>Coverage amounts</th>
<th>&lt;25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>1.50</td>
<td>2.10</td>
<td>2.70</td>
<td>3.80</td>
<td>5.05</td>
<td>7.10</td>
<td>9.10</td>
<td>12.65</td>
<td>17.55</td>
<td>22.80</td>
<td>33.60</td>
<td>46.75</td>
</tr>
<tr>
<td>$10,000</td>
<td>3.00</td>
<td>4.20</td>
<td>5.40</td>
<td>7.60</td>
<td>10.10</td>
<td>14.20</td>
<td>18.20</td>
<td>25.30</td>
<td>35.10</td>
<td>45.60</td>
<td>67.20</td>
<td>93.50</td>
</tr>
</tbody>
</table>

## Child(ren) Critical Illness

<table>
<thead>
<tr>
<th>Coverage amounts</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>0.50</td>
</tr>
<tr>
<td>$10,000</td>
<td>1.00</td>
</tr>
</tbody>
</table>
SunLife Hospital Indemnity Coverage

HELPS PROTECT YOUR FINANCES FROM A HOSPITAL STAY.

If you, your spouse or children suffer an injury or illness that requires hospital admission or overnight stay, Hospital Indemnity coverage from SunLife can help offset those expenses. Just like Accident and Critical Illness, this valuable benefit pays directly to you, to use how you see fit.

### Hospital Indemnity Benefits

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

### First Day Benefits Payable per benefit year

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Payable per Benefit Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day hospital confinement</td>
<td>$1,500 per day 1 day</td>
</tr>
<tr>
<td>First day ICU confinement</td>
<td>$1,500 per day 1 day</td>
</tr>
</tbody>
</table>

### Confinement Benefits Payable per benefit year

- Hospital confinement
  - This benefit pays for a hospital stay in a standard room. Payable with:
    - First day hospital confinement benefit
  - $200 per day Up to 30 days

- Intensive Care Unit (ICU) confinement
  - This benefit pays for a hospital ICU stay. Payable with:
    - First day hospital confinement benefit
  - $200 per day Up to 30 days

- Wellness screening benefit
  - This benefit pays for a covered wellness test or exam even without a hospital stay.
  - $50

### Coverage Monthly Rate

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$25.90</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$54.90</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$42.85</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$71.85</td>
</tr>
</tbody>
</table>
Long-term Care Insurance - LTC SOLUTIONS, INC.

What is LTC Insurance?

Long-term care insurance is designed to pay for custodial care once you are in need of assistance with two or more Activities of Daily Living or have a cognitive impairment like dementia or Alzheimer’s.

Long-term care insurance will pay for care received at home, in a nursing home or assisted living facility.

The Cost

Nursing home costs are averaging $105,000 per year. With an average length of stay at 2.4 years, total costs can exceed $278,000.

<table>
<thead>
<tr>
<th>2020 (CO) Annual Cost / Average Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Care</strong> x 3 Years</td>
</tr>
<tr>
<td>$64,000</td>
</tr>
<tr>
<td><strong>Assisted Living</strong> x 2.5-3 Years</td>
</tr>
<tr>
<td>$54,900</td>
</tr>
<tr>
<td><strong>Nursing Home</strong> x 2.4 Years</td>
</tr>
<tr>
<td>$116,800</td>
</tr>
</tbody>
</table>

The Risk

56% of couples without long-term care insurance spend their income down to the poverty level after one partner has spent 6 months in a nursing home. Compared to using other lines of personal insurance, long-term care is the highest risk.

Care Synergy’s Plan Highlights

<table>
<thead>
<tr>
<th>Benefit Features</th>
<th>Available Plan Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Benefit Bank</td>
<td></td>
</tr>
<tr>
<td><em>Nursing Home Facility</em> (100%)</td>
<td>$50,000</td>
</tr>
<tr>
<td><em>(100%) Assisted Living</em> Facility (100%) Professional Home Care (100%)</td>
<td>$200,000 or $300,000</td>
</tr>
<tr>
<td>Monthly Access Limit</td>
<td>2% of Total Benefit Bank</td>
</tr>
<tr>
<td>Inflation Protection</td>
<td>None, 1% Compound, 3% or 5% compound</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>90 days</td>
</tr>
</tbody>
</table>
Care Synergy’s LTC Plan

Care Synergy has partnered with LTC Solutions, Inc., an expert in the long-term care insurance marketplace and LifeSecure, a well-established carrier in the industry. Together, we bring you the opportunity to purchase a valuable long-term care insurance plan with discounted group rates.

