



EMPLOYEE BENEFITS ENROLLMENT GUIDE

2025 Plan Year



A Message to Our Employees

The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. The Sellenriek family of companies is committed to providing a comprehensive benefits package to its employees.

2025 Benefit Plan Highlights

Sellenriek/Utilisource/Sellenriek Energy/Anderson Underground is proud to continue to offer top of the line benefits to all employees. We work very hard to keep costs low and benefits high. We are continuously adding great programs to benefit our workers. Please review the current benefit listing below and let us know if you have any questions.

- Employer provided Medical coverage 100% – HSA Plan
- Employer provided Short Term Disability – 66 2/3% of base pay
- Employer provided Long Term Disability – 60% of base pay
- Telemedicine Services via Anthem's Sydney App
- Employer provided Life Insurance and AD&D – 1x base annual earnings
- Voluntary Dental
- Voluntary Life & Accidental Death & Dismemberment Insurance
- Voluntary Accident & Injury Insurance
- Voluntary Hospital Indemnity Insurance (**New for 2025**)
- Travel Assistance
- Will & Legal Document Center
- Identity Theft Kit
- Telephonic Employee Assistance Program
- Yearly Clothing Allowance - \$125.00/year
- Prescription safety glasses reimbursement program - \$250.00/year
- Sellenriek/Utilisource/Sellenriek Energy/Anderson Underground Scholarship Program (children of employees)
- Employee Referral Bonus Program – Unlimited referrals (\$250 each)
- 401K – 50% employer match up to 6% of employee contribution (Traditional & Roth)
- PTO
- One paid week of Maternity/Paternity Leave
- Paid Holidays (9)
- Department of Labor registered Apprenticeship Programs
- Lineman Apprenticeship program registered with MPUA
- Profit Sharing Program
- Sellenriek College/Trade School Graduation reimbursement program

We at Sellenriek/Utilisource/Sellenriek Energy/Anderson Underground appreciate everything our employees do to ensure the success of the companies.

Benefits for You and Your Family

The Sellenriek family of companies offers an excellent selection of benefits to full-time employees working at least 30 hours per week and their eligible dependents.

Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Benefits are a significant part of your total compensation package. It is important to be aware of the benefits and the value they represent to you.

Please review the information provided in this guide carefully. For full details about our plans, refer to the summary plan descriptions. List below are the benefits available.

- Medical
- Dental
- Vision
- Basic Life and AD&D
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Accident Insurance
- Hospital Indemnity Insurance (new for 2025)

Who is Eligible?

Full-time employees working at least 30 hours per week and their eligible dependents. Generally, dependents are defined as:

- Your legal spouse. **If your spouse has coverage available through his or her employer, they are not eligible to participate in the medical program.**
- Dependent children up to age 26. Child means the employee's natural child, step-child, legally adopted child or placed for adoption, or legal guardianship and any other child as defined in the summary plan description.

What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year. All changes you request, during open enrollment, will take effect March 1, 2025. **If no action is taken benefits will remain the same.**

Family Status Change Events

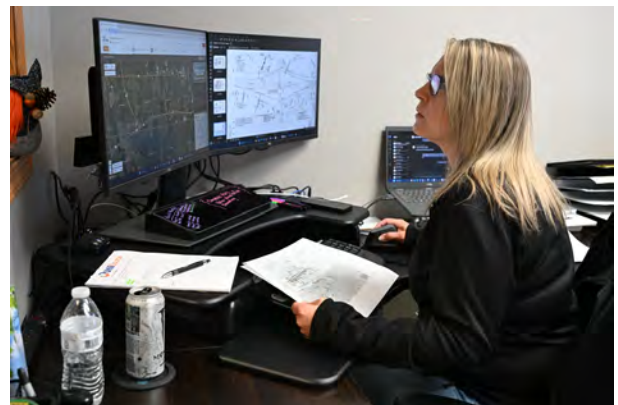
Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your employer and the change is permitted under the plan terms. Examples of these changes in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must notify Human Resources in a timely manner and complete the necessary forms. For more information, including exact timeframes, refer to your benefits booklet.

Disclaimer

This guide provides only a brief summary of the benefits available. In the event of a discrepancy between this guide and the plan document, the plan document will prevail. Sellenriek retains the right to modify or eliminate these or any other benefits at any time and for any reason.



For questions regarding your benefits or enrollment options, please contact Jennifer Ramsour or Kristy Edwards.

Contact Information

Have Questions? Need Help?

The Sellenriek family of companies is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via email at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier	Benefit	Contact Information
Anthem BCBS	Medical PPO	www.anthem.com
SunLife	Dental PPO	800-442-7742
SunLife	Vision	800-877-7195
SunLife	Life and AD&D	800-247-6875
SunLife	Short Term Disability	800-247-6875
SunLife	Long Term Disability	800-247-6875
SunLife	Voluntary Life	800-247-6875
SunLife	Voluntary AD&D	800-247-6875
SunLife	Accident Coverage	800-247-6875
SunLife	Hospital Indemnity Insurance	800-247-6875
ComPsych Guidance Resources	Employee Assistance Program	800-460-4374

Medical Benefits

The Sellenriek family of companies is pleased to provide eligible employees and dependents with a choice of medical plans through Anthem BCBS. For your reference on the next couple of pages we have highlighted some of the most frequently used benefits below. Please review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements.

BASE PLAN	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible		
· Individual	\$2,500	\$5,000
· Family	\$5,000	\$10,000
Benefit Coinsurance		
	70%	50%
Out-of-Pocket Maximum (includes copays & deductible)		
· Individual	\$6,600	\$13,600
· Family	\$13,600	\$27,200
Physician Office Visits		
· Primary Care	\$35 copay per visit	50% after deductible
· Specialists Visits	\$60 copay per visit	50% after deductible
· Virtual Visits via Teladoc	\$0 copay per visit	Not applicable
Preventive Care		
· Annual routine adult physicals · Annual routine child physicals · Immunizations · Mammograms (includes 3D) · Colonoscopy	100%	50% after deductible
Laboratory & X-ray Services		
· Diagnostic X-Ray & Lab	70% after deductible	50% after deductible
· Complex Radiology	70% after deductible	50% after deductible
Hospital Services		
· Inpatient	70% after deductible	50% after deductible
· Outpatient	70% after deductible	50% after deductible
Emergency Room		
	\$250 copay	
Urgent Care Services		
	\$60 copay per visit	50% after deductible
Prescription Drugs -- Per Script Per Month (Retail up to 30 day supply)		
· Generic	\$15 copay	Not covered
· Brand (Formulary)	\$45 copay	Not covered
· Brand (Non-Formulary)	\$75 copay	Not covered
· Preferred Specialty	\$300 copay	Not covered
Prescription Drugs – Per Script Per Month (Mail Order up to 90 day supply)		
· Generic	\$30 copay	Not covered
· Brand (Formulary)	\$90 copay	Not covered
· Brand (Non-Formulary)	\$150 copay	Not covered
· Preferred Specialty	\$300 copay	Not covered

Bi-Weekly Employee Contributions (24 Contributions/year)

	With Wellness	Without Wellness
Employee	\$26.25	\$76.25
Employee & Spouse	\$372.10	\$422.10
Employee & Child(ren)	\$214.00	\$264.00
Employee & Spouse & Child(ren) (Family)	\$404.25	\$454.25

Medical Benefits

Buy-Up Plan	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible		
· Individual	\$1,500	\$3,000
· Family	\$3,000	\$6,000
Benefit Coinsurance		
	80%	60%
Out-of-Pocket Maximum (includes copays & deductible)		
· Individual	\$5,600	\$12,100
· Family	\$11,200	\$24,200
Physician Office Visits		
· Primary Care	\$30 copay per visit	60% after deductible
· Specialists Visits	\$55 copay per visit	60% after deductible
· Virtual Visits via Teladoc	\$0 copay per visit	Not applicable
Preventive Care		
- Annual routine adult physicals - Annual routine child physicals - Immunizations - Mammograms (includes 3D) - Colonoscopy	100%	60% after deductible
Laboratory & X-ray Services		
· Diagnostic X-Ray & Lab	80% after deductible	60% after deductible
· Complex Radiology	80% after deductible	60% after deductible
Hospital Services		
· Inpatient	80% after deductible	60% after deductible
· Outpatient	80% after deductible	60% after deductible
Emergency Room		
	\$250 copay	
Urgent Care Services		
	\$55 copay per visit	60% after deductible
Prescription Drugs - Per Script Per Month (Retail up to 30 day supply)		
· Generic	\$15 copay	Not covered
· Brand (Formulary)	\$45 copay	Not covered
· Brand (Non-Formulary)	\$75 copay	Not covered
· Preferred Specialty	\$300 copay	Not covered
Prescription Drugs - Per Script Per Month (Mail Order up to 90 day supply)		
· Generic	\$30 copay	Not covered
· Brand (Formulary)	\$90 copay	Not covered
· Brand (Non-Formulary)	\$150 copay	Not covered
· Preferred Specialty	\$300 copay	Not covered

