EMPLOYEE
BENEFITS
GUIDE

Enhance Therapies

2026

Rev. November 11, 2025 12:04 PM

WELCOME

Welcome! We encourage you to take the time to review your options.

Enclosed in this package is all the information you will need to educate yourself on the offers you and your eligible family members are eligible to enroll in. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide.

How to Enroll?

Your first step is to review all benefit options on our benefits site at enhance-benefits.com which will also include instructions on how to schedule your benefits enrollment call with Panda. During your enrollment meeting, you will be able to discuss all benefit options and get any information you need to assist in making your decision. Click here to schedule 2026 open enrollment benefits call.

When to Enroll?

As a new hire, your benefits are effective the 1st of the month after 1 month of employment. However, during the annual benefits open enrollment period, all elections, changes or cancellations will be effective on January 1st. Elections can be made by scheduling a personal call with one of our enrollment specialists.

Once you complete your elections, please allow at least two weeks to receive your ID cards. When possible, it is always a good idea to schedule appointments two weeks after the 1st to allow for processing delays

Welcome to the team!

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ELIGIBILITY

All full-time employees working a minimum of 30 hours per week are eligible for company benefits. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following one month of hire provided you've elected your benefits with an enrollment specialist during the enrollment period. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the day of your last day of work and/or the last day of the month, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a Qualifying Event.

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions
- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your HR representative.

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** **Click here to schedule.**

KEY TERMS
TO REMEMBER

COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

COPAYMENT

A flat fee that you pay toward the cost of covered medical services.

OPEN ACCESS PLUS (OAP)

Open Access Plus (OAP) plans make it easy to get quality, in-network care with access to a large, national network of providers. Plus, you have the option to choose a primary care provider to coordinate your care and you don't need specialist referrals.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

IN-NETWORK

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

OUT-OF-NETWORK

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and play payments are SUBJECT to deductibles and copayments.

OUT-OF-POCKET MAXIMUM (OOPM)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

USUAL, CUSTOMARY AND REASONABLE (UCR)ALLOWANCE

The fee paid for services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure, (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

MEDICAL Benefits

LEADING EDGE ADMINISTRATORS Anthem

Plan Design In-Network		BASIC PLAN	ADVANTAGE PLAN	MAX PLAN
Deductible Individual / Family		$3,000 / $6,000	$6,550 / $13,100	$1,500 / $13,100
Max Out-of-Pocket	Individual Individual within family Family	$6,900 $8,150 $13,800	$8,150 $8,150 $16,300	$8,150 $8,150 $16,300
Doctor's Office Visit				
Primary care visit to treat injury or illness	Facility based Non-facility based	30% Coinsurance	$35 copay/visit No charge after deductible	$45 copay/visit 30% Coinsurance
Specialist visit	Facility based Non-facility based	30% Coinsurance	$50copay/visit No charge after deductible	$60 copay/visit 30% Coinsurance
Preventive care/screening/immunization		No Charge	No Charge	No Charge
Imaging and Testing				
Office Based Lab work x-ray, blood work		30% Coinsurance	Lab & Pathology $25 copay Radiology $50 copay	30% Coinsurance
Facility Based Lab work x-ray, blood work		40% Coinsurance Savings Plus Plan Benefits	Lab & Pathology $50 copay Radiology $100 copay Savings Plus Plan Benefits	40% Coinsurance Savings Plus Plan Benefits
Office Based Imaging CT/PET scans, MRIs		30% Coinsurance Savings Plus Plan Benefits	$100 copay Savings Plus Plan Benefits	30% Coinsurance Savings Plus Plan Benefits
Facility Based Imaging CT/PET scans, MRIs		40% Coinsurance Savings Plus Plan Benefits	$200 copay Savings Plus Plan Benefits	40% Coinsurance Savings Plus Plan Benefits
Outpatient Surgery			Savings Plus Plan Benefits	
Facility fee / physician / surgeon fees		30% Coinsurance	No Charge After Deductible	30% Coinsurance
Immediate Medical Attention				
Emergency room care		30% Coinsurance	$500 copay/visit	$500 copay/visit
Emergency medical transportation		30% Coinsurance	No charge	No charge
Urgent care		30% Coinsurance	$50 copay/visit	$50 copay/visit
Prescription Copay			retail / mail order	
Generic Drugs		$10 / $25	$10 / $25	$10 / $25
Preferred Brand		35% of medication cost $30 - $65 / $65 - $125	35% of medication cost $30 - $65 / $65 - $125	35% of medication cost $30 - $65 / $65 - $125
Non-Preferred Brand		50% of medication cost $45 - $85 / $90 - $160	50% of medication cost $45 - $85 / $90 - $160	50% of medication cost $45 - $85 / $90 - $160
Specialty Drugs		Not Covered. If you need drugs to treat your illness or condition information about prescription drug coverage is available at www.carelonrx.com or call 1-833-271-2374		
Hospital Stay			Savings Plus Plan Benefits	
Facility fee / Physician / surgeon fees e.g., hospital room		30% Coinsurance	No Charge After Deductible	30% Coinsurance
Out of Network				
Deductible Individual / Family		$4,500 / $12,000	$8,550 / $17,100	$3,000 / $6,000
Coinsurance		50%	50%	50%
Max Out-of-Pocket	Individual Individual within family Family	$13,800 $ 16,300 $ 27,600	$16,300 $16,300 $32,600	$16,300 $16,300 $32,600

FLEXFACTS
a company of grant benefit solutions

HSA, FSA, DCA & Transit Accounts

Health Savings Accounts (HSA)

- An HSA is a personal savings account that allows you to set aside **pre-tax dollars** for current and future healthcare expenses for you and your dependants.
- If you are signed up for the RBP or Bronze Medical Plans you qualify for a Health Savings Account. Unlike an FSA, unused funds stay in the account year to year and can be invested like a 401(k) all while staying **tax free**.
- For the 2026 plan year, you can contribute up to $4,400 if you are enrolled employee only on your medical, or up to $8,750 if you also enrolled one or more family members in your medical.

