LIFETIME WELLNESS RehabPro

Benefit Guide

2024-2025

Welcome to Rehab Pro, and Lifetime Wellness the official sponsor of your benefits program! As a full time active employee, you are eligible to participate in a competitive benefits program.

Who is Eligible?

You are eligible to enroll in Benefits of Choice if: Employees eligible are full-time employees working 30 hours or more per week.

Coverage is scheduled to begin on the 1st of the month following your date of hire for the Medical, Dental, and Voluntary Vision and 1st of the month following 60 days for the LTD, Voluntary STD and Voluntary Life.

Who are My Eligible Dependents?

You may cover your lawful spouse and dependent children. To be eligible, a dependent must be under the age of 26. A child who is physically or mentally handicapped may be eligible for coverage at any age upon approval.

What Happens if I Fail to Enroll?

Newly eligible employees, who do not enroll by the deadline given to them, will only be enrolled for Long-Term Disability.

If you do not wish to elect Medical, or dental benefits, you must complete an application to decline coverage.

Can I Change My Coverage During the Year?

The benefits you choose will remain in effect through the end of the plan year. You can only make a change to your coverage.

- During open enrollment, or
- During the year if you have a qualifying change in family or employment status. Qualifying changes include:
  - A change in your legal marital status,
  - A change in your number of dependents, including:
    - Birth of your child
    - Your legal adoption of a child
    - The legal placement of a child with you for adoption
    - Your dependent child satisfying or ceasing to satisfy eligibility requirements for coverage
    - The death of your dependent child or spouse
    - Your change in employment status or that of your spouse or dependent child
  - Such other events as the Plan Administrator determines will permit a change or revocation of an election under the rules and regulations of the Internal Revenue Service.

Please keep in mind that the change in coverage you wish to make must be consistent with the change in status. In addition, you must notify Human Resources of the requested change within 30 days of the change in status.

Helpful Definitions

Calendar Year – January 1 through December 31 of each year.

Coinsurance – The percent of eligible charges that the plan pays.

Copayment (Copay) – The amount paid by a covered person to a network provider at the time services is rendered. Copayments for covered services are not applied to your deductible.

Deductible – The amount you pay each calendar year before the plan begins to pay for certain covered health care expenses.

Guarantee Issue – The amount of coverage pre-approved by the Life Insurance Company regardless of health status.

Medical Emergency – A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.

Network Benefits – The benefits applicable for the covered services of a network provider.

Non-Network Benefits – The benefits applicable for the covered services of a non-network provider.

Open Enrollment – The period during which existing employees and their dependents are given the opportunity to enroll in or change their current elections.

Out-of-Pocket Maximum – The most a covered person can pay in coinsurance in a calendar year for covered health care expenses (excluding reductions for provider contracts and usual and customary guidelines and copay's).

Plan Year – July 1st to June 30th

Preferred Provider Organization (PPO) – A network of health care providers contracted to provide medical services to covered employees and dependents at negotiated rates. You may seek care from either a network or a non-network provider, but network care is covered at a higher benefit level and the employee is responsible for a greater portion of the cost when using a non-network provider.

Usual and Customary Rates – Non-network health plan expenses are considered for reimbursement at usual and customary (U&C) rates. U&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above U&C are not covered by the plan and are the responsibility of the participant.

Employee Contributions

Long Term Disability The Standard	Short Term Disability The Standard	Medical / Dental / Voluntary Vision
100% Employer Paid	$0.750 per $10 of weekly benefit	See Rates (next page)

Voluntary Life / AD&D The Standard
Rates are Shown on Enrollment Screen

LegalShield	IDShield
$9.25 Per Family	$4.48 Individual $8.48 Family
LegalShield and IDShield Plan: $13.08—Individual / $16.48 Family Rate discount of 15% if both plans are chosen All deductions are taken semi-monthly	

Taxes and Your Benefits (2024- 2025 Payroll Deductions)

Your cost for Medical, Dental and Vision coverages under the Medical, Dental and Vision Plans will be paid on a before-tax basis through payroll deductions. This means that your benefit deductions go farther because you save the federal income tax that would otherwise be required on these contributions.

Employee Contributions

	Platinum Plan	Gold Plan	Silver Plan	Dental	Vision
Employee Only per month	**$ 1,354.06**	**$745.39**	**$431.06**	**$28.01**	**$ 7.65**
Company cost per pay period	$406.22	$223.62	$146.56	$8.40	$0.00
Employee cost per pay period	$270.81	$149.08	$68.97	$5.60	$3.83
Employee & Child per month	**$2,194.98**	**$1,373.09**	**$788.75**	**$62.54**	**$12.50**
Company cost per pay period	$658.49	$411.93	$220.85	$18.76	$0.00
Employee cost per pay period	$439.00	$274.62	$173.53	$12.51	$6.25
Employee & Spouse per month	**$2,257.68**	**$1,412.31**	**$816.25**	**$58.75**	**$12.24**
Company cost per pay period	$677.30	$423.69	$228.55	$17.63	$0.00
Employee cost per pay period	$451.54	$282.46	$179.58	$11.75	$6.12
Employee & Family per month	**$3,261.08**	**$2,040.00**	**$1,164.78**	**$92.04**	**$20.15**
Company cost per pay period	$978.32	$612.00	$326.39	$27.61	$0.00
Employee cost per pay period	$652.22	$408.00	$256.00	$18.41	$10.08

Medical Benefits

PPO– Platinum Plan		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	Unlimited	
	You Pay	
Deductible		
Individual	$1,250	$1,250
Family	$3,750	$3,750
Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copays)		
Individual	$4,000	$8,000
Family	$12,000	$24,000
Coinsurance—80% / Copays		
Preventive Care	100%	60% after deductible
Primary Care Physician	$20 copay	60% after deductible
Specialist	$20 copay	60% after deductible
Urgent Care	$50 copay	60% after deductible
Emergency Room	80% after deductible	
Inpatient Hospital Care	80% after deductible	Physician– 60% after deductible Facility– Not Covered
Outpatient Surgery	80% after deductible	Physician– 60% after deductible Facility– Not Covered

PRESCRIPTION DRUGS	
	You Pay
Retail Rx – Up to 30/90 day supply	
Generic	$10
Formulary Brand Name	$25
Non-Formulary Brand Name	$40
Specialty	$100
Mail Order Rx – Up to 90-day supply	
Generic	$20
Formulary Brand Name	$50
Non-Formulary Brand Name	$80
Specialty	N/A

*Please refer to Summary Plan Description for a full outline of your medical coverage.

PPO– Gold Plan		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	Unlimited	
	You Pay	
Deductible		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copays)		
Individual	$5,500	$11,000
Family	$16,500	$33,000
Coinsurance—70% / Copays		
Preventive Care	100%	50% after deductible
Primary Care Physician	$30 copay	50% after deductible
Specialist	$30 copay	50% after deductible
Urgent Care	$75 copay	50% after deductible
Emergency Room	70% after deductible	
Inpatient Hospital Care	70% after deductible	Physician- 50% after deductible Facility—Not covered
Outpatient Surgery	70% after deductible	Physician- 50% after deductible Facility– Not covered

PRESCRIPTION DRUGS	
	You Pay
Retail Rx – Up to 30/90 day supply	
Generic	$20
Formulary Brand Name	$40
Non-Formulary Brand Name	$70
Specialty	$125
Mail Order Rx – Up to 90-day supply	
Generic	$40
Formulary Brand Name	$80
Non-Formulary Brand Name	$140
Specialty	N/A

*Please refer to Summary Plan Description for a full outline of your medical coverage.

