Help at Home®
Care to Live Your Life.

Caregiver Benefits Guide

2025

CARE TO LIVE YOUR BEST LIFE

Important notices, including the Medicare Creditable Coverage Notice, begin on page 21. Contact 312-762-9999 if you would like to receive a printed version.

ISSUE DATE: MAY 1, 2025

Dedicated to Caring for You & Your Wellbeing

MICHELLE BONFILIO
CHIEF HUMAN RESOURCES OFFICER

At Help at Home, we are committed to supporting the well-being of you and your family. It's time to choose the benefits that best suit your needs, and we're pleased to offer options designed to provide security and peace of mind.

We've also provided a variety of tools to help guide you through the decision-making process:

- **Cost Estimators:** Quickly calculate and compare your out-of-pocket expenses.
- **Plan Comparisons:** Identify the plan that matches your needs.
- **Featured Benefits:** Take advantage of virtual healthcare services, vision and lens protection, and other valuable options.

We encourage you to take your time reviewing the options available and select the coverage that best aligns with your health and financial priorities in the coming year. Our online enrollment platform and this guide are designed to help you feel confident and supported as you make these important decisions.

Thank you for being a valued part of our team. We hope these resources provide the support you need for the year ahead.

Wishing you the best,

Michelle

What's Inside

This benefit summary provides selected highlights of the Help at Home employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts, and plan documents. Help at Home reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes. Our plans are designed to comply with the law as it may change even on a temporary basis. Participation in a benefits plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

Caring for Our Caregivers

FREE TO ALL HELP AT HOME EMPLOYEES—REGARDLESS OF BENEFIT ELIGIBILITY OR HOURS WORKED

Help at Home is committed to providing you benefits that support a healthy, balanced life and programs to help you focus on your total wellbeing.

Introducing SupportLinc for Free Mental Health Support

You are not alone when it comes to facing life challenges. All Help at Home employees and family members have free, confidential access to our Employee Assistance Program (EAP) through **SupportLinc**.

Their licensed Care Advocates can help with a range of personal and mental health concerns:

- Stress and anxiety
- Depression or grief
- Parenting issues and help finding childcare
- Referrals to long-term care
- Life coaching, and much more

Connecting is Easy

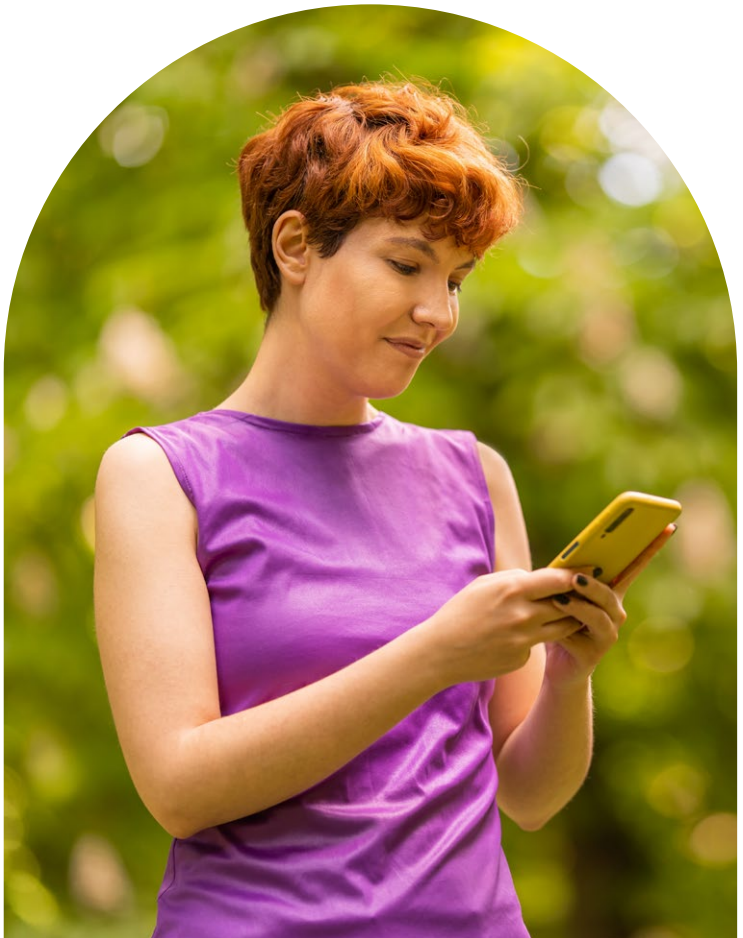
Use any of these options to connect with a licensed SupportLinc Care Advocate 24/7:

- Call 888-491-6819
- Text "SUPPORT" to 51230
- Chat by downloading the SupportLinc mobile app
- Online at **supportlinc.com**; use group code “helpathome” to create your account

HealthiestYou Makes Virtual Care Easy

HealthiestYou comes with any PanaMed or PanaBridge plan — see **page 5** for plan details. You can connect with a doctor, get treatment, and receive prescriptions from your phone 24/7.

Download the HealthiestYou app, register at **healthiestyou.com**, or call 855-894-9627 to talk to a doctor.



Who Is Eligible for Health & Welfare Coverage

Employees

Caregivers averaging 30+ hours weekly will have access to all offered benefits. New hires will have a 6-month eligibility review period, beginning on their first day worked. Benefits will take effect on the first of the month following the benefits eligibility review.

Caregiver eligibility will then be reviewed on a rolling basis every 6-months. To maintain eligibility, caregivers must average more than 30 hours worked per week.

BENEFIT PLAN OPTION	ALL EMPLOYEES	EMPLOYEES AVERAGING 30+ HOURS PER WEEK
Employee Assistance Program (EAP) (FREE COMPANY-PAID BENEFIT)	✓	✓
401(k) Plan [1,2]	✓	✓
Help at Home Advantage Discount Program	✓	✓
PanaMed 1 and PanaMed 2 Medical Plans		✓
Preventive Care Medical Plan[1] **PanaBridge 1 and PanaBridge 2 Medical Plans**		✓
Dental		✓
Vision		✓
Critical Illness Insurance		✓
Accident Insurance		✓
Hospital Indemnity Insurance		✓
Voluntary Life and AD&D Insurance		✓
Short-Term Disability Insurance		✓

1 Illinois union employees are not eligible for the Preventive Care medical plan and 401(k) plan. Benefits for 401(k) begin mid-July 2025.

