



Help at Home®
Care to Live Your Life.



Caregiver Benefits Guide

2026

CARE TO LIVE YOUR BEST LIFE

Important notices, including the Medicare Creditable Coverage Notice, begin on [page 24](#). Email benefits@helpathome.com if you would like to receive a printed version.

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Dedicated to Caring for You and Your Wellbeing



At Help at Home, we know how much heart you bring to your work every day. You care for others with kindness, patience, and dedication — and we want to make sure you feel that same care in return.

That's why we offer a comprehensive benefits program designed to support your health, financial security, and peace of mind. From medical plans that help cover the costs of common services to benefits that protect your family, pets, and property, our offerings help you focus on what matters most.

We work hard to keep benefits affordable while providing strong coverage and valuable choices. Every dollar matters, and these benefits are here to ease stress and give you confidence in the future.

This guide and our online tools will walk you through everything you need to know as you make your selections. If you have questions, our support partners are ready to help.

We're proud to keep investing in you — because you deserve it. Thank you for the care you give every day. We're here for you, just like you're always there for others.

Chris Hocevar
CEO, Help at Home

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This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.





Support for All

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

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

Mental Health Support from SupportLinc

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**.

Up to five sessions are offered with SupportLinc counselors at no cost.

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



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.





Who Is Eligible for Health & Welfare Coverage

Employees

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

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

BENEFIT PLAN OPTION	ALL EMPLOYEES	EMPLOYEES AVERAGING 20-29 HOURS PER WEEK	EMPLOYEES AVERAGING 30+ HOURS PER WEEK
Employee Assistance Program (EAP) (FREE COMPANY-PAID BENEFIT)	✓	✓	✓
401(k) Plan¹	✓	✓	✓
Help at Home Advantage Discount Program	✓	✓	✓
PanaMed 1 and PanaMed 2 Medical Plans			✓
Preventive Care Medical Plan² 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			✓
Group Legal			✓
Identity Theft Insurance			✓
Pet Insurance			✓
Home and Auto Insurance			✓

¹ Indiana union employees are not eligible for the 401(k) plan.

² Illinois union employees are not eligible for the Preventive Care medical 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), EAP, and the Help at Home Advantage Discount Marketplace.

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





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

How to Enroll

All team members will enroll by logging into Aptia365 at aptia365.com/HelpatHome.

If you have questions, reach out to an Aptia365 Benefit Counselor at 855-746-3198, Monday–Friday 6am–8pm CT.

See [page 23](#) of this guide for step-by-step instructions on how to enroll.

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
- 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.

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 grace period 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.

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.





Qualifying Life Events

Employees may experience life or work events that affect your benefits. You may be eligible to make some plan changes when 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



If you go out on an unpaid leave of absence or go two consecutive pay periods where you do not receive any pay, you may remain covered in your Help at Home benefits, but you will be transitioned to the direct bill process to pay your benefit premiums. Direct bill is an alternative payment plan that allows you to continue your coverage by making monthly payments directly to the Help at Home benefits administrator.

Please Note: If you do not make the payments by the grace period on the invoice, you will lose coverage and will not be able to re-enroll until the next Open Enrollment period.

When Coverage Ends

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

- The date your employment ends with Help at Home
- 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** (*excludes Illinois Union*)
- **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	✓		✓		✓
Healthiest You Virtual Care by Teladoc		✓	✓	✓	✓
Hospital admission				✓	✓
Some labs, x-rays, MRIs, scans		✓	✓	✓	✓
Some outpatient surgeries				✓	✓
Some prescription medications*		✓	✓	✓	✓
Accident, death and dismemberment coverage		✓	✓	✓	✓
Cost per paycheck	Lowest 				Highest

* Affordable Care Act mandated prescription coverage is available under the Preventive Care Plan.





How These Plans Work

1. You get care in-network and give your Pan-American plan information to the provider. To find a network provider, visit www.providerlocator.com/palich or call 888-561-5759.
2. The provider files a claim with Pan-American.
3. Pan-American 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, 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.

Making the Most of Your Pan-American 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/palich 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.