For a list of eligible expenses visit:
https://hsastore.com/hsa-eligibility-list

Dependent Care FSA (DCA)

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside **pre-tax dollars** for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to 7,500/family. This amount will be deducted from your pay checks in equal instalments throughout the year.

Eligible Expenses Include:

- Before/after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

Full list of eligible expenses can be found at flexfacts.com.

Medical Flexible Spending Accounts

- A Flexible spending Account (FSA) allows you to set aside up to $3,400 per year tax free for healthcare expenses.
- Funds are available immediately, but any **unused funds are forfeited end of the year** or if your employment ends.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.

For a list of eligible expenses visit:
fsastore.com/FlexfactsEL

Transit Account

A transit account allows you to set aside pre-tax dollars for mass transit expenses associated with your daily commute to work. Up to a monthly election amount, up to $340/month.

- Funds will be made available in your transit account, as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.

Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.

Questions? Contact us at info@flexfacts.com or 877-943-2287

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** **Click here to schedule.**

TELEMEDICINE Essentials

24 / 7 / 365 Telemedicine & Teletherapy from Doctegrity. Help when you need it, where you need it. Unlimited Access to board-certified Primary Care Physicians and licensed Mental Health Therapists for the whole family.

How to start with Doctegrity:

1. **WELCOME EMAIL**
   Click "Access Benefit" and create a password
2. **OPEN DOCTEGRITY APP**
   Click "Login"
3. **ENTER CREDENTIALS**
   Enter the email address associated with your account & password
4. **SCHEDULE**
   You're done! Easily schedule telemedicine & teletherapy consultations and more!

- **No insurance needed!**
- **Available to any and all employees!**
- **You and you whole family have access.**
- **No copays or surprise bills.**
- **$10 per month INCLUDING FAMILY**

Talk to us!
Call: 877.342.5152
email: hello@doctegrity.com
Online: doctegrity.com

eHealthcare
Video/Phone Doctors

Speak to a Board Certified Physician or Video Chat 24/7/365 **nationwide and get a prescription** if needed.

Medical question? Ask a doctor / get a **Second Option**

Mental Health Therapy

More than an EAP: Talk or Text a licenses Mental Health Therapist 24/7/365 nationwide.

True short-term Mental Health Therapy with 100% follow-ups with the same therapist.

Pharmacy Plan & Health Discounts

Save up to 80% on prescriptions. **Even works on pet medications!**

Lab Discount: Up to 80% off lab tests. No doctor needed; well handle it!

Our services extend beyond healthcare

We make life easier.

- Financial Consultations
- Attorney Consultations
- Medical Bill Help
- Medical Diagnosis Support

DELTA DENTAL®

DENTAL Benefits

Dental PPO Plans

Plan Details	LOW		BASIC			ENHANCED		
	In-Network	Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
	If a Delta Dental PPO Dentist is Used	If a Non-Particpating Dentist is Used	If a Delta Dental PPO Dentist is Used	If a Delta Dental Premier Dentist is Used	If a Non-Participating Dentist is Used	If a Delta Dental PPO Dentist is Used	If a Delta Dental Premier Dentist is Used	If a Non-Participating Dentist is Used
Preventative & Diagnostic								
Exams	100%	50%	100%	100%	100%	100%	100%	100%
Cleanings								
Bitewing X-Rays								
Fluoride Treatments (Frequency limitations apply)								
Full Mouth X-rays, Sealants, Space Maintainers								
Basic								
Fillings	50%	50%	50%	50%	50%	80%	80%	80%
Simple Extractions								
Repair of Dentures								
Major								
Crowns & Gold Restorations	N/A	N/A	50%	50%	50%	50%	50%	50%
Bridgework	N/A	N/A						
Full & Partial Dentures	N/A	N/A						
Oral Surgery	N/A	N/A				80%	80%	80%
Root Canals (Endodontics)	N/A	N/A				80%	80%	80%
Periodontics	N/A	N/A				80%	80%	80%
Annual Maximum (per person)	**$1,000**	**$500**	**$1,000**	**$1,000**	**$1,000**	**$1,500**	**$1,500**	**$1,500**
Annual Deductible (waived for Preventive and Diagnostic)								
Per Person	$50	$100	$50	$50	$50	$50	$50	$50
Family Maximum	$150	$300	$150	$150	$150	$150	$150	$150
Orthodontics								
Children Only to age 26	N/A	N/A	N/A	N/A	N/A	50%	50%	50%
Lifetime Maximum (per person)	N/A	N/A	N/A	N/A	N/A	$1,500	$1,500	$1,500

Dependent children are covered to age 26 regardless of student status

Get the most out of your benefits with:

Carryover Max5M - Carry over a portion of your unused standard annual maximum benefit limit into the next year and beyond to use on more expensive procedures in the future. Learn more at Delta Dental NJ.com/COM.

Oral Health Enhancement - Receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. Details on how to qualify can be found in your benefit booklet or online at DeltaDentalNJ.com/OHE.

Special Health Care Needs benefit - Covered members with a qualifying special health care need have access to enhanced benefits such as additional cleanings and/or examinations and treatment modifications. Learn more at DeltaDentalNJ.com/SHCN

Hearing Savings Program - Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no additional cost Learn more at DeltaDentalNJ.com/Hearing.