2 Indiana union employees are not eligible for the 401k plan.

Preferred and Edison (NY) caregivers are not offered health and welfare or short-term disability benefits but do have access to the 401(k).

Temporary employees, interns, per diem employees, and contract employees are excluded from benefits eligibility.

** Employees eligible and enrolled in benefits prior to 5/1/25 will not lose eligibility status for the remainder of 2025.*

Direct Billing for Benefits

If you have zero earnings for at least two consecutive pay periods, you will have the option to continue your coverage through direct bill with the benefit vendor. If payment is not received by the due date on the invoice, your coverage will end.

If coverage ends due to non-payment, you'll need to wait until your next eligibility review period to re-enroll. If you have any questions or need further assistance, please don't hesitate to reach out to Aptia365, our Benefits Administrator, at 1-855-746-3198.

Dependents

The following dependents are eligible for coverage under our benefit programs:

- Your spouse or domestic partner
- Your biological children, stepchildren, adopted children, or children of a domestic partner up to the end of the month in which they turn age 26
- Adult dependent children over age 26 who are totally disabled and certified by the insurance administrator as disabled
- Any children for whom you are the Legal Guardian, or for whom you have a court order awarding permanent custody

Your dependents are eligible for coverage the same day that you are. Dependents also become eligible immediately on the day you gain them, like a birth, adoption, or marriage. **Please note that an individual cannot be covered as both an employee and dependent.** For example, if both you and your spouse work at Help at Home, you cannot cover each other for medical coverage.

Enrolling in Benefits

Enrolling as a New Hire

Newly eligible employees must enroll **within 30 days** of their eligibility date. Please see page 2 for the new hire eligibility timeline.

Some benefits that require a Statement of Health and/or "actively at work" status, such as Short Term Disability or Life insurance, may take effect once those items have been verified. If you do not enroll within the allotted 30 days, your next opportunity to enroll in benefits will be during our next Open Enrollment period, or if you experience a Qualifying Life Event like getting married, welcoming a new child, or a change in eligibility status following your six-month eligibility review window. Please note, you may be required to provide evidence of insurability (proof of good health) to enroll in some benefits after your initial eligibility.

Enrolling or Making Changes as a Current Employee

Current eligible employees may review and change their coverage each year during the Open Enrollment period, or after a Qualifying Life Event. Elections made during Open Enrollment will take effect on January 1 of the following year. If you remain a benefit eligible employee and do not make any elections during Open Enrollment, your current elections will continue at the next year's rates.

Remember: You can enroll in just the plans you need. If you decide you don't need Help at Home medical coverage, you can still enroll in other benefits like dental or vision.

See page 20 of this guide for step-by-step instructions on how to enroll.

Qualifying Life Events

Employees may experience life or work events that affect your benefits. You may be eligible to make some plan changes if these Qualifying Life Events (QLE) occur. These events include:

- Birth or legal adoption of a child
- Marriage or a new domestic partnership
- Divorce or legal separation
- Death of spouse/domestic partner/child
- Loss or gain of benefits coverage
- Change in regularly scheduled hours
- Taking a leave of absence
- Change in benefit eligibility after your 6-month eligibility review period

You must take action within 30 days of a QLE, and any change must be consistent with your QLE. For example, if you get married, you may add your spouse (and any eligible dependent children) to your medical plan or cancel your medical coverage to join your spouse's medical plan.

If you or your dependents gain or lose eligibility for a state **Children's Health Insurance Program (CHIP)** or Medicaid program any changes to your Help at Home medical coverage must be made within **60 days** of the gain or loss of coverage or determination of eligibility. To make a change, visit our benefit administrator, Aptia365.

Making Additional Changes During the Plan Year

Employees may make changes to elected **after-tax** benefits at any time during the year (except for Disability coverage) by logging into Aptia365 and selecting "*Enroll in or Change Your After-Tax Benefits*." Any other election changes during the year require a Qualified Life Event (QLE) as outlined above.

IF YOUR HOURS ARE REDUCED OR YOU ARE ON LEAVE OF ABSENCE

Throughout the year, you may experience a reduction in hours for various reasons. In some cases, your earnings might reduce or stop. You may drop coverage if you wish to. In situations where you experience a reduction in work hours, you may remain in qualifying coverages if you continue paying (medical, dental, and vision), and you will transition to direct billing/COBRA (as an active employee) if you do not have payroll deductions.

Transitioning to an alternative payment plan lets you continue your coverage by making payments directly to the Help at Home benefits administrator. ***Please note:*** If you do not make the payments, you will lose coverage through Help at Home.

When Coverage Ends

Benefits coverage will terminate on the earliest of the following dates:

- The date your service is terminated.
- Date you enter active military service.
- The date of your death.
- Coverage for your spouse and other dependents terminates when your coverage terminates or when they are no longer eligible.
- You, your spouse, and/or your dependent children may be eligible to continue benefits through COBRA, life insurance conversion, etc. Additional information is available on our benefits administrator website.

Pan-American Medical Plans

Help at Home offers medical plans from Pan-American that pay fixed amounts for certain types of healthcare. **The plans below are not traditional health insurance.** Please compare these plans with the options available from Medicaid and/or federal or state exchanges, and pick the one that meets your needs.

The medical plans available to caregivers are:

- **Preventive Care Plan**
- **PanaMed 1 Plan**
- **PanaMed 2 Plan**
- **PanaBridge 1 Plan** (combines Preventive Care and PanaMed 1 Plans, with a discount on each)
- **PanaBridge 2 Plan** (combines Preventive Care and PanaMed 2 Plans, with a discount on each)

This chart provides a summary of what each plan covers. More detailed descriptions of each plan can be found on the following pages. Please be aware that these plans may have limits on what they cover and may not pay for a large portion of medical costs.