PPO– Silver Plan		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	Unlimited	
	You Pay	
Deductible		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copays)		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Coinsurance—60% / Copays		
Preventive Care	100%	40% after deductible
Primary Care Physician	$50 copay	40% after deductible
Specialist	$50 copay	40% after deductible
Urgent Care	$100 copay	40% after deductible
Emergency Room	60% after deductible	
Inpatient Hospital Care	60% after deductible	Physician:-40% after deductible Facility- Not covered
Outpatient Surgery	60% after deductible	Physician:-40% after deductible Facility- Not covered

PRESCRIPTION DRUGS	
	You Pay
Retail Rx – Up to 30/90 day supply	
Generic	$35
Formulary Brand Name	$50
Non-Formulary Brand Name	$90
Specialty	$150
Mail Order Rx – Up to 90-day supply	
Generic	$70
Formulary Brand Name	$160
Non-Formulary Brand Name	$180
Specialty	N/A

*Please refer to Summary Plan Description for a full outline of your medical coverage.

Find a provider

Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select **"Find a provider"**

2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box

Find a provider on-the-go using our umr.com mobile site

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REMEMBER:

Get the most from your benefit plan – use participating network health care providers whenever possible.

3 For medical providers, choose **View Providers.** For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

UnitedHealthcare Choice Plus:

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

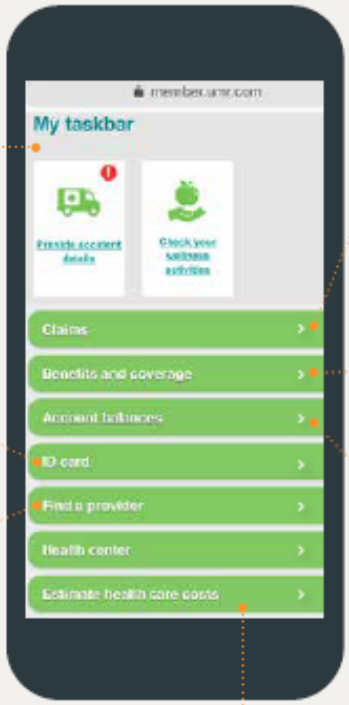
Welcome to
umr.com on the go

As a UMR member you can access your benefits and claims information anytime, anywhere using your mobile device. There's no app to download. Simply log in to **umr.com**

My Taskbar
View upcoming tasks right from the homepage.

Share your ID card with your provider
Now, there's no need to carry it with you, it's at your finger tips

Find a provider
Find an in-network provider while you are **"on the go."**



Look up claims
Look up a claim for yourself or an authorized dependent.

Check your benefits
View medical/dental benefits. And, see who's covered under your plan.

Access account balances
Look up balances for your special accounts including HRAs and FSAs.

Estimate health care costs
See what you can expect to pay before receiving care with the Health Cost Estimator tool.

Want to bookmark umr.com on your mobile device?

iPhone: Touch and hold the open book icon to add **umr.com**
Android: Tap on the menu. Then select "Add Bookmark."

Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and company benefits. If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can click the "Contact us" link on the home screen.

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Top 10 questions

1 What can I do on the mobile site?

You can:

- Find an in-network provider
- Look up claims for yourself or your authorized dependents
- View your medical and dental benefits (if applicable), as well as coverage levels and persons covered
- View your ID card, allow providers to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider
- Look up your account balances for health reimbursement accounts (HRAs) and flexible spending accounts (FSAs) (if applicable)

2 Is it secure?

To protect information between your mobile device and our Web servers, UMR uses strong encryption technologies to protect all exchanges of information via our Web site that are considered private or confidential. We also use rigorous security technologies, including passwords, to make sure that visitors to our Web site, where private or confidential information is available, are authorized to do so. Finally, we employ other measures, including firewalls, intrusion detection and prevention, and Web site monitoring, to protect our systems and networks against any unauthorized access and to ensure that your information is safe and secure.

3 Can my employer or provider use the mobile site to access information about my benefits or claims?

No, our mobile site supports only members at this time. However, your employer and provider have the option to be redirected from the mobile site to the full site.

4 Will your mobile site work on my device?

Our site has been tested on a variety of the devices that are most popular among our desktop users and within the marketplace as a whole. However, due to the vast proliferation of devices throughout the industry, we cannot guarantee that all functions and features can be used on every device.

If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can also click the Contact us link on the home screen.

5 Is the mobile site bilingual?

No, however we offer help notes in Spanish.

6 Can I still get to the full site from the mobile site?

Yes, you can access the full site, at any time, by touching the Full site link at the bottom of any page.

7 Is the mobile site the same as the full site?

No, to optimize your mobile experience, the display of information on our mobile site is specifically designed for ease-of-use on a mobile device. You will discover a fresh new display with easy-to-understand graphical displays of summary level and detail information at your fingertips. Navigation is easy using simple icons that allow you to go to the Home page or Menu, get help and to log out.

8 What is the URL for the mobile site?

To access our mobile site, you can simply use your mobile browser to go to www.umr.com. When our Web site detects that you are using a mobile device, you will be automatically re-directed to our mobile site.

9 Do I have to download an app to use it?

No, when you are using your mobile device you will be automatically re-directed to our mobile site. Our mobile site is not an "app", there is nothing to download – it's ready for use.

But, what if I want an "app-like" icon on my home screen? If you have an iPhone, you can add an icon to your Home Screen by clicking the icon and selecting **Add to Home Screen**.

10 Who can use it?

Any member who has registered for online services on **umr.com** can access the mobile site from a mobile device. If you are not yet registered for online services and want to use the mobile site; just register for online services on our full site at www.umr.com. Once registered, you will automatically be re-directed to our mobile site to log in using your phone.

Treatment Cost Calculator

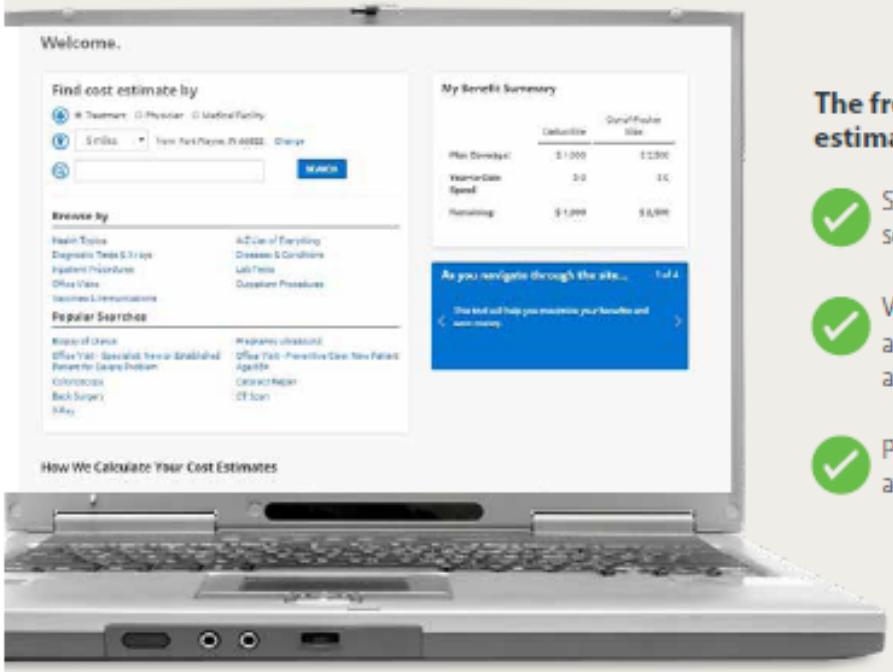
Know the price you'll pay ahead of time

Your online services on **umr.com** offer a convenient way to get cost estimates for hundreds of health care services in your area. Knowing what you would expect to pay for medical procedures before receiving care can help you plan ahead and avoid potential surprises.