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	\$100 per day, 6 days per calendar year	\$125 per day, 6 days per calendar year
Outpatient Diagnostic Labs	\$35 per day, 3 days per calendar year	\$45 per day, 3 days per calendar year
Outpatient Diagnostic Radiology	\$100 per day, 2 days per calendar year	\$100 per day, 2 days per calendar year
Outpatient CT, MRI, and Advanced Studies	\$400 per day, 2 days per calendar year	\$500 per day, 2 days per calendar year
Inpatient Surgical	Not covered	\$500 per day, 1 day per calendar year
Inpatient Anesthesia	Not covered	\$125 per day, 1 day per calendar year
Outpatient Surgical	Not covered	\$250 per day, 1 day per calendar year
Inpatient Anesthesia	Not covered	\$62.50 per day, 1 day per calendar year
Hospital Indemnity*	\$100 per day (Calendar max subject to 180 days total for any inpatient stay)	\$700 per day, overall calendar year max subject to 180 days
Hospital Admission	Not covered	\$1500 first day when admitted as an inpatient
Prescription Drug Benefit†	Generic drugs: \$10 per day, maximum 3 days per month, per insured Brand drugs: discounts may be available	Generic: \$10 per day, maximum 2 days per month, per insured for both generic and brand drugs Brand: \$50 per day, 2 days per month
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.





Pharmacy Discounts and Reimbursements

In addition to the daily lump-sum benefit for prescription medicines, you can use your Pan-American 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.

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	\$10.04	\$19.60	\$15.23	\$25.32
PanaMed Plan 2	\$18.73	\$38.30	\$29.99	\$50.84
PanaBridge 1 Plan (Preventive Plan + PanaMed 1)	\$17.02	\$28.21	\$26.79	\$38.51
PanaBridge 2 Plan (Preventive Plan + PanaMed 2)	\$25.86	\$47.06	\$41.71	\$64.19

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.

HealthiestYou Makes Virtual Care Easy

HealthiestYou by Teladoc 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](https://www.healthiestyou.com), or call 855-894-9627 to talk to a doctor.





Supplemental Insurance Options

Life comes with surprises – some good, some challenging. To help with these, Help at Home offers supplemental insurance options at special discounted rates through MetLife. These benefits are available to employees who work an average 30 hours or more per week. Please refer to the chart on [page 2](#) of this guide for eligibility details. These plans pay in addition to existing medical insurance or benefits you may have.

Critical Illness

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

- The benefit 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.

- Coverage includes emergency room visits, hospitalization, doctor's visits, and physical therapy.
- There also are benefits available for certain injuries, such as dislocations, fractures, burns, and lacerations.
- The policy 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.
- You collect a lump-sum benefit for each day you are in the hospital. Limits may apply.
- There are 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 21](#) for plan rates.





Voluntary Benefits

Life comes with surprises – some good, some stressful. That’s why Help at Home offers voluntary benefits from MetLife to help you buy peace of mind at a special discounted group rate. These benefits are available to those who work an average of 30 or more hours per week.

Legal Insurance

Legal insurance gives employees access to a nationwide attorney network for common needs—wills and estate plans, buying/selling a home, traffic matters, and more—often with no claim forms, waiting periods, or usage limits. Enrollees can also get unlimited consultations with in-network attorneys. Once enrolled, you can create an account at members.legalplans.com or call 800-821-6400 to get started.

Identity & Fraud Protection

Always-on monitoring for your identity, credit, and financial accounts—with fast alerts if something looks off. This coverage also works to remove your exposed personal data from risky sites and includes tools to protect your Wi-Fi and devices. If fraud happens, specialists help you resolve it. Once enrolled, you can create an account at my.aura.com/start or call 844-931-2872 to get started.

Pet Insurance

MetLife Pet Insurance helps cover unexpected veterinary costs and routine care, including accidents, illnesses, surgeries, and preventive services like vaccinations and wellness visits. Employees can choose flexible coverage options with up to 90% reimbursement and no breed or age restrictions. Additional perks include 24/7 live vet chat and discounts up to 30%. **Please note:** Pet Insurance is not elected as part of benefits enrollment and cannot be paid via payroll deduction. If you wish to enroll, visit metlife.com/getpetquote or call 800-438-6388.