VISION Benefits

DeltaVision®
In partnership with VSP®

Vision Highlights

Benefits	In-Network
Exam/Lens/Frame frequency (months)	12/12/24
Contacts frequency (in lieu of glasses)	12
Exam	$10 copay
Frame allowance	
Includes Walmart/Sam's Club)*	$130
Frame allowance Costco*	$70
Contact lenses	
Elective contact allowance	$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	Up to $60
Both frames and contacts in same year	No (allows contacts in lieu of frames)
Lens enhancements[1]	
Anti-glare coatings	$41 single/$41 multifocal
Impact-resistant lenses - adult	$31 single/ $35 multifocal (covered for children)
Progressive lenses	Standard Progressive lenses are covered
Light-reactive lensess	$75 single vision/ $75 multifocal
Scratch-resistant coating	$17 single vision/$17 multi focal

Out-of-network allowances (in addition to in-network copays)

	Covered up to:		Covered up to:
Examination	$45	Lenticular lenses	$100
Single vision lenses	$30	Frame	$70
Bifocal lenses	$50	Elective contact lenses	$105
Trifocal lenses	$65	Necessary contact lenses	$210
Progressive lenses	$50		

Additional savings

Frames discount over allowance[2]	An extra $20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional Pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK[2]	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening[2]	Routine retinal screening covered for a maximum fee of $39.
Lens coverage[2]	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full.[3]
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues such as pink eye or to monitor ongoing conditions like high blood pressure, diabetes, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed. $20 per exam.
Low vision	Pre-approved low vision supplemental testing covered every two years. 75% coverage for approved low vision aids, up to $1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®[2]	Go to Eyeconic.com® for an easy-to-use, convenient online eyewear option.
TruHearing	Save up to 60% on hearing aids and batteries. Visit TruHearing.com/VSP or call 877.396.7194 for more information.[4]

1) Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices are valid only through VSP Choice Network Providers and are subject to change without notice. **2)** Available in-network only. **3)** Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits, and savings may vary by location. Benefits may also vary at participating retail chains. Promotions like rebates are continually evaluated and subject to change without notice. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. **4)** VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

ID CARDS & FINDING A Provider

Medical

A medical ID card will be mailed to you. To request duplicate ID cards, please call Member Services at **844-886-2466.**

Dental

You can access your Virtual Dental ID or view your coverage online. To create an account go to deltadentalnj.com/idcard and register. You can also use our app, which is available on Apple and Android, or call us at: **800-442-7742**

How do I find a Dental Provider?

Simply visit deltadentalnj.com/idcard. Follow the prompts to find a dentist in your area who participates in your plan's network.
Low Plan: Delta Dental PPO Network
Basic and Enhanced Plan: Delta Dental PPO OR Delta Dental Premier Network

Vision

How do I find a Vision Provider?

Simply visit vsp.com, call **800-877-7195**, or download the mobile app.

SHORT-TERM Disability

A Short-Term Disability Plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after the elimination period is satisfied and continue during disability, up to the disability benefit period.

Why enroll in Group Disability Insurance? Group Disability is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury or sickness.

Additional Plan Information

- This plan provides a benefit for covered disabilities resulting from illnesses or injuries that are not work related.
- Partial Disability Benefit Included!

Benefit	Plan 1	Plan 2
Weekly Benefit Amount* Paid directly to you by check, benefits start only after elimination period and approval.	**$300 to $4,000** 60% of your base annual pay.	
Elimination Period From the date you are unable to work due to an injury or illness.	7 days	14 days
Benefit Duration	6 months	6 months

BENEFITS SPECIFICATIONS

Total Disability

Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit period.

Elimination Period

Time you must wait between when an illness or disability begins and when you can begin receiving your benefits.

Portability

This option allows employees to take their Short-Term Disability insurance coverage with them when coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan. Employees can apply for a portable Short-Term Disability policy without satisfying Evidence of Insurability. Availability may vary by state.

OneAmerica® Financial

LONG-TERM Disability

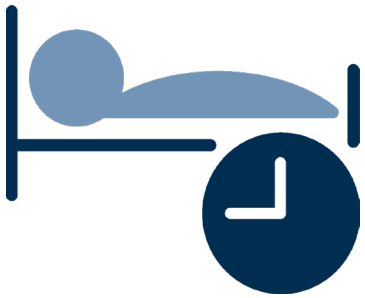
PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work for an extended period because of a covered disability, Long-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Additional Plan Information

- You're covered for disabilities resulting from and injury or sickness
- Premium is waived while you are disabled and cannot work
- Coverage is portable



Benefit	Plan 1	Plan 2
Monthly Benefit Amount* Paid directly to you by check, benefits start only after elimination period and approval.	50% of total monthly earnings, up to $10,000	60% of total monthly earnings, up to $10,000
When Benefits Begin	180 days	
Maxium Benefit Duration	Social Security Full Retirement Age	

BENEFITS SPECIFICATIONS

Pre-Existing Condition
A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescriptions for drugs or medicine.

Total Disability
Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit period.

Elimination Period
Time you must wait between when an illness or disability begins and when you can begin receiving your benefits. See 'When Benefits Begin'.

Will income from other sources affect my income?
Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income. For more information, contact your benefits administrator.

How do I file a claim after becoming disabled?
Complete and submit a claim form online at www.employeebenefits.aul.com or call 855-517-6365

Social Security Normal Retirement Age
SSNRA - the normal retirement age under the Federal Social Security Act