How Much Does a Plan Cost?

Every benefit dollar makes a difference when you need care. LifeSecure offers many plan choices, allowing you to choose a plan that offers enough coverage to be meaningful to you and your family at an affordable rate.

To give you an idea of pricing, here are some examples of monthly premiums for a $100,000 benefit bank, 2% monthly access limit, no inflation plan, no marital discount.

<table>
<thead>
<tr>
<th>AGE</th>
<th>MONTHLY PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>$29.25</td>
</tr>
<tr>
<td>35</td>
<td>$34.00</td>
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<tr>
<td>40</td>
<td>$40.17</td>
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<td>45</td>
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</tr>
<tr>
<td>60</td>
<td>$96.83</td>
</tr>
<tr>
<td>65</td>
<td>$140.08</td>
</tr>
</tbody>
</table>

***Actual rates will vary based on state of residence, age of applicant, plan design, and applicable marital discount.***

How Are Premiums Paid?

Employee and spouse / domestic partner premiums will be payroll deducted.

If you leave Care Synergy, you will have the opportunity to continue your coverage at the same rate.

For More Information

Visit
www.myltcguide.com/caresynergy

Call
(877) 286-2852

Email
LTGBenefitsTeam@ltc-solutions.com

2 Based on an 8-hour day for a homemaker at $19/hour to a home health aide for $21/hour.
3 Health Insurance Association of America
5 Bureau of the Census Data, 2000 and 2000 data collected from the federal Highway Administration, November 2001
7 Long-Term Care. AHRQ Focus on Research. AHRQ Pub No. 02-M028, March 2002. Agency for Healthcare Research & Quality
9 Active employees ages 18-69 working at least 20+ hours per week.
10 Active employees ages 18-64 working at least 20+ hours per week. Eligible employees ages 65-69 may apply with full underwriting. Spouses ages 18-49 working 20+ hours per week for their employer may apply with reduced underwriting provided the eligible employee also applies for coverage. Spouses ages 50-69 may apply with full underwriting.
As an employee, you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

- 3 face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- Legal assistance: 30-minute consultation with an attorney, face-to-face or by phone. *
- Financial: 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- Parenting: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- Eldercare: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- Identity theft: 60-minute consultation with a fraud resolution specialist.

We’re here to listen. Contact us any day, anytime.

Call 877.622.4327
Or log in to myCigna.com.
Employer ID: caresynergy
(Needed for initial registration only)
If already registered on myCigna.com, simply log in and go to the EAP link under the Review My Coverage tab.

Together, all the way.™

*Employment-related legal issues are not covered.
Some work/life services offered under the Cigna Employee Assistance Program may be provided by a Cigna contracted third-party vendor.
All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Behavioral Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

838614 e 04/18 © 2018 Cigna. Some content provided under license.
Confidential Emotional Support
Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:
- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions
Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:
- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance
Talk to our attorneys for practical assistance with your most pressing legal issues, including:
- Divorce, adoption, family law, wills, trusts and more
Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources
Our financial experts can assist with a wide range of issues.
- Retirement, taxes, mortgages, budgeting and more
For additional guidance, we can refer you to a local financial professional and arrange to reimburse you for the cost of an initial one-hour in-person consult.

Online Support
GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:
- Articles, podcasts, videos, slideshows
- On-demand trainings
- “Ask the Expert” personal responses to your questions

Help for New Parents
ParentGuidance™ supports you through the process of becoming a biological or adoptive parent, including:
- Preparing for the baby emotionally and financially
- Finding child care
- Planning for back-to-work and other issues

Free Online Will Preparation
EstateGuidance® lets you quickly and easily create a will online.
- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

What happens when I call for counseling support?
When you call, you will speak with a GuidanceConsultant®, a master’s- or PhD-level counsel who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?
The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.
If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Contact EAPBusiness Class® Anytime
No-cost, confidential solutions to life’s challenges.

Your ComPsych® GuidanceResources® program EAPBusiness Class offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.595.5281
TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant®, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com
App: GuidanceNow™
Web ID: EAPBusiness

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

GGFL-1597

Contact EAPBusiness Class Anytime
Call: 877.595.5281
TTY: 800.697.0353
Online: guidanceresources.com
App: GuidanceNow™
Web ID: EAPBusiness
Affordable Legal and Identity Theft Protection

LegalShield provides the legal and identity theft protection you and your family need and deserve.

LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Divorce
- 24/7 Emergency Legal Access

Identity Theft Services Include:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

With the LegalShield and IDShield mobile apps, you have on-the-go access, 24/7!

For more information, visit benefits.legalshield.com/caresynergy

LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Divorce
- 24/7 Emergency Legal Access

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- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

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. 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. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan (“Plan”) is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

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$23.50 PER MONTH

FAMILY PLAN

LegalShield & IDShield

$30.45 PER MONTH

FAMILY PLAN

$6.95 PER MONTH

IDShield

$12.95 PER MONTH

FAMILY PLAN

$36.45 PER MONTH

FAMILY PLAN

Employee Plan

Family Plan

Employee Plan

Family Plan

For more information, visit benefits.legalshield.com/caresynergy

On-the-go protection!
Cigna IdentityForce – Only available to those enrolled with Cigna medical

Protecting What Matters Most

Identity theft can have serious repercussions. It can hurt your credit score, taint your medical records and drain your college funds and retirement accounts – everything you’ve worked so hard to build.

IdentityForce, a TransUnion® brand, has been helping people protect their identity and credit for over 40 years, and our Certified Resolution Specialists work diligently to keep you and your family safe.

Two ways to activate your account

1. Visit https://cigna.identityforce.com/starthere
2. Call 833-580-2523

Questions?
Call Member Services at 1-833-580-2523

1Available to employees enrolled in a Cigna Healthcare® medical plan and their children in household up to age 18.

Offered by Cigna Health and Life Insurance Company

cigna.identityforce.com | 1-833-580-2523 | 1
Why Pet Insurance?

1. As a pet parent, you know how expensive vet visits can be.
2. Pet insurance is a financial safety net in case of accidents, injuries, illnesses and chronic conditions.
3. Spot pet insurance plans reimburse up to 90% of eligible vet bills.
4. Spot plans can offer thousands in coverage plan options starting at less than a cup of coffee per day.

Why Spot Pet Insurance?

Top Rated Pet Insurance
Ranked #1 Best Pet Insurance Company of 2023 by US News

Spot plans help you protect your pet in case of accidents, illnesses, and emergencies. With pet insurance plans from Spot, you can get coverage for eligible conditions including surgery, cancer treatment, prescription medications, microchip implantation, X-rays, behavioral issues, dental disease, and more!

Up to 90% Cash Back
Customize the plan that is best for your pet and get cash back on eligible vet bills. Spot plans offer reimbursement rates up to 90% and a range of annual limits to help fit your budget.

20% Member Discount
As a valued employee, you are eligible for a multi-pet discount! (a 10% employee discount on all pets, plus receive an additional 10% with pets 2, 3, 4, etc.)

24/7 VetAccess™ Helpline
Included in your Spot Pet Insurance plan is immediate access to a 24/7 telehealth helpline to ask veterinary professionals questions about pet health, behavior, and wellness. Get answers and reduce unnecessary vet visits during uncertain times.

How It Works

No Networks!
Visit Any Licensed Vet, Emergency Clinic or Specialist.

Submit Your Claim.
Send it in through our app, online, by mail, or by fax.

Get Reimbursed.
We can send a direct deposit or mail a check.

سكنية للإسمنت

https://spotpet.link/caresynergy

50
Your Payday, Reimagined

UKG Wallet has partnered with your employer to bring you a digital wallet built for every day life.

$ Decide when and how you get paid

Earned Wage Access (EWA) gets you paid before payday. Work your shift, and we’ll make a portion of that money available, giving you more control over when and how you want to use it. The funds you access simply get deducted from your next paycheck. No gimmicks, no hoops—just your money, in your hands.

- Transfer real-time to UKG Visa® Card* (FREE)
- Transfer real-time to non-UKG cards ($2.99)
- Transfer to your bank in 1-3 business days (FREE)
- Pick up cash at Walmart ($2.99)
- Apply towards an Uber ride (FREE)
- Schedule bill payments (FREE)
- Load to Amazon Cash (FREE)

Build better financial habits

Get access to free financial planning tools and exclusive discounts. With UKG Wallet, you can know what’s safe to spend and save, bringing you one step closer to reaching your goals.

- Financial Counseling
- Financial Learning
- Saving Tools
- Exclusive discounts

Access these and more in the UKG Wallet App

WWW.UKG.COM
Wellness

Care Synergy cares about you and your continued health. For the January 1, 2024 plan year, Care Synergy will continue to have a $50.00 surcharge for tobacco-users who are enrolled in the Care Synergy Cigna medical plans. You can avoid the surcharge by attesting that you are tobacco-free, or by completing a tobacco cessation program through the Cigna Quit Today Program.