Bi-Weekly Employee Contributions (24 contributions/year)

	With Wellness	Without Wellness
Employee	\$53.68	\$103.68
Employee & Spouse	\$435.24	\$485.24
Employee & Child(ren)	\$263.78	\$313.78
Employee & Spouse & Child(ren) (Family)	\$514.08	\$564.08

Medical Benefits

HDHP with available Health Savings Account	In-Network Benefits	Out-of-Network Benefits
Sellenriek will match your contributions to a Health Savings Account (HSA)		
Employee Only	Up to \$20 per payroll not to exceed \$520 per year	
Family	Up to \$40 per payroll not to exceed \$1,040 per year	
Calendar Year Deductible		
· Individual	\$3,300	\$6,000
· Family	\$6,600	\$12,000
Benefit Coinsurance		
	90%	60%
Out-of-Pocket Maximum (includes deductible)		
· Individual	\$6,000	\$12,000
· Family	\$12,000	\$24,000
Physician Office Visits		
· Primary Care	90% after annual deductible	60% after deductible
· Specialists Visits	90% after annual deductible	60% after deductible
· Virtual Visits via Teladoc	90% after annual deductible	Not applicable
Preventive Care		
· Annual routine adult physicals · Annual routine child physicals · Immunizations · Mammograms (includes 3D) · Colonoscopy	100%	60% after deductible
Laboratory & X-ray Services		
· Diagnostic X-Ray & Lab	90% after annual deductible	60% after deductible
· Complex Radiology	90% after annual deductible	60% after deductible
Hospital Services		
· Inpatient	90% after annual deductible	60% after deductible
· Outpatient	90% after annual deductible	60% after deductible
Emergency Room		
	90% after annual deductible	
Urgent Care Services		
	90% after annual deductible	60% after deductible
Prescription Drugs (Retail up to 30 day supply)		
· Generic	90% after annual deductible	Not covered
· Brand (Formulary)	90% after annual deductible	Not covered
· Brand (Non-Formulary)	90% after annual deductible	Not covered
· Preferred Specialty	90% after annual deductible	Not covered
Prescription Drugs (Mail Order up to 90 day supply)		
· Generic	90% after annual deductible	Not covered
· Brand (Formulary)	90% after annual deductible	Not covered
· Brand (Non-Formulary)	90% after annual deductible	Not covered
· Preferred Specialty	90% after annual deductible	Not covered

Bi-Weekly Employee Contributions (24 contributions/Year)

	With Wellness	Without Wellness
Employee	\$0.00	\$50.00
Employee & Spouse	\$329.38	\$379.38
Employee & Child(ren)	\$178.81	\$228.81
Employee & Spouse & Child(ren) (Family)	\$360.00	\$410.00



An HSA is a savings account that you can use to pay out of pocket health care expenses with pre-tax dollars. When you enroll in the HDHP plan, you may be eligible to open and fund a health savings account

Click on the link to learn more about HSA's: <https://flimp.live/HubDeliverablesHSA>

Sellenriek's Annual Contribution

When you enroll in the HDHP health plan, Sellenriek helps you save by matching your contributions to your health savings account.

- Employee Only: Up to \$20 per payroll not to exceed \$520 per year
- Family: Up to \$40 per payroll not to exceed \$1,040 per year

2025 IRS Contribution Maximums

Annual contributions to the HSA cannot exceed:

- ❖ Individual: \$4,300
- ❖ All Other Coverage Levels: \$8,550

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

If you and your spouse both contribute to your own HSAs, your total contributions cannot exceed \$8,550

HSA Eligibility

You are eligible to fund an HSA if:

- ❖ You are enrolled in a Sellenriek health plan, AND, you don't have other health coverage (see "Not Eligible" section below)

You are NOT eligible to fund an HSA if:

- ❖ You are covered by a non-HSA eligible medical plan, healthcare FSA, or health reimbursement account
- ❖ You are eligible to be claimed as dependent on someone else's tax return
- ❖ You are enrolled in Medicare (even Part A), TRICARE or TRICARE for Life
- ❖ You have received Veterans Administration Benefits in the last three month (unless the condition for which you received care was service related)

Refer to IRS Publication 969 for details. Note: HSA dollars can only be used for tax-code dependents whether or not they are covered on Sellenriek's health plan.

Maximize your Tax Savings with an HSA – the Triple Tax Advantage

- ▶ **USE:** Use your HSA dollars today to pay for eligible health care expenses such as deductibles, dental expenses, eye exams and prescriptions.
- ▶ **SAVE:** Use your HSA to save for the unexpected. An HSA allows you to save and roll over money year to year. The money in the account is always yours, even if you change health plans or jobs.
- ▶ **INVEST:** The money in your HSA can be invested and grows tax-free.

Advantages of Contributing to an HSA

- **Tax-Free Contributions**
 - ❖ Contribute with every paycheck on a pre-tax basis (and change your election throughout the year, as needed).
 - ❖ Think of your HSA as a type of retirement savings account with the added ability to access funds for current healthcare needs. You don't pay taxes on the money you set aside in your HSA.
- **Invest for Tax-Free Growth**
 - ❖ Once your balance reaches \$1,000, you can invest your HSA in mutual funds, including target date retirement funds, and any interest or growth in the account is earned tax-free.
- **Use Tax-Free on Eligible Expenses**
 - ❖ You can use your HSA money tax free for eligible health expenses for you and your dependents, whether they are on your health plan or not (as long as they're IRS-qualifying dependents). If you use your money on non-eligible expenses, you'll pay taxes and a 20% penalty.
 - ❖ Once you turn 65, use your HSA on non-eligible items without paying a 20% penalty (just pay taxes).
 - ❖ Access the funds in your HSA in one of three ways: by using your debit card, by paying your provider directly, or by reimbursing yourself for out-of-pocket costs.

How to optimize your Health Savings Account: https://flimp.live/HubDeliverables_Optimize_HSA

WHAT CAN YOU DO IN A MINUTE?



FEED YOUR DOG



GET YOUR MAIL



FIND A DOCTOR

HERE'S HOW

1 Visit www.anthem.com/findadoctor

1. Scroll down the page to **Search as a Guest** and click on **Search by Selecting Medical (Employer-Sponsored)**
2. Use the dropdown menu to select **Medical** as the type of care you are searching for
3. Select the **state** you are in from the drop down menu
4. Select your plan/network from drop down menu:
 - › In Missouri, under **Medical Networks**, select the **Blue Access Choice Network**
 - › Outside of Missouri select **National PPO (BlueCard PPO)**
5. Click **Continue**
6. Enter additional search criteria to narrow your search

2 When you select a doctor (or other provider) in your results list, you'll find out more about:

- › Training
- › Languages spoken
- › Phone number
- › Satisfaction and quality information
- › Specialties
- › Address and map



NOT AT HOME? GO MOBILE!

Anthem makes it easy for you to find a doctor, hospital and more on your mobile device. Just download our free Sydney app from the App Store® or Google Play™.

**SIMPLE SOLUTIONS
THAT MAKE
HEALTHCARE EASIER...
SO YOU CAN SAVE
TIME AND MONEY.**

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Dental Benefits

Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! The chart below provides a brief summary of the key benefits of the dental insurance available from SunLife Financial. For a complete list of all your dental insurance benefits and restrictions, please refer to the insurance certificate of coverage.



Voluntary Pre-Authorization

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit the charges to the carrier for pre-authorization. They will then review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing issues.

	Low Plan	High Plan
Calendar Year Deductible		
· Waived for Preventive Care?	Yes	Yes
· Individual	\$50	\$50
· Family	\$150	\$150
Benefit Maximum (calendar year)		
	\$1,000	\$1,500
Preventive Care Services --		
Preventive services will not be applied to the annual Benefit Maximum.		
	100%	100%
Basic Services		
	80%	80%
Major Services		
	Not covered	50%
Orthodontia (children only)		
	Not covered	\$1,000

If you use a non-participating PPO provider, you will pay more out-of-pocket since those providers do not have negotiated rates with your dental carrier. You will also be responsible for any amount over reasonable and customary (R&C).