You'll also be better prepared to talk to your doctor or other health care professional about your treatment options.

GET STARTED

To begin using the Treatment Cost Calculator, log in to your member account on **umr.com** and look for the shopping cart icon on your personal home page.



The free health cost estimator makes it easy to:

- Search or browse for a service or condition
- View network estimates and see how your benefits apply
- Plan for future expenses, and save money

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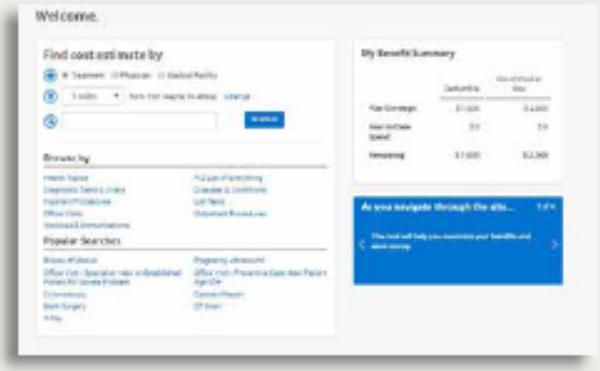
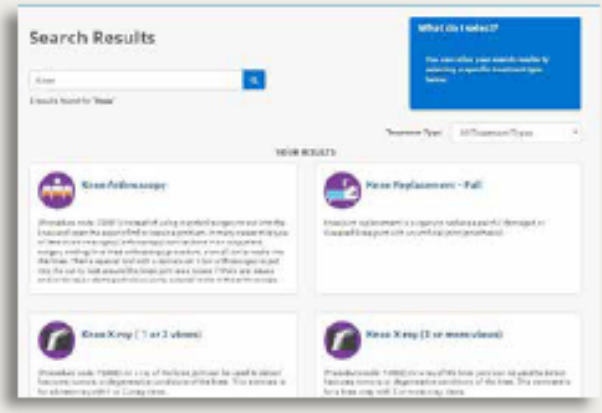


STEP 1

Confirm your ZIP code and select your search area to find cost estimates by treatment, physician or medical facility.

Or use the links to begin browsing by health topic.

You can get a more personalized estimate by entering your individual or family benefits information, including your copay, deductible and out-of-pocket maximum amounts. Or skip this step and get a rough estimate.



STEP 2

Select a treatment from your search results.

The procedure descriptions provide an overview of each service. They also include links to more details, including potential risks and alternatives.

STEP 3

Now you're ready to view your estimate. You'll find:

- Total cost estimates for all services commonly included
- The share paid by your employer/plan
- Your estimated out-of-pocket costs
- Cost differences based on the type of medical facility (or place of service) that you visit for care

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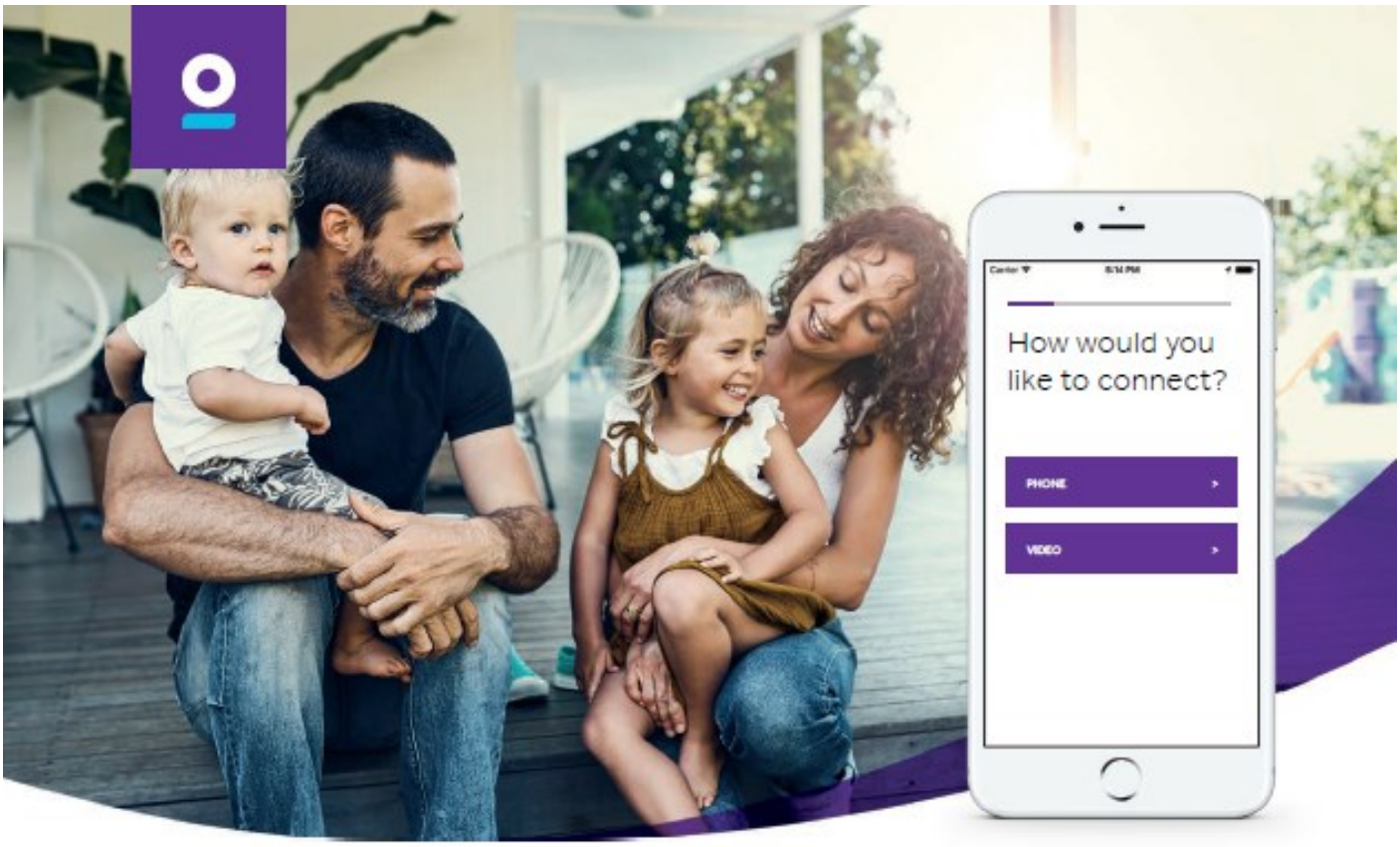

When you need affordable care, **you've got Teladoc!**

Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea

and more

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Teladoc Dermatology

Welcome to the better way to get **healthy skin**

If you're having problems with your skin, Teladoc Dermatology can help.

Instead of waiting weeks to get an appointment, you can get a diagnosis and treatment plan in just two business days. Teladoc's board-certified dermatologists treat a wide variety of skin conditions by web or app, including psoriasis, acne, moles, rosacea, and more.