TYPE OF CARE	Preventive Care Plan	PanaMed 1 Plan	PanaBridge 1 Plan	PanaMed 2 Plan	PanaBridge 2 Plan
Wellness exams Preventative screenings Routine immunizations Approved preventative drugs	✓		✓		✓
Hospital admission				✓	✓
Some labs, x-rays, MRIs, scans		✓	✓	✓	✓
Some outpatient surgeries				✓	✓
Some prescription medications		✓	✓	✓	✓
Accident, death and dismemberment coverage		✓	✓	✓	✓
Cost per paycheck	Lowest →				**Highest**

How these plans work

1. You get care in-network and give your PanaMed plan information to the provider.
2. The provider files a claim with PanaMed.
3. PanaMed pays the provider the reimbursement amount you are eligible for, based on your plan.
4. If your plan does not cover the full cost of care, you owe the difference.

Preventive Care Plan

The Preventive Care Plan provides 100% coverage for all in-network preventive care tests and procedures required by the Affordable Care Act (ACA). This includes preventive screenings, COVID-19 testing, some immunizations, counseling, and more. Find a complete list of covered services for all **adults**, **women**, and **children** on **Healthcare.gov**.

The Preventive Care Plan does NOT provide any coverage for non-network preventive care services, or the treatment of accidents, illnesses, or chronic conditions. If Individuals enroll in the Preventive Care Plan, they may not be eligible for a federal tax credit through a federal or state exchange while enrolled in the Plan.

PanaMed 1 and 2 Plans

These plans pay a fixed amount to help cover the cost of common medical services like doctor's office visits. Each plan also provides a fixed amount for prescription drugs. There are no co-payments, deductibles, or co-insurance with the plans. To find a network provider, visit **www.providerlocator.com/palicfh** or call 888-561-5759.

KEY MEDICAL BENEFITS	PANAMED PLAN 1 PAYS	PANAMED PLAN 2 PAYS
Doctor's Office Visit	$80 per day, 6 day(s) per calendar year	$100 per day, 6 day(s) per calendar year
Outpatient Diagnostic Labs	$25 per day, 3 day(s) per calendar year	$25 per day, 3 day(s) per calendar year
Outpatient Diagnostic Radiology	$70 per day, 2 day(s) per calendar year	$70 per day, 2 day(s) per calendar year
Outpatient CT, MRI, and Advanced Studies	$300 per day, 2 day(s) per calendar year	$300 per day, 2 day(s) per calendar year
Inpatient Surgical	Not Covered	$500 per day, 1 day(s) per calendar year
Inpatient Anesthesia	Not Covered	$125 per day, 1 day(s) per calendar year
Outpatient Surgical	Not Covered	$250 per day, 1 day(s) per calendar year
Inpatient Anesthesia	Not Covered	$62.50 per day, 1 day(s) per calendar year
Hospital Indemnity*	$100 per day,** overall calendar year max subject to 180 day(s)	$600 per day,** overall calendar year max subject to 180 day(s)
Hospital Admission	Not Covered	$1,000 first day when admitted as an inpatient
Prescription Drug Benefit†	$10 per day for generic medicines, maximum 2 day(s) per month, 24 day(s) per calendar year Discount for brand medicines	$10 per day for generic medicines, maximum 2 day(s) per month, 24 day(s) per calendar year $50 per day for brand medicines, maximum 2 day(s) per month, 24 day(s) per calendar year
Network	First Health Network	First Health Network

** Other inpatient sub-limits apply.*
*** Total for any inpatient stay in a hospital.*
† If the pharmacy's charge is less than the per day benefit, you will receive a check in the mail for the difference.

HealthiestYou Makes Virtual Care Easy

HealthiestYou comes with any PanaMed or PanaBridge plan. You can use your phone 24/7 to:

- Connect with a doctor
- Get treatment
- Compare prices
- Receive prescriptions
- And much more!

Download the HealthiestYou app, register at **healthiestyou.com**, or call 855-894-9627 to talk to a doctor.

PanaMed 1 and 2 Plans (cont.)

Pharmacy Discounts and Reimbursements

In addition to the daily lump-sum benefit for prescription medicines, you can use your PanaMed prescription drug discount card for additional savings. Through the RxEDO pharmacy network, you have access to over 68,000 participating retail pharmacy locations nationwide including all major chains and more than 20,000 independent pharmacies. If your pharmacy has any questions, have them call the RxEDO Pharmacy Help Desk at 800-522-7487.

Attention: All Medicare Recipients

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see the creditable prescription drug coverage and Medicare notice in the legal notices at the back of this booklet for more details.

Making the Most of Your PanaMed Coverage

Here are some key ways you can make the most of your medical coverage to help you save money all year long:

- **Stay in network.** Your plan includes access to the First Health Network, one of the nation's largest networks. To locate in-network physicians and hospitals visit **providerlocator.com/palicfh** or call 888-561-5759.
- **Get preventive care.** With the Preventive Care plan, annual check-ups, certain vaccinations, and other common services are covered at 100% as long as you visit an in-network provider.
- **Know where to go.** Knowing when to visit your primary care doctor or an urgent care facility, as opposed to the emergency room, can save you time and money.

Medical Plan Rates

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
MEDICAL PLAN	Weekly	Weekly	Weekly	Weekly
Preventive Care Plan	$8.33	$9.95	$12.91	$14.53
PanaMed Plan 1	$10.63	$20.87	$16.19	$27.09
PanaMed Plan 2	$20.10	$41.22	$32.26	$54.92
PanaBridge 1 Plan (Preventive Plan + PanaMed 1)	$17.59	$29.45	$27.72	$40.24
PanaBridge 2 Plan (Preventive Plan + PanaMed 2)	$27.06	$49.80	$43.80	$68.07

The Preventive Care Plan is designed to provide Minimum Essential Coverage under federal income tax rules. Individuals that do not enroll in this Plan may be eligible for a federal tax credit that lowers their monthly premium or a reduction in certain cost-sharing if they enroll in a health insurance plan through the federal or state exchange. Individuals that enroll in this Plan may not be eligible for a federal tax credit through a federal or state exchange while enrolled in the Plan. If you reside in Massachusetts, this health plan does not meet Minimum Creditable Coverage standards and will not satisfy the Massachusetts individual mandate that you have health insurance.