Cigna Quit Today Program

Team members enrolled in the Cigna medical insurance can access the “Cigna Quit Today” program via phone or online. You can access the program online by logging onto MyCigna.com and clicking on the “My Health” tab at the top of the screen. Click on the “Health Dashboard tab, and scroll down to the bottom of the page to Cigna’s “Health Programs and Resources” section. Click the Left or Right scroll arrows to get to the “Leave Tobacco Behind for Good” option, then click on the “Quit Today” link.

Additional Smoke-Free Resources

If you are not currently enrolled in the Cigna medical plan, we still want to help you become tobacco free. Below are some free resources to help you reach your goal of becoming tobacco free in 2024!

Smokefree: https://www.smokefree.gov or 1-800-QUIT-NOW

There are text programs, daily challenges, applications with tips and the ability to monitor progress, live chat, and quit plans.

Colorado Quit Line: https://www.coquitline.org or 1-800-784-8669

Coaches available 365 days per year online, or via the telephone from 5 a.m. to 11 p.m. The website includes a guide on Preparing to Quit and other resources and tools.

This program was put in place to enhance the health and productivity of our team members. Team members that complete the 6-month program through Cigna or any of the additional free resource providers will receive premium savings on medical insurance for 2024 (if enrolled in the Cigna medical plan).

Cigna MotivateMe Program (see pages 21-22)

MotivateMe is an incentive program available to, Cigna participants, that helps you change unhealthy behaviors and rewards you for it. And that is important, because taking healthy actions will help reduce your risk of illness, disease and costly medical treatment. With MotivateMe, you will work toward achieving real results that mean a real, healthy change for you. Visit mycigna.com and click the “Wellness” tab for more information.
As Care Synergy and Affiliates team members, not only are we committed to the Mission of each Affiliate, we are also deeply committed to our fellow coworkers.

“Give ‘Em Five” is a program that allows team members to give to other team members in the event they have a personal financial emergency.

Details of the program include:

- Team members may contribute $1, $2, $3, $4, $5 or any other amount per paycheck via payroll deduction to the employee emergency fund.
- It is completely confidential for both the donor and the requestor.
- This fund is to be used when there is a financial need and when other avenues for support have been exhausted.

If you would like to participate in the program, please see Human Resources for a payroll deduction form. Once the form is completed, submit to payroll. This is a voluntary program and your deduction amount can be changed at any time.

Please contact Human Resources to request an Emergency Relief Application.
Intalere is pleased to provide you with Intalere Perks at Work, your one-stop shop for employee pricing. It leverages the purchasing power of all Intalere members and affiliates to help you save money on all of your large purchases (computers, travel, etc.) as well as everyday purchases (food, utilities, etc.). Once you register on Intalere Perks at Work, you will have access to 30,000 merchants and over 25 savings categories. Through Perks at Work, you can receive deep discounts on your favorite fashion brands including Gap, Nordstrom and Lands’ End and also save on electronics, computers, vacations and more. You also can access Intalere Exclusives* — exclusive deals with significant savings!

Activating your account is easy!
2. Click on “Sign Up” under the New User section.
3. Complete the short registration process and hit “continue” to submit your information to be verified. If an error appears, you may need to hit “continue” a second time.

Note: Once you enter your email, the company information should populate automatically; however, you may be required to enter “Intalere” as your company name and “savings12” as your company code.
4. You will then receive a link via email to validate your account; now you have access to Intalere’s Perks at Work!
5. Time to start shopping and start saving!

Intalere Perks at Work Benefits

WOWPoints. You will be awarded WOWPoints* in addition to the deep discounts you receive using Intalere Perks at Work! WOWPoints are a virtual currency that you accumulate over time. They never expire and can be used at any time to make purchases directly on the site.

Family Membership. Your account comes with a family membership. Simply logon, click on My Account and choose Family Invitations to add family members to your account.

*Most Intalere Exclusives are not eligible for WOWPoints.
Team member service awards are an important way to show staff that their contributions over the years are valued. As we continue to consolidate and provide enterprise-wide benefits, we are introducing our new Team member Service Awards Recognition Program.

For a century, Terryberry has been helping organizations develop, implement and manage team member recognition programs. Terryberry is an industry leader in team member recognition innovation. Terryberry remains a family-owned company committed to their mission of excellent customer service and care.

