

2026

EMPLOYEE BENEFITS GUIDE

Plan Year:

11/01/25 to 10/31/26

TABLE OF CONTENTS

ELIGIBILITY	3
CHANGING YOUR BENEFITS DURING THE YEAR	3
BENEFITS ENROLLMENT	4
EMPLOYER NAVIGATOR INSTRUCTIONS	5-6
MEDICAL INSURANCE	7-9
Beyond Med Voluntary Benefit	10
DENTAL INSURANCE	11
VISION INSURANCE	12
LIFE AND AD&D INSURANCE	13-14
VOLUNTARY LIFE AND AD&D *NEW CARRIER*	15-16
DISABILITY INSURANCE	17-18
EMPLOYEE ASSISTANCE PROGRAM	19-20
TRAVEL ASSISTANCE PROGRAM	21
MEDICAL, DENTAL, AND VISION RATES	22
AFLAC VOLUNTARY PLANS	23-27
RESOURCES AND CONTACT INFO	28
SUMMARY ANNUAL NOTICES	29-35

BENEFITS

R.G. & Sons Plumbing, Inc.

At R.G. & Sons Plumbing, Inc., we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options to improve your physical, financial and mental well-being.

This booklet provides a summary of plan highlights. Please consult the carrier contract for complete information on covered changes, limitations, and exclusions. This is not a binding contract. In the event of any discrepancy, the carrier's contract will prevail. If you have further questions, please contact the insurance carrier or Human Resources.

ELIGIBILITY

If you are a full-time employee (working 30+ hours a week), you are eligible to enroll in Life and Accidental Death and Dismemberment (AD&D) plan. As a new hire, benefits are effective on the first of the month following 60 days of consecutive employment. You must enroll by the date before your benefits eligibility date. If you do not meet this deadline, you will need to wait until the next open enrollment period to enroll.

COVERING YOUR FAMILY MEMBERS

Many of the plans offer coverage for your eligible family members, including:

- Your legal spouse or legally registered domestic partner
- Your dependent children, including your stepchildren, legally adopted children, children placed with you for adoption or for court ordered legal guardianship
- Dependent children are eligible for medical, dental, vision, and Voluntary Life and AD&D up to the end of the month in which they turn age 26 (regardless of student or marital status)
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

CHANGING YOUR BENEFITS DURING THE YEAR

Most benefit deductions are withheld from your paycheck on a pre-tax basis (i.e. medical, dental, vision) and therefore your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change (sometimes called a “Qualifying Event” or “Life Event”).

The most common qualifying life events are:

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Change in you or your spouse’s work status that affects your benefits or an eligible dependent’s benefits
- Change in health coverage due to your spouse’s open enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order

To make benefit changes as a result of a Qualifying Event as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event
- Provide proof of your life status event

COVERAGE STARTS	QUALIFYING EVENT EFFECTIVE DATES	COVERAGE ENDS
<ul style="list-style-type: none">• If you enroll during open enrollment, your coverage is effective November 1, 2025.• As a new hire, coverage is effective first of the month following 60 days of consecutive employment.	<ul style="list-style-type: none">• Coverage changes from a qualifying event will be effective first of the month following the event date unless in the case of a new child, your change in coverage will be effective on the date of birth or adoption.	<ul style="list-style-type: none">• If your employment with R.G. & Sons Plumbing, Inc., terminates (voluntarily or otherwise), your benefits will end at the end of the month (aside from voluntary benefits and life insurance, which end on the date of your termination).



BENEFITS ENROLLMENT

Open enrollment is the only time during the year that you can change your benefits without experiencing a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage, including adding or removing dependents. Any changes you make for open enrollment become effective **November 1**.

ENROLLMENT

Benefits enrollment is completed online through the Employee Navigator website at **www.employeeenavigator.com**.

In order to complete your enrollment, you need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

NEED TO KNOW UPDATES AND INFO

- What is new/changing for 2025-2026

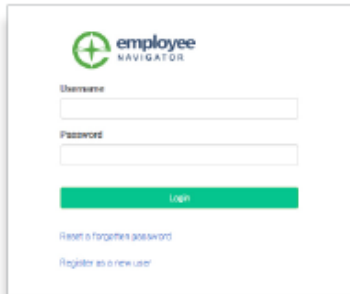
New Voluntary Benefits: UNUM – Voluntary Long-Term Disability – Beyond Med- Telehealth

Carrier Changes: Aetna – Dental, Unum – Voluntary Life and AD&D

- Consider what is new with you. Did you have a baby, get married, etc.?
- Online Open Enrollment dates: 10/13/25-10/17/25
- **Active OE** – All employees need to reselect/waive their benefits in Employee Navigator by 10/17/2025

EMPLOYEE NAVIGATOR

ENROLL IN YOUR BENEFITS: One step at a time



The login screen features the 'employee NAVIGATOR' logo at the top. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

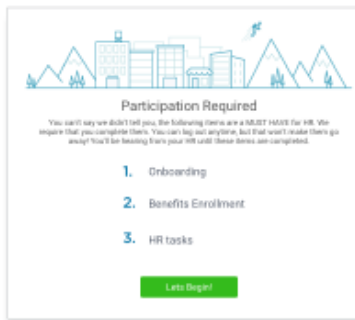
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

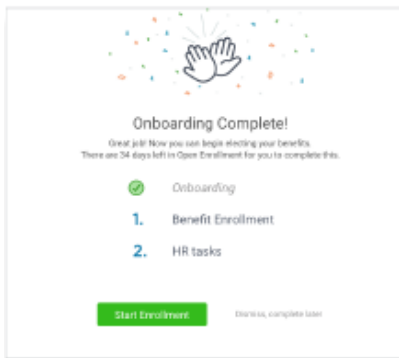
Company Identifier:
RG&SONS

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



The screen has a header with a city skyline illustration. Below it, the title 'Participation Required' is followed by a paragraph explaining the importance of completing tasks. A numbered list shows: 1. Onboarding, 2. Benefits Enrollment, and 3. HR tasks. A green 'Let's Begin!' button is at the bottom.