GROUP Accident

Benefit Amounts*

Base Accident		High Plan	Low Plan
Accidental Death and Dismemberment	Employee Spouse Children	$50,000 $25,000 $10,000	$25,000 $12,500 $5,000
Common Carrier Accidental Death (fare-paying passenger)	Employee Spouse Children	$100,000 $50,000 $20,000	$50,000 $25,000 $10,000
Standard Hospital Admission		$1,000	$500
Hospital Confinement per day		$200	$100
ICU Confinement per day		$400	$200
Family Member Lodging per day		$150	$50
Outpatient Surgery Facility		$500	$300
Rehab Confinement per day		$150	$75
Ambulance	Ground Air	$200 $1,000	$100 $500
Additional Enhancements		**High Plan**	**Low Plan**
Initial Treatment	ER/Urgent Care Doctor's Office	$250 $200	$150 $100
Appliance		$400	$500
Blood, Plasma, Platelets		$100	$50
Burns	Second Degree up Third Degree	$1,000 $20,000	$500 $10,000
Chiropractic or Alternative Therapy (per visit)		$35	$15
Concussion		$200	$100
Coma		$10,000	$5,000
Dislocations		$3,000	$1,500
Dismemberment	Single Loss Double Loss One or more fingers/toes Partial Dismemberment	$12,500 $25,000 $1,250 $125	$6,250 $12,500 $625 $62.50
Emergency Dental		$200	$100
Eye Injury		$250	$125
Follow-up Treatment (per visit)		$75	$50
Fractures		$4,000	$2,000
Lacerations		$600	$200
Major Diagnostic Exam (CT, MRI, etc.)		$200	$125
Pain Management		$100	$50
Paralysis	Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	$5,000 $10,000	$2,500 $5,000
Prosthetics		$750	$500
Residence/Vehicle Modification		$750	$500
Surgery & Anesthesia	In-patient Out-patient	$1,000 $500	$500 $300
Therapy – Physical, Occupational, or Speech		$35	$15
Transportation (per trip, 100 or more miles)	Ground Air	$300 $500	$150 $250

Accidents happen and treatment can be vital to recovery, but also expensive.

Most major medical insurance only pays a portion of the bills. We help pick up where other insurance leaves off by providing cash to help cover expenses.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer.
- Protection for accidental injuries on- or off-the-job, 24-hours a day.
- Coverage available for spouse and child(ren)
- Affordable premiums conveniently payroll deducted

* Benefit dollar amounts shown are maximum amounts payable amount paid, may vary based on severity of injury, benefits subject to limitations on a per accident basis. See plan design from AFLAC for more details.

Benefits Enhancements and Specifications

Hospital Admission
Once per accident, within 6 months of the accident. Not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

Hospital Confinement
Per day, Maximum 15 days of confinement per covered accident within 6 months after the accident

Hospital Intensive Care
Per day, max. 15 days per accident, within 6 months after the accident.

Initial Treatment
Once per accident, within 7 days after the accident, not payable for telemedecine services.

Accident Follow-Up Treatment
Max. 2 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident.

Rehabilitation Unit
Maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured.

Family Member Lodging
Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident.

Transportation
Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident.

Therapy
Maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident.

Chiropractic and Alternative Therapy
Maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident.

Ambulance
Once per accident, within 90 days after the accident.

Major Diagnostic Testing
Once per accident, within 6 months after the accident.

Blood, Plasma, & Platelets
Once per accident, within 6 months after the accident.

Pain Management
Once per accident, within 6 months after the accident.

Concussion
Once per accident, within 6 months after the accident.

Coma
Once per accident.

Emergency Dental Work
Once per accident, within 6 months after the accident.

Burns
Once per accident, within 6 months after the accident.

Fractures
Once per accident, within 90 days after the accident.

Dislocations
Once per accident, within 90 days after the accident.

Lacerations
Once per accident, within 7 days after the accident.

Dismemberment
Once per accident, within 6 months after the accident.

Paralysis
Once per accident, diagnosed by a doctor within six months after the accident.

Outpatient Surgery & Anesthesia
Per day / maximum of one per covered accident, within one year after the accident.

Inpatient Surgery & Anesthesia
Per day / maximum of one per covered accident, within one year after the accident.

Appliances
Maximum of 1 per accident, within 6 months after the accident.

Prosthesis
Once per accident, up to 2 prosthetic devices and one replacement per device per insured.

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

Accidental Death Benefit
Payable if a covered accidental injury causes the insured to die within 90 days after the accident.

Accidental Common-Carrier Death Benefit
Payable if the insured is a fare-paying passenger on a common carrier, injured in a covered accident and, dies within 90 days after the covered accident.

CRITICAL ILLNESS Insurance

Plan Highlights

- Benefits paid directly to you.
- Coverage available for your spouse and children.
- Coverage may be continued; refer to your certificate for details.
- Health Screening Benefit of $75 - payable when an insured receives health screening tests.

Initial Diagnosis Benefit

Should you seek emergency medical care, and physician determines that you have suffered a heart attack, Aflac Group Critical Illness pays and Initial Diagnosis Benefit of $15,000.

Additional Diagnosis Benefit

Alfac Group Critical Illness will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

Reoccurance Benefit

Benefits are paid for the same critical illness after the first when the two dates of diagnoses are separated by at least 12 consecutive months.

Benefits of Critical Illness:

Maintain your lifestyle: If you're unable to work due to a serious illness, critical illness insurance can help cover your living expenses so you can maintain your lifestyle and avoid dipping into your savings or retirement funds.

1. Provide additional support: Even if you have health insurance, the out-of-pocket expenses associated with a serious illness can be substantial. Critical illness insurance can provide financial support to help cover these costs.
2. Customized to your needs: Choose the level of coverage that best meets your needs and budget, have peace of mind knowing that you're covered in the event of a serious illness.

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.

Financial support in the event that you are diagnosed with a serious illness, such as cancer, heart attack, stroke, or kidney failure. These types of illnesses can be devastating not just emotionally and physically, but also financially.

By purchasing critical illness insurance, you can have peace of mind knowing that you'll have financial support to help cover these expenses if you're ever faced with a serious illness. This can help alleviate some of the stress and anxiety that often comes with a diagnosis and allow you to focus on your recovery.