These plans are not comprehensive health insurance and are not intended nor recommended to replace comprehensive health insurance in which you currently participate. These plans provide a fixed indemnity benefit and may include non-insurance benefits such as prescription drug discounts. A Certificate of Coverage is available upon enrollment. These plans are not a substitute for Minimum Essential Coverage under the Affordable Care Act (ACA) and do not qualify as Minimum Essential Coverage under the ACA.

Note: If you enroll a domestic partner, a portion of your rate will be paid on an after-tax basis.

Supplemental Insurance Options

Eligible employees can choose Critical Illness, Accident, and Hospital Indemnity coverage through MetLife. Please refer to the chart on page 2 of this guide for eligibility details. These plans provide cash payments to help offset the cost of a covered medical event. These plans pay in addition to existing medical insurance benefits. Benefits and covered conditions vary by state. Additional information is available on the benefits enrollment website.

Critical Illness

Critical Illness insurance can help with treatment costs and complement your medical plan by helping to pay out-of-pocket expenses.

- Pays a lump-sum cash benefit directly to you if you are diagnosed with a covered critical illness.
- You can qualify for coverage without having to answer any health questions.
- Examples of covered conditions include cancer, heart attack, stroke, major organ transplant, and end-stage renal failure.

Accident Insurance

Accident insurance can help you bounce back quicker by providing cash benefits if you experience a covered accident outside of work.

- Includes emergency room visits, hospitalization, doctor's visits, and physical therapy.
- Additional benefits available for certain injuries, such as dislocations, fractures, burns, and lacerations.
- Pays benefits directly to you for each covered occurrence.

Hospital Indemnity

A hospital stay can cause serious financial setbacks due to medical costs or loss of income. Hospital Indemnity insurance provides benefits to help pay hospital and other bills related to a covered illness or injury.

- Benefits are provided for hospital admission and daily hospital confinement.
- Collect a lump-sum benefit each day you are in the hospital. Limits may apply.
- No coinsurance, copays, waiting periods, or deductibles.

IMPORTANT: Hospital Indemnity Insurance is a fixed indemnity policy, NOT health insurance. More information is provided in Aptia365 during the enrollment process.

Visit Aptia365 or call 855-746-3198 for more details on these plans. See page 18 for plan rates.

Dental Insurance

Regular dental check-ups and good oral hygiene are an important part of your health and well-being. Help at Home offers two dental plan options through Delta Dental: the Basic Plan and the Enhanced Plan.

Dental Plan Summary

The following benefits are included in your plan options. Unless otherwise noted, benefits are per insured person and after deductible.

	BASIC PLAN (NETWORK AND NON-NETWORK)	ENHANCED PLAN (NETWORK AND NON-NETWORK)
Calendar Year Deductible *(member/family)*	You pay $50/$150	You pay $50/$150
Calendar Year Maximum* *(per covered member)*	$1,500	$2,500
Orthodontia Lifetime Maximum *(per covered member)*	N/A	$1,500
Preventive and Diagnostic	Covered at 100%	Covered at 100%
Restorative Services *(cavity filling and gingivitis treatment)*	You pay 20%	You pay 20%
Root Canal	You pay 20%	You pay 20%
Oral Surgery Services *(tooth extraction)*	**Erupted tooth:** You pay 20% **Impacted tooth, soft tissue:** You pay 20% **Impacted tooth, partial bony/ full bony:** You pay 50%	**Erupted tooth:** You pay 20% **Impacted tooth, soft tissue:** You pay 20% **Impacted tooth, partial bony/ full bony:** You pay 50%
Crowns and Inlays/Onlays Services	You pay 50%	You pay 50%
Prosthodontic Services	You pay 50%	You pay 50%
Orthodontia Services	Not covered	You pay 50%

Dental Plan Rates

COVERAGE LEVEL	Weekly	Weekly
Employee Only	$4.58	$5.86
Employee + Spouse or Domestic Partner	$9.15	$11.72
Employee + Child(ren)	$10.18	$15.81
Family	$14.91	$19.07

**Preventive care costs do not apply to calendar year maximums.*
Note: If you enroll a domestic partner, a portion of your rate will be paid on an after-tax basis.
For a full listing of plan coverage, please visit the plan administrator's website and view the benefit summary under "View Documents."

Vision Insurance

Regular eye exams can help keep your eyes healthy and catch potential problems early. Coverage comes with a comprehensive vision exam. You have the flexibility to visit any provider for eye care. However, you will have more cost savings by utilizing an in-network provider.

Visit www.vsp.com or call 800-877-7195 to find in-network providers near you and for additional information. Please note that you will NOT receive a vision ID card.

Vision Plan Summary

The following benefits are included in your plan options. Unless otherwise noted, benefits are per insured person.

	IN-NETWORK	OUT-OF-NETWORK
Exam *(once every calendar year)*	Covered at 100% after $10 copay	Up to $45 reimbursement
Frames *(once every calendar year)*	Covered at 100% after $25 copay, up to $150 allowance (or $200 on featured frames), 20% discount after allowance	Up to $50 reimbursement
Lenses *(once every calendar year)*	Covered at 100% after $25 copay	
Single Vision		Up to $30 reimbursement
Bifocal		Up to $50 reimbursement
Trifocal		Up to $60 reimbursement
Lenticular		Up to $75 reimbursement
Contacts (in lieu of lenses) *(once/calendar year)*		
Elective	Up to $150 allowance Max $60 copay for exam	Up to $100 reimbursement
Medically Necessary	Covered at 100% after a $25 materials copay	Up to $210 reimbursement

Vision Plan Rates

COVERAGE LEVEL	Weekly
Employee Only	$1.10
Employee + Spouse or Domestic Partner	$2.19
Employee + Child(ren)	$2.34
Family	$3.75

Note: If you enroll a domestic partner, a portion of your rate will be paid on an after-tax basis.