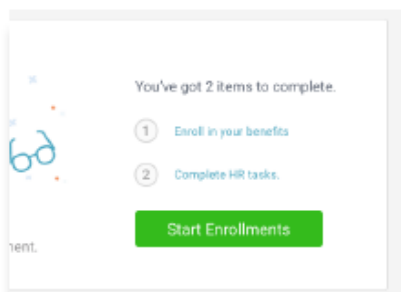
The screen features a 'clapping hands' icon with confetti. The title 'Onboarding Complete!' is followed by a paragraph stating that the user can now begin enrolling in benefits, with 34 days left in the open enrollment period. A progress bar shows 'Onboarding' as complete (with a green checkmark) and '1. Benefit Enrollment' and '2. HR tasks' as pending. A green 'Start Enrollment' button is at the bottom, with a link 'Dismiss, complete later' next to it.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



The screen shows a '60' icon and the text 'You've got 2 items to complete.' Below this is a numbered list: 1. Enroll in your benefits and 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

EMPLOYEE NAVIGATOR

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 09/01/18 for the employee. Below this, there's a table titled 'How much will it cost?' with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. A 'Save & Continue' button is prominently displayed at the bottom right, along with a 'Don't want this benefit?' link.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It includes a progress bar indicating 'Progress 1 of 5'. A warning message states 'Enrollment Not Complete! Please complete the steps highlighted in orange from your enrollment progress page.' Below this, there's a list of enrolled plans, including 'My CareHSA PPO017408205 Long Plan Name'. A 'Sign & Agree' button is visible at the bottom right.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory message: 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' and lists 'Enroll in your benefits' as the next step. A 'Start Tasks' button is prominently displayed at the bottom left, with a note 'Dismiss, complete later' to its right.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7



MEDICAL INSURANCE

We offer four medical insurance plan options through Aetna. Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family.

Each medical plan includes **in-and out-of-network** benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider. Locate a network provider at **www.Aetna.com**.

The table below summarizes the **in-network** key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions. **NOTE: employees who live out of state are ONLY eligible for the 5000 80/50 OOS Medical plan.**

	5000 80/50 Broad Open (AZ ONLY)	5000 80/50 OOS (OUT OF STATE)	3500 80/50 Broad Open	1000 80/50 Broad Open
Deductible (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$1,000 / \$2,000
Out-of-pocket (individual/family)	\$7,750 / \$15,500	\$7,750 / \$15,500	\$7,000 / \$14,000	\$5,000 / \$10,000
Preventive care	No charge	No charge	No charge	No charge
Office visits (primary care/ specialist)	\$40 / \$80	\$40 / \$80	\$35 / \$75	\$40 / \$80
Emergency Room	20% after deductible \$300 copay/visit	20% after deductible \$300 copay/visit	20% after deductible \$300 copay/visit	20% after deductible \$300 copay/visit
Urgent Care	\$75 after deductible does not apply	\$75 after deductible does not apply	\$75 after deductible does not apply	\$75 after deductible does not apply
Lab/x-ray	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient / Outpatient hospital	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Rx	Tier 1A: \$3 (retail) \$6 (mail)	Tier 1A: \$3 (retail) \$6 (mail)	Tier 1A: \$3 (retail) \$6 (mail)	Tier 1A: \$3 (retail) \$6 (mail)
Generic	Tier 1: \$10 (retail) \$20 (mail)	Tier 1: \$10 (retail) \$20 (mail)	Tier 1: \$10 (retail) \$20 (mail)	Tier 1: \$10 (retail) \$20 (mail)
Preferred	\$50 (retail) \$100 (mail)	\$50 (retail) \$100 (mail)	\$50 (retail) \$100 (mail)	\$50 (retail) \$100 (mail)
Brand	\$80 (retail) \$160 (mail)	\$80 (retail) \$160 (mail)	\$80 (retail) \$160 (mail)	\$80 (retail) \$160 (mail)
Specialty	20% after deductible	20% after deductible	20% after deductible	20% after deductible

¹ Embedded deductible means each family member has their own individual deductible, up to the family deductible. Non-embedded deductible means the family deductible must be met first when coverage includes family members.

Care delivered on-demand

Banner|Aetna offers access to 98point6 by Transcarent—connect to care anytime, anywhere via secure in-app messaging. You can get treatment from a U.S.-based care team, including board-certified doctors. They can answer questions, diagnose and treat over 1000+ conditions, outline care options, prescribe* medication, and order labs or imaging, if needed, **all through the convenience of an app.**

- ✓ Audio, video and Spanish translation support are available as needed.
- ✓ View care plans and lab results right from the app.
- ✓ Get referrals to in-network resources and specialists.

Available for enrolled members and covered dependents age 1+* in an eligible Banner|Aetna plan.

COST: Low-to-no-cost per visit*



Easy registration

Download the app and register in minutes to start a visit.



On Demand 24/7/365

Virus symptoms set in while out of town or fever bubbles up for your college aged dependent? Get care from anywhere in the U.S.* No appointments required, with an average wait time of under 2 minutes.



Start a visit

Visit with a provider from anywhere in the U.S. via secure messaging. Get treatment and diagnosis for 1000+ conditions anytime, anywhere.



High Quality

The combination of technology and credentialed U.S.-based care teams, including board-certified physicians, provides a seamless, high-quality patient experience.

**Download the app from the
App Store or Google Play.**



*Care is available in all 50 states and Washington D.C.

*FOR ENROLLED MEMBERS AND COVERED DEPENDENTS AGE 1+: 98point6 by Transcarent is available to members age 1-17 when an adult parent or guardian is also enrolled in the plan. Access to 98point6 by Transcarent is not included in all plans.

*FOR LOW-TO-NO-COST WITH 98POINT6 BY TRANSCARENT: Members enrolled in a health savings account (HSA) or qualified high-deductible health plan (HDHP) must pay the applicable cost-share for virtual care visit until their deductible is met, after which services will be provided at no cost-share. All other health plan members pay \$0 per virtual care visit regardless of whether their deductible has been met. Please refer to your plan documents for your applicable cost-share amounts.

*FOR 98POINT6 BY TRANSCARENT PRESCRIBING: 98point6 by Transcarent providers do not prescribe controlled substances (such as opioids), lifestyle medications (such as Viagra and Propecia) or weight loss medications (Wegovy or Ozempic).

98point6 by Transcarent and Transcarent Clinic clinicians are independent contractors and are neither agents nor employees of Banner|Aetna or plans administered by Banner|Aetna, and does not guarantee that a prescription will be written. Transcarent Clinic providers will not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. Clinicians reserve the right to deny care for potential misuse of services.

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You're in charge

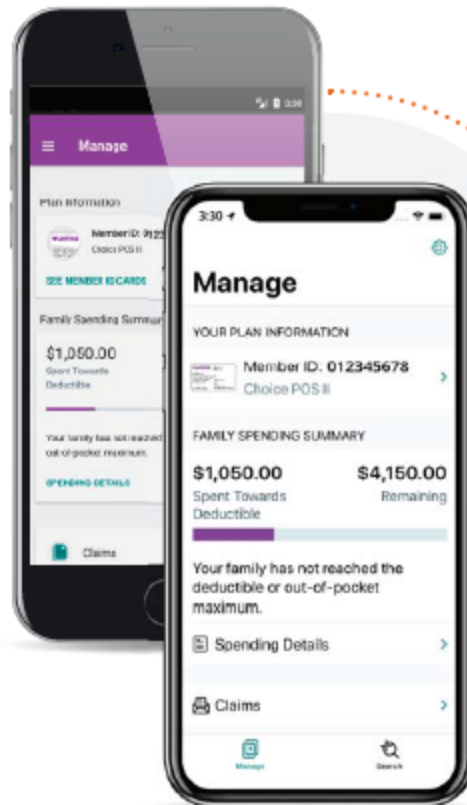
Staying healthy is important. So is keeping track of your benefits. But with everything else you have going on, managing it all can be a challenge. We can help. As a Banner|Aetna member, you have access to the Aetna Health app.*

From finding a doctor to checking on your health care spending, the app is your all-in-one resource for managing your health and benefits with ease.

Check out these app features



Text
"AETNAHEALTHAPP"
to 90156 for a link
to download the
Aetna Health app.
(Message and data
rates may apply.**)



View benefits for your whole family



Search for providers,
procedures and medicines



Track spending and progress
toward meeting your deductible



Access your member ID
card whenever you need it

*Banner|Aetna members have access to certain Aetna® programs. By signing up for the Aetna Health app, you acknowledge that you understand Aetna does not offer, underwrite or administer your plan.

**Terms of Service: bit.ly/2nlJFYG. Privacy Policy: aetna.com/legal-notices/privacy.html.

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Your benefits just got a *glow-up*

Unlock exclusive discounts on
elective and cosmetic services
other plans leave out.

Enroll now to start saving instantly.



Services include, but are not limited to:

 Acupuncture	 Fertility	 Mental Wellness	 Plastic Surgery
 Anti - Aging & Wellness	 Functional Health	 Menopausal Support	 Surgical Vision
 Chiropractic	 Hearing Devices	 Med Spa	 Veterinary
 Dermatology	 Massage	 Physical Therapy	 Weight Loss + Rx

Ind \$3.00/pay
Fam \$6.00/pay

Visit beyondmedplans.com/treatments
or scan qr-code for more treatments:



Access a premier
network of providers.



Concierge Service can help
book your appointment.



In-person, virtual care, or
concierge at-home available.



Nominate a provider to become
a part of our growing network.

FOR MORE INFO, CONTACT US AT INFO@BEYONDMEDPLANS.COM, +1 844-267-6192, OR VISIT WWW.BEYONDMEDPLANS.COM

Beyond Med Plans Inc. ("BMP") is not insurance. BMP provides discounts at certain health care providers for medical services. BMP does not make payments directly to the providers of medical services. BMP members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with BMP. Beyond Med Plans Inc. is a licensed Discount Plan Organization which is administered from 3050 Biscayne Blvd. Suite 904, Miami, FL 33137.

DENTAL INSURANCE

NEW CARRIER

Aetna: Dental DMO and Dental PPO.

The PPO dental plan(s) include in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose an in-network dentist. Locate an In-network dentist at **www.Aetna.com**.

The DMO offers in-network benefits only. You will be required to select a participating dentist.

The table below summarizes the key features of the dental plan(s). The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.



DO I NEED TO SEE A DENTIST?

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

	PPO 2500	DMO
Deductible (individual/family)	\$50 / \$150	Please refer to the DMO Benefit Summary Plan 73
Annual Benefit Maximum 	\$2500	
Diagnostic/preventive Services	100%	
Basic Services	90%	
Major Services	60%	
Orthodontia Services (Child Only/Adult & Child) Maximum: \$2,500	Not Covered	

VISION INSURANCE

We offer a vision insurance plan through **Principal**. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a in-network provider. Locate an in-network provider at **www.Principal.com**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	VSP Network
Frequency of Glasses/Lenses/Frames	\$10 / \$10 / \$24
Exams	\$10 copay every 12 months
Lenses	\$10 copay every 12 months
Frames	covered up to \$130 every 24 months; 20% off amount over allowance
Contact Lenses	\$130 copay every 12 months
Medically Necessary Contacts	Covered in full after \$10 copay every 12 months



DO I NEED AN ANNUAL EYE EXAM IF I HAVE PERFECT VISION?

Your eyes are your windows to the world. They are also your eye doctor's windows into your body. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

LIFE AND AD&D INSURANCE

UNUM- NEW CARRIER

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. Upon your death, your designated beneficiary will receive the life benefit. If you die as the result of an accident, your beneficiary will receive both the life and AD&D benefits.

BASIC LIFE AND AD&D INSURANCE

R.G. & Sons Plumbing, Inc., provides you with basic life and AD&D insurance at **no cost to you.**

- Employee life insurance benefit: \$15,000 per employee
- Employee AD&D insurance benefit: up to \$15,000 additional dependent on circumstance



DESIGNATE A BENEFICIARY

In the event of your death, **UNUM** would pay your Life and/or AD&D policy to your beneficiaries. Designate your beneficiary for your Basic Life and AD&D insurance, as well as any Voluntary Life insurance. You may change this designation at any time. You are automatically the beneficiary on your Spouse and/or Child Life policy.



Employer-paid Term Life Insurance with Accidental Death and Dismemberment

How does it work?

Term Life Insurance allows you to keep coverage for a set amount of time, or “term” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

Accidental Death and Dismemberment (AD&D) Insurance pays a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Your employer is providing you with the following amount of Term Life and AD&D coverage. You are eligible for coverage if you are working a minimum of 30 hours per week.

Employee	A flat \$15,000 of coverage. You can receive \$15,000 of coverage without answering medical questions.
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Accelerated Death Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. These benefit payments may adversely affect the recipient’s eligibility for Medicaid or other government benefits or entitlements, and may be taxable. Benefits received under this Accelerated Death Benefit may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work. Employees or dependents cannot port coverage if they are confined to a hospital or home at the time of application and/or age 70 or older at time of application. State restrictions may apply.

Life Planning and Financial Resources

Provides expert financial and legal counseling as well as planning to the beneficiary of a deceased insured employee or a terminally ill employee or spouse.



VOLUNTARY LIFE/AD&D

UNUM – NEW CARRIER

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. You have the option to purchase voluntary life and AD&D insurance at group rates through UNUM. You may also purchase voluntary coverage for your spouse and eligible children.

Benefit Option		Guaranteed Issue
Employee	A maximum of the lesser of 5 times your annual earnings or \$500,000, in \$10,000 increments. The minimum purchase amount is \$10,000.	\$150,000
Spouse/DP	\$5,000 increments up to \$150,000, not to exceed 50% of employee’s benefit amount	\$30,000
Child(ren)	Live birth to 6mos old: \$1000; 6+ months to age 26: \$2000 increments to a maximum of \$10,000	\$10,000

EVIDENCE OF INSURABILITY

If you purchase Life and AD&D insurance for yourself or your spouse and/or children when you are first eligible to enroll, you may purchase up to the guarantee issue amounts without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by [UNUM](#).

BENEFICIARY DESIGNATION

In the event of a death, the Beneficiary would receive the Life and/or AD&D proceeds. Don’t forget to designate the beneficiaries for your coverage, your spouse’s coverage and/or child coverage.

You may change this designation at any time. You are automatically the beneficiary on your Spouse and/or Child Life policy.



Voluntary Term Life Insurance with Accidental Death and Dismemberment

How does it work?

Term Life Insurance allows you to keep coverage for a set amount of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

Accidental Death and Dismemberment (AD&D) Insurance pays a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

You can purchase the following Voluntary Term Life and AD&D coverage for you and your family during this enrollment. You are eligible for coverage if you are working a minimum of 30 hours per week.

You may purchase AD&D at a different amount from Life or purchase AD&D without the Life coverage.

Employee	A maximum of the lesser of 5 times your annual earnings or \$500,000, in \$10,000 increments. The minimum purchase amount is \$10,000. You can purchase up to \$150,000 of Life coverage without answering medical questions.
Spouse	A maximum of \$150,000 in \$5,000 increments. Your spouse can get \$30,000 of coverage without medical underwriting. You must be insured under the plan in order to elect coverage for your spouse.
Child	From \$1,000 to \$10,000 in increments of \$2,000. Dependent children are eligible up to age 26. You must be insured under the plan in order to purchase coverage for your children.

Non-Medical Maximum

If you previously purchased coverage, you can increase your coverage during this enrollment to \$150,000, with no medical questions. Increasing coverage over \$150,000 will require medical questions.

If you previously declined coverage, you will have to answer some medical questions. Any increases outside annual enrollment require medical questions.

Enrollment

If you are a newly eligible employee, you can purchase up to the non-medical maximum with no medical underwriting to qualify for coverage.

If you currently have coverage and would like to increase coverage during annual enrollment or a qualifying life event, medical underwriting will be required for any amount of coverage.

If you previously declined coverage and would like to enroll during annual enrollment, medical underwriting will be required for any amount of coverage.

Accelerated Death Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable. Benefits received under this Accelerated Death Benefit may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work. Employees or dependents cannot port coverage if they are confined to a hospital or home at the time of application and/or age 70 or older at time of application. State restrictions may apply.

Life Planning and Financial Resources

Provides expert financial and legal counseling as well as planning to the beneficiary of a deceased insured employee or a terminally ill employee or spouse.

DISABILITY INSURANCE

VOLUNTARY LONG-TERM INSURANCE

You have the opportunity to purchase voluntary long-term disability insurance through [UNUM](#). The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any benefit payments you receive are not taxed.



VOLUNTARY LONG-TERM DISABILITY INSURANCE

You may be eligible for long-term disability, which provides additional salary continuation.

- Elimination period: 90 days
- Benefits continue to age 65, reducing durations past age 60
- Benefit amount: 60% of salary up to a maximum of \$6,000



R.G. and Sons Plumbing Inc

Long Term Disability Insurance



How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Full-Time Employees

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.



Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

EMPLOYEE ASSISTANCE PROGRAM

R.G. & Sons Plumbing, Inc., provides you and your household family members with an Employee Assistance Program (EAP) at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

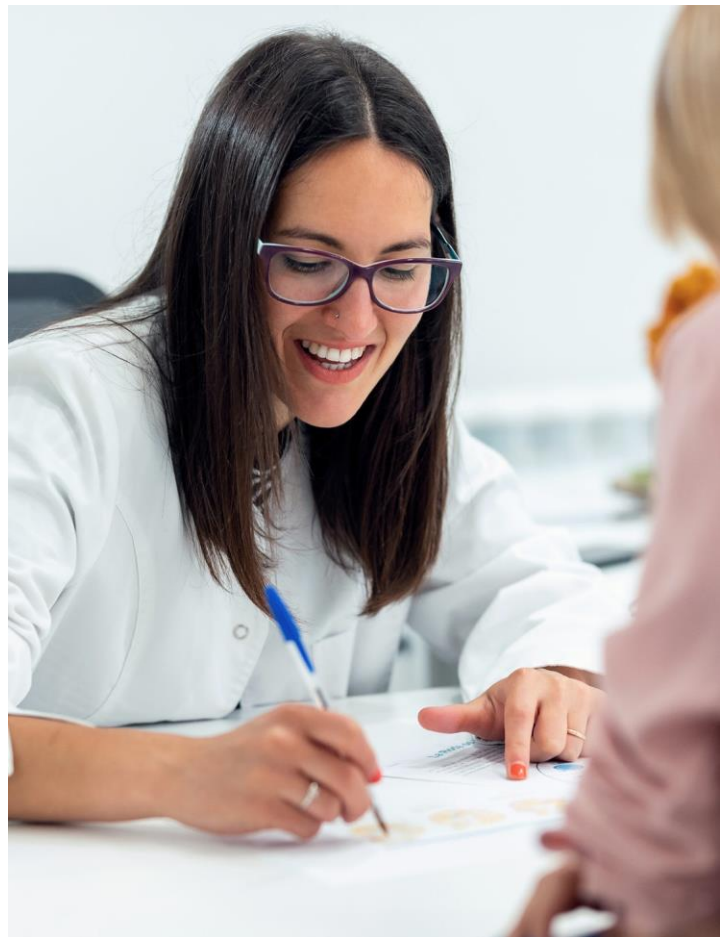
TALK TO A COUNSELOR ABOUT:	CONNECT TO LOCAL RESOURCES FOR:	GET TIPS FOR STAYING HEALTHY:
<ul style="list-style-type: none">• Improving relationships• Managing life changes• Improving esteem and confidence• Achieving work-life harmony	<ul style="list-style-type: none">• Childcare needs• Caring for an elder• School success• Legal resources	<ul style="list-style-type: none">• Sleep practices• Eating well• Finding a gym

EAP BENEFITS

- Completely confidential. R.G. & Sons Plumbing, Inc., does not receive any information about who contacts the EAP
- Available 24/7/365
- Includes **three** in-person therapy sessions
- Online resources
- Unlimited phone consultations

CALL OR GO ONLINE FOR HELP WITH:

- Depression
- Conflict resolution
- Drug or alcohol abuse
- Marital or family difficulties
- Legal concerns
- Help finding child and elder care
- Wills and estate planning
- Financial counseling



CALL: 1-800-854-1446 | WEBSITE: unum.com/lifebalance

EAP resources are available for free to you and your household family members.

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WorkLife Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access

Online and Phone support:

Unlimited, confidential, 24/7

In-person: You can get up to 3 visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support. Secure, HIPAA-compliant video EAP sessions for those who may prefer the use of technology to receive the service; video counseling services are in lieu of face-to-face sessions.

Employee Assistance Program – WorkLife Balance

Toll-free 24/7 access:

- 1-800-854-1446
- www.unum.com/lifebalance

Turn to us when you don't know where to turn.

Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



If you experienced a medical emergency while traveling, would you know whom to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

With the Assist America Mobile App, you can:

- Call Assist America’s Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple® App Store or Google Play™.

Reference Number: 01-AA-UN-762490

MEDICAL, DENTAL, AND VISION PREMIUM RATES

R.G. & Sons Plumbing, Inc., contributes \$288.86 per month toward the cost of medical benefits. Dental and vision are voluntary.

MEDICAL COST PER PAY PERIOD (48)

	5000 Broad	5000 OOS	3500 Broad	1000 Broad
Employee Only	\$56.21	\$56.21	\$60.40	\$72.98
Employee + Spouse	\$213.25	\$213.25	\$226.40	\$273.06
Employee + Child(ren)	\$189.09	\$189.09	\$200.86	\$242.27
Employee + Family	\$334.07	\$334.07	\$354.11	\$426.99

DENTAL/VISION COST PER PAY PERIOD (48)

	DENTAL		Vision
Plans	DMO	PPO 2500	VSP
Employee Only	\$4.45	\$10.08	\$1.28
Employee + Spouse	\$8.78	\$20.03	\$2.97
Employee + Child(ren)	\$12.23	\$28.43	\$3.27
Employee + Family	\$16.55	\$38.38	\$5.37

R.G. & Sons Plumbing, Inc., sponsors a Section 125 Premium Only Plan. This means your premiums will be deducted on a before-tax basis, saving you payroll taxes which slightly increases your take-home pay. If you wish to pay your premiums on an after-tax basis, please ask HR for a waiver form.

VOLUNTARY BENEFITS

Aflac

You have the option to purchase **accident insurance and/or critical illness insurance and/or hospital insurance** through Aflac. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any payments you receive are not taxed. Learn more about the accident, critical illness and hospital plans at **www.Aflac.com**

VOLUNTARY SHORT-TERM DISABILITY

Aflac Short-Term Disability Insurance helps to protect your most valuable asset – your income – when you need it most. It provides benefits if you are unable to work due to a covered illness, injury or mental health condition, allowing you to focus on their recovery and get back to work as healthy and productive employees.

ACCIDENT INSURANCE

Accident insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident, regardless of whether or not you are at work.

CANCER PROTECTION ASSURANCE

Cancer Protection insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g., heart attack, stroke, cancer). These diagnoses can cause significant financial burden, especially if you are unable to work while receiving treatment. You can use the money you receive however you would like, including to help you pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses. The benefit amount you receive is based on the level of coverage you purchase. You may also purchase coverage for your spouse and/or dependent children.

KEY FEATURES OF THE ACCIDENT, ILLNESS, and HOSPITAL INSURANCE PLANS:

- You are paid cash quickly
- The amount you receive is based on your injuries, services provided, and treatment
- You can use the money for whatever you would like
- Benefits are not taxed
- It does not matter what medical plan you have

HOSPITAL INSURANCE

Hospital insurance helps you and your family members cope with the financial impacts of a hospitalization.

You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Other benefits available include daily confinement, ICU confinement, emergency room and others.

Lump-sum benefit can be used to pay for the direct and indirect cost of a covered hospitalization, such as:

- Deductibles and co-pays
- Transportation
- Child Care

Aflac

Short-Term Disability Insurance

Keeps on working when your employees can't

When your employees miss work due to an illness, injury or mental health condition, it can have a negative effect on your company's productivity. But have you considered what it does to your employees' finances? Studies show most employees can't go a month without a paycheck.¹

Aflac Short-Term Disability Insurance helps to protect your employees' most valuable asset – their income – when they need it most. It provides benefits if they are unable to work due to a covered illness, injury or mental health condition, allowing them to focus on their recovery and get back to work as healthy and productive employees.

Best of all, this coverage comes at little to no direct cost to your business. Show your employees how much you care about their financial wellness with Aflac Short-Term Disability Insurance.

Aflac Short-Term Disability Insurance offers your employees:

- Income protection when they are unable to work due to a covered illness, injury or mental health condition.
- Cash benefits – paid directly to your employees to use as they see fit.²
- Portability – employees can take the plan with them wherever they go.



Aflac Accident Insurance

Accident protection for your employees. Benefits for your bottom line.

Accidents can happen at any time and treating them can be costly. Even with health insurance, there may be out-of-pocket costs causing everyday expenses to suddenly seem overwhelming for your employees. Half of employees surveyed said they would not be able to pay more than \$1,000 in out-of-pocket costs for an unexpected medical event. Nearly one-third, 27%, could not afford a \$500 expense.* Aflac Accident Insurance can help.

Health care costs continue to rise, and providing a comprehensive and competitive benefits package for your employees while keeping an eye on your bottom line can be a stressful proposition.

Health insurance wasn't designed to cover everything. That's why adding Aflac supplemental benefits as a core component of your benefits offering can help attract and retain employees. From out-of-pocket medical costs to a temporary loss of income, your employees' finances may be strained if they were to experience an accidental injury. Aflac pays policyholders directly, not the doctor or hospital, so your employees can use the money however they see fit.¹

Aflac has been there for our policyholders for nearly 70 years – in some of their most challenging moments. Aflac Accident Insurance can help give your employees peace of mind if they experience an accidental injury so they can focus on recovery rather than worrying about finances.

Accidental injuries and treatments covered by Aflac Accident Insurance include:

- Dislocations and fractures.
- Dismemberments.
- Emergency dental and vision treatment.
- Lacerations.
- Burns.
- Acquired brain injury.
- Paralysis.



Aflac®

Cancer Protection Assurance

There when your employees need us most

One in three men and one in three women will be diagnosed with cancer in their lifetime.¹ Cancer touches almost everyone at some point in their lives, whether themselves or a loved one. But each person has a unique story, especially when it comes to cancer treatment. Aflac offers solutions that can help support your employees' financial, physical and emotional challenges when they are faced with a cancer diagnosis.

Help with the high cost of cancer care

Treating cancer can be expensive. From deductibles and copays to treatment, transportation and childcare, there are expenses that health insurance may not cover. Aflac offers financial protection by providing robust benefits that help cover the patient from initial diagnosis, through treatment and beyond. And benefits are paid directly to them to use as they see fit.²

Physical and emotional solutions to help face the realities of cancer

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower your employees to seek treatment without the financial concerns that often accompany it.

We understand that cancer affects not only the patient but their loved ones as well. We have teamed up with CancerCare® to provide access to counseling, support groups, educational materials and online tools to help support their emotional needs, all at no additional cost to your employees.

Talk to your Aflac benefits advisor to learn about the real financial, physical and emotional support solutions Aflac Cancer Protection Assurance can help provide.



Aflac®

Aflac Choice

Hospital Insurance

Help your employees choose their benefits their way

Recently, 54% of Americans reported high levels of anxiety about health care costs exceeding what their insurance covers.¹ Even with health insurance, an unplanned visit to the hospital may leave your employees with unpaid medical bills and can be devastating to their financial and mental health. Anxiety, depression, sleeplessness, memory problems and more can all be linked to financial stress, leading to lost productivity, absenteeism and turnover, which can affect your bottom line.

Show your employees you care by offering benefits that can help protect them when faced with expenses associated with doctor visits, hospitalizations and mental health treatment that health insurance doesn't cover — all at little or no cost to you.

Why Aflac Choice may be right for your employees

- **Cash benefits paid** directly to them to use as they see fit (unless they decide otherwise).
- **No deductibles**, lifetime maximum or price increases due to age.
- **Guaranteed-issue options available** — That means there is no medical questionnaire required.²



Aflac®

RESOURCES AND CONTACT INFO

- **BENEFITS WEBSITE:** employeenavigator.com
- **HR TEAM:** gabby@rgsonsplumbing.com
- **ENROLLMENT PORTAL:** [Employee Navigator](https://employeenavigator.com)

BENEFIT	PHONE	EMAIL/WEBSITE
Medical – Aetna	800-925-2272	www.banneraetna.com
Beyond Med	844-267-6192	www.beyondmedplans.com
Dental – Aetna	800-925-2272	www.banneraetna.com
Vision – Principal	800-877-7195	www.vsp.com
Voluntary benefits – Aflac	800-992-3522	www.aflac.com
Life and AD&D – UNUM	866-679-3054	www.unum.com
Disability – UNUM	866-679-3054	www.unum.com
Employee Assistance Program – UNUM	800-854-1446	Unum.com/lifebalance
Human Resources– Gabby De La Cruz	520-325-3766 X 103	gabby@rgsonsplumbing.com
Broker: The Mahoney Group – Joanne Mikolic	623-215-1387	jmikolic@mahoneygroup.com

SUMMARY ANNUAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP

If you're eligible for Medicaid or CHIP and have employer-sponsored health coverage, your state may offer premium assistance to help with premiums.

Steps to take:

- 1. Already Enrolled:** Contact your state Medicaid/CHIP office to inquire about premium assistance.
- 2. Not Enrolled:** Visit insurekidsnow.gov or contact your state Medicaid/CHIP office to apply and check eligibility.
- 3. Special Enrollment:** If you qualify for Medicaid or CHIP premium assistance, your employer must allow you to enroll in their health plan within 60 days of approval.
- 4. For Questions:** The U.S. Department of Labor can be reached at 1-866-444-EBSA (3272), or visit askebsa.dol.gov.

Note: Medicaid and CHIP premium assistance programs vary by state. For more specific details, please contact your state's Medicaid or CHIP office.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)

FMLA provides eligible employees with up to 12 weeks of unpaid, job-protected leave per year for certain personal or family reasons.

Key Details:

- **Eligibility:** Employees must have worked for 12 months, 1,250 hours in the last 12 months, and be employed at a worksite with 50+ employees.
- **Leave Reasons:** Birth or adoption of a child, caring for a family member with a serious health condition, or the employee's own serious health condition.
- **Intermittent Leave:** Employees can take leave intermittently if medically necessary.
- **Job Protection:** Employees must be reinstated to the same or equivalent position after their leave.
- **Health Insurance:** Employers must continue health insurance during FMLA leave.
- **FMLA Request:** Employees must give 30 days' notice, or as much notice as possible if leave is unexpected.

For FMLA-related complaints, contact the **U.S. Department of Labor Wage and Hour Division** at 1-866-487-9243 (TTY: 1-877-889-5627) or visit www.dol.gov/whd.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

GINA prohibits discrimination based on genetic information.

Key Points:

- Employers cannot request or require genetic information, except in limited circumstances.
- Genetic information includes family medical history, genetic test results, and information about genetic services.
- Employees should avoid providing genetic information unless required by law.

For more information, visit the [EEOC's GINA](https://www.eeoc.gov/gina) page.

SUMMARY ANNUAL NOTICES

HEALTH INSURANCE MARKETPLACE NOTICE

Even if your employer offers health insurance, you may have other options through the Health Insurance Marketplace. This notice explains how Marketplace coverage interacts with your employer-provided plan.

What is the Marketplace?

The Marketplace is a resource where you can compare and purchase private health insurance. It's designed to help you find coverage that fits your needs and budget.

Can You Save Money in the Marketplace?

You may qualify for savings (like premium tax credits) if:

- Your employer does not offer coverage, or
- The coverage is not affordable (costs more than **9.02% of your income for 2025; 9.96% 2026**), or
- It does not meet minimum value standards set by the ACA.

If your employer offers affordable, minimum value coverage, you likely won't be eligible for Marketplace savings.

Enrollment Periods:

- Open Enrollment runs each year (generally November 1 – December 15).
- You may qualify for a Special Enrollment Period if you experience a life event (e.g., marriage, birth, loss of coverage).
- A temporary Special Enrollment Period is available if you lose Medicaid or CHIP coverage generally run between March 31 – July 31.

Other Coverage Options:

You may be eligible to:

- Enroll in your employer's plan after losing Medicaid/CHIP.
- Apply for Medicaid or CHIP at any time at [HealthCare.gov](https://www.healthcare.gov).

Employer Coverage Overview

Your employer offers:

- Health insurance to all eligible employees
- **Coverage for spouse and children**
- **A plan that meets ACA affordability and minimum value standards; or**
- **A plan that meets minimum value standard. The affordability rule does not apply due to group size.**

Even with employer coverage, you may still qualify for Marketplace savings based on your household income.

Need Help?

Contact your HR department for plan details or visit [HealthCare.gov](https://www.healthcare.gov) for Marketplace information.

Medicare Part D Creditable Coverage Notice

Federal law requires employers to notify Medicare-eligible individuals whether their prescription drug coverage is creditable—meaning it is expected to pay, on average, as much as standard Medicare Part D prescription coverage.

Why This Matters:

If you're eligible for Medicare and do not have creditable drug coverage, you may face a late enrollment penalty if you delay enrolling in Medicare Part D and go without creditable coverage for 63 days or more.

SUMMARY ANNUAL NOTICES

What Is Creditable Coverage?

Prescription drug coverage is considered creditable if it is expected to pay, on average, as much as Medicare Part D. Coverage that pays less is non-creditable.