Plan Benefits

Base Benefits	
ALS	100%
Benign Brain Tumor	100%
Bone Marrow Transplant	100%
Cancer (except skin cancer)	100%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Transplant	100%
Metastatic Cancer	25%
Multiple Sclerosis	100%
Non-Invasive Cancer	25%
Paralysis	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Skin Cancer Benefit Payable once per insured per year	$250
Type 1 Diabetes	25%
Accident Benefit	
Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis	100%

HOSPITAL INDEMNITY Insurance

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how a Aflac Group Hospital Indemnity Insurance plan can help. It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

Hospital Admission Benefit

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. Benefits will not be paid for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

No benefits will be paid for admission of a newborn child following their birth; however, benefits will be paid for a newborn's admission to a Hospital Intensive Care Unit if, following birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

Hospital Confinement Benefit

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If benefits are paid for confinement and the insured becomes confined again within six months because of the same or related condition, this confinement will be treated as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

Plan Highlights

- Should the insured be hospitalized and then released within two days, the Hospital Indemnity plan will pay $1,050.
- In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).
- The plan has limitations and exclusions; refer to your certificate for details.

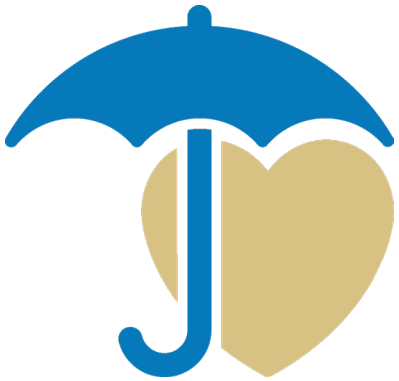
Plan Benefits	
	Amounts
Hospital Admission Per day	$950
Hospital Confinement Per day	$50
Successor Insured Benefit	
If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.	

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

TERM LIFE Insurance

Protect what means the most to you - the people you love. Life Insurance makes sure you've done all you can to protect your family's way of life.

Plan Highlights



- Coverage available for 10 or 20-year planned level premium terms.
- Waiver of Premium (employee only)
- Benefits paid directly to named Beneficiary
- Coverage is portable (see certificate for details). That means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- **$117,500** benefit if insure passes in a crash on a commercial flight.

Benefit Summary		
	Benefit	**Qualified Issue Coverage**
Employee	$50,000	$100,000
Spouse not to exceed employee's coverage		$50,000
Child(ren) not to exceed employee's coverage		$25,000

Death Benefit

While the coverage is in force, we will pay this benefit when we receive proof of loss showing that a covered person has died. The amount of the Death Benefit will be the sum of the amount of life insurance shown on the certificate schedule, plus any life insurance provided by an optional benefit rider, plus any portion of premium paid beyond the month the covered person died, plus any applicable interest, minus any unpaid premium due before the death of the covered person and any accelerated benefit we paid on behalf of the covered employee.

Basic AD&D

We will pay the Basic Accidental Death, Loss or Sight and Dismemberment Benefit if a covered person suffers one of the following as a result of an accidental injury that occurs while the certificate is in force: loss of life, loss of one or both hands, loss of once or both feet, loss of sight in one or both eyes, loss of one hand and sight in one eye, loss of once foot and sight in one eye. We will pay the beneficiary 10% of the amount of life insurance for this benefit as shown on the certificate schedule for loss of life. For accidental dismemberment as stated above, we will pay 5% of the amount of life insurance as shown on the certificate schedule. The loss must occur within 180 days after the accidental injury.

Additional AD&D

The Accidental Death Benefit is the same amount of the Death Benefit on the base plan. We will pay 100% of the Accidental Death Benefit shown in the certificate schedule if the employee or spouse suffers accidental loss of life. This benefit is payable in addition to other benefits. Or, We will pay 50% of the Accidental Death Benefit for accidental loss of dismemberment as stated above. Or, We will pay 125% of the Accidental Death Benefit for death resulting from a motor vehicle or common carrier as long as the: insured is wearing a seat belt and is, or a passenger on a common carrier. This benefit is available to the employee and spouse only.

Total Disability Waiver of Premium

We will waive premiums in the event of a total disability by a covered accidental injury or sickness prior to the insured's attained age 60. Premiums will be waived after six (6) consecutive months of covered total disability.

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171**
Click here to schedule.

WHOLE LIFE Insurance

Aflac Group Whole Life Insurance doesn't only look out for your family's tomorrow - It also works hard for you today.

Plan Highlights

- No Premium increases
- Benefits may be paid directly to your named Beneficiary
- Portable Coverage, which means you can take it with you if you change jobs or retire
- Premiums are paid through payroll deduction

Whole Life Benefit Coverage Options

- Employee
- Spouse
- Children ages 15 days through 25 years may be covered in either of these two ways:
  1. A Child Term Rider for dependent children (the rider will cover all of your dependent children)
  2. A separate Whole Life plan for each of your dependent children

Whole Life Benefit

The Whole Life Benefit pays proceeds upon the insured's death. Proceeds are defined as the total of the benefits payable upon the insured's death. Proceeds will be the sum of the amount of insurance in force, any insurance on the life of the insured provided by benefit riders, any premium paid that applies to a period of time beyond the certificate month in which the insured dies, less any certificate loan and loan interest, and any unpaid premium, except the first premium, that applies to a period before and including the certificate month in which the insured dies.

Accelerated Death Benefit

The Accelerated Benefit Rider pays a lump sum benefit up to one-half of the eligible death benefit when the insured is diagnosed with one or more Qualifying Life Events.

The insured may choose the amount of the Accelerated Benefit, subject to these limitations: The maximum Accelerated Benefit is 50% of the eligible death benefit subject to state limitations. Refer to your certificate for benefit details. The insured may also choose to take the Accelerated Benefit as a monthly benefit. See certificate for details.