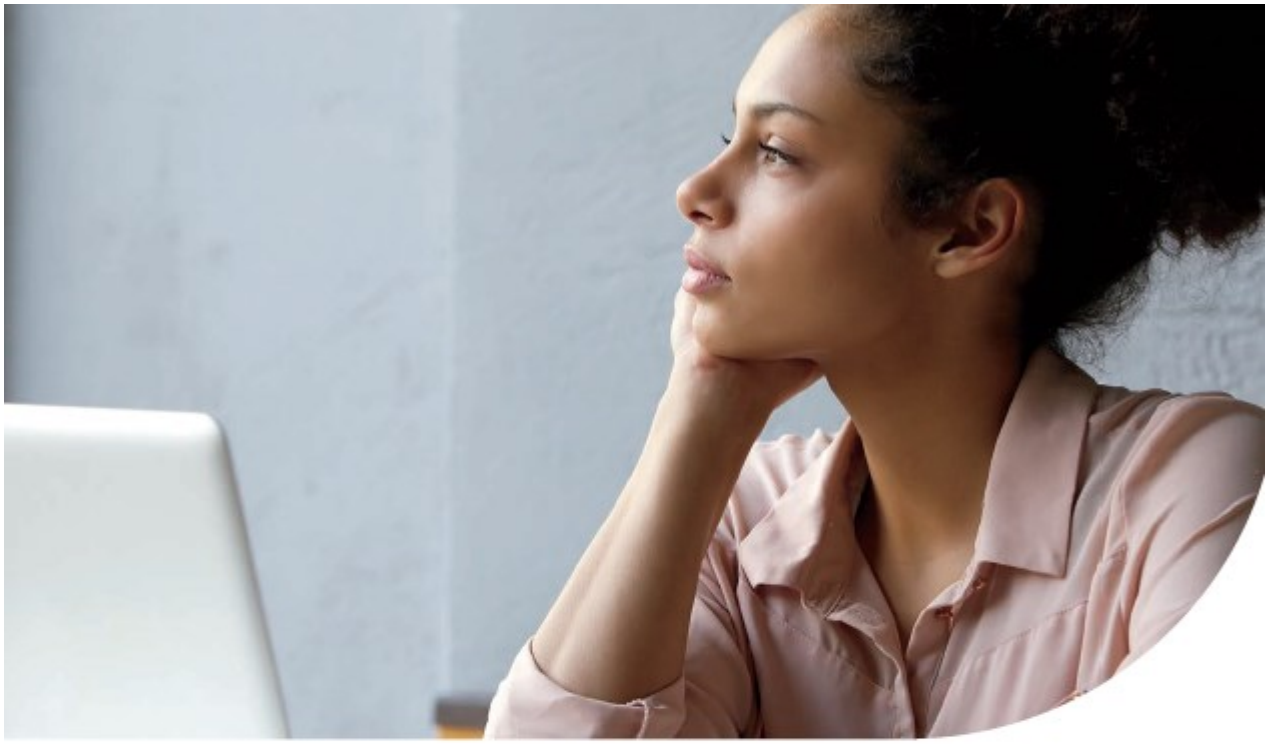
The process is simple and easy:

1. Log in to your account and request a Dermatology consult.
2. Answer a few questions about your skin condition.
3. Take up to three photos of your skin condition and upload them for the doctor to view.
4. Within two business days, you'll receive a diagnosis and treatment plan from a board-certified dermatologist.
5. If medication is prescribed, it will be sent electronically to your preferred pharmacy.

Get healthy skin with Teladoc Dermatology

Schedule a visit today

Teladoc.com | Download the app |



A **calm mind** is a tap away

How is your emotional well-being?

If something is weighing you down, talking to someone can help. Teladoc's licensed therapists are available seven days a week. Choose your therapist, pick a time that is convenient for you, and then talk to the therapist from the privacy of home or anywhere you feel comfortable.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family and marriage issues
- And more

Get confidential therapy quickly and conveniently

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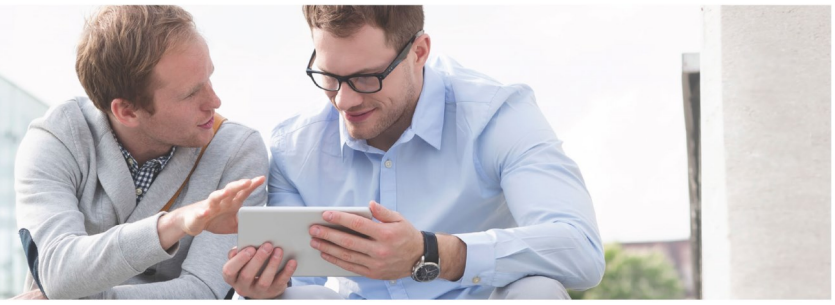
Cigna Dental PPO Benefits

PPO Dental Benefits	Cigna
First You Pay a Calendar Year Deductible of: Individual/Family	**$50/$150**
Then the Plan Pays:	
Preventive Services • Oral Exams, Routine Cleanings (2x in 12 months) • X-Ray – complete mouth (once every 3 years) • Bitewings – (2 per calendar year) • Sealants (1 molar in 3 yrs for a child under 15)	100%
• Fluoride Treatment (1 per calendar year for a child under 19)	80%
Basic Services • Fillings (amalgam fillings) • Oral Surgery – Simple Extractions • Repairs – Dentures • Brush Biopsy • Space Maintainers (limited to non-orthodontic treatment)	50%
Major Services • Inlays, On lays and Crowns • Stainless Steel / Resin Crowns • Dentures • Bridges • Root Canals (1 tooth per lifetime) • Endodontics / Periodontics • Simple Extractions and Complex Oral Surgery • Surgical Extraction of Impacted Teeth	
Calendar Year Maximum Benefit:	**$1,000**
Orthodontia – to age 19 • Diagnostic, active and retention treatment	
Orthodontia Lifetime Maximum:	**$1,000**

TRANSITION OF CARE FAQ



Q: What is a Transition of Care service, and how does it apply to me?

A: A Transition of Care (TOC) service is a dental procedure that begins while you're covered under one carrier and is finished while covered under a different carrier. Typically, TOC services require more than one trip to the dental office for completion. Orthodontic treatment and some general dentistry services apply.

Q: What general dentistry services qualify for TOC?

A: Services that would be considered Transition of Care would be services that were started or prepared while covered under one carrier, but not "seated," or finalized, before the carrier switch occurred. Such services are as follows:*

- Root canal therapy
- Crowns
- Partials
- Dentures
- Bridges

* Other conditions may be covered. See your plan documents for details.

Q: If I started a service with my previous dental carrier, will my new carrier pay for the service?

A: If the treatment/service was started under another dental carrier, the claim should still be filed with the same carrier. If you are uncertain of which carrier that may be, check with your employer if you need the carrier's information. Your Cigna dental plan may not cover charges for services that are already in progress, but this varies depending on your specific dental plan. Review your plan materials for details about the covered and non-covered services under your plan, including plan exclusions and limitations.

Q: Is there a time limit in which services should be completed?

A: Each carrier has its own guidelines for how it will cover services after the plan's termination date. Check with your employer to verify those specific timeframes.

Q: What if my dentist doesn't submit claims on my behalf? How will my claim be paid?

A: If your dental office will not send the claim to the carrier for payment, you will need to make sure you obtain the following.

- A copy of a completed claim form or statement of services from the dental office
- A receipt (if applicable) showing you paid for services in full

Together, all the way.®

Cigna®

HOW TO ACCESS ID CARD INFORMATION

Online via myCigna.com

- Visit **www.mycigna.com**
- Login to myCigna
- Scroll to the bottom & Click "I want to... Print or Request ID Cards"
- To print a temporary ID Card, click "Print ID Card" to the right of the member's name

You can also access ID card information on the myCigna mobile app.

- Download the mobile app
- Login to the mobile app
- Click ID cards from the home screen
- Email or fax your ID card information straight from your phone

Already have an ID but haven't visited myCigna in a while?

That's okay! If you don't remember your ID and password, just click "forgot user ID" or "forgot password" on the registration page and we'll help you out!

myCigna

QUICK TIP:

Your dental plan does not require permanent ID cards.