*Members who enroll more than 31 days after becoming eligible may be subject to an individual benefit waiting period, subject to policy guidelines. There are additional limitations to your coverage. A complete list is included in the certificate of coverage.

How to find a dentist – simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network.

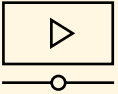
How can I get more information about my coverage or find my dental ID card? After the effective date of your coverage, you can view benefit information online at your convenience through your SunLife account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. You can call SunLife's Dental Customer Service at 800-442-7742.

Employee Bi-Weekly Contributions (24 contributions/Year)

	Low Plan	High Plan
Employee	\$7.28	\$12.27
Employee & Spouse	\$15.98	\$26.13
Employee & Child(ren)	\$17.68	\$34.03
Employee & Spouse & Child(ren) (Family)	\$27.63	\$50.49

Tips for using your dental plan

Your dentist office will want to know that you are a Sun Life plan member at your next visit. Simply share a copy of your new dental ID card with them. You can access a copy of your dental ID card through your Sun Life account. Quick references to register and access your account are included on this page. Please note that printed dental ID cards are not provided and/or mailed to your home.



Check out our short video for step-by-step instructions on downloading your dental ID card at sunlife.com/dentalIDCard.

Online services

Your mobile-responsive Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card, benefit schedule and more. To complete your registration, you will need your social security number or member ID, and date of birth. Register today at sunlife.com/account.

Sun Life Dental (U.S.) mobile app

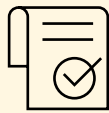
Our mobile app lets you access benefit information, including your dental ID card and find a dentist, on the go! Available for iOS and Android devices, find the app at sunlife.com/mobileapps.

24/7 virtual dental visits

Sun Life PPO dental members¹ have access to dental visits through teledentistry.com/sunlife.²

Find a dentist

If your plan leverages one of our networks, you can easily search for a dentist online. Your network is listed on the back of your dental ID card. To find a participating dentist, visit sunlife.com/findadentist.



Is your dentist not in our network?

Nominate your dentist at sunlife.com/findadentist!

Dental Health Center

Get the most from your dental plan by visiting our Dental Health Center. Learn more about dental treatments, average costs, and you can even pose questions through ask-a-dentist. Take control of your dental health at sunlife.com/dentalhealthcenter.



We look forward to providing you and your family with dental benefits and great service!

Group Name: _____

Policy Number: _____

Effective Date: _____



DENTAL

Easy Start

Sun Life has a team of dedicated employees in place to help make your transition to Sun Life simple, seamless and most of all EASY!

If for any reason, within the first 90 days of your policy's start date, you have questions regarding plan benefits, or you or your dental office needs to verify coverage, you can contact an Easy Start Specialist.

Phone Number: 800-442-7742

The menu will have an option to direct you to the Easy Start team.

To find an in-network provider visit:

www.sunlife.com/findadentist

The following is important information regarding claims processing and submission:

Mail paper claims to:

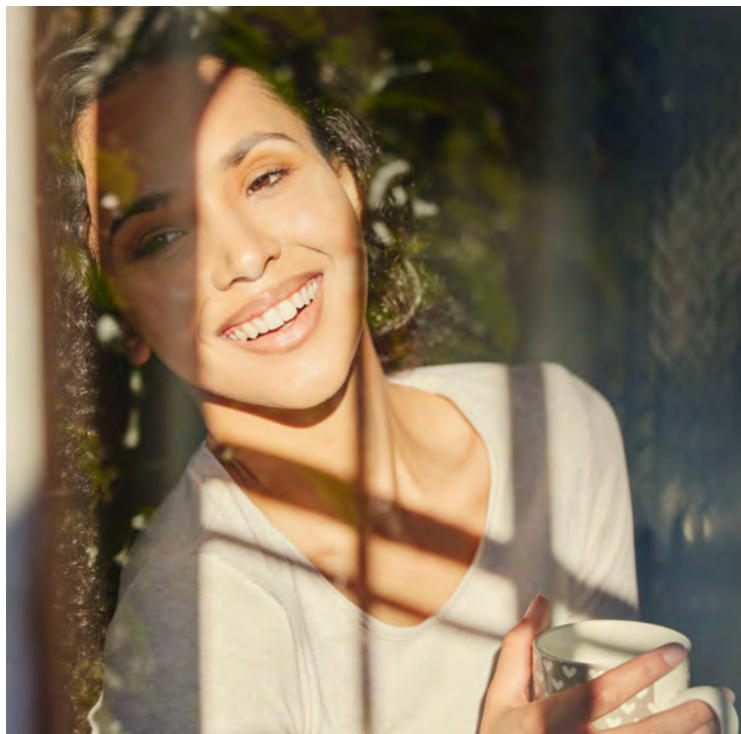
Sun Life
PO BOX 311
Milwaukee, WI 53201-0311

Fax claims to:

ATTN: Claims - 623-760-1876

Electronically submit claims to:

E-Payor ID: 70408



Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01.

© 2024 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved.

The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada.

Visit us at www.sunlife.com/us.

GDFL-6232-k (05/24)

Vision Benefits

The Sellenriek family of companies has designed a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level.



Vision Plan	
Vision Exams	
· Exam Services – One per 12 months	\$10 Copay
· Routine Retinal Screening	No more than \$39 copay
Vision Materials	
· Materials Copay (every 12 months)	
o Single Vision	\$25 copay
o Bifocal	\$25 copay
o Trifocal	\$25 copay
o Lenticular	\$25 copay
o Premium Progressive	\$95 - \$105 copay
o Custom Progressive	\$150-\$175 copay
· Frames (every 24 months)	\$0 copay, \$150 allowance, 20% off balance over allowance
· Contacts (Exam/Fit/Follow-up)	\$60
· Contact Lenses	
o Conventional	\$150 allowance every 12 months (in lieu of glasses)
o Disposable	
o Medically Necessary	
· Lens options (UV treatment, tint, scratch coating, anti-reflective, etc.)	Average savings 20 – 25%

How to find a provider – You have access to the largest national network of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are two ways to find an in-network doctor: visit www.vsp.com and select the Choice Network. Or call VSP at 800-877-7195.

How do I use my vision benefit? After the effective date of your coverage, simply tell your VSP doctors you are a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have form to complete.

Employee Bi-Weekly Contributions (24 contributions/Year)

Employee	\$2.82
Employee & Spouse	\$5.24
Employee & Child(ren)	\$5.51
Employee & Spouse & Child(ren) (Family)	\$8.44

Group Life & Accidental Death & Dismemberment

Group Life & Accidental Death & Dismemberment (AD&D) Insurance

The Sellenriek family of companies provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Life and AD&D	
Life Benefit	1 x basic annual earnings up to \$160,000
AD&D Benefit	Equal to the life insurance benefit or as indicated in the contract based on type of loss

The benefits listed in the chart will reduce to 65% of original amount at age 65, then to 50% of original benefit at age 70.

Beneficiary

Remember to keep your beneficiary updated, which can be done anytime throughout the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.



Voluntary Life & Accidental Death & Dismemberment

Voluntary Life and AD&D Insurance

You may purchase additional Life/AD&D insurance if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Vol. AD&D EE/SP/CH	
Employee	
Benefit	Units of \$10,000
Benefit Maximum	Up to \$500,000
Guarantee Issue	\$200,000
Spouse	
Benefit	Units of \$5,000
Benefit Maximum	100% of Employee benefit up to \$200,000
Guarantee Issue	\$30,000
Child(ren)	
Benefit	\$10,000
Benefit Maximum	\$10,000
Guarantee Issue	\$10,000

The above benefits will decrease to 65% of original amount at age 65 and then to 50% at age 70.

Important Things to Consider

You may need to provide evidence of insurability for the following reasons:

- You elect to initially enroll in an amount over the guarantee issue amount
- You elect to increase your current amount in excess of the guaranteed issue amount
- You declined voluntary life during your initial eligibility period and would like to enroll this year

Age*	(per \$1,000 of benefit)
Under 20	\$0.092
20 - 24	\$0.092
25 - 29	\$0.092
30 - 34	\$0.102
35 - 39	\$0.142
40 - 44	\$0.221
45 - 49	\$0.370
50 - 54	\$0.579
55 - 59	\$0.987
60 - 64	\$1.574
65 - 69	\$2.634
70 +	\$4.309
Child	\$.134

Voluntary AD&D	(per \$1,000 of benefit)
Employee	\$.051
Spouse	\$.051
Child	\$.035

*Spouse rate is charged based upon his/her individual age.