Financial Wellbeing

Unlock Exclusive Savings with Help at Home Advantage

Help at Home has partnered with the leading Corporate Discount Program provider, Working Advantage, to offer exclusive discounts on products, services, and experiences.

You can save big on appliances, electronics, apparel, gift cards, movie tickets, hotels, rental cars, live events, and much more. You don't need to enroll through the Help at Home benefits administrator and there is no cost to join—just visit **helpathome.savings.workingadvantage.com** to sign up or learn more.

401(k) Plan

Help at Home is committed to helping you plan your future by offering a 401(k) plan through Fidelity Investments. Your retirement contributions will be deducted every paycheck, making it a convenient way to build savings and reach your financial goals.

You may save through Roth 401(k) post-tax deductions or the traditional pre-tax 401(k) deduction.

- Roth post-tax contributions and their earnings are tax free withdrawals when you retire.
- Traditional 401(k) pre-tax deductions and their earnings are taxable in retirement.
- Non-union employees age 21 and older are eligible to participate in the 401(k) Savings Plan.

You can start or stop participating, as well as increase or decrease your contribution amount, at any time by calling Fidelity at 800-835-5097 or visiting their website **www.401k.com**.

Save with Pre-tax Dollars!

Contributions to 401(k) plans are made on a pretax basis, which can help you save money for retirement. Questions regarding the plan and investing should be directed to Fidelity at 800-835-5097 or visit **401K.com** for more information.

Beneficiaries

Please complete your beneficiary designation on Fidelity's site at **www.401k.com**. Fidelity supports online beneficiary designations.

Financial Protection

Help at Home offers many options to protect your family and finances from a number of scenarios.

Employee-paid Term Life and AD&D Insurance

Eligible caregivers may choose to enroll in employee-paid Term Life and Accidental Death and Dismemberment (AD&D) insurance through MetLife. Visit the Help at Home benefits administrator Aptia365 website to learn about coverage options and payroll deductions for the coverage listed below.

Voluntary Employee-Paid Term Life and AD&D Insurance

New hires are eligible for the guaranteed issue coverage amount during their new hire enrollment window. If you don't enroll during your window, the guaranteed issue amount does not apply and you will need to complete Evidence of Insurability to enroll.

PLAN	DETAILS	GUARANTEED ISSUE AMOUNT
Employee Term Life	Elect in $25,000 increments, up to $500,000	$150,000
Employee AD&D*	Elect in $25,000 increments, up to $500,000	$500,000
Spouse/Domestic Partner Term Life	Elect in $5,000 increments, up to $250,000, not to exceed 50% of employee coverage	$25,000
Child Term Life**	Elect in $2,500 increments, up to $10,000 for children 14 days and older who are not home- or hospital-confined. Coverage ends at age 26.**	$10,000

All benefits listed above require actively-at-work status to become effective.

For Voluntary AD&D coverage amounts for Employee + Family, refer to the plan summaries available at the Help at Home benefits administrator website under "View Documents."

* *You may elect Optional AD&D coverage for yourself, or for yourself and your family. If Family AD&D is elected, dependent coverage is a portion of employee coverage and all of your eligible dependents are covered under one rate.*

** *All eligible children over the age of 14 days are covered for Child Term Life—separate coverage does not need to be purchased for each individual child.*

Evidence of Insurability

If Evidence of Insurability (EOI) is required, MetLife will contact you via email or mail with the required EOI documents. Amounts above the guaranteed issue will not be effective until MetLife has approved your EOI and you are actively at work. Once verified and approved, the higher coverage you elected will take effect with your per-paycheck contributions adjusted accordingly.

Short-Term Disability Insurance

If you have to miss work due to childbirth, injury, or illness, Help at Home's short-term disability program through MetLife helps ensure that ***at least*** a part of your income continues for up to 26 weeks until you can return to work. Disability coverage can help pay for basic needs such as housing (mortgage or rent), utilities, food, transportation, childcare, and more. Please note that benefits begin after a required 14-day waiting period.

Please note: If you do not enroll during your new hire enrollment window, you will need to complete Evidence of Insurability to enroll.

SHORT-TERM DISABILITY*	OPTION 1	OPTION 2
Flat Benefit Amount	$200 per week	$400 per week
Benefits Begin	15th day of disability	15th day of disability
Maximum Benefit Period	26 weeks	26 weeks

COVERAGE LEVEL	Weekly	Weekly
Employee Only	$4.13	$8.26

**Evidence of insurability is required if you do not apply when you are first eligible.*

People Like Me: Finding the Benefits that Fit

Help at Home gives you the flexibility to choose the coverage that fits your needs and budget. You have access to competitive benefits and year-round support. Here is what the personal journey looks like for two "everyday" employees who are making the most of their benefits.

MEET ALEJANDRO

Alejandro and his wife are getting ready for 2025, when they will welcome their second child. Their older son is also getting ready to start school, so staying up to date on health screenings and immunizations is a must.

For 2025, Alejandro enrolls in:

- The **Preventive Care Plan**, since he works more than 30 hours per week. It covers all in-network preventive screenings and immunizations for the entire family, as well as necessary supplies for his pregnant wife.

  Alejandro will add the new child to his coverage when they are born.

- The **Enhanced Dental Plan** for increased family coverage, including orthodontia services for his wife.
- **Hospital Indemnity Insurance** through MetLife, since he knows the plan will pay when his wife needs a hospital stay when the new baby is born.
- The **Help at Home 401(k) Plan**, so he and his wife can build savings for retirement.

In 2025, he also takes advantage of:

- The **SupportLinc EAP for free help finding childcare** when he and his wife both return to work.
- The **Help at Home Advantage** for discounts on baby clothes and furniture for the new baby's room.
- **Paid Time Off (PTO)** and Job-Protected Leave (FMLA) for time away from work when the new baby is born.