Home & Auto Insurance

Help at Home employees can access discounted auto and home coverage through Farmers Insurance—customizable to their needs—plus handy features like roadside assistance and guaranteed repairs on covered losses. Additional program perks include automatic-payment discounts and rewards for claim-free driving. **Please note:** Home and Auto insurance plans are not elected as part of benefits enrollment and cannot be paid via payroll deduction. If you wish to enroll, call 800-438-6388.





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 of Illinois: 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 <i>(member/family)</i>	You pay \$50/\$150	You pay \$50/\$150
Calendar Year Maximum* <i>(per covered member)</i>	\$1,500	\$2,500
Orthodontia Lifetime Maximum <i>(per covered member)</i>	N/A	\$1,500
Preventive and Diagnostic	Covered at 100%	Covered at 100%
Restorative Services <i>(cavity filling and gingivitis treatment)</i>	You pay 20%	You pay 20%
Root Canal	You pay 20%	You pay 20%
Oral Surgery Services <i>(tooth extraction)</i>	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%
Prosthetic 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. 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 vsp.com or call 800-877-7195 to find in-network providers near you. 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%, up to \$150 allowance (or \$200 on frames at Visionworks). \$25 copay applied to both frame and lense purchase	Up to \$50 reimbursement
Lenses (once every calendar year)	Covered at 100% \$25 copay split between frames and lenses ↓	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.





401(k) Retirement 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.
- Employees age 21 and older are eligible to participate in the 401(k) Savings Plan (excluding Indiana Union).

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 [401k.com](https://www.fidelity.com/401k).

Beneficiaries

Please complete your beneficiary designation on Fidelity's site at [401k.com](https://www.fidelity.com/401k). Fidelity supports online beneficiary designations.

Save with Pre-tax Dollars!



Contributions to 401(k) plans can be made on a pretax basis, which can help you save on taxes now while saving money for retirement. You also have the option to contribute money on an after-tax basis. Questions regarding the plan and investing should be directed to Fidelity at 800-835-5097 or visit [401K.com](https://www.fidelity.com/401k) for more information.





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 initial enrollment window, after the first 6 month measurement period. 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 initial enrollment window after your first 6 month measurement period, 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 LAWRENCE

Lawrence is in his 50s and single. Staying healthy and keeping his costs low are top priorities in 2026. He takes a few prescription medications throughout the year to manage health conditions. And in

2026, he knows he will need a routine surgery on his wrist that will keep him out of work for a few weeks.

For 2026, Lawrence Enrolls in:

- The **PANAMED 2** Limited Indemnity Plan, since it offers both prescription drug and surgical benefits.
- The **Basic Dental Plan** for affordable preventive care for his teeth.
- **Vision** coverage to keep his eyes healthy and his prescription glasses up to date.
- **Optional Short-Term Disability (STD)** coverage to ensure that he can still earn a portion of his income when he is out of work after the planned surgery on his wrist that will keep him out of work for several weeks. This STD coverage can help pay for basic needs like rent, utilities, and food while he is unable to work.
- The **Help at Home 401(k)** Plan to build savings for retirement.

In 2026, he also takes advantage of:

- **Legal services through MetLife**, to help with estate planning.
- He also signs up for **Identity Theft Protection**, to help safeguard his personal and financial information.
- The **EAP for free help** finding elder care for his aging mother.
- **Paid Time Off (PTO)** to recharge and connect with family and friends.

MEET ALEXANDRA

Alexandra and her husband are getting ready for 2026, 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 2026, Alexandra Enrolls in:

- The **Preventive Coverage Plan**. It covers all in-network preventive screenings and immunizations for the entire family at **no cost**, as well as items she'll need as she prepares for life with a newborn. She'll add the new child to her coverage when the baby is born.
- The **Enhanced Dental Plan** for increased family coverage, including orthodontia services for her husband.
- **Hospital Indemnity Insurance** through MetLife, since she knows the plan will pay a lump sum for a hospital stay after the baby is born.
- The **Help at Home 401(k) Plan**, so she can continue to build her retirement savings.