If your age changes to a different rate band during the year, your premium will change to reflect the new rate band effective on the next March 1st date.

Disability Insurance

Short Term Disability

The Sellenriek family of companies is pleased to provide employees short-term disability benefits. As an employer provided disability, these benefits will provide short-term income protection once the applicable waiting period is met. A brief description is below and additional information can be found in your certificate of coverage.

Short Term Disability	
Benefit Amount	66 2/3% of your pre-disability earnings
Benefit Maximum	\$1,000 maximum per week
Waiting Period	Accident: 14 days Sickness: 14 days
Benefit Period	11 weeks after elimination period has been satisfied
Definition of Earnings	Base weekly earnings

Long Term Disability

The Sellenriek family of companies is pleased to provide employees long-term disability benefits. As an employer provided disability, these benefits will provide long-term income protection once the applicable waiting period is met. A brief description is below and additional information can be found in your certificate of coverage.

Long Term Disability	
Benefit Amount	60% of your pre-disability earnings
Benefit Maximum	\$10,000 maximum per month
Elimination Period	90 days
Own Occupation Period	Two Years
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Preexisting Conditions	3 months prior / 12 months insured
Social Security Integration	Primary and Family

Worksite Products

The Sellenriek family of companies is proud to offer you exciting choices in your benefits program. The following plans are designed to help cover out-of-pocket expenses not covered by your health insurance as well as paycheck protection if you can't work because of an injury or illness.

As a valued employee you are eligible to apply for supplemental insurance. Participation in these benefit plans is voluntary; however we feel it is very important for you to understand the many advantages of the products we are making available to you:

- The ability to choose benefits to meet your individual needs
- The convenience of premium payment through payroll deduction
- The ability to take coverage with you if you change jobs or retire
- The ability to provide coverage for you and your family, with most products

Listed below are the plans for which you can apply. These cash benefits are paid **directly to you** unless you specify other wise and most benefits are paid regardless of other coverage you may have with other insurance companies.

Accident Insurance

No one plans to have an accident, but it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. A Principal Life Insurance Company policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Accident coverage helps offer peace of mind when an accidental injury occurs.

	Bi-Weekly Contributions (24 contributions/Year)	
	Low Plan	High Plan
Employee Only	\$5.43	\$7.92
Employee & spouse	\$8.90	\$12.95
Employee & Children	\$10.22	\$13.84
Family	\$13.69	\$18.87

Hospital Indemnity – NEW FOR 2025!

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by the plan. While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles, and copays. Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are paid directly to you.

	Bi-Weekly Contributions (24 contributions/Year)	
	Low Plan	High Plan
Employee Only	\$5.74	\$8.25
Employee & spouse	\$16.27	\$24.67
Employee & Children	\$11.12	\$15.74
Family	\$21.66	\$32.16

Accident Insurance

You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

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

▶ HELPS COVER RELATED EXPENSES.

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

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

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

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

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

DISLOCATIONS	LOW PLAN		HIGH PLAN	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$8,000	\$4,000	\$8,000	\$4,000
Elbow or wrist	\$2,500	\$1,500	\$2,000	\$1,000
Shoulder, Collarbone, bones of the hand or Lower jaw	\$3,000	\$1,500	\$2,000	\$1,000
Finger(s) or toe(s)	\$600	\$300	\$400	\$200
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$10,000	\$5,000	\$6,000	\$3,000
Skull-depressed	\$10,000	\$5,000	\$10,000	\$5,000
Skull-simple	\$8,000	\$4,000	\$5,000	\$2,500
Vertebral processes, Nose, Upper jaw, upper arm, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$2,000	\$1,000	\$1,500	\$750
Bones of the face	\$3,000	\$1,500	\$1,500	\$750
Leg	\$5,000	\$2,500	\$3,000	\$1,500
Vertebrae, Sternum	\$4,000	\$2,500	\$3,000	\$1,500
Pelvis	\$5,000	\$2,500	\$3,200	\$1,600
Rib	\$1,200	\$600	\$600	\$300
Finger or Toe	\$600	\$300	\$600	\$300
Coccyx	\$1,000	\$500	\$600	\$300
Multiple ribs	\$2,000	\$1,000	\$2,000	\$1,000
ADDITIONAL INJURIES				
Eye Injury - surgical repair	\$500		\$250	
Eye Injury - object remove	\$250		\$250	
Gunshot wound	\$500		\$500	
Brain injury	\$500		N/A	
Paralysis—paraplegia	\$25,000		\$25,000	
Paralysis—quadriplegia	\$50,000		\$50,000	
Coma	\$10,000		\$10,000	
Concussion	\$500		\$100	
BURNS	2ND DEGREE	3RD DEGREE	2ND DEGREE	3RD DEGREE
21-40 square centimeters	\$100	\$1,250	\$400	\$1,000
41-65 square centimeters	\$300	\$3,000	\$800	\$2,000
66-160 square centimeters	\$400	\$4,500	\$1,200	\$6,000
161-225 square centimeters	\$1,200	\$7,000	\$1,600	\$14,000
More than 225 square centimeters	\$1,500	\$15,000	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor	\$75		\$35	
Single laceration under 5 cm with sutures	\$100		\$65	
5-15 cm with sutures (total of all lacerations)	\$350		\$250	
Greater than 15 cm with sutures (total of all lacerations)	\$1,000		\$500	

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$300	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$200	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$150	\$150
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$150	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$50	\$50
Medical Devices	\$500	\$500
Epidural Pain Management (up to 2 times per covered accident)	\$50	\$150
Prescription drug	\$50	\$50
Prosthesis (one)	\$500	\$500
Prosthesis (two)	\$1,000	\$1,000
Blood, Plasma, or Platelet Transfusion	\$400	\$200
HOSPITAL		
Hospital Admission (once per benefit year)	\$500	\$2,000
Hospital Confinement (per day up to 365 days per covered accident)	\$100	\$400
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500	\$3,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$200	\$500
Ambulance (Ground)	\$400	\$400
Ambulance (Air)	\$1,500	\$2,000
Emergency Room Admission	\$200	\$200
Family Lodging (per day up to 30 days per benefit year)	\$150	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$300	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$100	\$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$1,250	\$750
Open Surgery	\$2,500	\$2,500
Exploratory Surgery or Debridement	\$500	\$500
Laparoscopic Surgery	\$1,250	N/A
Tendon/Ligament/Rotator Cuff Tear	\$1,500	\$1,250
Torn Knee Cartilage	\$1,500	\$1,250
Ruptured/Herniated Disc	\$1,500	\$1,250
EMERGENCY DENTAL		
Emergency Dental extraction	\$150	\$65
Emergency Dental crown	\$500	\$200
WELLNESS		
Wellness Screening Benefit (once per benefit year)	\$50	\$50

LIFE AND DISMEMBERMENT LOSSES*			LOW PLAN	HIGH PLAN
Accidental Death			\$50,000	\$50,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)			\$200,000	\$200,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes			\$25,000	\$25,000
Loss of one hand, foot, leg, or arm			\$15,000	\$15,000
Loss of sight of one eye or loss of one eye			\$15,000	\$15,000
Two or more fingers or toes			\$3,000	\$3,000
One finger or one toe			\$1,500	\$1,500

Loss of hearing of one ear or loss of one ear	\$5,000	\$5,000
---	---------	---------

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the **Important information** section for more details including limitations and exclusions.

Hospital Indemnity Insurance



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

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

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

Hospital Indemnity Insurance

▶ HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

BENEFITS

Benefits are payable for hospital stays due to:

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

Additional reasons to sign up:

- No medical questions to answer - guaranteed issue coverage
- Benefits add up - many of your benefits can all be payable on the same day

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

*Confinements due to an accident must be within 365 days of the accident.