MEET LORETTA

Loretta is in her 50s and single. Staying healthy and keeping her costs low are top priorities in 2025. She takes a few prescription medications throughout the year to manage health conditions. And in 2025, she knows she will need a routine surgery on her foot that will keep her out of work for a few weeks.

For 2025, Loretta Enrolls in:

- The **PanaBridge** 2 Plan, since it offers both prescription drug and surgical benefits.
- The **Basic Dental Plan** for affordable preventive care for her teeth.
- **Vision** coverage to keep her eyes healthy and her prescription glasses up to date.
- **Optional Short-Term Disability** (STD) coverage, since she knows it can help pay for basic needs like rent, utilities, and food while she is unable to work.
- The **Help at Home 401(k) Plan** to build savings for retirement.

In 2025, she also takes advantage of:

- The **SupportLinc EAP for free support** with grief/loss when a family member passes away unexpectedly.
- The **SupportLinc EAP for free help** finding elder care for her aging mother.
- **HealthiestYou to connect with a doctor** when she has health questions or concerns throughout the year.

Don’t Forget These Extras

Your Help at Home benefits come with many great perks! If you’re enrolled in one of the plans below, these resources come at no additional cost.

Pan-American Medical Plans

- Virtual care from HealthiestYou comes with any PanaMed or PanaBridge plan.
- Connect with a doctor, get treatment, and receive prescriptions,* 24/7.
- Prescription savings
- Health management content to guide you to improved health and happiness
- Visit **www.mypalic.com/videohy** to learn how HealthiestYou can help you.
- Download the HealthiestYou app, register at **healthiestyou.com**, or call 855-894-9627.

Member Advocacy

Provided under all Pan-American plans, a member advocate is an in-house representative that works to reduce your medical costs and stressful billing situations. Advocates can assist with:

- Medical bills & Prescription costs
- Lab work & X-rays
- CAT Scans / MRIs
- Scheduling surgical procedures
- Diabetic supplies
- Complicated claims and billing issues
- Call 1-800-999-5382 Monday through Friday, 7:30 AM – 6:00 PM, Central Time for more information

** Affordable Care Act (ACA) mandated prescriptions.*

Global Repatriation

Provided under any PanaMed or PanaBridge Plan, this service helps provide peace of mind during your time of need. Benefit includes:

- Expenses for preparations; embalming or cremation
- Transport casket or air tray
- Transportation of remains to place of residence or place of burial
- To Activate Assistance Call: 1-888-558-2703 / 1-312-356-5963 (Toll-Free in the U.S.) (Collect Outside of the U.S.)

Delta Dental of Illinois

- Exclusive savings on dozens of oral health products.
- Access to virtual dental care 24/7.
- Hearing health discount program with savings of more than 60% off retail hearing aids.
- Savings of 20-35% on LASIK procedures.
- Visit **www.deltadentalil.com/resources/smile-perks** to learn more.

DON’T FORGET:

Help at Home also provides all employees and their families **free** access to SupportLinc for:

- Mental health support
- Parenting issues
- Help finding childcare
- Long-term care referral
- Life coaching
- And more

Call 888-491-6819 or visit **supportlinc.com** to get started, group code "helpathome".

MetLife

Included with Critical Illness Insurance and Hospital Indemnity Insurance:

- Receive $50 each year for approved preventive screening like an annual physical.
- You and each covered dependent can earn this credit.

MetLife Advantages included with Life Insurance:

- Offers additional support, planning, and protection when you need it most, including:
  - Will Preparation to help ensure your wishes are communicated clearly
  - Estate Resolution Services to help ensure your estate is settled with confidence
  - Funeral discounts and planning services

Learn more at www.metlife.com/mybenefits.

VSP Vision Care

- $150 allowance for ready-made non-prescription sunglasses or blue light filtering glasses, instead of prescription glasses or contacts.
- Save up to 15% on laser vision correction at contracted facilities.
- Up to 20% off any out-of-pocket expenses on eyewear after your frame allowance.
- Your VSP benefits include eyeconic.com, online shopping with a huge selection of contact lenses and designer frames with the virtual try-on tool.

VSP Simple Values: gives you and your family access to discounts and everyday savings.

- **Prescription drugs:** save up to 85% at CVS pharmacy, COSTCO Wholesale, Walmart, Target, Walgreens, and others
- **Doctor visits:** save up to 25% and get 24/7 doctor access via phone or video
- **Dental:** save up to 50%
- **Lab work, MRI, and imaging:** save up to 60%
- **Hearing aids:** save up to 60%
- **Diabetic care services:** save up to 75%
- **Pet care:** access to veterinary experts 24/7

Family Fun: save up to 40% live entertainment, movie tickets, and theme park passes

- Travel and hotels: save up to 60%
- Find the savings available to you. Visit vsp.com/simplevalues

Cost of Coverage

Optional Life and AD&D Rates

ATTAINED AGE	OPTIONAL LIFE EMPLOYEE RATES Rate Per $1,000 of Coverage	OPTIONAL LIFE SPOUSE RATES Rate Per $1,000 of Coverage
Age < 25	0.050	0.050
Age 25-29	0.060	0.060
Age 30-34	0.080	0.080
Age 35-39	0.090	0.090
Age 40-44	0.100	0.100
Age 45-49	0.170	0.170
Age 50-54	0.260	0.260
Age 55-59	0.510	0.510
Age 60-64	0.910	0.910
Age 65-69	1.470	1.470
Age 70-74	2.160	2.160
Age 75-79	3.940	3.940
Age 80+	6.020	6.020

	Rate Per $1,000 of Coverage
DEPENDENT CHILD LIFE	0.150
VOLUNTARY AD&D	
Employee Only	0.020
Employee + Family	0.030

Cost of Coverage (cont.)