Accidental Death Benefit

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is $300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

Accidental Death Benefit

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is $300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

Waiver of Premium

The Waiver of Premium Benefit Rider waives entire premium amount for employee coverage after the insured has been totally disabled due to bodily injury or disease for 4 consecutive months and continues throughout the duration of the disability. Any recurrence of a prior disability will be covered, provided the prior disability continued for at least 6 consecutive months, began within 30 days of recovery, and was due to the same or related causes. The Waiver of Premium Benefit Rider is also available for loss of sight or loss of limbs even though the employee may be able to engage in an occupation. Only employees, ages 18–55, are eligible to be issued this benefit, which terminates at age 60.

Children's Term Insurance Benefit

The Children's Term Rider pays a benefit upon receipt of due proof of death of an insured child if coverage is in force, it is before the expiration date, and it is before the rider anniversary following the insured child's 26th birthday. The children's term insurance may be converted to a whole life plan without evidence of insurability subject to the maximum shown in the certificate. Refer to your certificate for details.

EMPLOYEE ASSISTANCE Program

ComPsych®
— The GuidanceResources Company® —

Anytime your ComPsych® GuidanceResources® program EAPEssential offers someone to talk to and resources to consult whenever and wherever you need them.

What happens when I call for counselling support?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counsellor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counsellor who can assist you. You will receive counselling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counsellor over the phone.

What counseling services does the EAP provide?

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

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship / marital conflicts

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet are

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Financial Resources

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

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No-cost, confidential solutions to life's challenges.

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800-460-4374
TTY: 800-697-0353

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

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: EAPEssential

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

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We've teamed up with Wonderschool to offer a free concierge service that helps our employees discover and sign up for quality child care programs nearby.

SCAN ME

To complete a Concierge Request scan the QR code,
Or leave a voicemail at 1-888-231-5603,
Or send an email to
Concierge@wonderschool.com

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One Membership.
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- **10,800+ ON-DEMAND VIDEOS**
- **1:1 WELL-BEING COACHING**

How to get started:

1. Visit the dedicated link from your employer, association, or health plan to access the Active&Fit Direct™ website. See Below
2. Search for a fitness center or studio near you by entering your ZIP code, or City and State, in the fitness centers search box.
3. Select your gym then create an account and pay your initial fees. You'll pay for your first 2 months, plus an enrollment fee. **(The enrollment fee is waived for standard gyms through November 30![1])**
4. Print your fitness card or save it to your phone, and take it with you to your fitness center of choice. You can also immediately access over 10,800 workout videos so you can work out at home or on-the-go.
5. Want to add your spouse? Enroll your spouse or domestic partner directly from your Active&Fit Direct dashboard![2]

STANDARD FITNESS MEMBERSHIP
$28/mo.[3]
12,200+ FITNESS CENTERS
10,800+ WORKOUT VIDEOS
Active&Fit DIRECT™
TM

https://panda-wellness.com/

Use Code- ENHANCE

[1] $28 enrollment fee waived for standard fitness centers only 10/1/23 12:01 a.m. - 11/30/23 11:59 p.m. PT.

[2] Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees will vary based on fitness center selection.

[3] Plus an enrollment fee and applicable taxes for standard fitness centers. Costs for premium exercise studios exceed $28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

Employee Rebates & Discounts on Real Estate, Lending, and Moving Services!

Through our affiliation with Enhance Therapies, OnePoint Advantage (OPA) is pleased to offer professional and responsive real estate and moving assistance to you and your family.

Together We Move!

Working with a dedicated OnePoint Advantage (OPA) relocation advisor isn't just for corporate transferees anymore! Everyone moving gets help regardless of where, when, and why they are moving! Manage your move the OPA way and get a plan of action, a sense of control, advocacy, and the attention you need.

Together You Save!

OPA partners with real estate brokers, lenders, and movers throughout the US. When you complete a transaction with our partners, you can receive thousands of tax-free dollars in rebates and discounts. You can use all these services, just a few or none. There is no cost or obligation to use this program.

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10% Real Estate Rebate

Mortgage Services

Up to $2,000 off Closing Costs

Temporary Housing

Discounts on Hotel Stays and Short-term Housing

Moving Services

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OnePoint Advantage

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Select your company in the "Employer/Affiliation" field to view your real estate benefits.

Contact Us:

Toll Free: (888) 265-7292
Email: customerservice@onepointsolutions.net

Meet Aura

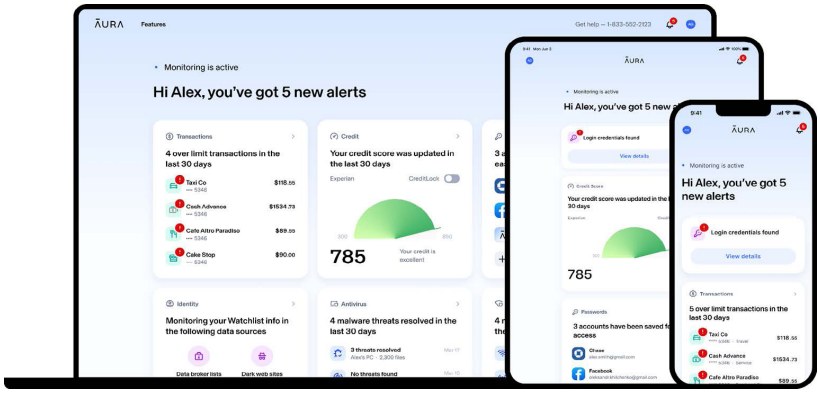
An all-in-one, easy to use online security solution designed to protect the entire family

Identity Theft Protection
Aura monitors your personal information and alerts you if any threats are detected.

Financial Fraud Protection
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security
Get intelligent safety tools– like VPN, antivirus, password manager, and more – to protect your online privacy.

Family Safety
Loved ones with integrated parental controls, elder fraud prevention tools, and more.