What's covered – LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – LOW

FIRST DAY BENEFITS Payable per benefit year	LOW
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	\$1,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	LOW
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$100 per day Up to 30 days
Newborn nursery confinement – This benefit pays for a routine well baby newborn stay in the hospital nursery.	\$100 per day Up to 3 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: • <i>First day hospital confinement benefit</i> • <i>Hospital confinement benefit</i>	\$100 per day Up to 10 days
Rehabilitation unit confinement – This benefit pays for an inpatient stay in a hospital rehabilitation unit.	\$100 per day Up to 60 days Stay must begin within 30 days of a hospital confinement related to your rehabilitation unit stay
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	LOW
Observation unit stay – This benefit pays for a stay in an observation unit of less than 20 hours.	\$100 per day Up to 1 day
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year

What's covered – HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – HIGH

FIRST DAY BENEFITS Payable per benefit year	HIGH
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	\$2,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	HIGH
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$200 per day Up to 30 days
Newborn nursery confinement – This benefit pays for a routine well baby newborn stay in the hospital nursery.	\$100 per day Up to 3 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: • <i>First day hospital confinement benefit</i> • <i>Hospital confinement benefit</i>	\$200 per day Up to 10 days
Rehabilitation unit confinement – This benefit pays for an inpatient stay in a hospital rehabilitation unit.	\$100 per day Up to 60 days Stay must begin within 30 days of a hospital confinement related to your rehabilitation unit stay
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	HIGH
Observation unit stay – This benefit pays for a stay in an observation unit of less than 20 hours.	\$100 per day Up to 1 day
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year

Frequently asked questions

What benefits will I receive for my newborn child?

If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are provided under the *Newborn nursery confinement benefit*.

How do I file a Hospital Indemnity claim?

If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

Do I need to file my claim within a certain timeframe?

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

How do I get the Wellness Screening Benefit?

You can receive payment if you or a family member have a covered screening test or exam. This benefit is payable each year for specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can be downloaded from our website.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your option.

Please read the *Important information* section of this document.

Helpful definitions

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Confinement means resident inpatient stay in a hospital or rehabilitation unit for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital.

Hours spent in an observation unit are not eligible for the *First day hospital confinement* benefit. An observation unit stay of 20 hours or more will be covered under the Hospital confinement benefit.

Confinement does not include the period of time in a hospital emergency room, observation room, a freestanding surgical facility or an outpatient facility.

Covered Accident means an accident that the policy or applicable riders or endorsements attached to it does not exclude.

Covered Sickness means a sickness that the policy or applicable riders or endorsements attached to it does not exclude.

Hospital means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

Intensive Care Unit (ICU) means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

Inpatient or Inpatient Treatment means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital or rehabilitation unit. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

Observation Unit means a specified area within a hospital, apart from the Emergency Room, where a patient can be monitored by a physician and which is under the direct supervision of a physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital confinement.

Rehabilitation Unit means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a hospice facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.

Profit Sharing Program

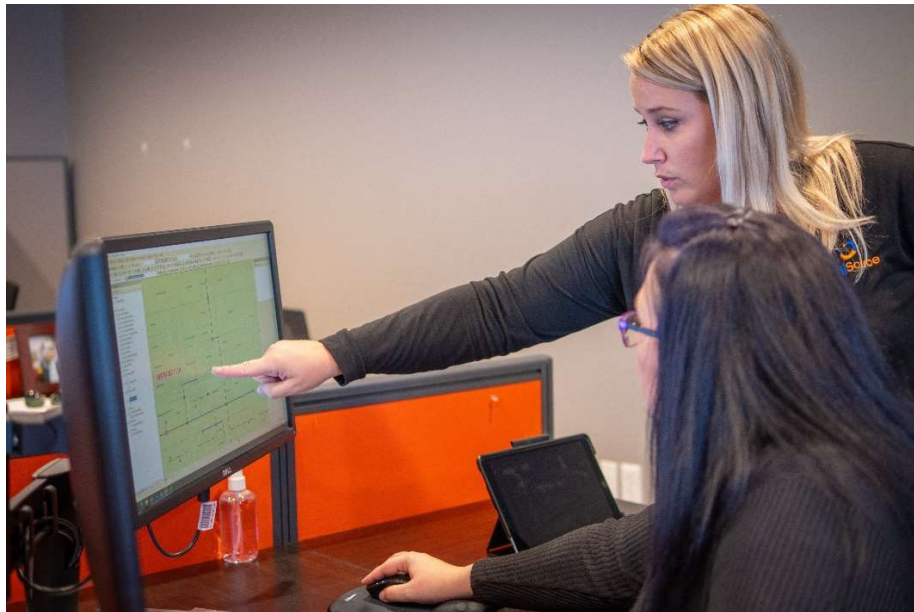
The Sellenriek family of companies introduced the Profit-Sharing Program (PSP) in the summer of 2022 to introduce employees to the idea that they can control their year-end bonus earnings.

Each year a baseline equivalent to the minimal gross profit required to operate the business is set by company leadership.

The company committed to its employees that anything above the pre-determined baseline, 25% of that amount would be contributed to the bonus program. The individual employee's share of the PSP pool is determined by taking the employee's payroll dollars compared to total payroll.

All recordables, car wrecks and at fault utility hits result in a \$2,500 per incident deduction from the PSP pool. The number one mission of all the Sellenriek companies is safety. That is a non-negotiable portion of the program.

The employees are in control and can influence the gross margin in many ways, but a few examples are – Reducing idle time on vehicles and equipment, increasing overtime hours worked, and reducing call back trips to job sites for any reason. Improved efficiencies and reduced costs (waste) = increased PSP.



Why create a Sun Life account?

Below are the different ways you can use your Sun Life account.



- 1 **It's the easiest way to submit your claim!**
- 2 **Upload claim documents** directly to your account—making it the fastest way to get your information to us.
- 3 **View your claim status, payment information,** and other important information about your claim in one spot.
- 4 **Report your return to work date** as well as time if you need to take an intermittent leave.
- 5 **Apply for Evidence of Insurability.** Our site leads you step by step through the process.
- 6 **Access Employee Assistance Program (EAP) resources, benefits information** and more.
- 7 **It's mobile friendly,** so you can do everything right from your smartphone or tablet!

Have Dental with us?

You can find your most recent dental visit history, view and print your personalized dental ID card, and search for an in-network dental provider.

Register for an account today at www.sunlife.com/createaccount



For more information or to register by phone, call
800-247-6875, Monday through Friday from 8 a.m. to 8 p.m. ET.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

© 2023 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

WFL-10712-i (11/23)

Your Life. Your Work. Your Best.

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services:

Confidential Emotional Support

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

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Free consultation and discounted local representation

Financial Resources

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

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

What happens when I call for counseling support?

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

What counseling services does the EAP provide?

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

Life is challenging.

We can help.

Confidential 24/7 support.



24/7 Live Assistance:
Call: 800.460.4374
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: EAPessential



Benefits you can use today

Online Will Preparation and Claimant Support Services

At Sun Life, we are pleased to offer you Online Will Preparation and Claimant Support Services through ComPsych® Corporation. These services are included with your Life insurance plan.

Online Will Preparation

A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:



- step-by-step guidance and customization for your unique situation, glossary of legal definitions,
- ability to name an executor to carry out your wishes and a guardian(s) to care for your children,
- ability to create a living will (for an additional fee), and
- ability to create a final arrangements document (for an additional fee).

- assistance with topics such as inheritance taxes, loss of income, creditors, and probate, and
- support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.
- ComPsych's professionals do not sell financial products and do not receive commissions, so you can rest assured that you will receive the information you need to help during a difficult time.

Getting the help you need to face life's challenges and planning ahead to protect your loved ones can go a long way.

Claimant Support Services

Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us.



You can receive the following:

- up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance,
- 24x7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts,

Remove and keep this reference card handy so you can take advantage of these services if or when you need to.



Online Will Preparation

To protect your assets and loved ones, you can go online to create and download a will at:

www.EstateGuidance.com

Promo code: **SLF4VAS**

Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance. This service is not insurance.

Claimant Support Services

If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call ComPsych for no-cost, objective assistance.

888-475-3827

Claimant Support Services provided by ComPsych to Sun Life's Life insurance claimants and beneficiaries. Up to five counseling sessions per claim. This service is not insurance.

To learn more, visit www.sunlife.com/us

continued

TRAVEL EMERGENCY ASSISTANCE



CONGRATULATIONS!

With your Sun Life coverage, you receive an emergency travel assistance program and ID-theft protection services provided by Assist America.

This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence, or in another country. One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Experienced, multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

TRAVEL ASSISTANCE SERVICES



Medical Consultation, Evaluation & Referral

Calls to Assist America's Operations Center are evaluated by medical personnel and referred to qualified doctors and/or hospitals.