Terryberry will manage the program through their Web Based application that automatically alerts the Manager and Team member of their Anniversary. The Team member will receive a congratulatory email which will guide the team member to an online catalog where they can choose the perfect gift for themselves. Terryberry offers a mix of awards that appeal to a wide range of team members, with a healthy mix of traditional and life style items so that everyone is covered. The team member will also have the capability of placing their affiliate logo on the gift they choose, if they so desire.

**Awards**

<table>
<thead>
<tr>
<th>Years</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>$75.00</td>
</tr>
<tr>
<td>3 years</td>
<td>$250.00</td>
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<tr>
<td>5 years</td>
<td>$500.00</td>
</tr>
<tr>
<td>10 years</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>15 years</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>20 years</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>25 years</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>30 years</td>
<td>$3,000.00</td>
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<tr>
<td>35 Years</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>40 years</td>
<td>$4,000.00</td>
</tr>
</tbody>
</table>
Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources at CS-HR or 303-228-5647.

**MEDICAL and DENTAL**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>CIGNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group #:</td>
<td>3339544</td>
</tr>
<tr>
<td>Provider Phone Number:</td>
<td>(800) 244-6224</td>
</tr>
<tr>
<td>Provider Web Address:</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
</tbody>
</table>

**PRESCRIPTION & PHARMACY**

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Express Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Phone Number:</td>
<td>(800) 282-2881</td>
</tr>
<tr>
<td>Provider Web Address:</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
</tbody>
</table>

**TELEMEDECINE**

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Cigna MDLive</th>
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<tbody>
<tr>
<td>Provider Phone Number:</td>
<td>888-726-3171</td>
</tr>
<tr>
<td>Provider Web Address:</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
</tbody>
</table>

**VISION**

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>VSP</th>
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<tbody>
<tr>
<td>Group #:</td>
<td>30093607</td>
</tr>
<tr>
<td>Provider Phone Number:</td>
<td>(800) 877-7195</td>
</tr>
<tr>
<td>Provider Web Address:</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
</tbody>
</table>

**FLEXIBLE SPENDING ACCOUNTS/HEALTH SAVINGS ACCOUNTS**

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Rocky Mountain Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Phone Number:</td>
<td>(888) 722-1223</td>
</tr>
<tr>
<td>Provider Web Address:</td>
<td><a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a></td>
</tr>
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</table>
## Voluntary Long-Term Care

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>LTC Solutions, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Phone Number</td>
<td>877-286-2852</td>
</tr>
<tr>
<td>Provider Email</td>
<td><a href="mailto:LTCiBenefitsTeam@ltc-solutions.com">LTCiBenefitsTeam@ltc-solutions.com</a></td>
</tr>
</tbody>
</table>

## Legal & ID Theft Protection

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>LegalShield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Phone Number</td>
<td>(800) 654-7757</td>
</tr>
<tr>
<td>Provider Web Address</td>
<td><a href="http://www.benefits.legalshield.com/caresynergy">www.benefits.legalshield.com/caresynergy</a></td>
</tr>
</tbody>
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## Employee Assistance Programs

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>CIGNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Phone Number</td>
<td>(800) 926-2273</td>
</tr>
<tr>
<td>Provider Name</td>
<td>GuidanceResources</td>
</tr>
<tr>
<td>Provider Phone Number</td>
<td>877-595-5281</td>
</tr>
<tr>
<td>Provider Web Address</td>
<td>Guidanceresources.com WebID: EAPBusiness</td>
</tr>
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</table>

## Cigna Wellness

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<thead>
<tr>
<th>Provider Name</th>
<th>Cigna MotivateMe</th>
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</thead>
<tbody>
<tr>
<td>Group #:</td>
<td>3339544</td>
</tr>
<tr>
<td>Provider Phone Number</td>
<td>(800) 244-6224</td>
</tr>
<tr>
<td>Provider Web Address</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a> → Incentive Awards Program</td>
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## Decision Support