In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

24/7/365 Customer Support	White Glove Fraud Resolution	$5M Insurance Policy	Features at your fingertips
Aura's 100% US-based Customer Support team is available 24/7/365.	Aura's White Glove Resolution Specialists guide fraud victims through every step of the remediation process.	Each enrolled adult is backed by a generous $5M insurance policy* to cover eligible losses and expenses.	With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

LEGAL Services

MetLife

Unlike other voluntary benefits which are purchased as a safety net (with the hope that you never have to use them), the more you use a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

Plan Features			
Money Matters	Debt Collection Defense Financial Education Programs Identity Theft Defense	Identity Restoration Services Negotiations with Creditors Personal Bankruptcy	Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	Boundary & Title Disputes Mortgages Security Deposit Assistance Deeds	Property Tax Assessments Tenant Negotiations Eviction Defense Refinancing & Home Equity Loan	Zoning Applications Foreclosure Sale or Purchase of Home
Estate Planning	Codicils Living Wills	Revocable & Irrevocable Trusts Complex Wills	Complex Wills Powers of Attorney
Family & Personal	Adoption Guardianship Prenuptial Agreement Affidavits Immigration Assistance Protection from Domestic Violence	Conservatorship Juvenile Court Defense, Review of ANY Personal Legal Demand Letters Including Criminal Matters Document Divorce (20 hours)	Name Change School Hearings Garnishment Defense Parental Responsibility Matters Personal Properties Issues
Civil Lawsuits	Administrative Hearings Disputes Over Consumer Goods & Services	Pet Liabilities Civil Litigation Defense	Small Claims Assistance Incompetency Defense
Elder-care Issues	Consultation & Document Review for Issues Related to Your Parents: Medicaid Powers of Attorney	Medicare Prescription Plans Deeds Notes	Wills Leases Nursing Home Agreements
Traffic & Other Matters	Defense of Traffic Tickets Driving Privileges Restoration	Habeas Corpus Repossession	License Suspension Due to DUI

Insure what's important while enjoying saving

- **Automated payment options and discounts**
- **Claim-free driving rewards**
- **Multi-policy savings**
- **Roadside assistance**
- **24/7 claim reporting**

Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

Auto Insurance
Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

Home Insurance
Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

Renters Insurance
Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

Umbrella Insurance
You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

PET Insurance

MetLife

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury.

Freedom of Comprehensive coverage

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

Simple and delightful experience

Your home is perhaps your most valuable possession, so you'll want to make sure your in New mobile app experience that allows for easy claim submission & track claims with most claims processed within 10 days

• Team of pet advocates to assist with enrollment and service, access to telehealth concierge service.

• No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Backed by MetLife's unmatched track record

Simple set up with no additional costs to you and a seamless integration across MetLife benefits. Ongoing support with customizable employee communications & tools

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

dailypay.

FINANCIAL WELLNESS
Insurance

Think of DailyPay as your money command center. One simple app lets you access your pay when you need it, watch your earnings grow, and build better financial habits. Whether you need to pay a bill today, save for tomorrow, or track your credit for the future, DailyPay can help you make it happen.

Get your pay whenever you want.

DailyPay allows you to access your earned pay whenever you want instead of waiting for payday. See your earnings after every shift and how much is available for early access. Choose the amount you want to transfer and when you want to receive it. Anything you don't transfer early is paid to you on payday.

Free one-on-one financial coaching

DailyPay has partnered with Coordinated Assistance Network to offer you a free financial wellness coaching session. Specialized coaches can help you to manage your expenses, build savings, make a plan to pay o debt and so much more!

Get cash back at participating vendors when you use your DailyPay Card.

Browse offers and track your earned cash back in the DailyPay app. Get cash back rewards on everyday essentials like gas, food, and more!

Credit Health: Access your full monthly credit report, free, no impact to your credit.

Track your credit score over time and get alerts about changes to your life. Understand what's impacting your score and build a strong credit history

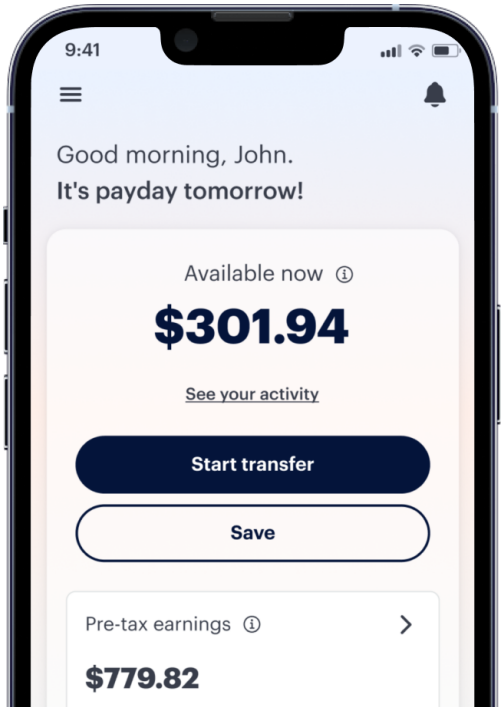
Create customizable Savings jars to organize your money and reach your goals.

Easily send money from your DailyPay Card to your Savings jars and withdraw money instantly whenever you want.

How to sign up:

1. Log in to your DailyPay app
2. From your home screen click on the Rewards icon at the bottom right
3. Scroll down and click on "Learn More" under Free Financial Counselor
4. Click on "Enroll Now"
5. Click on "Sign Up" under New User if you have not used this benefit previously
6. Fill out the required information and submit

DailyPay allows you access to your earned pay when you need it. Download the app:



upwise

Plan for your future with UpWise.

Take control of your financial situation.

Meet UpwiseTM

Upwise financial wellness app is still here to help you build positive money habits and make progress that feels good. With behavioral science at its core, Upwise recommends tailored challenges and content that help you make progress toward your financial goals, such as creating a budget or digital estate plan.

Virtual and in-person workshops that make a difference.