Foreign Hospital Admission Assistance

Assist America fosters prompt hospital admission outside the United States by validating the member's health coverage or by advancing funds to the hospital as needed.



Emergency Medical Evacuation

If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.



Medical Monitoring

Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family, as appropriate.



Medical Repatriation

If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.



Prescription Assistance

If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.



Care of Minor Children

Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.



Compassionate Visit

If a member is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.



Return of Mortal Remains

Assist America will assist with the logistics of returning a member's remains home in the event of his or her death during travel.

Other non-medical emergency assistance services include:

- Return of Vehicle
- Lost Luggage & Document Assistance
- Legal & Interpreter Referrals
- Emergency Message Transmission
- Bail Bond & Emergency Cash Coordination
- Emergency Trauma Counseling
- Pre-trip Information

For more information, visit www.assistamerica.com.



Please cut on dotted line to remove card.

GLOBAL EMERGENCY SERVICES



assist america®

Reference # **01-AA-SUL-100101**

If you require assistance when traveling 100 miles from your permanent residence, or in another country, call Assist America's Operations Center at:

+1 609 986 1234 (outside USA - Collect Call)

+1 800 872 1414 (inside USA - Toll Free)

Or email at: medservices@assistamerica.com

DISCLAIMER

Value-added services are not available in New York. Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. In all states except New York, group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA). GVASBCH-EE-039 SLPC 29750

ID THEFT PROTECTION SERVICES

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

24/7 Access to Identity Protection Experts

You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

Credit Card and Document Registration

Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.

Internet Fraud Monitoring

Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently.

24/7 Identity Fraud Support

If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

To activate these identity protection services, visit:

www.assistamerica.com/sunlife

DOWNLOAD THE MOBILE APP

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App for iPhone and Android.

The Mobile App's features include:

- **Tap for Help:** One-touch call to our 24/7 Operations Center
- **Pre-Trip Information:** Access detailed country-specific information to prepare your trip
- **Digital ID Card:** Your Assist America membership card is stored inside the App
- **Travel Alerts:** Receive alerts on urgent global situations that may impact travel
- **Travel Status Indicator:** This feature indicated when you are eligible for services
- **Embassy & U.S. Pharmacy Locator:** Locate the nearest embassy/consulate of 23 countries around the world and the nearest pharmacies in the U.S.
- **Available in 7 Languages:** English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

Complete the set-up process by entering your Assist America reference number **01-AA-SUL-100101**.



CONDITIONS

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Travel by a Participant's spouse when it is for the benefit of the spouse's employer (spouse business travel)
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over 28 weeks
- With mental or nervous disorders unless hospitalized

Services will not be provided for the following types of travel:

- Trips exceeding 90 days from legal residence without prior notification to Assist America (separate purchase of Expatriate Coverage is available at www.assistamerica.com/expatriate)

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

Please cut on dotted line to remove card.



Please provide the following information when you call:

- Your name, phone number and relationship to the patient
- Patient's name, age, gender
- The Assist America reference number
- Name, location and phone number of hospital or treating doctor if applicable

Attention: This card is not a medical insurance card. All services must be provided by Assist America. No claims for reimbursement will be accepted. The holder of this card is a member of Assist America and is entitled to its medical and personal services.



Stay on top of your health

Use your preventive care benefits

Regular checkups and exams can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a plan doctor, pharmacy, or lab, you will not have to pay anything. If you use providers that are not in your plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive versus diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing your symptoms.

Adult preventive care

Preventive physical exams, screenings, and tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening³
- Eye chart test for vision⁴
- Hearing screening
- Height, weight, and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal, and domestic: related screening and counseling

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{5,6,7,8}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Human papillomavirus (HPV) screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁷
- Pelvic exam and Pap test, including screening for cervical cancer

Immunizations:

- Coronavirus disease (COVID-19)
- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and therefore are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate* for exclusions and limitations.

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)

- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit⁴

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis

- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items (age appropriate)

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Preexposure prophylaxis (PrEP) for the prevention of HIV

Child preventive drugs and other pharmacy items (age appropriate)

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5
- Fluoride supplements for children ages 0 to 6

Women's preventive drugs and other pharmacy items (age appropriate)

- Contraceptives, including generic prescription drugs and OTC items like female condoms and spermicides⁷
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²

We hope this information helps you understand your preventive care benefits. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation).

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.

2 You may be required to receive preapproval for these services.

3 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

4 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

5 Check your medical policy for details.

6 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

7 This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

8 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Sydney Health makes health care easier

See your benefits. Find a doctor. Track your fitness. It's personalized and easy!

With Sydney Health, you can find everything you need to know about your medical, pharmacy, dental, and vision benefits all in one place. Sydney Health makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney Health
Download the app today!



Simple experience

Our **simple experience** makes it easy to find what you need — with one-click access to benefits info, Member Services, LiveHealth Online and wellness resources. And you can use the interactive chat to get answers quickly.

My Health Dashboard

My Health Dashboard is your hub for personalized health and wellness. Find programs that interest you, build an action plan to help you meet your health goals, sync your fitness tracker and earn points for your progress.

Personalized Match

Personalized Match helps you find a doctor in your plan who's right for you. You'll get results carefully matched with your unique needs, preferences and plan details.

With just one click, you can:

- Find care and check costs
- See all benefits
- View claims
- View and use digital ID cards
- Use the interactive chat feature to get answers quickly
- Sync your favorite fitness tracker

Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia: Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield of Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Sydney and Sydney Health are service marks of CareMarket, Inc.

116947MUMENABS VPOD Rev. 11/19

56942813-125235019

Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions¹ for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
 - Routine care, including virtual annual preventive care (wellness) visit and prescription refills.^{1,2,3,4}
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

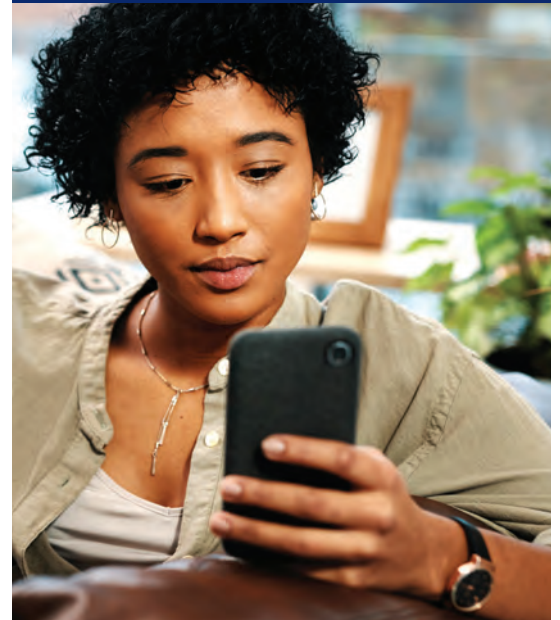
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at low or no-additional cost.

▶ Download our Sydney Health mobile app today.



Set up your account right away and it will be ready to use when you need it.



85% of virtual visits **resolve** the person's need.⁵

¹ Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.

² Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.

³ Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

⁴ Your doctor will determine if a prescription is needed at time of visit.

⁵ K Health analysis of Q4 2020 visit depositions.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and are underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company.

In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

4579509MUMENABS VP00 BY Rev. 06/22



Sydney Health makes healthcare easier

Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical, pharmacy, dental, vision, life, and disability benefits details in one place. Our simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



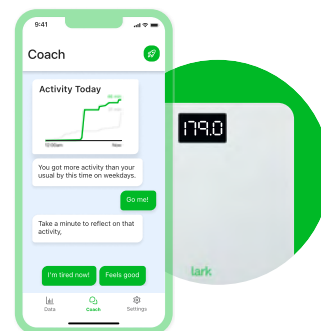
Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc.

Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia: Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

116947MUMENABS VP00 Rev. 11/20



Preventing diabetes just got easier



Introducing Lark Digital Health Coaching

People with prediabetes have higher than normal blood sugar which can substantially increase the risk of developing type 2 diabetes. People often don't even know they have prediabetes, because it can occur with no symptoms. The good news is that there are steps you can take now to decrease your risk.

Your employer has teamed up with Lark to bring you access to the tools you need to take those steps and prevent type 2 diabetes. Available 24/7 on your smartphone, the Lark Diabetes Prevention Program is included at no extra cost as a benefit of your Anthem health plan. If you qualify, you'll also get a digital scale with the opportunity to earn a Fitbit®.

Together we can help you:



Create healthy eating habits



Make time for physical activity



Improve sleep quality



Reach or maintain a healthy weight



Manage stress levels

Get started with a quick eligibility survey

Scan this QR code with your smartphone camera to get started.



or visit
enroll.lark.com/Anthem



"Cheerful encouragement and suggestions. I've recommended it to several friends."



"It puts you on the exact path you need to go and educates you on that path along the way. I'm down 10 pounds already just from applying the tips to my everyday life."

Eligibility requirements for the Lark Diabetes Prevention Program include qualifying as prediabetic according to a survey designed by the Centers for Disease Control and membership in a participating health plan. You may be eligible to earn health-related devices such as a scale or Fitbit® at no cost to you. The ability to earn health-related devices may vary by health plan and may contain minimum program engagement requirements, such as weighing in, completing missions with your digital coach, and logging activity or meals. Eligibility determinations are made by Lark at its sole discretion.

Fitbit is a registered trademark of Fitbit Inc.



Mental health support starts here

Connect to healing. Find hope. Live your best life.

If you or a loved one needs help with a mental health issue, you're not alone. Through your Anthem benefits, you can find expert, compassionate, and confidential care — often at low or no extra cost. Access our wide range of programs and services online, on the phone, in person, or through video — whatever is most convenient for you.



Have a telehealth visit with a mental health professional

LiveHealth Online

Have a private and secure video visit with a therapist, psychologist, or psychiatrist without leaving the privacy and comfort of home. Using your smartphone, tablet, or computer with a camera, you can:

- **Talk with a licensed therapist in seven days or less.**¹ They can help with stress, anxiety, depression, grief, panic attacks, and family issues. Sessions are 45 minutes and cost about the same as an in-office therapy visit.
- **Visit a board-certified psychiatrist within two weeks.**¹ Psychiatrists provide medication support to help you manage a mental health condition.² A session usually costs the same as an in-office psychiatrist visit.

To make an appointment, visit livehealthonline.com, call **888-548-3432**, or go through Anthem's Sydney HealthSM mobile app. Appointments are available from 7 a.m. to 11 p.m., seven days a week.





Empower yourself with digital tools



Let our caring team help you find the right support

Emotional Well-being Resources

Emotional Well-being Resources, administered by Learn to Live, provides the support you need to develop resilience, reduce stress, and practice mindfulness. The online programs and personalized coaching help you work through thoughts and behaviors that affect your emotional well-being. You'll learn effective ways to manage stress, anxiety, depression, and sleep issues — at no extra cost to you. Log in to **anthem.com**, go to *My Health Dashboard*, choose **Programs**, and select **Emotional Well-being Resources** to begin.

Sydney Health mobile app

Anthem's secure mobile app serves as an excellent connection point for mental health support. Use Sydney Health to:

- Find behavioral health professionals in your plan's network.
- Check cost and what your plan covers.
- Discover resources that support your well-being.
- Connect to LiveHealth Online for a virtual visit with a therapist.

Behavioral Health Resource Center

Extra support can make a big difference when facing issues such as anxiety, depression, eating disorders, or substance use. Our caring experts will work with you at no extra cost to find treatment programs and arrange confidential counseling and support services that meet your individual and family needs. Available 24/7. Call **1-844-451-1576**

Employee Assistance Program (EAP)

You and your household members can find support for life's challenges — big or small — through your EAP. This confidential service connects you to helpful online tools, resources, and information, as well as to professionals such as licensed therapists and legal advisors. Call **1-844-451-1576**

Autism Spectrum Disorder Program

This no-cost, confidential program builds a support system for families of members on the autism spectrum and helps parents understand care options. Our specially trained case managers can coordinate medical and community resources for you, including Applied Behavior Analysis (ABA) therapy. Call **1-844-451-1576**



**We are here with support,
whatever your needs**

If you have questions about your benefits or need help finding a mental health professional or program, chat with us live on the Sydney Health app or **anthem.com**, or call Member Services at the number on your ID card.

¹ Appointments subject to availability of a therapist. Members must be 10 years or older to see a therapist online and 18 years or older to see a psychiatrist online.

² Prescription availability is defined by physician judgment. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health™ is offered through an arrangement with CareMarket, Inc. ©2020-2021.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association, Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Building Healthy Families



A new program to support growing families

Benefits to help you thrive

Live health coaches

Interactive health trackers

24/7 access

Personalized content

Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on **anthem.com**. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

Designed with you in mind

When you enroll in Building Healthy Families, you can count on personalized support at every stage. You'll have unlimited access to:



Digital tools and resources for pregnancy and beyond

- Track your ovulation.
- Monitor prenatal health risks, such as blood pressure and weight.
- Receive updates on your pregnancy progress, like development of your baby and body changes.
- Log feedings, diaper changes, growth, vaccinations, and developmental milestones.



Health and wellness expertise for your family and pregnancy

- Talk to a health coach via chat or phone during pregnancy about your questions and concerns.
- Explore a library with thousands of educational articles and videos.
- Connect with a maternity nurse and access lactation support.

This is an exciting time for your family, but that doesn't mean there aren't challenges. Building Healthy Families has the support you need to nurture a healthy pregnancy and tackle every stage of your family's growth with confidence.



To enroll

Open the Sydney Health mobile app and go to *My Health Dashboard*. Choose the Building Healthy Families tile under *Featured Programs*.

Sydney Health is offered through an arrangement with Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Prescriptions made easier

Welcome to your new pharmacy benefits

Make the most of your new pharmacy benefits from Anthem

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

Get started by registering at [anthem.com](https://www.anthem.com)

Once you receive your new member ID card, register on [anthem.com](https://www.anthem.com) to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CaredonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Compare costs of medications between home delivery and retail pharmacies. You can also price generic medications using our Price a Medication tool.

Find more ways to save on your prescriptions

You can save more on your prescription medicines by knowing which are covered by your plan:

- Certain preventive medicines at little or no cost to you
- Hundreds of generic and brand-name prescription medicines in every therapeutic class
- Specialty medication from our specialty pharmacy, if you have a complex or chronic condition.

Choosing a medicine on your drug list can help you pay less — especially when compared to paying out of pocket for medicines that aren't covered.

Medicines are grouped in tiers. Your share of the cost depends on which tier your medicine is on. Medications on lower tiers usually cost less.

When you receive your member ID card, you can see the most up-to-date list of medications for your plan. Log in at [anthem.com](https://www.anthem.com).

5 ways to save more on your prescription medications

1. Take medications on your plan's drug list.
2. Find out if there are generic or over-the-counter options.
3. Check your cost with our Price a Medication tool at **anthem.com**.
4. Use pharmacies in your plan's network.
5. Order 90-day supplies of medications you take regularly.

Always check with your doctor before changing your medication.

Choose how to fill your prescriptions

Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at **anthem.com**.
2. Choose **Find a Pharmacy**.
3. Enter your ZIP code.

CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at **anthem.com**. Shipping is always free.

Specialty pharmacy

If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

Preapproval (prior authorization)

Most prescriptions are filled right away when you take them to the pharmacy. There are some medicines that may require our review and approval — known as preapproval or prior authorization — before they're covered. Be confident knowing your prescription medication is safe, right for you, and covered by your pharmacy benefit.

Your doctor can start this process by calling the Pharmacy Member Services number on your member ID card or by downloading a preapproval form from our website. If we approve the request, the amount you pay for the medication depends on your plan's benefit.



We're here to help

Understanding your pharmacy benefits can help you get the most from your plan. If you have questions:

- Call us at the Pharmacy Member Services number on your member ID card.
- Visit **anthem.com** and send a secure message or open a live chat session.



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Supporting your best health

Well-being resources you can access from almost anywhere

Good health is important for living a full life. That's why Anthem offers a variety of wellness programs that help you stay healthy and active, so you can feel happier and more engaged in your life. Find out more about the services listed below at **anthem.com**. While you're there, you can explore all the programs and products available to you as an Anthem member.



Virtual care

Visit a doctor 24/7 through video or chat using the SydneySM Health app for common health concerns like allergies, a cold, or the flu, and new prescriptions. You can use the Symptom Checker first to assess your symptoms and get care advice. Video visits are also accessible through LiveHealth Online when you go to **anthem.com**.