Accident Insurance Rates	LOW PLAN	HIGH PLAN
COVERAGE LEVEL	Monthly	Monthly
Employee Only	$3.00	$5.54
Employee + Spouse or Domestic Partner	$6.00	$11.09
Employee + Child(ren)	$7.07	$13.07
Family	$8.60	$15.91

Critical Illness Insurance Rates: Premium per $1,000 of Coverage

ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE OR DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	FAMILY
Age < 25	$0.44	$0.71	$0.67	$0.94
Age 25-29	$0.49	$0.79	$0.73	$1.02
Age 30-34	$0.58	$0.92	$0.82	$1.15
Age 35-39	$0.70	$1.09	$0.93	$1.32
Age 40-44	$0.91	$1.39	$1.14	$1.63
Age 45-49	$1.20	$1.84	$1.43	$2.08
Age 50-54	$1.60	$2.52	$1.84	$2.75
Age 55-59	$2.11	$3.39	$2.34	$3.63
Age 60-64	$2.83	$4.62	$3.07	$4.85
Age 65-69	$3.83	$6.32	$4.06	$6.55
Age 70-74	$5.19	$8.47	$5.42	$8.71
Age 75+	$7.37	$11.76	$7.61	$11.99

Hospital Indemnity Insurance Rates

COVERAGE LEVEL	Monthly
Employee Only	$16.31
Employee + Spouse or Domestic Partner	$29.06
Employee + Child(ren)	$24.36
Family	$37.11

Contact Information

Please see the attached enrollment instructions and contact information for the Help at Home Benefits Administrator for questions and to enroll.

The **Help at Home Knowledge Center** is a great place to start if you're not sure where to start or what you're looking for. The Knowledge Center is updated frequently with FAQs, contact information, and breakdowns of content by state.

You can use this table if you need to contact a benefit provider directly after you are enrolled and coverage is effect. **Please contact our Benefits Administrator, Aptia365, for general benefits at 855-746-3198**

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Employee Assistance Program	SupportLinc	888-491-6819	supportlinc.com
401(k) Plan Plan #82770	Fidelity	800-835-5097	401K.com
Limited Indemnity Plans Preventive, Medical, Medical & Hospital Policy #SE719	Pan-American	800-999-5382	mypalic.com
COBRA Coverage	Aptia365 Continuation of Benefits Department	866-268-0142	https://yourflexbenefits.aptia365.com/
Prescription Drug	RxEDO	888-879-7336	rxedo.com
Supplemental Medical (Accident, Critical Illness, Hospital Indemnity) Policy #229474	MetLife	800-438-6388	MyBenefits.MetLife.com
Dental	Delta Dental of Illinois	800-323-1743	deltadentalil.com
Vision	VSP	800-877-7195	VSP.com
Term Life/AD&D	MetLife	800-638-6420 Existing claim questions: Prompt 2; Statement of health: Prompt 1	MyBenefits.MetLife.com
Disability* Policy #229584	MetLife	Claims: 833-622-0139	MyBenefits.MetLife.com
Help at Home Advantage	Working Advantage	N/A	helpathome.savings.workingadvantage.com

Note: You may be entitled to other benefits as required by law in the state where you work.

* *Contact Broadspire, the Help at Home Leave Administrator when requesting and Leave of Absence including disability at 888-644-8643 or https://leavetech.my.site.com/connect.*

If you need additional assistance after you have contacted our vendor partners, please contact us at benefits@helpathome.com.

How to Enroll

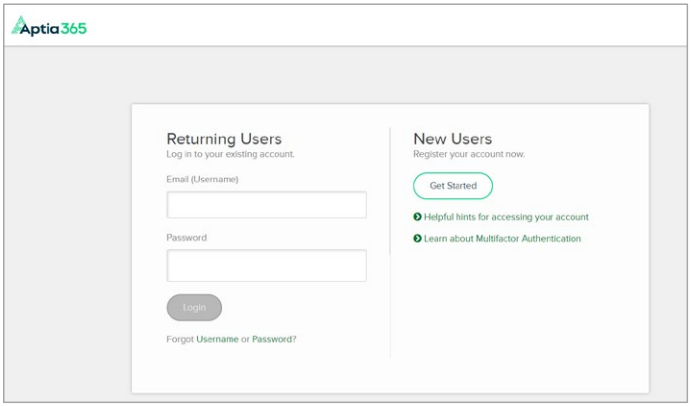
Help When You Need It – In the Language You Need It

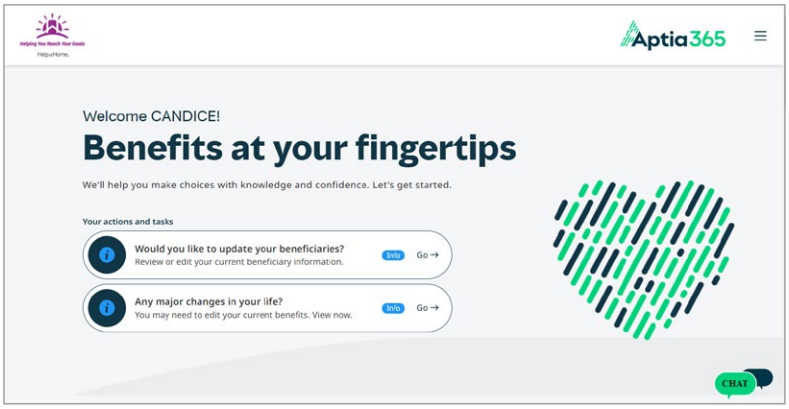
You can get personalized support from licensed benefits counselors to better understand your options. This free service has multi-language representatives and TTY services available. If you don't have access to a computer or prefer to enroll with a Benefits Counselor, call 855-746-3198 Monday through Friday 6am - 8pm CT and Saturday, 9am - 1pm CT.

To enroll for your Help at Home health and welfare benefits, simply access our Help at Home Benefits Administration enrollment system, Aptia365, from your computer, tablet, or mobile device. The system will guide you through the enrollment process with tools and resources like comparison charts, educational videos, reference documents, and more.