You can print temporary ID cards or download ID card information from the mobile app if you would like.

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Cigna®

Vision – The VSP Choice Plan is a full-service plan that offers low costs, a focus on health, and better provider choices. You can choose a provider from 67,000 access points, including the largest national network of independent doctors and nearly 4,600 participating retail chain locations.

Members can see their VSP doctor without a referral, as often as needed. Eye exams are a $20 copay, Standard Lenses $20 copay, Frames $20 copay (up to $50 wholesale/ $130 retail.)

Eye Exams: Covered in full (in-network) every 12 months from a network provider.
Lenses: Standard Lenses are covered in full every 12 months from a network provider.
Frames: Standard Frames are covered once every 24 months.
Contacts: $130 allowance in network – once every 12 months. Covered in full if medically necessary.

Vision Discounts program: Lasik Vision care discount programs are available from VSP-contracted facilities. VSP contracted laser centers provide discounts for laser surgery, including PRK, LASIK and Custom LASIK. Discounts average 15% off or 5% off if the laser center is offering a promotional price.

The Standard Voluntary Life Insurance

Employees eligible are full-time salaried employees working 30 hours or more per week.

Voluntary Life Insurance

If you want a greater level of protection, Voluntary Life Insurance coverage is available to purchase. Life doesn't always bring us what we expect. It helps to know that **financial security** is available for your family…even if you aren't. But not everyone has the same need for protection. That's why Rehab Pro provides you with the opportunity to elect Voluntary Life Insurance on yourself as well as for your family.

*Please Note: You must enroll in Employee Voluntary Life to enroll in spouse or child Voluntary Life. Spouse Voluntary Life cannot exceed 100% of the Employee Voluntary Life.

Current Employees:

If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply for any amount of additional coverage up to $150,000 for yourself, and any amount of additional coverage for your spouse up to $25,000. Any life insurance over the Guaranteed issue amounts will be subject to health questions. If you are a late entrant, you will also be subject to health questions.

New Employees:

To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the guarantee issue amount you will need to complete a medical questionnaire.

For You	
You must purchase coverage on yourself to purchase it for your family.	
Option	Amount of Coverage
Increments of $10,000	
Maximum is $500,000 Or 6 x Salary - whichever is less	
Guarantee Issue is $150,000	

For Your Spouse	
Spouse coverage cannot exceed the employee coverage.	
Option	Amount of Coverage
Increments of $5,000	
Maximum is $100,000	
Guarantee Issue is $25,000	

For Your Child (ren)	
Live Birth through age 25	
Option	Amount of Coverage
Increments of $2,000	
$2,000, $4,000, $6,000 $8,000, $10,000	
Guarantee Issue is full amount	

Accidental Death & Dismemberment:
Accidental Death benefits are payable to your beneficiary, in addition to your Life Insurance benefit, if you die within 365 days after a covered accident and the cause of your death can be attributed to the covered accident.

Accidental Dismemberment benefits are payable to you if you suffer a loss that is covered under the plan. The loss must have occurred within 365 days of the covered accident.

Voluntary Accidental Death & Dismemberment Coverage: Benefits payable are the same as for Voluntary Life Insurance and follow a Separate Schedule.

Voluntary AD&D Benefit	
Loss of Life	100%
Loss of Both Hands, Feet or eyes	100%
Loss of Hand, Foot, or an Eye	50%

The Standard Long Term/Short Term

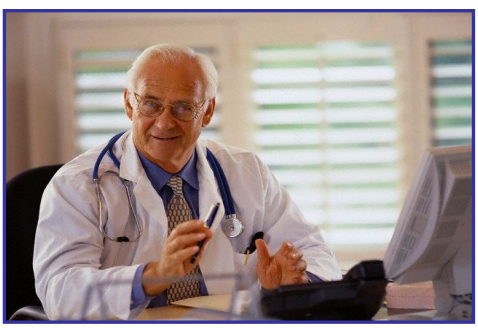
Long-Term Disability & Short Term Disability provides the protection you need to ensure that your way of life is protected in case of a serious injury or illness. Rehab Pro is pleased to provide all eligible employees with LTD coverage at no cost.

Employees have the opportunity to purchase Voluntary Short Term Disability through The Standard. Open enrollment will be offered allowing all employees to elect STD coverage without answering Evidence of Insurability questions during open enrollment.

The following is a summary of the LTD & STD disability plans offered through The Standard. Employees eligible are full-time employees working 30 hours or more per week.

The Standard	LTD Benefit
Basic Benefit	60% of salary
Maximum Monthly Benefit	$6,000
Elimination Period	90 days
Pre-existing Conditions	3/12

The Standard	STD Benefit
Basic Benefit	60% of salary
Maximum Weekly Benefit	$1,000
Benefit Begins	15th day illness or injury
Pre-existing Conditions	None



TRANSFORM **YOUR** TOMORROW℠

TRANSAMERICA®
Retirement Solutions

Helping You Manage Your Retirement Savings Account Anytime, Anywhere

Your retirement savings account is one of the most powerful ways you can invest for a secure future. Here at Transamerica,[1] we're committed to providing you anytime, anywhere access to your account, along with the prompt, personalized service you deserve.

Our Participant Contact Center, allows you access to manage your account online[2] or toll-free from any touch-tone phone. In addition, our Contact Center Specialists are here to guide you through the features and options of your retirement plan, while also helping you with account information, statement requests, account rebalancing, and investment information.

Need help accessing your account online? Our Contact Center Specialists stand ready to help you with resetting your password, providing you a personalized tour of the site, and much more. Here is just a sample of features available:

Online	Phone	
✓	✓	Enroll in your plan (if applicable)
✓	✓	Access your account balance
✓	✓	Adjust your allocations
✓	✓	Modify your deferral amount (if applicable)
✓	✓	Order statements
✓	✓	Obtain forms
✓	✓	Request and track distributions (if applicable)
✓	✓	Initiate a loan request (if applicable)
✓	✓	Change your online or phone password
✓	✓	Access retirement planning tools
	✓	Get multilingual assistance through our Language Line

So next time you need to manage your Transamerica Retirement Savings Account, log in to **www.TA-Retirement.com** or give us a call at (800) 401-8726. Specialists are available Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

1. Transamerica or Transamerica Retirement Solutions refers to Transamerica Retirement Solutions Corporation.

2. The systems are subject to periodic maintenance outages.

TRSC 4077ESP-0113

Participant Contact Center

Helping You Manage Your Retirement Savings Account Anytime, Anywhere

www.TA-Retirement.com

(800) 401-8726

Brighten *your* outlook.

Big difference tomorrow. Hardly any today.

One of the biggest concerns for individuals planning for retirement is—what will my take-home pay be? Well, saving for retirement in a tax-deferred retirement plan has less impact on your take-home pay than you think. Your contributions reduce your taxable income and therefore, you may pay less in taxes, and may actually keep more of the money you earn! Take a look at the example of someone who earns $30,000 a year.

	With a Retirement plan	Without a Retirement plan
Weekly pay before tax	$577	$577
4% pretax contribution	$23	$0
Taxable income	$554	$577
Take-home pay after taxes	$399	$415
Total pay kept	$422 *($399 + $23)*	$415

*This table assumes a hypothetical 28% uniform tax on all wages.
This example is for illustration purposes only. Your marginal tax rate may differ.[1]

Why you need to enroll today.

For some people, retirement may seem a lifetime away. But don't be tempted to put off saving, because each year it becomes more and more difficult to make up for lost time. The key is to start as early as possible.

Make the commitment.

Contact your Human Resources representative to enroll in your company's retirement savings plan now!