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>PLANselect/BENEFITchoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Contact</td>
<td><a href="mailto:info@planselect.net">info@planselect.net</a></td>
</tr>
<tr>
<td>Provider Web Address</td>
<td><a href="https://myplanselect.com/navigation/care_synergy/2024">https://myplanselect.com/navigation/care_synergy/2024</a></td>
</tr>
<tr>
<td>Provider Name</td>
<td>Cigna Pre-enrollment Hotline</td>
</tr>
<tr>
<td>Provider Phone Number</td>
<td>800-564-7642</td>
</tr>
<tr>
<td><strong>PERKS AT WORK</strong></td>
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</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Provider Name:</strong></td>
<td>Intalere Perks at Work</td>
</tr>
<tr>
<td><strong>Provider Phone Number:</strong></td>
<td>877-711-5600</td>
</tr>
<tr>
<td><strong>Provider Web Address:</strong></td>
<td><a href="https://www.intalere.com/about-us/">https://www.intalere.com/about-us/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SERVICE REWARDS</strong></th>
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<tr>
<td><strong>Provider Name:</strong></td>
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<td><strong>Provider Phone Number:</strong></td>
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<td><strong>Provider Web Address:</strong></td>
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<th><strong>403(b)</strong></th>
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<tr>
<td><strong>Provider Name:</strong></td>
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<tr>
<td><strong>Provider Phone Number:</strong></td>
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<td><strong>Provider Web Address:</strong></td>
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Medicare Part D Creditability Notice

When you or a family member becomes eligible for Part D (Medicare’s prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable

### CREDIBLE COVERAGE

<table>
<thead>
<tr>
<th>Cigna HDHP</th>
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<td>Cigna PPO</td>
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Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at [https://www.medicare.gov/forms-help-other-resources/contact-medicare](https://www.medicare.gov/forms-help-other-resources/contact-medicare)

**Women’s Health And Cancer Rights Act (WHCRA)**

Enrolled individuals may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For 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 the medical plan. If you would like more information on WHCRA benefits, please contact HR.

**Non-grandfathered Medical Plan Appeals Processes**

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.
Medicare Part D Creditable Coverage Frequently Asked Questions

- The Centers for Medicare and Medicaid Services (CMS) Creditable Coverage website provides complete text of the guidance and model disclosure templates published by CMS, and may be a helpful resource to both employers and their employees. Updates are made regularly, so please check the websites often for the most up-to-date information.

- Are Part D eligibles required to enroll in Part D?
- Medicare beneficiaries who have other sources of drug coverage – through a current or former employer or union, for example – may stay in that plan and choose not to enroll in the Medicare drug plan. If their other coverage is at least as good as the new Medicare drug benefit (and therefore considered “creditable coverage”), then beneficiaries may continue to get the high-quality care they have now as well as avoid higher payments later if they sign up for the Medicare drug benefit. Eligible members who forego Part D enrollment when first available and who do not have creditable prescription drug coverage for any period of 63 days or longer will likely have to pay a higher Part D premium of 1 percent per month for late enrollment.

- Do we have to engage an accredited actuary to judge our plan’s creditable coverage status?
- No. CMS has created a simplified Creditable Coverage Determination that allows the employer to identify creditable coverage status without the attestation of an accredited actuary. If you plan doesn’t meet the simplified coverage determination guidelines you will need an actuary. You will require the services of an actuary if your company decides to apply for the Retiree Drug Subsidy (RDS).

- What am I required to do regarding creditable coverage?
- Employers must provide creditable or non-creditable coverage notice to all Medicare eligible individuals who are covered under, or who apply for, the entity’s prescription drug plan (Part D eligibles), whether active employees or retirees, at least once a year. This notice need not be a separate mailing and may be included with other plan participant informational materials or through electronic means. Please remember, employers are required to provide this notice even if they choose not to apply for the Retiree Drug Subsidy. In addition, employers are required to provide CMS with their plan’s creditable or noncreditable coverage status annually.

- When must we notify our members of our plan’s creditable coverage status?
- Employer plan sponsors are required by CMS to provide creditable coverage status to Part D-eligible members at least once a year and at the following times:
  - Prior to the Medicare Part D Annual Coordinated Election Period beginning on October 15 of each year
  - Prior to an individual’s initial enrollment period
  - Prior to the effective date of coverage for any Medicare-eligible individual that joins your plan
  - Whenever prescription drug coverage ends or changes so that it is no longer creditable or becomes creditable
  - Upon the request of a beneficiary

- What if I do not offer retiree health care coverage?
- Creditable coverage notification must be provided to all Part D-eligible individuals who are covered under or apply for your company’s prescription drug benefits plan. This requirement applies to Medicare beneficiaries who are active employees and those who are retired, as well as Medicare beneficiaries who are covered as spouses under active or retiree coverage.