Retirewise®

As a foundation to the workshop series, MetLife's award-winning Retirewise program offers comprehensive financial and retirement education for all employees — regardless of their age or career stage. Broad spectrums of financial topics are covered in each of the sessions ranging from budgeting and investment principles to tax strategies and estate planning. It can complement and incorporate your existing benefit offerings which can help build awareness and participation.

Single topic workshops

In addition to Retirewise, we offer over 20 single topic workshops that address your diverse needs, with a variety of relevant topics for all ages and career stages. Topics include: Investing 101 & 201, Tax Strategies, Get Retirement Ready and Managing Your Money In Today's Uncertain Times and many more.

All workshops are delivered by specially trained financial professionals and employees can take advantage of a no cost consultation with the presenter. We provide workshop handouts, ready to use communications and easy to use online registration to help drive participation. Also provided are attendee survey results that include satisfaction and metrics to

upwise

CARRIER CONTACT INFORMATION

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(800) 995-0171** Monday-Friday 8am-5pm CST

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

Carrier Contact Information

Benefit Enrollment Center	Panda	(800) 995-0171	enhancebenefits@pandaecs.com
Medical Anthem BC / BCS	Anthem	(844) 886-2466	
Pharmacy Anthem BC / BCS	Anthem	(833) 271-2374	
HSA, FSA, DCA & Transit Accounts	FlexFacts	(877) 943-2287	flexfacts.com
Telemedicine	Doctegrity	(877) 342-5152	doctegrity.com
Dental	DeltaDental	(800) 452-9310	deltadentalnj.com
Vision	DeltaVision with VSP	(800) 452-9310	deltadentalnj.com
Short-Term Disability	Aflac	(800) 433-3036	aflacgroupinsurance.com
Long-Term Disability	OneAmerica	(855) 517-6365	employeebenefits.aul.com
Accident	Aflac	(800) 433-3036	aflacgroupinsurance.com
Critical Illness	Aflac	(800) 433-3036	aflacgroupinsurance.com
Hospital Indemnity	Aflac	(800) 433-3036	aflacgroupinsurance.com
Term Life Insurance	Aflac	(800) 433-3036	aflacgroupinsurance.com
Whole Life Insurance	Aflac	(800) 433-3036	aflacgroupinsurance.com
Employee Assistance Program	ComPsych GuidanceResources	(800) 460-4374	guidanceresources.com
Identity Protection	MetLife	(833) 552-2131	support@aura.com
Legal Services	MetLife	(800) 821-6400	legalplans.com
Home & Auto	Farmers Insurance	(800) 438-6381	metlife.com
Pet Insurance	MetLife	(800) GET-MET8	metlife.com/getpetquote
Financial Wellness	DailyPay		dailypay.com
Financial Wellness	UpWise from MetLife		upwise.com

Medicare Part D Creditable Coverage Notice

Important Notice from WSB Rehabilitation Services LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **WSB Rehabilitation Services LLC** (the "Plan Sponsor") 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) The Plan Sponsor has determined that the prescription drug coverage offered by the **Max Value, Advantage** 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 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

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 the Plan Sponsor and don’t join a Medicare drug plan within 63

continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact 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 the Plan Sponsor 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).

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).

Date:	October 15, 2025
Name of Entity/Sender:	**WSB Rehabilitation Services LLC**
Contact-Position/Office:	Human Resources
Address:	510 W Main St, Canfield OH 44406
Phone Number:	732-987-3817

Medicare Part D Non-Creditable Coverage Notice

Important Notice From WSB Rehabilitation Services LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **WSB Rehabilitation Services LLC** (the "Plan Sponsor") 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) The Plan Sponsor has determined that the prescription drug coverage offered by the **Basic HDHP** (the "Plan") 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 Plan. 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 the Plan. 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 15th to December 7th.

However, if you decide to drop your current coverage with the Plan Sponsor, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Plan.

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

Since the coverage under the Plan, 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 Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

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 the Plan Sponsor 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).

Date:	October 15, 2025
Name of Entity/Sender:	**WSB Rehabilitation Services LLC**
Contact-Position/Office:	Human Resources
Address:	510 W Main St, Canfield OH 44406
Phone Number:	732-987-3817

CHIPRA/CHIP Notice

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**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

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

To see if any other states have added a premium assistance program since July 31, 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

Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **732-987-3817** for more information.

Patient Protection Disclosures – *Only applies to plans that require the designation of a primary care provider.*

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

Your medical plan generally requires 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. If the plan or health insurance coverage designates a primary care provider automatically, insert: Until you make this designation, your carrier designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your medical insurance carrier and they will work with you.

For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, you may contact your medical insurance carrier, and they will work with you.

You do not need prior authorization from LEA or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your medical insurance carrier and they will work with you.

Notice of Grandfathered Plan Status – *Only applies to plans that are grandfathered under the Affordable Care Act.*

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Notice of Marketplace Coverage Options – *Must be provided within 14 days of day of hire.*

Health Insurance Marketplace Coverage Options and Your Health Coverage

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.[1, 2]

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

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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

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

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

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through November 30, 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 November 30, 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 November 30, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact t**Joyce Ginsberg, Human Resources** at **732-987-3817.**

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.

Notice of Special Enrollment Rights – *Must be provided at or prior to initial enrollment.*

If you are declining enrollment 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 no later than **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than **30 days** after marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days or any longer period that applies under the plan** after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact **WSB Rehabilitation Services LLC**, Human Resource Dept. at **732-987-3817**

General COBRA Notice – *Must be provided 90 days after coverage begins*

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

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

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

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

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

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to WSB Rehabilitation Services LLC, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within30 days after the qualifying event occurs. You must provide this notice to: Human Resources

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be

available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Joyce Ginsberg, Human Resources at 732-987-3817.

[1] **https://www.medicare.gov/basics/get-started-with-medicare/sign-up/how-do-i-sign-up-for-medicare.**