Securities offered by Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, N.Y. 10528. Transamerica Retirement Solutions Corporation and TISC are affiliated companies.

[1] *Transamerica Retirement Solutions and its representatives cannot give ERISA, tax, or legal advice. This material is provided for informational purposes only based on our understanding of material provided and should not be construed as ERISA, tax, or legal advice. Clients and other interested parties must consult and rely solely upon their own independent advisors regarding their particular situation and the concepts presented here. Although care has been taken in preparing this material and presenting it accurately, Transamerica disclaims any express or implied warranty as to the accuracy of any material contained herein and any liability with respect to it. Transamerica does not provide investment advice. Clients and other interested parties must consult and rely solely upon their own independent advisors regarding their particular situation. Transamerica does not act as a fiduciary.*

TRANSAMERICA® Retirement Solutions

FSA Medical Flexible Spending Account

Why should I choose a medical FSA?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.

Funds on Day 1

Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.

Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a $100 purchase would actually cost you over $130 without a medical FSA.* *Based on a 30% tax bracket.

Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%*.

Pro tip

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

View our interactive eligible expense list at www.DiscoveryBenefits.com/eligibleexpenses

Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).

Flexible Spending Accounts

FSA Dependent Care Flexible Spending Account

Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.

Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.

Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".

Pro tip

For recurring costs, submit our Recurring Dependent Care Form! It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

View our interactive eligible expense list at www.DiscoveryBenefits.com/eligibleexpenses

Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

Flexible Spending Accounts Cont.

Employees are eligible to open a flexible spending account (also known as a reimbursement account), which allows for pre-tax payroll deductions for certain types of unreimbursed medical expenses. This benefit is administered by Wex/Discovery Benefits.

- Employees must meet eligibility requirements to enroll in the program. If participating in an HSA, you can participate in a limited FSA for dental/vision only.
- A maximum of $2,400 per plan year may be contributed to the unreimbursed medical account.
- After you incur eligible expenses and apply for reimbursement, your reimbursement is direct deposited into your account.
- Employees have up to 90 days following the end of the plan year or termination of employment to apply for reimbursement for incurred expenses.
- Eligible expenses must be incurred during the plan year (July 1, 2024 to June 30, 2025).
- The group will have a grace period of 2.5 months after the plan year ends to exhaust any remaining FSA funds.

LegalShield | IDShield

Important Benefit Information:

NEWLY UPGRADED IDSHIELD AND LEGALSHIELD PLANS NOW AVAILABLE!

We are excited to announce that new features are now available with our identity theft plan, IDShield and our legal protection plan, LegalShield. Check out the new features of these great benefits below to learn more.

For more information and to enroll visit benefits.legalshield.com/rehabpro

FOR $8.95 A MONTH FOR AN INDIVIDUAL PLAN AND $16.95 A MONTH FOR A FAMILY PLAN, IDSHIELD HELPS YOU PROTECT YOUR IDENTITY.

IDSHIELD PLAN BENEFITS:

- **NEW!** MOTHER'S MAIDEN NAME MONITORING AND OTHER PERSONALLY IDENTIFIABLE INFORMATION
- **NEW!** HIGH RISK APPLICATION MONITORING
- **NEW!** SEX OFFENDER MONITORING AND ALERTS
- **NEW!** HARD CREDIT INQUIRY ALERTS
- **NEW!** CUSTOMIZABLE SOCIAL MEDIA ALERTS
- **NEW!** TELECOM ACCOUNT APPLICATION MONITORING
- **NEW!** $1 MILLION INSURANCE POLICY
- IDENTITY AND CREDIT MONITORING
- CHILD MONITORING (FAMILY PLAN ONLY)
- COMPREHENSIVE IDENTITY RESTORATION
- MONTHLY CREDIT SCORE TRACKER
- MOBILE APP
- AND MORE!

WATCH A VIDEO
ON THE BENEFITS IDSHIELD CAN PROVIDE BOTH YOU AND YOUR FAMILY.

FOR $18.50 A MONTH, LEGALSHIELD PUTS A LAW FIRM IN THE PALM OF YOUR HAND.

LEGALSHIELD PLAN BENEFITS:

- DEDICATED LAW FIRM
- PERSONAL LEGAL CONSULTATION AND ADVICE
- **NEW!** COURT REPRESENTATION
- **NEW!** UNLIMITED LEGAL DOCUMENT PREPARATION AND REVIEW
- LETTERS AND PHONE CALLS MADE ON YOUR BEHALF
- SPEEDING TICKET ASSISTANCE
- WILL PREPARATION
- 24/7 EMERGENCY LEGAL ACCESS
- MOBILE APP

WATCH A VIDEO
ON THE BENEFITS LEGALSHIELD CAN PROVIDE BOTH YOU AND YOUR FAMILY.

For more information visit benefits.legalshield.com/rehabpro

This is a general overview of the legal and identity theft protection plans available from LegalShield for illustration purposes only. For complete terms, coverage and conditions, please see a summary plan description.

LegalShield®

Affordable Legal Protection AT YOUR FINGERTIPS

Shielding Over 4 Million People With Our Legal Plans.

LegalShield provides you and your family the legal protection you not only need but deserve.

The LegalShield plan provides benefits for the following*:

ESTATE PLANNING
- Codicils
- Living Wills
- Power of Attorney
- Trusts
- Wills

FAMILY
- Administrative Hearing
- Adoption
- Child Custody
- Conservatorship
- Domestic Violence Protection
- Elder Care Assistance
- Guardianship
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- Name Change
- Parental Responsibility
- Prenuptial Agreements
- School Hearings

FINANCIAL
- Affidavits
- Bankruptcy
- Civil Litigation
- Consumer Protection
- Debt Collection
- Identity Theft
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes

AUTO
- Driver's License Restoration
- Motor Vehicle Property Damage
- Moving Traffic Violations
- Traffic Tickets

HOME
- Boundary/Title Disputes
- Contractor Disputes
- Deeds
- Foreclosure
- Home Equity Loans
- Landlord/Tenant Issues
- Mortgages
- Property Tax Assessments
- Purchase/Sale of Home (primary or secondary)
- Refinancing
- Zoning Applications

GENERAL
- 24/7 Emergency Legal Access
- Document Review
- Legal Forms
- Live Member Support
- Mobile App
- Office Consultation
- Telephone Advice

Affordable legal protection

$9.25

SEMI MONTHLY

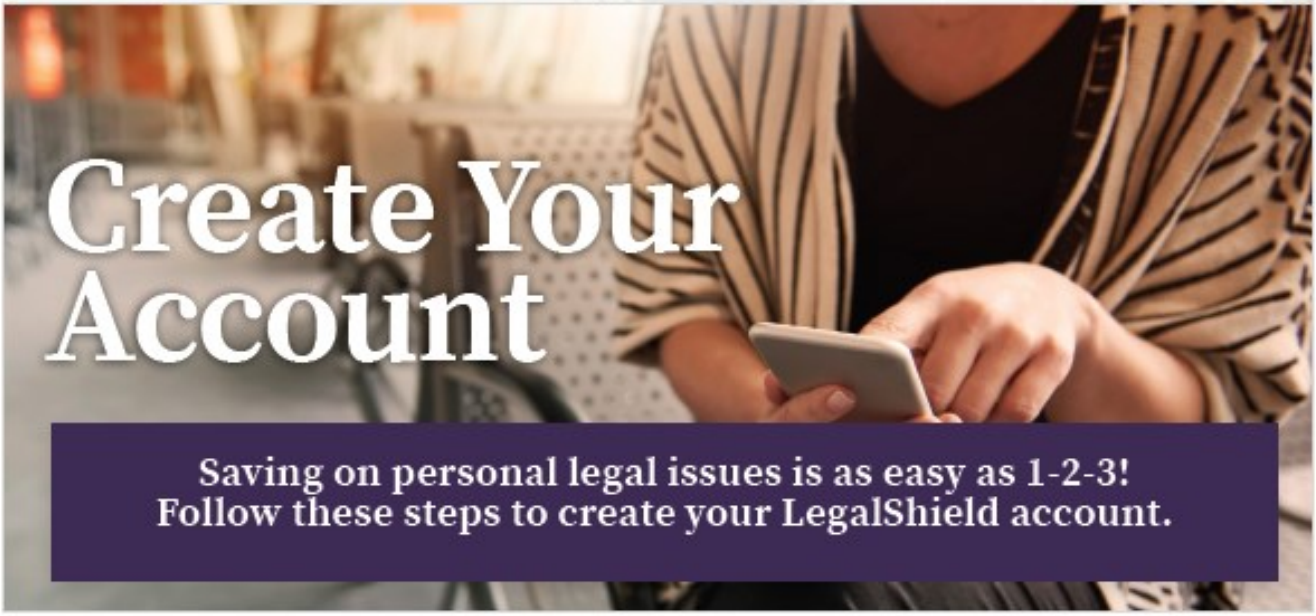
For more information visit:

benefits.legalshield.com/rehabpro

*Limitations may apply. This is a general overview of coverage. See a summary plan description for full details. The following items are not covered with any service, including advice and consultation: business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense; matters or disputes between the participant and/or the employer, and/or Provider Attorney and/or LegalShield; any matter covered by any insurance policy; Native American legal issues; requested service that lacks merit, is frivolous or would violate any ethical rule or law; items related to patent, trademark, or copyright matters. Services outside the United States. For all other personal legal matters, advice and consultation is provided.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; LS, Inc.; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.

LegalShield®



Create Your Account

Saving on personal legal issues is as easy as 1-2-3! Follow these steps to create your LegalShield account.

1. **CREATE** your account at www.mylegalshield.com.
2. **ENTER** in your Member number and create a username and password.
3. **DOWNLOAD** the LegalShield mobile app and use your account username and password to login. Access your provider law firm, Will preparation steps, and more!

Download on the App Store

GET IT ON Google Play

If you have questions about setting up your account or forgot your Member number, please call LegalShield Member Services at 1-800-654-7757 from 7 AM – 7 PM, CT, Monday - Friday.

IDShield®

Affordable Identity Theft Protection AT YOUR FINGERTIPS

Every year millions of people have their identity stolen.

IDShield provides the identity theft protection and identity restoration services you not only need but deserve.

The IDShield plan includes the following covered services:

MONITORED INFORMATION
- Bank Aooounts
- Credit/Debit/Retail Cards
- Date of Birth
- Driver's Lioense
- Email Addresses
- Home Address
- Medioal ID
- Mother's Maiden Name
- Name
- Passport Number
- Phone Numbers
- Sooial Seourity Number
- And More

MONITORING AND DETECTION
- High Risk Applioation Monitoring
- Publio Reoord Monitoring
- Sex Offender Monitoring
- Teleoom Monitoring
- Credit Monitoring
- Sooial Media Monitoring
- Court and Criminal Reoord Monitoring
- Child monitoring (Family Plan Only)
- Internet and Dark Web Monitoring Online Chat Rooms and Sooial Feed Monitoring
- Payday Loan Monitoring
- Looal, State and Federal Database Monitoring

ALERTS
- Hard Credit Inquiry Alerts
- Customizable Sooial Media Alerts
- Sex Offender Alerts
- Identity and Credit Threat Alerts

UNLIMITED CONSULTATION
- Assistanoe in Analyzing and Interpreting Credit Reports
- Assistanoe in Reviewing
- Medioal Data Reports
- Consultation on Common Trends and Soams
- Data Breaoh Safeguards
- Identity Theft Consultation
- Lost/Stolen Wallet Assistanoe

COMPREHENSIVE IDENTITY RESTORATION
- $1 Million Identity Fraud Insuranoe
- Full Servioe Restoration by Lioensed Private Investigators
- Pre-Existing Identity Theft Restoration

GENERAL
- 24/7 Emergenoy Assistanoe
- Direot Aooess to Lioensed Private Investigators
- Live Member Support
- Mobile App
- Monthly Credit Soore Traoker

Affordable identity theft protection

Employee: $4.48/pp

Family: $8.48/pp

SEMI MONTHLY

For more information visit:

benefits.legalshield.com/rehabpro

IDShield

IDShield Activation Steps

Guarding your personal information is as EASY as 1-2-3! Follow these steps to activate your IDShield account.

1. **SET UP** your aooount at www.idshield.oloud/login using your Member number.
2. **ADD** the personal information you want to monitor, inoluding your sooial media aooounts.
3. **DOWNLOAD** the IDShield Plus mobile app for immediate alerts and to traok your monthly oredit soore.

Download on the App Store

GET IT ON Google Play

If you have questions about setting up your account or forgot your member number, please call IDShield Member Services at 1-888-807-0407, available 7 AM - 7 PM CT, Monday - Friday.

LegalShield | IDShield

Affordable Legal and Identity Theft Protection

LegalShield and IDShield provide the legal and identity theft protection you and your family need and deserve.

LegalShield Plan Benefits*:

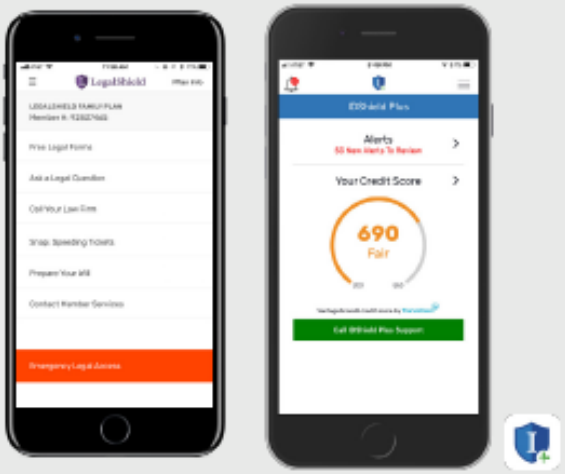
- Legal Consultation and Advice
- Court Representation
- Dedicated Law Firm
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Legal Access
- Mobile App

IDShield Plan Benefits*:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring (family plan only)
- Comprehensive Identity Restoration
- Identity and Credit Threat Alerts
- 24/7 Emergency Access
- Mobile App

We have an app for that!

With the LegalShield and IDShield Plus mobile apps, you can easily begin your Will preparation, track your identity alerts and have on-the-go access, 24/7!