1. All employees will enroll through Aptia365 at https://aptia365.com/helpathome
2. Login with your existing account OR create a new account by selecting "New Users – Get Started."
3. If you experience any problems with registering your account or completing your enrollment, please call an Aptia365 benefits counselor at **855-746-3198** for assistance. Multi-language representatives and TTY services are available.

Focus your iPhone or Android camera on the QR code to access Aptia365.





The security of your information is critical, which is why we use multi-factor authentication.

- MFA combines your username and password with a temporary numeric code sent to you as an additional security factor to confirm your identity and keep your information safe.
- As part of the registration process, you will need to provide the last four digits of your Social Security Number (SSN), your last name, date of birth, and ZIP code.
- Once the above information is verified, you will be prompted to choose either the email and/or phone number you provided to Help at Home. A verification code will be sent to the device you selected. You will then be able to complete the registration process by entering the code.
- You will be required to go through the MFA verification code process every time you log in.

To enroll or make changes for your Help at Home 401(k) plan, call Fidelity or access the Fidelity NetBenefits website to make your contribution and investment elections, as well as designate your beneficiaries. You can also call Fidelity at 800-835-5095 from Monday to Friday between 8:30 a.m. and 8:30 p.m. EST.

Federal Benefit Notices

1/1/2025

HAH Holdings, LLC

Mailing Address	33 South State St., 5th Floor Chicago, Illinois 60603
Contact Name/Title	Benefits Department
Contact Email:	benefits@helpathome.com
Contact Phone:	312-762-9999

Important notices include (but are not limited to) Medicare Creditable Coverage, CHIP, HIPAA Privacy, Hospital Indemnity, and Notice of Exchange (Marketplace Notice). If you have any questions, or would like a printed copy, please reach out to the contact listed above.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 2-5 for more details.

If you are enrolling in a Hospital Indemnity plan, note that it is not health insurance and review page 10 for more details.

Other plan documents, including Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs) and Benefit Summaries can be found at https://aptia365.com/helpathome

Prescription Drug Coverage and Medicare, Creditable Coverage

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

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

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

2) Help at Home has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. For more information about your prescription drug coverage, please refer to the Cigna benefit summaries or contact the Benefits Department, 33 South State St., 5th Floor, Chicago, IL 60603. You can reach them via telephone at (312-762-9999) or email (benefits@helpathome.com).

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event or if you become newly eligible to enroll for the HAH Holdings, LLC plan mid-year, assuming you remain eligible.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Or contact the person listed below.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Help at Home changes. You also may request a copy of this notice at any time.

Effective Date: 1/1/2025

Employer Name: Help at Home

Contact Name/Title: Benefits Department

Address: 33 South State St., 5th Floor
Chicago, Illinois 60603

Phone: 312-762-9999

Email: benefits@helpathome.com

Important Notice from Pan-American About Your Prescription Drug Coverage and Medicare, Non-Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Help at Home and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

2) **Help at Home has determined that the prescription drug coverage offered by the PanAmerican Life Insurance is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the [Non-Creditable Plan Name]. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**

3) **You can keep your current coverage from Pan-American. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under Pan-American is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Help at Home changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

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

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

Effective Date: 1/1/2025

Employer Name: Help at Home

Contact Name/Title: Benefits Department

Address: 33 South State St., 5th Floor
Chicago, Illinois 60603

Phone: 312-762-9999

Email: benefits@helpathome.com

Health Insurance Marketplace Coverage Options and Your Health Coverage

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

Part A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[12]

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

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

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

When Can I enroll in Health Insurance Coverage Through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15. Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage. Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Department at 312-762-9999 or benefits@helpathome.com.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name **HAH Holdings, LLC**		**4. Employer Identification Number (EIN)** **61-1766004**
5. Employer address **33 South State St, 5th Floor**		**6. Employer phone number** **312-762-9999**
7. City **Chicago**	**8. State** **IL**	**9. Zip Code** **60603**
10. Who can we contact about health coverage at this job? **Plan Administrator**		
11. Phone number (if different from above)	**12. Email address** **benefits@helpathome.com**	

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

- As your employer, we offer a health plan to:
  - ☑ Some employees. Eligible employees are: Field Service Center (FSC), Field Administration, and Field Licensed Medical Professionals (i.e., nurses)

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are: legal spouses, domestic partners, dependent children up to age 26, disabled dependents
  - ☐ We do not offer coverage.

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

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

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

HIPAA Privacy Policy
Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Effective Date: 1/1/2025

Privacy Officer: Benefits Department
Email: benefits@helpathome.com
Phone: 312-762-9999

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we *never* share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the

price of that coverage. This does not apply to long term care plans.
· *Example: We use health information about you to develop better services for you.*

Pay for your health services
· We can use and disclose your health information as we pay for your health services.
· *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan
· We may disclose your health information to your health plan sponsor for plan administration.
· *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

· How else can we use or share your health information?
· We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues
· We can share health information about you for certain situations such as:
· Preventing disease
· Helping with product recalls
· Reporting adverse reactions to medications
· Reporting suspected abuse, neglect, or domestic violence
· Preventing or reducing a serious threat to anyone's health or safety

Do research
· We can use or share your information for health research.

Comply with the law
· We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
· We can share health information about you with organ procurement organizations.
· We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
· We can use or share health information about you:
· For workers' compensation claims
· For law enforcement purposes or with a law enforcement official
· With health oversight agencies for activities authorized by law
· For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
· We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
· We are required by law to maintain the privacy and security of your protected health information.
· We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
· We must follow the duties and privacy practices described in this notice and give you a copy of it.
· We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
· For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice
· We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Special Enrollment Rights

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

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:
All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.
Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

Hospital Indemnity Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.
• The payment you get isn't based on the size of your medical bill.
• There might be a limit on how much this policy will pay each year.
• This policy isn't a substitute for comprehensive health insurance.
• Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?
• **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
• To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?
• For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
• If you have this policy through your job, or a family member's job, contact the employer.

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family

medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Newborns' and Mothers' Health Protection Act

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

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: http://www.dol.gov/vets/programs/userra/main.htm.

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: http;//www.dol.gov/vets
An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm