ARMELLINI logistics

2024 | All Employees

Benefits Guide

Your Benefits, Your Choice

Inside

Welcome!

We understand that your life extends beyond the workplace. That's why we offer a variety of benefits to help you be an advocate of your health and well-being. Our goal is to provide choices for you and your family to be appropriately covered through all stages of life.

We encourage you to read this guide, share it with your family members, and ask any questions you may have.

Learn More

Learn More:
https://cbmicrosite.com/armellini

Type the link into your web browser or scan the QR code using your smartphone device.

When to Enroll

Current Employees: Open Enrollment, which usually occurs between November and December each year, is your once-a-year opportunity to adjust benefit coverages and update any dependents and beneficiaries.

New Hires: Once eligible, you must complete your enrollment within 30 days. Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverages.

Enroll Online through UKG:
https://bit.ly/ArmelliniUKGG2

Type the link into your web browser or scan the QR code using your smartphone device.

How to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. An election change must be made within 30 days of the qualifying event.

Qualifying life events include:

- Marriage, divorce, legal separation or death of a spouse
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

New this Year!

2024 Benefit Changes

Protect Your Health

- **Medical:** No changes to medical plan designs. Two plans offered via Cigna, each with a choice of local or national network.
- **Medical Rates:** Armellini is absorbing most of the increasing cost of healthcare. However, employee contributions will be adjusted by the following amounts:
  - Employee-only tiers: $2/week*
  - Family tiers: $5/week*
  - Nicotine user surcharge: $5/week
- ***Wellness Benefit:** See column to the right for information on how to pay less for your medical coverage!

Protect Your Family

- ***New Legal Assistance Plans:** Family Defender and ID Theft plans are now being offered through US Legal.
- **Company Paid Life/AD&D:** Armellini Logistics provides $10,000 of company paid life and AD&D insurance for all full-time employees at no cost to you! Pays $20,000 for accidental death
- **Voluntary Life/AD&D:** Term life insurance up to 5x your annual salary and may cost less than individual policies!

Protect Your Income

- ***New CDL Defender Legal Plans:** Now offered through US Legal, Armellini is offering two CDL defender plans to protect your license in the case of citations or accidents.
- **Voluntary Short-Term and Long-Term Disability:** Protecting your paycheck is important! This coverage provides income replacement in the event you are unable to work due to injury or sickness. Take advantage of this open enrollment opportunity to elect coverage with **NO** health questions – guaranteed issue.

Protect Your Wallet

- **Accident:** This coverage pays you cash benefits for a variety of accidental injuries. Can purchase for yourself or your whole family. Includes $50 wellness benefit.
- **Critical Illness:** This coverage pays a cash benefit of up to $40,000 to you and/or your dependents when diagnosed with one of 20 covered conditions (including cancer). No health questions – guaranteed issue. Includes a $50 wellness benefit.
- **Hospital Indemnity:** This coverage pays you cash benefits when admitted and/or confined to a hospital or ICU. Includes $50 wellness benefit.

New Wellness Benefit!

Employees who submit proof of their annual wellness by 10/31/2024 can receive:

- $100 for single coverage
- $250 for family coverage

This benefit offsets the increase to the medical contributions

Contact HR for more information.

Contacts

Benefit Enrollment	
UKG – Online Enrollment	https://bit.ly/ArmelliniUKGG2 **November 13th thru November 27th, 2023**

Armellini Benefits Contacts	Contact	Phone Number	Website
Human Resources	Margo Anderson	(772) 287-0575	manderson@armellini.com
Human Resources	Jackie Patrick	(772) 287-0575	jpatrick@armellini.com
Human Resources	Tanu Panwar	(772) 287-0575	tpanwar@armellini.com

Coverage/Benefit	Provider	Phone Number	Website
Medical/Rx	Cigna	(888) 806-5094	www.cigna.com
Health Savings Account (HSA)	PayFlex	(844) 729-3539	www.payflex.com
Dental	Sun Life	(800) 247-6875	www.Sunlife.com
Vision	Sun Life	(800) 247-6875	www.Sunlife.com
Company Paid Life & AD&D	Sun Life	(800) 247-6875	www.Sunlife.com
Voluntary Life & AD&D	Sun Life	(800) 247-6875	www.Sunlife.com
Short-Term Disability	Sun Life	(800) 247-6875	www.Sunlife.com
Long-Term Disability	Sun Life	(800) 247-6875	www.Sunlife.com
Accident	Sun Life	(800) 247-6875	www.Sunlife.com
Critical Illness	Sun Life	(800) 247-6875	www.Sunlife.com
Hospital Indemnity	Sun Life	(800) 247-6875	www.Sunlife.com
Employee Assistance Program (EAP)	CompPysych	(800) 460-4374	www.compsych.com
Online Will Preparation	Sun Life I ComPsych	-	www.estateguidance.com
Travel Assistance	Sun Life I Assistance America	Outside of US: 1-609-986-1234 Inside of US: 1-800-872-1414	Medservices@assistamerica.com
Pre-Paid Legal Plans	US Legal	(800) 356-5297	www.uslegalservices.net
Federal/State Assistance Concierge	FEDLogic	(877) 837-4196	www.fedlogicgroup.com
Medicare Education	Next Level Planning	(414) 369-6628	www.NLPWM.com
Employee Discount Program	Perkspot	https://cottinghambutler.perkspot.com/	

Benefit Eligibility

Employee Eligibility

All full-time employees working 30 or more hours per week will be eligible for benefits. As a new employee, you have 30 days from your effective date to enroll and pay back premiums.

- **Medical, Dental, Vision:** Medical, Dental, and Vision coverages will take effect on the first of the month following 60 days of employment.
- **Other Coverages:*** All other coverages will take effect on the first of the month following 60 days of employment.

***IMPORTANT:** These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.

Dependent Eligibility

- **Medical, Dental, Vision:** Employees enrolled in Medical, Dental, and Vision coverages also have the option to enroll their Dependent Spouse and Dependent Children on these plans. See below for a definition of an "eligible dependent" under these plans.
- **Other Coverages:** Employees enrolled in Voluntary Life/AD&D coverage also have the option to enroll their Dependent Spouse and Dependent Children. It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies. See page 16 for definitions of an "eligible dependent" under the Voluntary Life/AD&D Policy. Please refer to the policy certificate or HR for more information.

Definition of "Eligible Dependents"

The below definitions refer to **Medical, Dental, and Vision Coverages**.

- Your legal spouse who is a resident of the same country in which the Employee resides. Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed. For the purposes of this definition, "spouse" shall not mean a common law spouse or domestic partner.
- The employee's dependent children until the end of the month, in which, they attain age 26, legally adopted children from the date the employee assumes legal responsibility, foster children that live with the employee and for whom the employee is the primary source of financial support, children for whom the employee assumes legal guardianship and stepchildren.

- Also included are the employee's children (or children of the employee's spouse) for whom the employee has legal responsibility resulting from a valid court decree.

Working Spouse Provision

If your legal spouse is offered medical insurance through their employer, they are ineligible for coverage on the Armellini group medical plan.

To verify your spouse's eligibility, you must complete a Working Spouse Provision Form. Failure to complete this form will result in coverage being terminated for your spouse. If the working status of your spouse changes during the year, you must confirm eligibility by completing an updated Working Spouse Provision Form.

Please contact HR or visit the microsite for a copy of this form if you wish to cover a spouse on the Armellini medical plan for 2024.

Medical – 2 Plan Options

Cigna

Choose your network for each of the medical plans: Cigna Local Plus (Local PPO) or Cigna OAP (National PPO).
The Local Plus network operates like an HMO with local providers in each state and costs less per paycheck, while the OAP network is a National PPO network with providers available in every state across the U.S. for a slightly higher cost per paycheck.

Employees will be given the opportunity to choose a local or a national network. However, you may only choose one and will not be able to switch until the next open enrollment unless you have a qualifying event. All premiums, deductibles, copays, and out of pocket accumulators are the same regardless of network that is selected. **See the next few pages for Local Plus Maps in your state.**

Medical Benefit Overview	Traditional Copay Plan		HSA Qualified Plan*	
	In-Network	*Out-of-Network*	**In-Network**	*Out-of-Network*
Annual Deductible				
Individual	$5,000	*Not Covered*	$2,500	*$5,000*
Family	$10,000	*Not Covered*	$5,000	*$10,000*
Coinsurance				
Plan Pays	70%	*Not Covered*	80%	*60%*
You Pay	30%	*Not Covered*	20%	*40%*
Annual Out-of-Pocket Max				
Individual	$7,350	*Not Covered*	$5,250	*$11,500*
Family	$14,700	*Not Covered*	$7,875	*$23,000*
Specific Services	**In-Network**	*Out-of-Network*	**In-Network**	*Out-of-Network*
Preventive Care	100% Covered	*Not Covered*	100% Covered	*Deductible then Coins.*
Primary Care Office Visit	$45 Copay	*Not Covered*	Deductible then Coins.	*Deductible then Coins.*
Specialist Office Visit	$75 Copay	*Not Covered*	Deductible then Coins.	*Deductible then Coins.*
Urgent Care	$80 Copay	*Not Covered*	Deductible then Coins.	*Deductible then Coins.*
Emergency Room	$500 Copay	*Not Covered*	Deductible then Coins.	*Deductible then Coins.*
Hospitalization	Deductible then 30%	*Not Covered*	Deductible then Coins.	*Deductible then Coins.*
Prescription Drugs	**In-Network**	*Out-of-Network*	**In-Network**	*Out-of-Network*
ACA Preventive Medications	$0 Copay	*Not Covered*	$0 Copay	*Not Covered*
Tier 1	$20 Copay	*Not Covered*	Deductible then $10 Copay	*Deductible then 50%*
Tier 2	$60 Copay	*Not Covered*	Deductible then $50 Copay	*Deductible then 50%*
Tier 3	$100 Copay	*Not Covered*	Deductible then $80 Copay	*Deductible then 50%*
Tier 4	30% Coinsurance	*Not Covered*	Deductible then $80 Copay	*Deductible then 50%*

***If enrolled in the HSA plan, Armellini will contribute $10/month into your HSA for single coverage or $20/month into your HSA if you have dependents covered.**

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

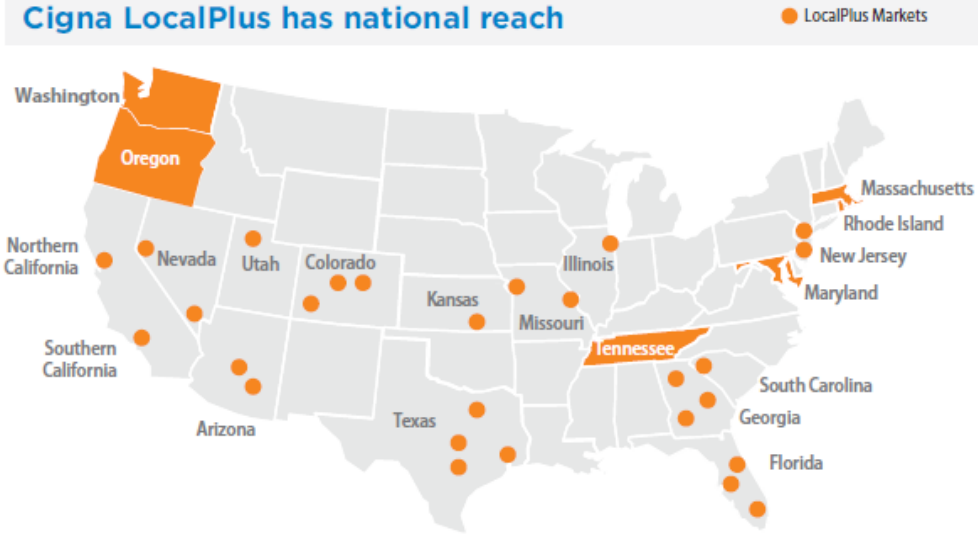
WEEKLY RATES Choose your Network	Traditional Copay Plan				HSA Qualified Plan			
	LOCAL PLUS*		OAP NATIONAL PPO		LOCAL PLUS*		OAP NATIONAL PPO	
	Non-Nicotine	Nicotine**	**Non-Nicotine**	Nicotine**	**Non-Nicotine**	Nicotine**	**Non-Nicotine**	Nicotine**
Employee Only	**$44**	$59	**$49**	$64	**$32**	$47	**$40**	$55
Employee + Spouse	**$193**	$208	**$204**	$219	**$168**	$183	**$184**	$199
Employee + Child(ren)	**$157**	$172	**$168**	$183	**$135**	$150	**$149**	$164
Family	**$258**	$273	**$274**	$289	**$220**	$235	**$243**	$258

*Employees who live in a state where a Cigna Local Plus network is not available, may choose the National Cigna network and pay the lower (Local Plus) rates.

**Nicotine Rates: The medical plans have slightly higher rates for nicotine users. Anyone enrolled in the medical plan must complete and submit the annual Nicotine Certification Form. Failure to complete and return this form prior to your enrollment effective date will result in the Nicotine Rates being charged.

How to Find a Cigna Provider

Cigna LocalPlus has national reach



Is your provider in the LocalPlus Network?

If you're already a Cigna LocalPlus customer

1. Go to **myCigna.com** and sign in with your user ID and password. (If you're not already registered for **myCigna.com**, click on "Register Now" to sign up.)
2. Click on the "Find Care & Costs" tab.
3. Select the type of search you'd like to perform. (You can search for Doctor by Name, Doctor by Type, locations, etc.).
4. Follow the on-screen prompts to see providers in the LocalPlus Network.

If you're not yet a Cigna LocalPlus customer

1. Go to **Cigna.com**
2. Click on "Find a Doctor."
3. Under "How are you Covered," click on "Employer or School."
4. Enter your location in the search box. Then select the type of search you'd like to perform and follow the prompts to search for a provider.
5. Confirm your location under "I Live in" and click "Continue."
6. Choose "Cigna LocalPlus" from the list of medical plans to see providers in the LocalPlus Network.

Cigna LocalPlus is available in these areas:[8]

Arizona
Phoenix
Tucson

California
Northern
Southern

Colorado
Front Range, Mountain & West

Florida
Orlando, South FL & Tampa

Georgia
Athens, Atlanta, Augusta, Columbus, Macon, NW & NE GA, Savannah

Illinois
Chicago/ NW Indiana

Kansas
Wichita

Maryland
Statewide

Massachusetts
Statewide (excl. Dukes and Nantucket Counties)

Missouri
Kansas City
St. Louis

Nevada
Las Vegas, Reno

New Jersey
Northern
Southern

Oregon
Statewide (excl. Malheur County)

Rhode Island
Statewide

South Carolina
Greenville/ Spartanburg

Tennessee
Statewide

Texas
Austin, Dallas/ Ft. Worth, Houston, San Antonio

Utah
Salt Lake City

Washington
Statewide

Cigna.

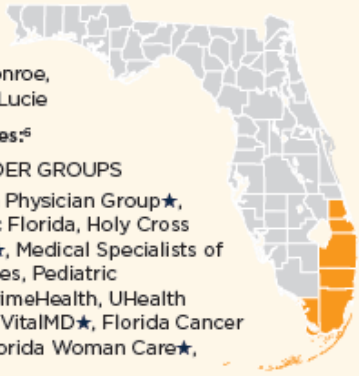
Search first. Then choose the network that fits best for you (Local Plus or OAP).

There are so many things to love about Cigna. Our directory search is just the beginning. If you aren't finding the providers you want in the Local Plus network, try searching the OAP national network. We have providers in almost every city and state across the country! After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your medical/rx plan. On **myCigna.com**, you can estimate health care costs, manage, and track claims, learn how to live a healthier life and more.

Questions? Call Cigna One Guide Service 24/7 – 365 days per year to inquire about providers in the network or any questions you have about your medical plan choices at: **1-888-806-5094** available NOW!

Cigna Local Plus Maps – FL & GA

LOCALPLUS – SOUTH FLORIDA AT A GLANCE



Service Area:
Broward,
Martin,
Miami-Dade, Monroe,
Palm Beach, St Lucie

Network includes:[6]

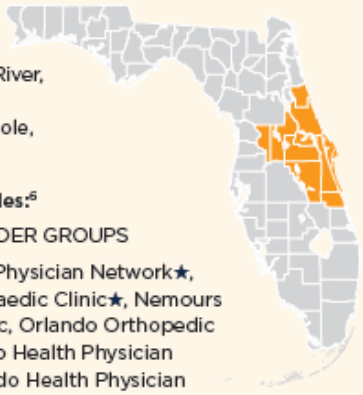
MAJOR PROVIDER GROUPS

Broward Health Physician Group★, Cleveland Clinic Florida, Holy Cross Medical Group★, Medical Specialists of the Palm Beaches, Pediatric Associates★, PrimeHealth, UHealth Medical Group, VitalMD★, Florida Cancer Specialists★, Florida Woman Care★, Gastro Health★

MAJOR HOSPITALS

- Baptist Health South Florida
- Broward Health
- Cleveland Clinic of Florida
- Holy Cross Hospital
- Jackson Health System
- Jupiter Medical Center
- Lakeside Medical Center
- Larkin Community Hospital
- Memorial Health System
- Mount Sinai Medical Center
- Nicklaus Children's Hospital
- Tenet Health Systems
- University of Miami
- Wellington Regional Medical Center
- Westchester General Hospital

LOCALPLUS – ORLANDO AT A GLANCE



Service Area:
Brevard,
Flagler, Indian River,
Lake, Orange,
Osceola, Seminole,
Sumter, Volusia

Network includes:[6]

MAJOR PROVIDER GROUPS

AdventHealth Physician Network★, Jewett Orthopaedic Clinic★, Nemours Children's Clinic, Orlando Orthopedic Center, Orlando Health Physician Group★, Orlando Health Physician Associates★

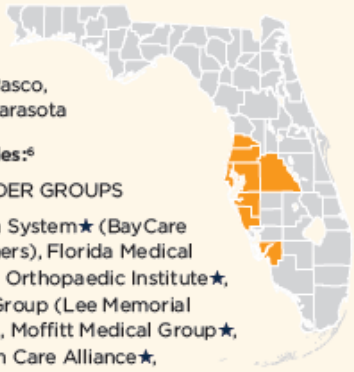
MAJOR HOSPITALS

AdventHealth, Central FL Regional★, HealthFirst, Inc.★, Nemours Children's Hospital, Osceola Regional★, Orlando Health★, Parrish Med Center★, HCA★

★ Cigna Collaborative Care® (CCC) value-based providers.

** With the exception of Ronald Reagan UCLA Medical Center, Santa Monica UCLA Medical Center and Orthopedic Hospital, and UC Irvine (UCI) Medical Center.

LOCALPLUS – TAMPA AT A GLANCE



Service Area:
Hernando,
Hillsborough,
Lee, Manatee, Pasco,
Pinellas, Polk, Sarasota

Network includes:[6]

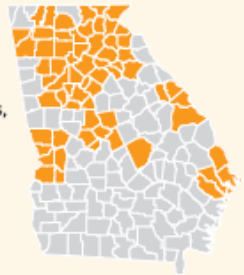
MAJOR PROVIDER GROUPS

BayCare Health System★ (BayCare Physician Partners), Florida Medical Clinic★, Florida Orthopaedic Institute★, Lee Physician Group (Lee Memorial Health System), Moffitt Medical Group★, Pediatric Health Care Alliance★, USF Physician Group★, Women's Care Florida★

MAJOR HOSPITALS

BayCare Health System, Bayfront Health St. Petersburg, AdventHealth – Tampa★, HCA★, Johns Hopkins All Children's Hospital, Lee Memorial, Moffitt Cancer Center, Tampa General Hospital

LOCALPLUS – GEORGIA AT A GLANCE



Service Area: Atlanta, Athens, Augusta, Columbus, Macon, NE Georgia, NW Georgia, Savannah

Network includes:[6]

MAJOR HOSPITALS

Atlanta: Children's Healthcare at Egleston, Children's Healthcare at Hughes Spalding, Children's Healthcare at Scottish Rite, Piedmont Eastside Medical Center, Piedmont Fayette Hospital, Piedmont Henry Hospital, Piedmont Hospital, Piedmont Mountainside Hospital, Piedmont Newnan Hospital, Piedmont Newton Hospital, Piedmont Rockdale Hospital, Piedmont Walton Hospital

Athens: Piedmont Athens Regional Hospital

Augusta: Doctor's Hospital of Augusta

Columbus: Piedmont Columbus Regional – Midtown (The Medical Center), Piedmont Columbus Regional – Northside (Hughston Hospital)

Macon: Piedmont Macon Medical Center (Coliseum Medical Center), Piedmont Macon North Hospital (Coliseum Northside Hospital), Fairview Park Hospital

NE Georgia: Habersham Medical Center, NE Georgia Medical Center, NE Georgia Medical Center Barrow, NE Georgia Medical Center Braselton, NE Georgia Medical Center Lumpkin

NW Georgia: Advent Health Gordon, Advent Health Murray, Hamilton Medical Center, Piedmont Cartersville Medical Center, Redmond Regional Medical Center

Savannah: Memorial Health University Medical Center

Cigna Local Plus Maps - TX

LOCALPLUS – AUSTIN, TX AT A GLANCE

Service Area: Hays, Travis, Williamson

Network includes:[6]

MAJOR PHYSICIAN GROUPS

Austin Diagnostic Clinic★, Austin Gastroenterology, Austin Heart, P.A., Austin Regional Clinic★, Capital Medical Clinic, Capital Area Primary Care, Capital Area Providers★, Central Texas OB/GYN Associates, Texas Oncology, P.A., Texas Orthopedics, Zenith Independent Physicians★

MAJOR HOSPITALS

St. David's Medical Center, Heart Hospital of Austin, St. David's South Austin Medical Center, St. David's Georgetown Hospital, North Austin Medical Center, St. David's Surgical Hospital, St. David's South Austin Medical Center, St. David's Round Rock Medical Center

LOCALPLUS – SAN ANTONIO, TX AT A GLANCE

Service Area: Bexar, Comal, Guadalupe

Network includes:[6]

MAJOR PROVIDER GROUPS

ABCD Pediatrics, Consultants In Women's Health, Gastroenterology Consultants Of San Antonio, Lone Star OB/GYN & Associates, Renal Associates, San Antonio Orthopaedic Group LLC, Texas Oncology, Urology San Antonio, United Physicians of San Antonio★

MAJOR HOSPITALS

Baptist Medical Center, Baptist Southeast Medical Center, Christus Santa Rosa Hospital Alamo Heights, Christus Santa Rosa Hospital Medical Center, Christus Santa Rosa Hospital New Braunfels, Christus Westover Hills, Methodist Children's Hospital of South Texas, Methodist Hospital, Methodist Hospital South, Methodist Stone Oak Hospital, Methodist Texan Hospital, Metropolitan Methodist Hospital, Mission Trail Baptist Hospital, North Central Baptist Hospital, Northeast Baptist Hospital, Northeast Methodist Hospital, Resolute Health Hospital, St Luke's Baptist Hospital, The Children's Hospital of San Antonio

★ Cigna Collaborative Care® (CCC) value-based providers.

** With the exception of Ronald Reagan UCLA Medical Center, Santa Monica UCLA Medical Center and Orthopedic Hospital, and UC Irvine (UCI) Medical Center.

LOCALPLUS – HOUSTON, TX AT A GLANCE

Service Area: Austin, Brazoria, Brazos, Burleson, Chambers, Fort Bend, Galveston, Grimes, Harris, Lee, Leon, Liberty, Madison, Montgomery, Robertson, San Jacinto, Walker, Waller, Washington

Network includes:[5]

MAJOR PROVIDER GROUPS

Greater Metro Houston Area: Kelsey-Seybold Clinic★, Privia Health★, Memorial Hermann – MHMD★, Renaissance Physician Organization★, Physician Quality Network★ (formerly St. Luke's Episcopal IPA), Texas Children's Pediatric Associates★, The Methodist Physician Hospital Organization★, UTMB★, Village Family Medicine★

MAJOR HOSPITALS

Greater Metro Houston Area: HCA Hospital System (including Woman's Hospital of Texas and Texas Orthopedic Hospital), Houston Methodist Hospital System, Memorial Hermann Health System, Texas Children's Hospital, University of Texas MD Anderson Cancer Center

LOCALPLUS – DALLAS/FT. WORTH AT A GLANCE

Service Area: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Henderson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise

Network includes:[6]

MAJOR PROVIDER GROUPS

Baylor Quality Alliance Physicians, Catalyst Health Network★, Health Texas Provider Network (HTPN)★, Patient Physician Network★, Texas Health Physician Group★, Texas Oncology, PA, University of Texas Southwestern Clinically Integrated Physicians★, University of Texas Southwestern Employed Physicians★, USMD

MAJOR HOSPITALS

Within the LocalPlus service area, all hospital facilities in Cigna's OAP Network are included

63% of the LocalPlus PCPs are in a Value Based Arrangement (CAC) vs. **55%** in OAP[7]

36% of the specialists in LocalPlus have Cigna Care Designation (CCD) vs. **26%** in OAP[7]

84% of OAP total Physicians/specialists are represented in 2021 LocalPlus[7]

Cigna Local Plus Maps – CA & WA

LOCALPLUS – SOUTHERN CALIFORNIA AT A GLANCE

Service Area:
Los Angeles, Orange, Riverside, San Bernardino, San Diego, Imperial, Ventura, Santa Barbara, San Luis Obispo, Kern

31,600+ providers and **250+** Hospitals and urgent care centers[6]

Network includes:[7]

MAJOR PROVIDER GROUPS

OPTUM★(formerly known as HealthCare Partners), Lakeside Medical Group, Regal Medical Group, St. Joseph Heritage Medical Group★, Scripps Clinic★, Scripps Coastal Medical Centers★, Scripps Mercy Physician Partners, High Desert Medical Group, Desert Oasis HealthCare, Riverside Medical Clinic, Heritage Victor Valley Medical Group, Bakersfield Family Medical Center

MAJOR HOSPITALS

Within the service area, all hospital facilities in Cigna's OAP Network are included**

98% of the OAP Hospitals are in LocalPlus[8]

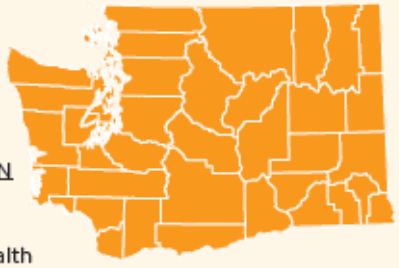
72% of the OAP PCPs are in LocalPlus[8]

76% of the OAP Pediatricians are in LocalPlus[8]

★ Cigna Collaborative Care® (CCC) value-based providers.

** With the exception of Ronald Reagan UCLA Medical Center, Santa Monica UCLA Medical Center and Orthopedic Hospital, and UC Irvine (UCI) Medical Center

LOCALPLUS – WASHINGTON AT A GLANCE



Service Area:
Statewide

Network includes:[6]

WESTERN WASHINGTON
MAJOR HOSPITALS:
EvergreenHealth Medical Center, MultiCare Health System, Overlake Medical Center, PeaceHealth St. Joseph Medical Center, Seattle Children's, UW Medicine (UW Medical Center Montlake & Northwest, Harborview Medical Center and Valley Medical Center), Virginia Mason

MAJOR PROVIDER GROUPS
Children's University Medical Group, EvergreenHealth Medical Group★, MultiCare physicians and affiliates, Overlake Medical Clinics and physicians★, PeaceHealth Medical Group, UW Medicine physicians and affiliates★, Virginia Mason (VMMG) physicians

EASTERN WASHINGTON
MAJOR HOSPITALS
Confluence Health, MultiCare Deaconess, MultiCare Valley, Yakima Valley Memorial

MAJOR PROVIDER GROUPS
Confluence Medical Group, MultiCare Rockwood Clinic

80% of the OAP Providers are in LocalPlus[7]
82% of the OAP Specialists are in LocalPlus[7]
74% of the OAP PCPs are in LocalPlus[7]

24/7 Virtual Care

MDLIVE

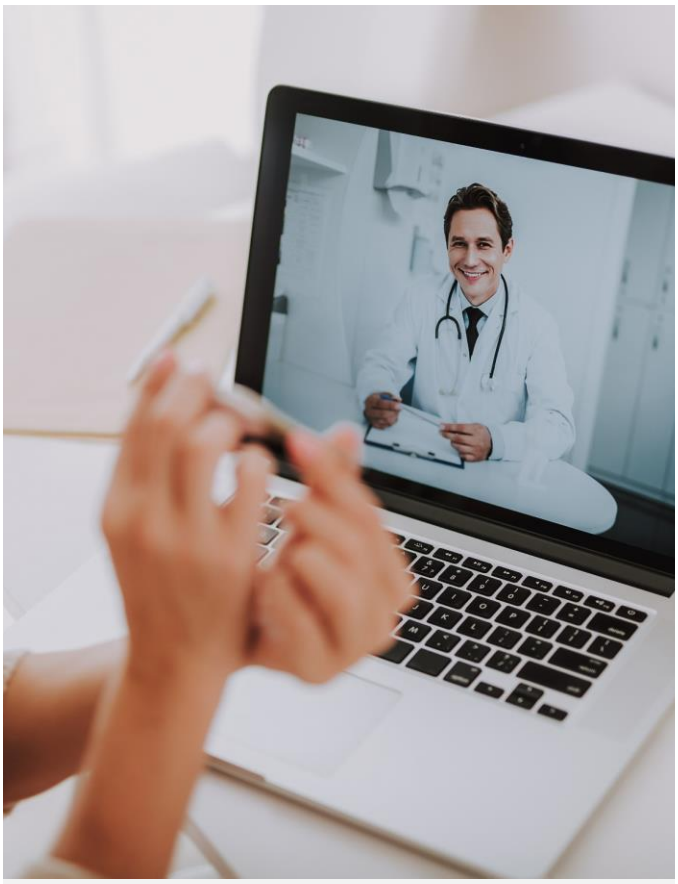
Access MDLIVE by logging into www.myCigna.com and clicking on "Talk to a doctor" or call 1 (888) 726-3171.

Telemedicine can be a great alternative to visiting your normal doctor or an urgent care, when you are suffering from one of many common, non-emergency medical conditions. Using your computer, tablet or smartphone device, you can conveniently access to U.S. board-certified doctors and licensed professionals from the comfort of your home or wherever you happen to be.

In some cases, doctors can write a prescription* to a local pharmacy near you.

Telemedicine – For those Enrolled in Medical	
Medical Visit Cost/Copay	Traditional Copay Plan: $45 Primary Care $75 Specialist HSA Plan: Varies by type of service (call MDLive for cost)
Commonly Treated Medical Conditions	Allergies Colds and flu Ear infections Sore throat Pink eye Urinary tract infections And more!
Mental Health Visit Cost/Copay	Traditional Copay Plan: $75 Specialist/Therapist HSA Plan: Varies by type of service (call MDLive for cost)
Commonly Treated Mental Health Services	Anxiety Depression Stress Not feeling like yourself And more!
Benefit Cost	Included with Medical coverage

*Prescription services may not be available in all states.



Save time and money with telemedicine.

Telemedicine can provide significant savings over urgent care and emergency room visits. On top of that, you can connect with a doctor from the convenience of home or work, allowing you to avoid the hassle of traveling or sitting in a waiting room.

When can I use telemedicine?

- When you need care now.
- If you're considering the ER or urgent care center for a non-emergency issue.
- On vacation, on a business trip, or away from home.
- For short-term prescription refills.

Health Savings Account (HSA)

PayFlex

Available to employees enrolled on the HSA medical plan.

For 2024 HSA administration will stay with PayFlex. Employees who currently have an HSA with PayFlex will keep their current accounts. Reminder: HSA contributions are an annual election, so these elections do not automatically continue into the next year. You must re-elect each year. Please be sure to elect your 2024 HSA contribution amounts during this open enrollment.

HSAs are a great way to save money and budget for qualified medical expenses when paired with a qualified High Deductible Health Plan (HDHP).

There are many benefits of using an HSA:

- **It saves you money**. HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable**. The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**. HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

Armellini HSA Contributions for 2024

For employees who enroll in the Armellini HSA group health plan, Armellini will contribute:

- **$10/month into your HSA for single coverage**
- **$20/month into your HSA if you have dependents covered**

HSA Contribution Limits

HSAs allow you to pay for qualified expenses with pre-tax dollars.

HSA	2023	2024
Annual Contribution Limit		
Individual	$3,850	$4,150
Family	$7,750	$8,300
Annual Catch-up Contribution Age 55 or older	$1,000	$1,000

Your eligibility for an HSA may be misrepresented if you and/or your spouse currently utilize an FSA. Check with the plan administrator or Human Resources to learn more.

HSA Case Study

Justin is a healthy 28-year-old single man who contributes $1,000 each year to his HSA. His plan's annual deductible is $1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. This example only includes HSA contribution amounts and does not reflect any investment earnings.

Year 1			Year 2	
HSA Balance	$1,000		**HSA Balance**	$1,850
Expenses: Prescriptions	- $150		**Expenses:** Office visits Prescriptions Preventive care (covered by insurance)	- $100 - $200 - $0
HSA Rollover to Year 2	$850	→	**HSA Rollover to Year 3**	$1,550
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.			Once again, Justin did not spend all of his HSA dollars. He can carry over any remaining HSA funds year after year.	

PayFlex Mobile®

Access your account anywhere, anytime. Take PayFlex with you wherever you go. The PayFlex Mobile app is available for iPhone® and Android™ smartphones.

Prescription Drug Savings Card

AVAILABLE TO ALL EMPLOYEES AND THEIR FAMILIES!
MEDICAL PLAN ENROLLMENT NOT REQUIRED

Clever RX | www.Cleverrx.com/armellini
Group ID: 3024 | **Member ID**: 1207

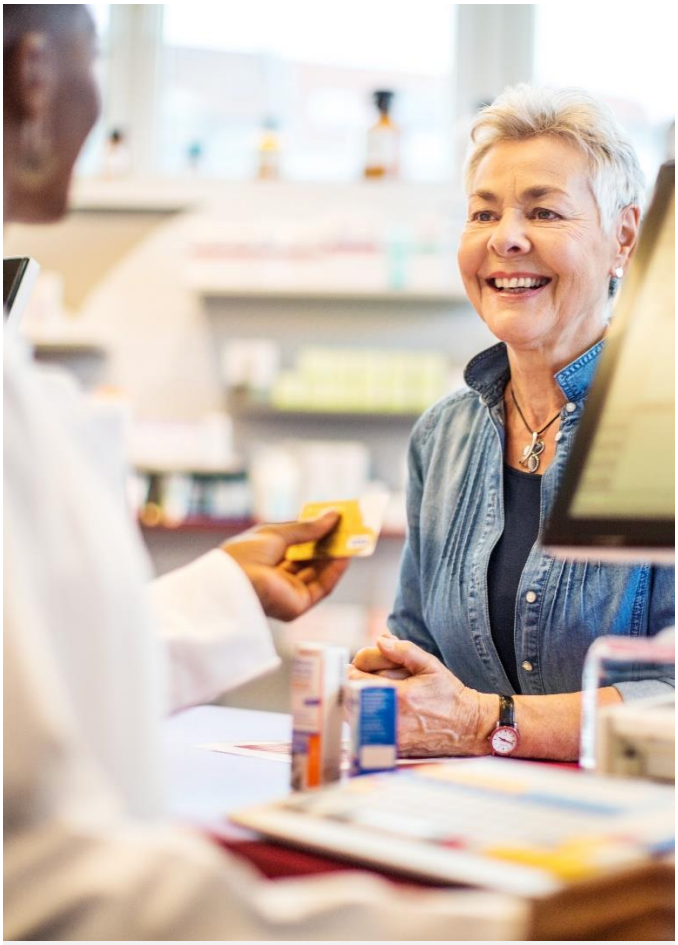
Clever RX is a prescription savings card that is 100% free to use. You can unlock discounts on thousands of medications and save up to 80% off prescription drugs. Clever RX is accepted at most pharmacies nationwide. Never overpay for prescriptions again – now that's clever!

How It Works

- **Download the FREE Clever RX App.** From your App Store search "Clever RX" and hit download. Be sure to enter in Group ID and Member ID to complete the process. This will unlock exclusive savings for you and your family! Use your zip code to find discounts near you.
- **Find where you can save on your medication.** Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.
- **Click the voucher with the lowest price, closest to you, and/or at your preferred pharmacy.** Show the voucher on your screen to the pharmacist when you pick up your medication. Click "share" to text yourself the voucher for easy access when you are ready to use it.
- **Share the Clever RX App.** Click "Share" on the bottom of the Clever RX App to send to your friends, family, and anyone else you want to help receive instant discounts on their prescription medications. Over 70% of people can benefit from a prescription savings card.

Contact Human Resources for a physical copy of your Prescription Savings Card.

Clever RX is not insurance.



Get Started With Rx Savings

Contact Clever RX

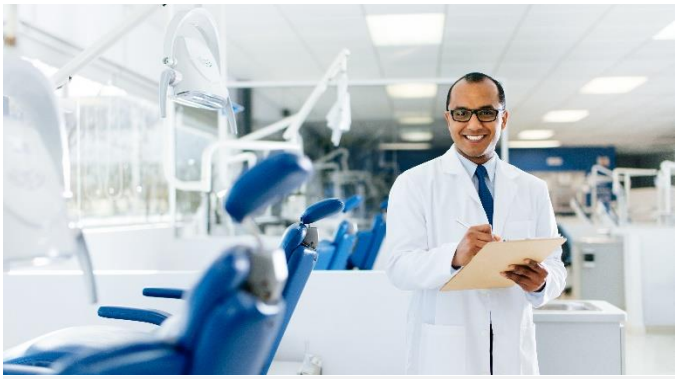
- Customer Help Line: (800) 873-1195
- Website: www.cleverrx.com/armellini
- Download the Clever Rx Mobile App

Armellini Clever RX Program Info

- **Group: 3024**
- **Member ID: 1207**

Dental

Sun Life



Locate a Sun Life network provider near you at
www.sunlife.com/findadentist
or call (800) 442-7742.

Dental Benefit Overview	In-Network	Out-of-Network
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Annual Benefit Max (Per person)	$2,000	$2,000
Lifetime Orthodontia Max (Per child up to age 19)	Not Covered	Not Covered
Specific Services	In-Network	Out-of-Network
Preventive Care	You Pay $0	You Pay $0*
Basic	You Pay 20%	You Pay 20%
Major	You Pay 50%	You Pay 50%
Orthodontia	Not Covered	Not Covered

**Subject to Usual & Customary Fee Schedules*

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Dental Weekly Rates	
Employee Only	$6.32
Employee + Spouse	$12.81
Employee + Child(ren)	$14.82
Family	$21.30

Vision

Sun Life

Locate a Sun Life/VSP network provider near you at
www.vsp.com (choose Choice network)
or call VSP at (800) 877-7195.

Vision	In-Network	Out-of-Network
Exam	$10 copay	$45 allowance
Lenses		
Single Visions	$25 copay	$30 allowance
Bifocal	$25 copay	$50 allowance
Trifocal	$25 copay	$60 allowance
Lenticular	$25 copay	$100 allowance
Frames	$130 allowance	$70 allowance
Contact Lenses		
Elective	$130 allowance	$105 allowance
Medically Necessary	$25 copay	$210 allowance
Frequencies		
Exams	1 per 12 months	
Lenses	1 per 12 months	
Frames	1 per 24 months	
Contact Lenses	1 per 12 months (in lieu of lenses/frames glasses)	

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Vision Weekly Rates	
Employee Only	$1.05
Employee + Spouse	$2.10
Employee + Child(ren)	$2.31
Family	$2.84

Life/AD&D

Sun Life

Life insurance protects your loved ones financially in the event of your death. Accidental death and dismemberment (AD&D) provides an additional benefit if your die or become dismembered due to a covered accident.

Basic Life/AD&D	
Benefit Amount	**Employee:** $10,000
Pays $20,000 if employee death is the result of an accident	
Age Reduction	Benefit reduces to $6,500 at age 65 and $5,000 at age 70
Benefit Cost	Company-paid – No cost to you!

Term Life/AD&D	
Benefit Amount	**Employee:** 5x your salary up to $500,000 (in $10,000 increments) * **Spouse:** Up to $150,000; not to exceed 50% of the employee election (in $5,000 increments) * **Child(ren):** Up to $10,000 *
Guaranteed Issue Amount[1]	**Employee:** $150,000 **Spouse:** $30,000 **Child(ren):** $10,000
Age Reduction	Benefit reduces 35% at age 65 and 50% at age 70
Benefit Cost	Employee-paid[2]

Definition of "Eligible Dependents"

- Child – eligibility terminates earliest of age 26, married, or employed full time, or no longer a Full Time Student. Terms may vary for children with special needs.

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.
- It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies. Please refer to the policy certificate or HR for more information.

Please review the full plan documents for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Benefits may be reduced for employees over age 65 per ADEA.

Remember to update your beneficiaries.

It is important to update your beneficiaries and make sure they are accurate periodically. Having out of date beneficiaries listed will make it difficult to pay the benefit to the correct person in case it is ever needed.

*Dependent elections require employee enrollment and may be limited by employee volume.

[1] If you enroll when first offered, you receive up to the listed amount without having to answer medical questions.

[2] **Please log into UKG to see your personalized rates** for voluntary life/AD&D coverages.

Disability

Sun Life

If you become disabled from a **non-work-related injury or illness**, disability income benefits may provide a partial replacement of lost income.

Short-Term Disability	
Benefit Amount	Replaces 60% of earnings, up to $1,000 per week
Benefit Begins	Injury: after 14 days Illness: after 14 days
Benefit Duration	Up to 11 weeks
Benefit Cost	Employee-paid[1]

Long-Term Disability	
Benefit Amount	Replaces 60% of earnings, up to $5,000 per month
Benefit Begins	After a period of 90 days
Benefit Duration	2 Years
Benefit Cost	Employee-paid[1]

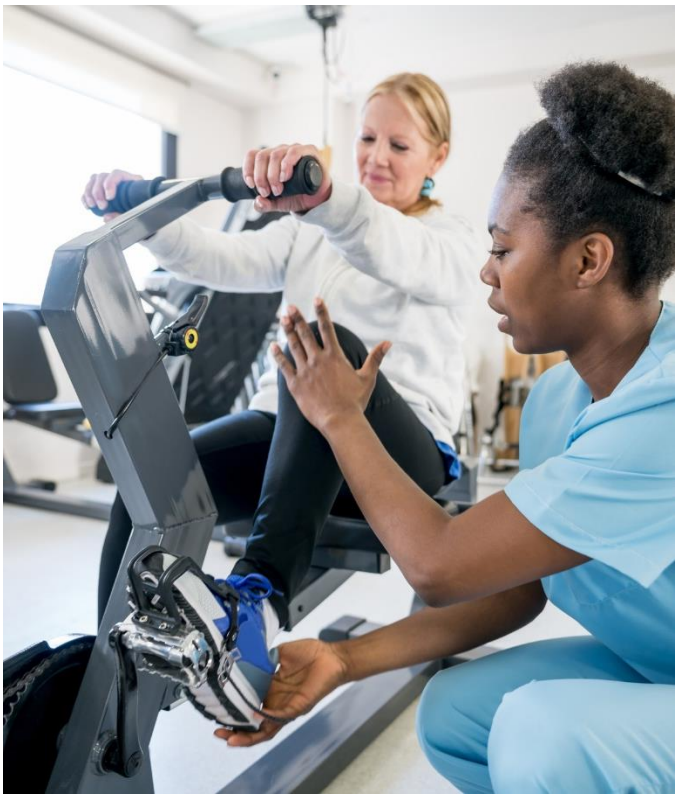
Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.

Please review the full plan documents for plan details including exclusions and limitations. Pre-existing condition limitations may apply. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

[1]**Please log into UKG to see your personalized rates** for voluntary disability coverages.

See why disability insurance is so important:
http://www.cottinghambutler.com/Disability/



Supplemental Benefits

Sun Life

Think about your personal circumstances: Are you the sole provider for your household? Are there other expenses, such as college tuition, that may arise in the future? Be sure your family does not get stuck with bills, debts or expenses that they cannot afford. The following benefits may protect you, your family, and your financial security.

Accident

Helps cover the cost of expenses if you are injured in a covered accident.

Benefit Amount	See Schedule of Benefits allowance amounts
Wellness Benefit	$50
Some Covered Injuries Include:	Dislocations Fractures Burns
Benefit Cost	Employee-paid[1]

Critical Illness

Helps cover the cost of expenses if you are diagnosed with a covered condition.

Benefit Amount	Up to $40,000
Wellness Benefit	$50
Some Covered Conditions Include:	Cancer Heart attack Stroke Major organ failure
Benefit Cost	Employee-paid[1]

Hospital Indemnity

Helps cover the cost of hospital stays.

Hospital / ICU Admission	$1,000 / $2,000
Daily Hospital / ICU Confinement Benefit	$100 (Up to 30 Days) / $200 (Up to 10 Days)
Wellness Benefit	$50
Benefit Cost	Employee-paid[1]

Take advantage of the wellness benefit.

Each plan option includes a $50 wellness benefit if you or a covered family member receive a qualifying wellness exam or lab test.

Important – Please Read!

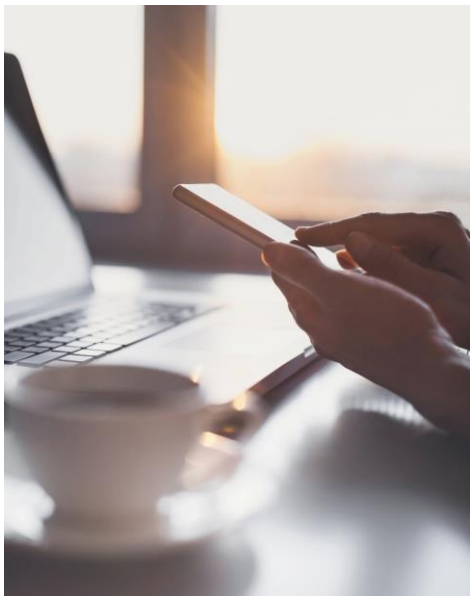
- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

Please review the full plan documents for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

[1]**Please log into UKG to see your personalized rates** for voluntary Accident, Critical Illness or Hospital Indemnity coverages.

Employee Assistance Program (EAP)

Sun Life | ComPsych



Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being, and ability to focus on what's important. That's why we provide an Employee Assistance Program (EAP) to support you and your family.

Getting Help

Everyone experiences periods of stress. Some stress is normal, but if your feelings of stress become persistent and overwhelming it may be an indication of a serious medical problem. In such a case, you should see your doctor or a professional counselor through the EAP.

The EAP supplies professional counselors who provide counseling to you and your family in a safe and private atmosphere. Within strict legal limits, all the information disclosed will remain confidential, and no contact with your employer will be made without written permission.

As a member of the EAP, you receive a limited number of counseling sessions at no cost. Should you and your counselor decide that a referral to an outside provider is necessary, those costs will then be your responsibility. The EAP counselor will try to refer you to resources that are affordable or covered by your health insurance.

Confidential Support

- Stress about work or job performance
- Conflict resolution at work or in one's personal life
- Marital or relationship problems
- Child or eldercare concerns
- Financial worries
- Mental health problems
- Physical and sexual abuse
- Alcohol/substance abuse
- Grief and loss
- Interpersonal conflicts

Connect with a Counselor

- **Call (800) 460-4374**
- **Visit www.compsych.com to learn more.**

Online Will Preparation

Sun Life | ComPsych

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).

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

- www.EstateGuidance.com
- **SLFVAS Promotional code**

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

Travel Assistance

Sun Life | Assist America

With your Sun Life coverage, you receive an emergency travel assistance program provided by Assist America. This travel 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

Contact:

- Outside of US: 1-609-986-1234
- Inside of US: 1-800-872-1414
- Email: medservices@assistamerica.com

Pre-Paid Legal Plans

US Legal

Family Defender Plan - $4.96/week

Covers member, spouse/domestic partner, never married dependents up to age 26

- Legal consultation and advice
- Legal document review (up to 15 pages each)
- Real estate transactions
- Traffic violations (personal vehicles)
- Family law
- Estate planning and will preparation
- Medical and Financial Power of Attorney
- 24/7 emergency legal access
- IRS Audit protection
- Criminal defense

Identity Defender Plan: - $2.99/week (standalone)—$2.30/week (when combined with another plan)

Family plan covers member, spouse/domestic partner, and never married dependents up to age 26

- Identity consultation and advice
- Dedicated licensed private investigators
- Black market website and social media monitoring
- Court records monitoring
- Identity and credit monitoring
- Identity threat and credit inquiry alerts
- Complete identity restoration
- Monthly credit score tracker
- Password manager
- 24/7 emergency access
- Mobile app and more

CDL Defender - $7.60/week

Covers member and spouse/domestic partner in any vehicle they are licensed to drive

- All moving violations
- Administrative Hearings
- DOT and Non-moving violations
- Major accident representation
- Property damage and personal injury collection
- Personal legal matters

CDL Defender Copay Plan - $2.99/week

Same great benefits as the CDL Defender plan but at a lower rate

- Moving violations - $100 copay
- Administrative Hearings - $250 copay (up to 2.5 hrs)
- DOT and Non-moving violations - $100 copay
- Major accident representation – 25% discount
- Property damage and personal injury collection
- Discounted personal legal matters

Scan here for full details of each plan!

Discount Program

Through our partnership with Cottingham & Butler, we have access to the PerkSpot Employee Discount Program at no cost to you!

This program provides you access to an online marketplace that delivers thousands of discounts for everyday business and personal purchases, leveraging the purchasing power of some of the largest employers in the United States.

Who is PerkSpot?

- Online savings resource for employees
- Headquarted in Chicago, IL
- Founded in 2006
- 750+ clients nationwide
- 15 million members
- 30,000+ discount offers

Website Features

- **Recommended for You:** chosen based on your top interests
- **Featured Offers:** hand-selected to help you stretch your dollars
- **Today's Perk Alters:** today's best limited-time sales
- **Popular Savings:** trending offers
- **Categories:** shop by category
- **Local Discounts**: shop by location

Create Your Account

1. Visit **https://cottinghambutler.perkspot.com**
2. Click "Create an Account"
3. Enter your Name, Email, Gender, Zip Code and create a Password
4. Sign up for email updates
    a. **Weekly Perks:** Stay up to date on the best discounts and exclusive offers available to you
    b. **theLOOP:** PerkSpot's weekly resource for how to excel in the 21st century workplace. Providing insights into workplace trends, lifestyle practices, and strategies for success
5. Click "Register"
6. Browse discount offers from over 25 categories

Shop for a Variety of Coupons & Deals from these Categories:

- Apparel
- Auto Buying
- Automotive
- Beauty & Fragrance
- Books, Movies, & Music
- Business Perks
- Cell Phones
- Education
- Electronics
- Financial Wellness
- Flowers & Gifts
- Food
- Health & Wellness
- Hobbies & Creative Arts
- Home & Garden
- Home Services
- Insurance/Protection Services
- Jewelry & Watches
- Movie Tickets
- Office & Business
- Pet Insurance and Necessities
- Real Estate & Moving Services
- Sports & Outdoors
- Tickets & Entertainment
- Toys, Kids & Babies
- Travel

Popular Discounted Brands*:

- Avis
- Canon
- Casper
- Columbia
- Dell
- Enterprise
- Holiday Inn
- Home Chef
- HP
- Ray-Ban

**All brands and discounts available are subject to change. For a current listing of discounts and brands offered visit the website at https://cottinghambutler.perkspot.com/*

Federal & State Benefits Advocacy

FEDlogic

AVAILABLE TO ALL EMPLOYEES AND YOUR FAMILIES!

Your Very Own Personal Navigator

Armellini has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. This service is confidential, unlimited, and free to all members and their families whether enrolled in benefits or not.

Below is a partial list of categories FEDLogic can assist with…

- Medicare
- Medicaid
- Disability
- Social Security Retirement
- Child Benefits
- Widow Benefits
- Supplemental Security Income (SSI)
- Veterans Benefits
- Healthcare.gov (COBRA alternatives)
- ESRD (End Stage Renal Disease)
- ALS (Lou Gehrig's Disease)
- Cancer or Terminal Illness

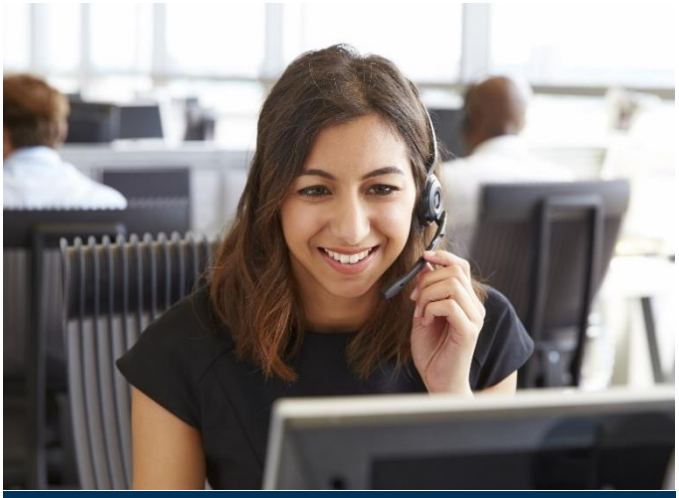
When You Need Us, It's All About You

We're passionate about providing highly personalized, easy, and practical phone consultation guidance to individuals and families. We never promote, endorse, or sell any type of product or insurance.

Contact

- **877-837-4196**
- fedlogicgroup.com
- services@fedlogicgroup.com

FEDlogic



Here's How it Works

① **Make a phone consultation appointment**
Call us at **877-837-4196** to schedule a phone consultation appointment with one of our federal and state benefits experts. Be sure to make the appointment at a time when family members are available to listen and ask questions. Calls typically last an hour.

② **Tell us your story, ask questions and learn**
You don't have to wade through tons of complex and confusing information to try to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then we empower you with the unbiased information you need so you can maximize your benefits and make the best decision for your situation.

③ **Enroll for benefits**
Once you feel confident you have the information you need to make the best decision for you and your family, we'll walk you through the application and approval process.

④ **Relax and celebrate**
Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax, and celebrate!

Info for Those Eligible for Medicare

Next Level Planning

What Are My Options Once I Turn 65?

If you continue to work full-time, you may remain on the company medical plan as long as you meet the eligibility requirements. However, you may also be eligible for Medicare A & B, a Medicare Supplement and Medicare D. Please read the summary below and explore your options to determine what is best in your situation.

Working Beyond Age 65

If you are purchasing medical insurance through your employer, a Medicare plan could help you save money on your health care expenses. It may make sense for you to sign up for Medicare in addition to OR instead of the coverage you have today. If you enroll in Medicare and remain on the company health plan be sure to check the coordination rules to determine which coverage is primary.

Medicare Options:

Many people who choose to work past age 65 enroll in Part A (Hospital Insurance) because there is no monthly premium. You may choose to enroll in Medicare Part B, a Medicare Supplement, and/or Medicare Part D (these options will be subject to a monthly premium cost).

- Medicare Part B - Physician Insurance
- Medicare Part D – Drug Coverage.
- Supplemental Coverage – This can include Medigap coverages, employer plans or Medicaid.

It is recommended that you explore all options to determine what is best for you. You may also shop for and change plans each year based on your needs.

Understanding Your Options

Employees who choose to remain on the group health plan can sign up for premium-free Part A (if eligible) during or after their Initial Enrollment Period begins. You can only sign up for Part B (or Part A if you have to buy it) during certain enrollment periods as dictated by Medicare. For additional info on Medicare enrollment opportunities visit www.medicare.gov or reach out to your local SHIP office (see Medicare Resources for contact information).

Making Changes to Your Medicare Plans:

Health care needs can change from year to year. Be sure to review your needs annually (upcoming surgeries, current prescription drugs, new wellness goals) so you can find a plan to best meet them.

Medicare Open Enrollment Period

You can enroll in or change your plan once a year during the Open Enrollment Period (OEP) even if you do not have a qualifying event. The OEP is a seven-week period from October 15 - December 7.

Multiple Medicare Resources Available

Next Level Planning and Wealth Management

- Get advice from Licensed insurance agents at no cost or obligation to enroll
- Explore plans from numerous health insurance companies
- Learn more about Medicare and be guided through the process
- 1 on 1 assistance with benefit and financial planning
- Call (414) 369-6628 or visit www.NLPWM.com

Our Medicare library is available 24/7 online. Here you can browse videos, download guides/presentations, listen to an agent and access information at your convenience.

Visit:
www.employeenavigator.com/benefits/Account/Login

Login using the following credentials:

- USERNAME: Medicare
- PASSWORD: Benefits65

You may also complete the **Permission to Contact Form** to speak to agent and receive assistance with questions related to Medicare as well as explore affordable options available based on your specific needs.

It is important to note that **Medicare resources and options vary by state.** Each state has a **SHIP** (Senior Health Insurance Information Program) that offers free education and assistance specific to their state. To find your state resource and get the number to speak to a licensed counselor, you may either **visit: www.shiptacenter.org, call 877-839-2675 or email: info@shiptacenter.org.**

Additional Information (Government resources):

Retiring At or After Age 65

Whether you retire or decide to work part-time, once you turn age 65 you will be eligible for Medicare (Parts A & B) and other Medicare Supplement Plans. Whether you have employer-sponsored coverage or not, you should consider enrolling during your Initial Enrollment Period. You can enroll any time within the 3 months before your 65th birthday month, your birthday month or 3 months after.

Benefit Terms

The world of health insurance has many terms that can be confusing. Understanding your costs and benefits—and estimating the price of a visit to the doctor—becomes much easier once you are able to make sense of the terminology.

Definitions

- **Annual limit**—Cap on the benefits your insurance company will pay in a given year while you are enrolled in a particular health insurance plan.
- **Claim**—A bill for medical services rendered.
- **Cost-sharing**—Health care provider charges for which a patient is responsible under the terms of a health plan. This includes deductibles, coinsurance and copayments.
- **Coinsurance**—Your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service.
- **Copayment (copay)**—A fixed amount you pay for a covered health care service, usually when you receive the service.
- **Deductible**—The amount you owe for health care services each year before the insurance company begins to pay. Example: John has a health plan with a $1,000 annual deductible. John falls off his roof and has to have three knee surgeries, the first of which is $800. Because John hasn't paid anything toward his deductible yet this year, and because the $800 surgery doesn't meet the deductible, John is responsible for 100 percent of his first surgery.
- **Dependent Coverage**—Coverage extended to the spouse and children of the primary insured member. Age restrictions on the coverage may apply.
- **Explanation of Benefits (EOB)**—A statement sent from the health insurance company to a member listing services that were billed by a provider, how those charges were processed and the total amount of patient responsibility for the claim.
- **Group Health Plan**—A health insurance plan that provides benefits for employees of a business.
- **In-network Provider**—A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.
- **Inpatient Care**—Care rendered in a hospital when the duration of the hospital stay is at least 24 hours.
- **Insurer (carrier)**—The insurance company providing coverage.
- **Insured**—The person with the health insurance coverage. For group health insurance, your employer will typically be the policyholder and you will be the insured.
- **Open Enrollment Period**—Time period during which eligible persons may sign up for coverage under a group health plan.
- **Out-of-network Provider**—A provider who is not contracted with your health insurance company.
- **Out-of-pocket Maximum (OOPM)**—The maximum amount you should have to pay for your health care during one year, excluding the monthly premium. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.
- **Outpatient Care**—Care rendered at a medical facility that does not require overnight hospital admittance or a hospital stay lasting 24 hours or more.
- **Policyholder**—The individual or entity that has entered into a contractual relationship with the insurance carrier.
- **Premium**—Amount of money charged by an insurance company for coverage.
- **Preventive Care**—Medical checkups and tests, immunizations and counseling services used to prevent chronic illnesses from occurring.
- **Provider**—A clinic, hospital, doctor, laboratory, health care practitioner or pharmacy.
- **Qualifying Life Event**—A life event designated by the IRS that allows you to amend your current plan or enroll in new health insurance. Common life events include marriage, divorce, and having or adopting a child.
- **Qualified Medical Expense**—Expenses defined by the IRS as the costs attached to the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.
- **Summary of Benefits and Coverage (SBC)**—An easy-to-read outline that lets you compare costs and coverage between health plans.

Acronyms

- **ACA**—Affordable Care Act
- **CDHC**—Consumer driven or consumer directed health care
- **CDHP**—Consumer driven health plan
- **CHIP**—The Children's Health Insurance Program. A program that provides health insurance to low-income children, and in some states, pregnant women who do not qualify for Medicaid but cannot afford to purchase private health insurance.
- **CPT Code**—Current procedural terminology code. A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities, such as physicians, health insurance companies and accreditation organizations.
- **FPL**—Federal poverty level. A measure of income level issued annually by the Department of Health and Human Services (HHS) and used to determine eligibility for certain programs and benefits.
- **FSA**—Flexible spending account. An employer-sponsored savings account for health care expenses.
- **HDHP**—High deductible health plan
- **HMO**—Health maintenance organization
- **HRA**—Health reimbursement arrangement. An employer-funded arrangement that reimburses employees for certain medical expenses.
- **HSA**—Health savings account. A tax-advantaged savings account that accompanies HDHPs.
- **OOP**—Out-of-pocket limit. The maximum amount you have to pay for covered services in a plan year.
- **PCE**—Pre-existing condition exclusion. A plan provision imposing an exclusion of benefits due to a pre-existing condition.
- **PPO**—Preferred provider organization. A type of health plan that contracts with medical providers (doctors and hospitals) to create a network of participating providers. You pay less when using providers in the plan's network, but can use providers outside the network for an additional cost.
- **QHP**—Qualified health plan. A certified health plan that provides an essential health benefits package. Offered by a licensed health insurer.

Armellini Express Lines Group Health Plan: Important Disclosures & Notices

Michelle's Law Notice

If the Plan provides for dependent coverage that is based on a dependent's full-time student status, then this Michelle's Law Notice applies. If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage. ❖

Benefits during a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

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

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

Employees living in one of the following States, may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2023. V 0.2.0. The most recent CHIP notice can be found at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra. Contact the respective State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://dhss.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+ Website: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service:
1-800-359-1991/State Relay 771
Health Insurance Buy-In Program (HIBI) Website:
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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

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

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

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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: KIHIPP.PROGRAM@ky.gov
KCHIP Website:
https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

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)

MAINE – Medicaid
Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine Relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: 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

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

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
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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website:
http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347 or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone:
1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
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, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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 ❖

Notice Regarding Wellness Program

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 us, Human Resources, 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 Notice

If the Armellini Express Lines Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources. ❖

Women's Health and Cancer Rights Act of 1998

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.
- 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' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage 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 normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). ❖

Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge. ❖

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information
When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1st, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1st. After Dec. 15th, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

Can individuals Save Money on Health Insurance Premiums in the Marketplace?
Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.12% of household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.*

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

How Can Individuals Get More Information?
For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including 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 the area.

* 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% of such costs. ❖

Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)
If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply.

The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming

eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP. ❖

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices
The Armellini Express Lines Inc Group Medical Plan (the "Plan"), which includes medical, HSA, and dental coverages offered under the Armellini Express Lines Inc Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures Armellini Express Lines Inc has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

1. Payment and Health Care Operations: In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. Disclosure to the Plan Sponsor:
As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

3. Requirements of Law:
When required to do so by any federal, state or local law.

4. Health Oversight Activities:
To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

5. Threats to Health or Safety:
As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

6. Judicial and Administrative Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

7. Law Enforcement Purposes:
To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

8. Coroners, Medical Examiners, or Funeral Directors: For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

9. Organ or Tissue Donation:
If the person is an organ or tissue donor, for purposes related to that donation.

10. Specified Government Functions:
For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

11. Workers' Compensation:
As necessary to comply with workers' compensation or other similar programs.

12. Distribution of Health-Related Benefits and Services: To provide information to the individual on health-related benefits and services that may be of interest to them.

Notice in Case of Breach
Armellini Express Lines Inc is required to maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

Use and Disclosure of Individual Health Information by the Plan that Does Require Individual Authorization: Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a

covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Individual Rights with Respect to Personal Health Information: Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses and Disclosures: An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575.

Right to Inspect and Copy Individual Health Information: An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

Right to Amend Your Health Information: You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

Right to an Accounting of Disclosures: An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential Communications: An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this Notice: Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their HIPAA Privacy Officer at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

Complaints and Contact Person: If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at Armellini Express Lines Inc , 3446 SW Armellini Ave Palm City, FL 34990, 772-287-0575. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated. ❖

Important Notice from Armellini Express Lines Group Health Plan about Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Armellini Express Lines Inc 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. Armellini Express Lines Inc has determined that the prescription drug coverage offered by the Armellini Express Lines Inc 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 Armellini Express Lines Inc coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Armellini Express Lines Inc coverage, be aware that you and your dependents will be able to get this coverage back.

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 Armellini Express Lines Inc and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information about this Notice or Your Current Prescription Drug Coverage
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Armellini Express Lines Inc 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: 11/10/2023
Name of Entity/Sender: Armellini Express Lines Inc
Contact--Position/Office: Human Resources
Address: 3446 SW Armellini Ave Palm City, FL 34990
Phone Number: 772-287-0575 ❖