In 2026, she also takes advantage of:

- **Home and auto insurance discounts through MetLife**, to ensure she has proper protection for their home, and the SUV they recently purchased.
- **HealthiestYou by Teledoc** for **virtual care** when her older son gets an ear infection and needs a prescription medication.
- The **EAP for free help finding childcare** when she and her husband both return to work.
- The **Help at Home Advantage** for discounts on baby clothes and furniture.





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

HealthiestYou

Virtual care from HealthiestYou comes with an PanaMed or PanaBridge plan. Through Healthiest You, you can connect with a doctor, get treatment, and receive prescriptions* 24/7.

HealthiestYou also offers:

- Prescription savings
- Health management content

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 (Toll-Free in the U.S.)
- 1-312-356-5963 (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 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
- Long-term care referral
- Parenting issues
- Life coaching
- Help finding childcare
- And more

Call 888-491-6819 or visit supportlinc.com to get started and enter the employer 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
 - Estate Resolution Services
 - Funeral discounts and planning services

Learn more at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).



VSP Vision Care

- Provides a \$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.
- Program offers up to 20% off any out-of-pocket expenses on eyewear after your frame allowance.
- Your VSP benefits include [eyeconic.com](https://www.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](https://www.vsp.com/simplevalues)





Cost of Coverage

Preventive Coverage Medical Plan Rates: [See page 9](#)

PanaMed Limited Medical and Hospital Indemnity Plan Rates: [See page 9](#)

Dental Plan Rates: [See page 12](#)

Vision Plan Rates: [See page 13](#)

Short-Term Disability Rate: [See page 16](#)

Optional Life and AD&D Rates

ATTAINED AGE	OPTIONAL LIFE EMPLOYEE RATES	OPTIONAL LIFE SPOUSE RATES
	Rate Per \$1,000 of Coverage	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 in 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	Fidelity	800-835-5097	401K.com
Limited Indemnity Plans Preventive, Medical, Medical & Hospital	Pan-American	800-999-5382	mypallic.com
COBRA Coverage	Aptia365 Continuation of Benefits Department	866-268-0142	yourflexbenefits.aptia365.com/
Prescription Drug	RxEDO	888-879-7336	rxedo.com
Supplemental Medical (Accident, Critical Illness, Hospital Indemnity, Group Legal, ID Theft Protection, Pet Insurance, Auto and Home Insurance)	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*	MetLife	Claims: 833-622-0139	MyBenefits.MetLife.com
Help at Home Advantage	Working Advantage	N/A	helppathome.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 Leave of Absence including disability at 888-644-8643 or leavetech.my.site.com/connect.

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





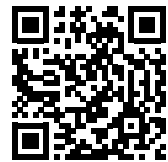
How to Enroll

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

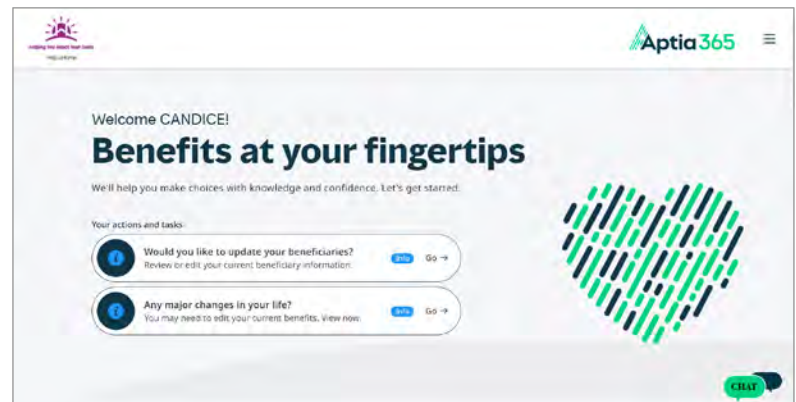
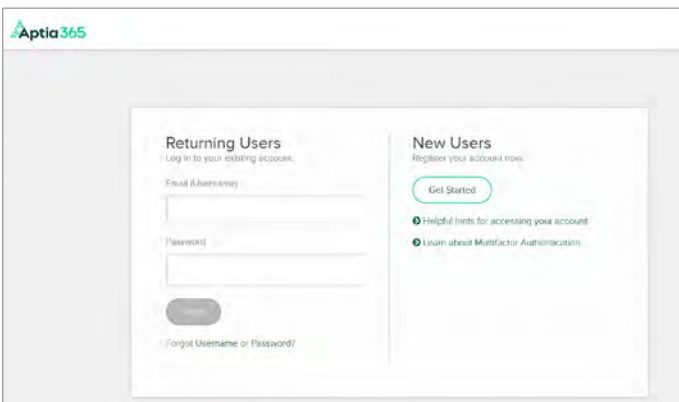
You can get personalized support from licensed benefits counselors to better understand your options. This free service has multi-language representatives and TTY services available. If you don't have access to a computer or prefer to enroll with a Benefits Counselor, call 855-746-3198 Monday through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