Emotional Well-being Resources, administered by Learn to Live

Find support to live happier. Built on the proven principles of cognitive behavioral therapy (CBT), our digital tools help you identify thoughts and behavior patterns that affect your emotional well-being — and work through them. Learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues. To access this program, log in to **anthem.com**, select **Care**, choose **Health & Wellness Center**, and select **Emotional Well-being Resources**.



MyHealth Advantage

Connect your claims, doctor reports, and health history for a personalized picture of your health. The MyHealth Advantage program can help you keep health issues from becoming serious. You'll get a MyHealth Note when you need to act on or improve your health — or to save money. MyHealth Note is a confidential health summary that includes prescription drug updates; reminders for checkups, tests, and exams; and lists of recent claims. Access the program through the Sydney Health app or at **anthem.com**.



ConditionCare

Receive extra support for asthma, diabetes, heart disease, chronic obstructive pulmonary disease, or heart failure. A nurse coach can answer questions and help you reach your health goals, based on your doctor's care plan. You also can work with dietitians, health educators, pharmacists, and social workers to help you feel your best. Sign up by calling 866-962-1069.



Future Moms

Moms-to-be receive personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery, and a healthy baby. Call 800-828-5891 to register.

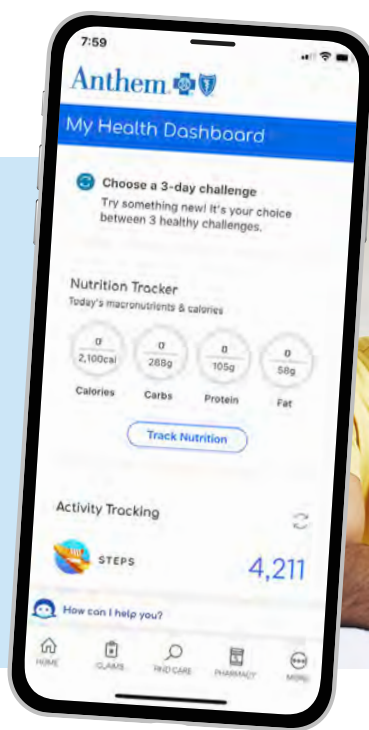


24/7 NurseLine

Ask a registered nurse your health questions from anywhere, day or night, by calling 800-337-4770.

Access your wellness programs on the go

Download the
Sydney Health app today



Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield © 2021-2022.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Save money with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.



Dental, hearing, and vision

Dental

ProClear™ Aligners

You can improve your smile without metal braces and dental visits. These clear, teeth-straightening aligners, which you buy online, are an excellent lower-cost option to the regular wire braces or aligner treatments you receive through an orthodontist.

RefreshaDent

Save on premium dentures from the comfort of your home with a lifetime warranty.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Health and fitness

Health

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable trackers, and health products such as vitamins and nutrition bars.

Jenny Craig®

Receive everything you need to make it easier to reach your health goals. In addition to no-cost coaching, you can also save on food purchases.

LifeMart®

Deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget.

Garmin®

Discounts are available on select Garmin wellness devices.

GlobalFit®

Discounts are available for gym memberships, fitness equipment, coaching, and other services.

Family and home

Family

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Safe Beginnings®

Babyproof your home while saving on everything from safety gates to outlet covers.

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Course Series

Choose one of the online living programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or face an alcohol problem.

▶ **Learn more about SpecialOffers**
Log in to **anthem.com**, choose **Care**, and select **Discounts**.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

The Sellenriek family of companies offers a traditional 401k and/or a Roth 401k. In order to qualify for this benefit, an employee must have completed one year of service, and 1,000 hours worked. Employees have the opportunity to enroll during the first quarter following qualification. The company will match 50% up to the first 6% of your contribution. Enrollment booklets are mailed to eligible participants four weeks prior to enrollment. If you have any questions, please contact Patti Hopper or Kristy Edwards, 573-474-2065.

Choose the best fit for you



Pretax contributions

- **Your contributions reduce your taxable income.** That, in turn, reduces your current taxes.
- **Your savings grow on a tax-deferred basis.** No taxes are owed on your earnings until you withdraw money from your account. You'll have more money that could benefit from years of compounded growth.
- **Withdrawals at retirement are taxable.** Because you haven't yet paid taxes on your plan contributions, you will be taxed when you take a cash withdrawal from your plan account.

Roth after-tax contributions

- **Your contributions are taxed up front.** Roth contributions come out of your paycheck after taxes have been calculated; therefore, your current taxable income is not reduced.
- **Qualified withdrawals are tax-free.** Your qualified withdrawals at retirement – including earnings – will be tax-free.
- **You don't have to worry about future tax rates.** Since qualified distributions at retirement are tax-free, they won't be negatively affected if your tax rates increase in the future.

Investments are not FDIC-insured, nor are they deposits of or guaranteed by a bank or any other entity, so they may lose value.

The differences in retirement plan contributions

	Are plan contributions taxed?	Are withdrawals (including earnings) taxed?
Pretax employee contributions	No	Yes
Roth employee contributions	Yes	No*
Employer contributions, if applicable (e.g., match or profit sharing)	No	Yes

*Qualified withdrawals are tax-free if (a) you're at least five years after the beginning of the tax year of your first Roth contribution and you're at least 59½ years old.



To compare the advantages of making pretax and after-tax contributions based on your current and expected future tax rates and other factors, use the *Traditional vs. Roth 401(k)/403(b) Analyzer* at americanfundsretirement.com.

The flexibility to choose between pretax and Roth contributions is a great feature of your employer's retirement plan. Choose the best fit for your situation.



Sofia
\$400/mo
Pretax contribution

James
\$300/mo*
Roth after-tax contribution
* Equivalent to \$400 in pretax money.

Tax rate at retirement	Monthly after-tax retirement withdrawals	
Increases 5%	\$3,280	\$3,514
Stays the same	3,514	3,514
Decreases 5%	3,749	3,514

Assumes a 40-year accumulation period and a base tax rate of 25%. See the back page for important information regarding hypothetical examples.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

NOTICE REGARDING WELLNESS PROGRAMS

Sellenriek Construction Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for LDL, HDL, triglycerides, TC/HDL ratio, glucose (fasting), and HbA1c (if physician recommended). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of avoiding paying 10% of employee premium for completing biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive premium discount.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Sellenriek Construction, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Zomo will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are your physician and his or her staff in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jennifer Ramsour

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Jennifer Ramsour and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

PATIENT PROTECTION MODEL DISCLOSURE

Sellenriek Construction health plan generally does not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in Anthem's Blue Access network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, log onto www.anthem.com and select Anthem's Blue Access Network

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

You do not need prior authorization from Sellenriek Construction or Anthem 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, log onto www.anthem.com and select Anthem's Blue Access network.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.

- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$156 per day (up to a \$1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Jennifer Ramsour
Director of Human Resources
jennifer.ramsour@sellcon.us
573-474-2065

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

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

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

Your Choices

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

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

Our Uses and Disclosures

We may use and share your information as we:

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

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

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

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

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

Important Notice from Sellenriek Construction Inc. Health Insurance Plan 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 Sellenriek Construction Inc. Health Insurance Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
 2. Sellenriek Construction Inc. Health Insurance Plan has determined that the prescription drug coverage offered by the Sellenriek Construction Inc. Health Insurance Plan 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 **Sellenriek Construction Inc. Health Insurance Plan** coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **Sellenriek Construction Inc. Health Insurance Plan** coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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 **Sellenriek Construction Inc. Health Insurance Plan** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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 **Sellenriek Construction Inc. Health Insurance Plan** changes. You also may request a copy of this notice at any time.

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

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

For more information about 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:	February 2025
Name of Entity/Sender:	Jennifer Ramsour
Contact--Position/Office:	Human Resources
Address:	Gladstone, Jonesburg, MO

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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	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)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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, 2020, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

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.

¹ An employer-sponsored 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.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name: Sellenriek Holding Company		4. Employer Identification Number (EIN)
5. Employer address 313 North Gladstone		6. Employer phone number 573-474-2065
7. City Jonesburg	8. State MO	9. ZIP code 63351
10. Who can we contact about employee health coverage at this job? Jennifer Ramsour		
11. Phone number (if different from above)	12. Email address Jennifer.Ramsour@sellcon.us	

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

- As your employer, we offer a health plan to:
 - ☒ All full-time eligible employees. Eligible employees working minimum of 30 or more hours per week
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are legal spouses and dependent children up to age 26.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

* An employer-sponsored 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



This brochure summarizes the benefit plans that are available to Client Name eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