- Must we notify CMS of our plans’ creditable coverage status?
- Yes. You must provide a disclosure to CMS on an annual basis, via an online form. Creditable coverage status may change from one year to the next because the standard Part D benefit may change in the future. CMS requires that the disclosure be provided:
  - Within 60 days of the start of the plan
  - 30 days after plan termination or change in creditable coverage status

- Where can I find out more information?
- The Centers for Medicare and Medicaid Services (CMS) Creditable Coverage website provides complete text of the guidance and model disclosure templates published by CMS, and may be a helpful resource to both employers and their employees. Updates are made regularly, so please check the websites often for the most up-to-date information.
Special Medical Enrollment Rights and Responsibilities Under HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage while other coverage is in effect and later lose that coverage.

Special Enrollment Provision

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage. However, you **must request enrollment within 60 days** after the other coverage ends.

- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, you **must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).

- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, you **must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.

- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you **must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

**IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE"**

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."

- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.

- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.

- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.
PREMIUM ASSISTANCE UNDER MEDICAID OR 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](http://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](http://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 January 31, 2023. Contact your State for more information on eligibility:

<table>
<thead>
<tr>
<th>ALABAMA – MEDICAID</th>
<th>ALASKA – MEDICAID</th>
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<tbody>
<tr>
<td>Phone: 1-855-692-5447</td>
<td>Phone: 1-866-251-4861</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
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<tr>
<td></td>
<td>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></td>
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<tr>
<th>ARKANSAS – MEDICAID</th>
<th>CALIFORNIA – MEDICAID</th>
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<tr>
<td>Phone: 1-855-MyARHIPP (855-692-7447)</td>
<td>Phone: 916-445-8322</td>
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<td>Fax: 916-440-5676</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></td>
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<tr>
<th>COLORADO – Medicaid (Health First Colorado) and Chip (Child Health Plan Plus, Or CHP+)</th>
<th>FLORIDA – MEDICAID</th>
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<tr>
<td>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
<td>Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a></td>
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<tr>
<td>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</td>
<td>[flmedicaidtplrecov ery.com/hipp/index.html](<a href="http://flmedicaidtplrecov">http://flmedicaidtplrecov</a> ery.com/hipp/index.html)</td>
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<tr>
<td>Health Insurance Buy-In Program (HIBi): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a></td>
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<td>HIBi Customer Service: 1-855-692-6442</td>
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<tr>
<td>GEORGIA – MEDICAID</td>
<td>INDIANA – MEDICAID</td>
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| GA HIPP Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
Phone: 678-564-1162, Press 1  
Phone: (678) 564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [https://www.in.gov/medicaid/](https://www.in.gov/medicaid/)  
Phone 1-800-457-4584 |

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<tr>
<th>IOWA – MEDICAID AND CHIP (HAWKI)</th>
<th>KANSAS – MEDICAID</th>
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| Medicaid Website: [https://dhs.iowa.gov/lime/members](https://dhs.iowa.gov/lime/members)  
Medicaid Phone: 1-800-338-8366  
Hawki Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)  
Hawki Phone: 1-800-257-8563  
HIPP Website: [https://dhs.iowa.gov/imemembers/medicaid-a-to-z/hipp](https://dhs.iowa.gov/imemembers/medicaid-a-to-z/hipp)  
HIPP Phone: 1-888-346-9562 | Website: [https://www.kancare.ks.gov/](https://www.kancare.ks.gov/)  
HIPP Phone: 1-800-792-4884  
TTY: (617) 886-8871  
Website: [https://www.ks.gov](https://www.ks.gov)  
TTY: 711 |

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<tr>
<th>KENTUCKY – MEDICAID</th>
<th>LOUISIANA – MEDICAID</th>
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</table>
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  
Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
Phone: 1-855-459-6328  
Email: KIHIPP.PROGRAM@ky.gov  
KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov) | Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)  
TTY: 800-662-8102  
Website: [https://www.lds.org/services/healthcare/health-insurance-hipp](https://www.lds.org/services/healthcare/health-insurance-hipp) |

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<tr>
<th>MAINE – MEDICAID</th>
<th>MASSACHUSETTS – MEDICAID AND CHIP</th>
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</table>
| Enrollment Website: [https://www.mymaineconnection.gov/benefits/](https://www.mymaineconnection.gov/benefits/)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Phone: 1-800-977-6740  
TTY: Maine relay 711 | Website: [https://www.mass.gov/masshealth/ppo](https://www.mass.gov/masshealth/ppo)  
Phone: 1-800-862-4840  
TTY: (617) 886-8102 |