To enroll for your Help at Home health and welfare benefits, simply access our Help at Home Benefits Administration enrollment system, [Aptia365](https://aptia365.com), 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](https://aptia365.com) 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, you can make your contribution and investment elections, as well as designate your beneficiaries, by calling Fidelity at 800-835-5095 or logging into the Fidelity NetBenefits website. Fidelity representatives are available Monday through Friday, from 8:30 a.m. to 8:30 p.m. EST





Important Benefit Notices

January 1, 2026

Help at Home

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

Contact Name/Title Benefits Department

Contact Email: benefits@helppathome.com

Contact Phone: 312-762-9999

1. Medicare Part D Creditable Coverage Notice
2. Notice of Exchange
3. HIPAA Notice of Privacy Practices
4. Children's Health Insurance Program (CHIP) Notice
5. HIPAA Notice of Special Enrollment Rights
6. Woman's Health and Cancer Rights Act (WHCRA)
7. Hospital Indemnity Notice
8. Newborns' and Mothers' Health Protection Act (NMHPA)
9. Genetic Information Non-Discrimination Act (GINA)
10. Mental Health Parity and Addiction Equity Act (MHPAEA)
11. Michelle's Law
12. Uniformed Services Employment & Reemployment Rights Act (USERRA)

Your Medicare Part D Notice is the first section of this packet.

Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.





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.
- 2) Help at Home has determined that the prescription drug coverage offered by Pan-American 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 Pan-American. 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: 1/1/2026

Employer Name: Help at Home

Contact Name/Title: Benefits Department

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

Phone: 312-762-9999

Email: benefits@helppathome.com



Health Insurance Marketplace Coverage Options and Your Health Coverage

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

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 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 9.02%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the

¹ Indexed annually. 2025 = 9.02%; 2026 = 9.96%, see <https://www.irs.gov/pub/irs-drop/rp-25-25.pdf> for 2026.





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 9.02% of the employee's household income.²

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

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.

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](https://www.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. Confirm the deadline with your employer or your employment-based health plan.

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

How Can I Get More Information?

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

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.





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 Help at Home		4. Employer Identification Number (EIN) 61-1766004	
5. Employer address 33 South State St., 5 th 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? Benefits Department			
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:

- All employees.
- Some employees. Eligible employees are: Caregivers working 30 hours/week or more

· With respect to dependents:

- We do offer coverage. Eligible dependents are: your legal spouse or domestic partner, regardless of gender, and your natural, step or adopted children until the end of the month in which they reach age 26
- 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 Notice

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: February 16, 2026

Privacy Officer: Benefits Department
Email: benefits@helppathome.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

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.





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, office, or mobile 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,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

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 someone has authority to act as your personal representative, such as if someone has your 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- 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. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

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

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 in this notice 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, 2025. 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





<p>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</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>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</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>





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: HSHIPPProgram@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://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP





Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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 Notice of 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).

Patient Protections Disclosure

Pan-American generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the 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](https://www.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](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer

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).

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.

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>





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Care to Live Your Life.

NOVEMBER 2025