Important for Groups Offering Multiple Plans:

If your employer offers multiple health plans, some plans may be creditable, some non-creditable, or a mix. It is essential to review your specific plan's status each year and choose coverage that aligns with your Medicare needs if you're eligible or nearing eligibility. Below is a list of the plans available and Medicare Part D status:

Plan #1 – BAFA Perf Open POSII 2500 80/50 – Creditable

Plan #2 – AFA OOS POSII 2500 80/50 – Creditable

Plan #3 – BAFA Perf Open POSII 1000 80/50 – Creditable

Plan #4 – AFA OOS POSII 1000 80/50 – Creditable

Plan #5 – BAFA Perf Open POSII 500 80/50 – Creditable

Plan #6 – AFA OOS POSII 500 80/50 – Creditable

What You Should Do:

If you are Medicare-eligible (or will be soon), review the notice provided for your specific plan. Keep the notice for your records – you may need to show proof of creditable coverage to avoid penalties. Contact HR or your benefits administrator if you're unsure which plan you're enrolled in or need help understanding the creditable status.

For more information about Medicare Part D, visit: <https://www.medicare.gov>

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA)

MHPAEA mandates that mental health and substance use disorder benefits cannot have more restrictive limits than general medical/surgical benefits.

Key Points:

- Plans cannot apply higher co-pays, deductibles, or limits on visits for mental health/substance use or disorder treatments.
- For more details about coverage and medical necessity determinations, contact your plan administrator.

For more information please visit:

<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mhpaea>

MICHELLE'S LAW

Under Michelle's Law, a dependent child can remain covered by the health plan for up to one year while on a medically necessary leave of absence from a post-secondary institution due to illness or injury.

Key Requirements:

The dependent must provide written certification from a physician confirming that the leave is medically necessary.

For more information please contact your health plan administrator.

SUMMARY ANNUAL NOTICES

Newborns' and Mothers' Health Protection Act

Federal law prohibits group health plans from limiting hospital stays following childbirth to less than:

- 48 hours after a vaginal delivery
- 96 hours after a cesarean section

For more information please visit – [dol.gov/agencies/ebsa/laws-and-regulations/laws/nmhp](https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/nmhp)

Protection Against Surprise Medical Bills

Balance Billing (surprise billing) occurs when you receive care from an out-of-network provider at an in-network facility or in an emergency.

Key Protections:

- **Emergency Services:** You are only responsible for your in-network cost-sharing.
- **In-Network Facility Services:** Out-of-network providers at in-network hospitals cannot balance bill.
- **Written Consent:** You can waive these protections with written consent.

For help with surprise billing, contact the No Surprises Help Desk at 1-800-985-3059 or visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers).

Notice of Patient Protections

You have the right to:

- **Primary Care Provider (PCP):** Choose any participating PCP in the network, including pediatricians for children.
- **Obstetric and Gynecological Care:** No prior authorization is needed for obstetrics or gynecology services from network providers.

For more information please visit – www.healthcare.gov

Notice of Privacy Practices

This notice outlines your rights regarding your medical information:

- **Access to Records:** You can request copies of your health and claims records.
- **Correct Records:** You can request corrections if records are inaccurate.
- **Confidential Communication:** You can request confidential ways to communicate with you.
- **Limit Sharing:** You can restrict sharing your information for treatment, payment, and operations.

For more details or to file a complaint please contact your health plan administrator.

USERRA Notice Summary

(Uniformed Services Employment and Reemployment Rights Act)

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), employees who leave their job to perform military service have the right to be reemployed in their civilian job and retain certain benefits upon their return.

Key Rights Under USERRA:

- **Reemployment Rights:** If you leave your job for military service, you are generally entitled to return to your job with the same seniority, status, and pay, provided:
 - ♦ You give advance notice of service (when possible)
 - ♦ Your cumulative military service is 5 years or less with the same employer
 - ♦ You return to work within the required time frame after completing service

SUMMARY ANNUAL NOTICES

Key Rights Under USERRA Con't

- **Health Insurance Protection:**

- ♦ You may elect to continue your employer-sponsored health coverage for up to 24 months while on military leave.
- ♦ If you choose not to continue coverage, your health plan coverage will be reinstated without waiting periods upon your return.

- **Pension and Retirement Plans:**

- ♦ Time spent on military duty is treated as service with the employer for vesting and benefit accrual purposes.

Questions or Claims?

If you believe your USERRA rights have been violated, contact:

U.S. Department of Labor, Veterans' Employment and Training Service (VETS)

1-866-4-USA-DOL (1-866-487-2365)

www.dol.gov/vets

Women's Health and Cancer Rights Act (WHCRA) Notice

Enrollment & Annual Notice

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that requires group health plans and insurance issuers that cover mastectomies to also provide reconstructive surgery and related benefits.

What the Law Requires:

If you or a covered dependent receive benefits for a mastectomy, your plan must also cover the following services, as requested by the patient and their physician:

- Reconstruction of the breast removed by mastectomy
- Surgery and reconstruction of the other breast for a symmetrical appearance
- Prostheses (artificial breast devices)
- Treatment of physical complications, including lymphedema

Important Notes:

- These benefits are subject to the same deductibles and coinsurance as other medical/surgical benefits under your plan.
- WHCRA applies to both women and men covered by the plan who undergo a mastectomy.

For more general information, visit the U.S. Department of Labor's WHCRA page:

dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra

SUMMARY ANNUAL NOTICES

Reproductive Health Care Privacy Attestation:

Certain states require employers and health plans to provide a notice regarding privacy protections for reproductive health care information.

What This Means:

Your employer or health plan attests that it does not request, collect, or share your reproductive health care information unless required by law or necessary for providing your benefits.

You have privacy rights related to your reproductive health care under applicable state and federal laws. This attestation confirms the employer's commitment to maintaining the confidentiality of your reproductive health care information.

What You Should Know:

If you have concerns or questions about your reproductive health care privacy, you may contact your Human Resources (HR) department.

Disclaimer:

This summary is intended for informational purposes only and does not include all details of the applicable laws. If you would like a copy of the full legislation or need more detailed information about any of the notices summarized above, please contact your Human Resources (HR) department.

[illegible]