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<tr>
<th>MINNESOTA – MEDICAID</th>
<th>MISSOURI – MEDICAID</th>
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Phone: 1-800-657-3739 | Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005 |

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<tr>
<th>MONTANA – MEDICAID</th>
<th>NEBRASKA – MEDICAID</th>
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| Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: 1-800-694-3084  
Email: HHSHIPProgram@mt.gov | Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178 |

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<tr>
<th>NEVADA – MEDICAID</th>
<th>NEW HAMPSHIRE – MEDICAID</th>
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| Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov)  
Medicaid Phone: 1-800-992-0900 | Website: [https://www.dhhs.nh.gov/services/medicalserv/medicalaid/](https://www.dhhs.nh.gov/services/medicalserv/medicalaid/)  
Phone: 1-800-541-2831 |

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<tr>
<th>NEW JERSEY – MEDICAID AND CHIP</th>
<th>NEW YORK – MEDICAID</th>
</tr>
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</table>
| Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicalaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicalaid/)  
Medicaid Phone: 609-631-2392  
CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710 | Website: [https://www.health.ny.gov/healthcare/medicalaid/](https://www.health.ny.gov/healthcare/medicalaid/)  
Phone: 1-800-541-2831 |

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<tr>
<th>NORTH CAROLINA – MEDICAID</th>
<th>NORTH DAKOTA – MEDICAID</th>
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| Website: [https://medicaid.ncdhhs.gov/](https://medicaid.ncdhhs.gov/)  
Phone: 919-855-4100 | Website: [http://www.nd.gov/dhs/services/medicalserv/medicalaid/](http://www.nd.gov/dhs/services/medicalserv/medicalaid/)  
Phone: 1-844-854-4825 |
### OKLAHOMA – MEDICAID AND CHIP
- **Website:** [http://www.insureoklahoma.org](http://www.insureoklahoma.org)
- **Phone:** 1-888-365-3742

### OREGON – MEDICAID
- **Website:** [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)
- **Phone:** 1-844-854-4825

### PENNSYLVANIA – MEDICAID
- **Website:** [https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx](https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx)
- **Phone:** 1-800-692-7462
- CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
- CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – MEDICAID AND CHIP
- **Website:** [http://www.eohhs.ri.gov/](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](https://www.scdhhs.gov)
- **Phone:** 1-888-549-0820

### SOUTH DAKOTA – MEDICAID
- **Website:** [http://health.utah.gov/chip](http://health.utah.gov/chip)
- **Phone:** 1-877-543-7669

### TEXAS – MEDICAID
- **Website:** [http://gethipptexas.com/](http://gethipptexas.com/)
- **Phone:** 1-800-440-0493

### UTAH – MEDICAID AND CHIP
- **Website:** [https://medicaid.utah.gov/CHIP](https://medicaid.utah.gov/CHIP)
- **Website:** [https://www.coverva.org/en/famis-select](https://www.coverva.org/en/famis-select)
- Medicaid/CHIP Phone: 1-800-432-5924

### VERMONT – MEDICAID
- **Website:** [https://dvha.vermont.gov/members/medicaid](https://dvha.vermont.gov/members/medicaid)
- **Phone:** 1-800-250-8427

### VIRGINIA – MEDICAID AND CHIP
- **Website:** [https://www.coverva.org/en/famis-select](https://www.coverva.org/en/famis-select)
- **Website:** [https://www.coverva.org/en/hipp](https://www.coverva.org/en/hipp)
- Medicaid/CHIP Phone: 1-800-432-5924

### WASHINGTON – MEDICAID
- **Website:** [https://www.hca.wa.gov/](https://www.hca.wa.gov/)
- **Phone:** 1-800-562-3022

### WEST VIRGINIA – MEDICAID
- **Website:** [https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/](https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/)
- **Phone:** 1-800-251-1269

### WISCONSIN – MEDICAID AND CHIP
- **Website:** [https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm](https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)
- **Phone:** 1-800-362-3002

### WYOMING – MEDICAID
- **Website:** [https://www.eohhs.ri.gov/](https://www.eohhs.ri.gov/)
- **Phone:** 1-800-251-1269

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To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**
Employee Benefits Security Administration
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)
1-866-444-EBSA (1-866-444-3272)

**U.S. Department of Health and Human Services**
Centers for Medicare & Medicaid Services
[www.cms.hhs.gov](http://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565

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**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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.