Download on the App Store | GET IT ON Google Play

Affordable legal and identity theft protection

LegalShield	IDShield	
FAMILY	INDIVIDUAL	FAMILY
$9.25	$4.48	$8.48
SEMI MONTHLY	SEMI MONTHLY	SEMI MONTHLY

	INDIVIDUAL	FAMILY
LegalShield & IDShield	$13.08	$16.48
	SEMI MONTHLY	

For more information visit:

benefits.legalshield.com/companyname

*This is a general overview of the legal and identity theft protection plans available from LegalShield for illustration purposes only. For complete terms, coverage and conditions, please see a summary plan description. Google Play and the Google Play logo are trademarks of Google Inc. Apple, the Apple logo, and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

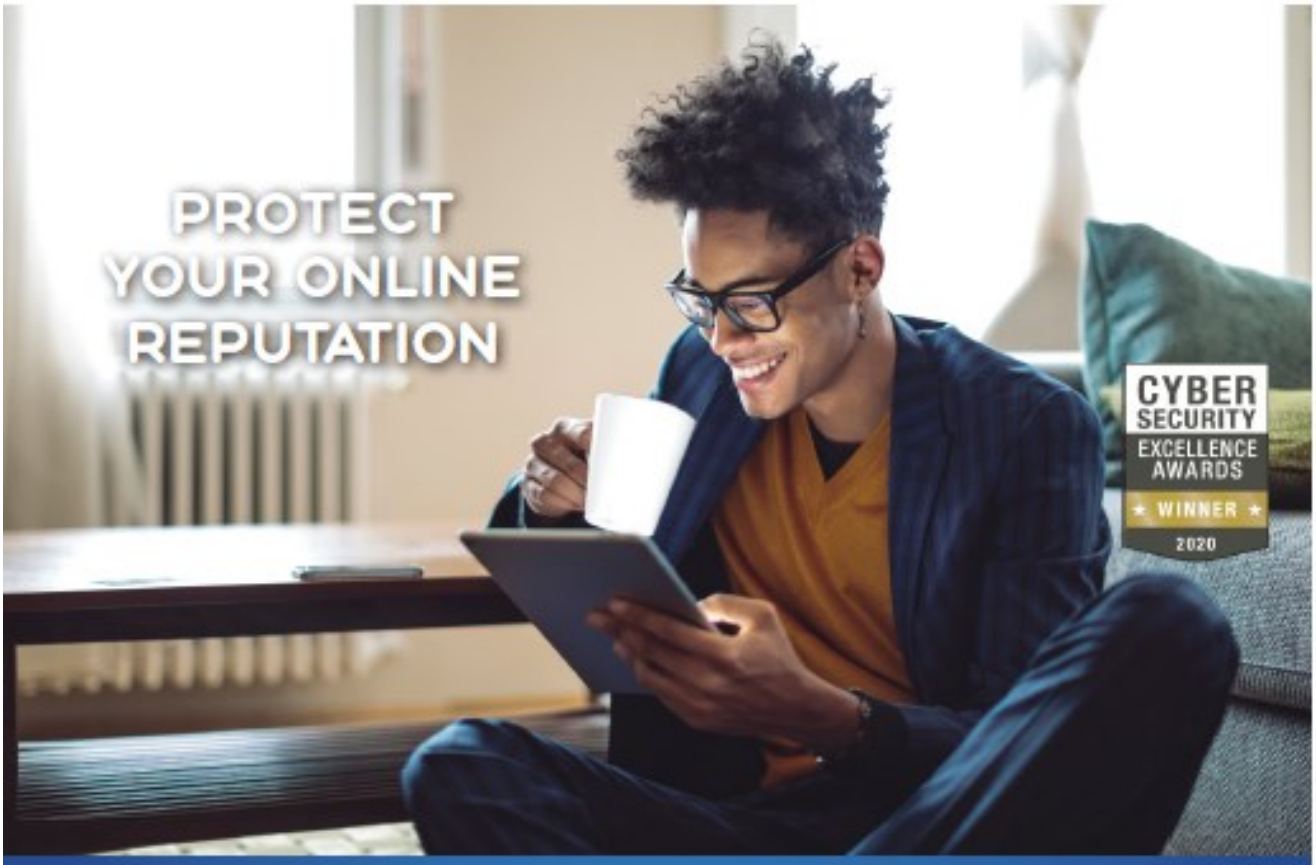
Introducing Enhanced Privacy Management

You Could Be Sharing More Than You Realize on Social Media

Posting on social networks can help you connect with distant loved ones, but it can also have significant privacy issues. Your friends and followers aren't the only ones interested in what you share. Getting you to post and engage gives social networks more data about you; therefore it's in their best interest to keep you active. Your private info has value and monetizing that data is what helps support these services.

But you don't have to stop using your favorite social networks. There are ways to lock down your privacy and delete your data if you know where to look.

A majority of Americans (64%) have personally experienced a major data breach, and relatively large shares of the public lack trust in key institutions – especially the federal government and social media sites – to protect their personal information



IDShield®

UNPARALLELED PRIVACY & REPUTATION MANAGEMENT
FOR WHEREVER AND WHENEVER THE INTERNET WATCHES YOU BACK

Introducing Enhanced Privacy and Reputation Management

Once something is posted online, it can be hard to remove. Recruiting firms and human resource specialists will often search for information on the web to help evaluate candidates. Unlike your resume or performance in a job interview, this is an element of the process over which you may have no control. You might not even know these issues exist in cases where someone else has posted something about you online without your consent. Unfortunately, it's also an area that could cost you your dream job, even if every other aspect of your application was perfect.

Present your best self to the world by maintaining control of your online presence.

Your digital reputation for how you present yourself online can follow you around, causing unforeseen consequences for years to come. Consider removing any harmful information or photos you have posted online.

IDShield® Makes Protection Personal

We strive to stand out in a field that often presents do-it-yourself solutions by monitoring the safety of your personal data, and offering personalized, one-on-one consultation for managing your privacy.

Donna's personal and work lives were kept separate, or so she thought.

Donna never imagined that sharing pictures with her friends online would keep her from landing the big promotion she was eyeing. She had worked for her current company for years, so didn't think her employer kept tabs on her social profiles. But when she applied for a new position, her company's human resources department performed a background check on Donna along with all the other job candidates.

Someone in HR found photos that Donna's friends had posted after enjoying a weekend night at the bar. Donna had too much to drink on that occasion and her friends enjoyed a laugh by sharing a picture that showed her passed out next to liquor bottles. Based on that image, her employer decided to pass on giving Donna the promotion believing her personal habits could become a liability for the new position. Donna was shocked to learn that her private weekend life could have an impact on her career.

Don't be like Donna. Take control of your privacy.

You don't have to stay completely offline to be safe. You just need to be mindful of what's being shared about you. Your online image is important and IDShield's Licensed Private Investigators can give you one-on-one consultation on privacy dangers. We'll even monitor your social accounts for potential reputational risks.

Whether you're concerned about what personal details are being shared online, or you simply need assistance with protecting your online activity, we are here to help.

Your Privacy is Your Business. Protecting it is Ours.

If you have any questions about any of your benefits, below is a list of the plans, the companies who administer them, and their phone numbers and websites:

Plan	Company	Phone Number	Website
Medical	UMR	(800) 826-9781	www.umr.com (UHC –Choice Plus PPO Network)
Dental	CIGNA	(800) 244-6224	www.myCigna.com
LTD & STD	The Standard	(888) 937-4783	www.standard.com
Voluntary Life / AD&D	The Standard	(888) 937-4783	www.standard.com
Vision	VSP	(800) 877-7195	www.vsp.com
401K	Transamerica	(800) 401-8726	www.TA-retirement.com
Flexible Spending	Wex	(833) 225-5939	www.wexinc.com
LegalShield/ IDShield	LegalShield	(888) 807-0407	www.benefits.legalshield.com/rehabpro

RehabPro

LIFETIME WELLNESS

This benefit booklet summarizes the provisions of the Benefits plan for Rehab Pro and Lifetime Wellness effective July 1, 2024. Complete details of the plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, then the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of Rehab Pro.

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

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

Mental Health Parity Act (1996) (MHPA) and Mental Health Parity and Addiction Equity Act (2008) (MHPAEA):
Rehab Pro medical plan complies with the Mental Health Parity Act of 1996 ("MHPA"). Pursuant to such compliance, the annual and lifetime limits on Mental Health Benefits, if any, will not be less than the annual and lifetime plan limits on other types of medical and surgical services (if any limits apply). The plan does utilize cost containment methods, applicable for Mental Health Benefits, including cost-sharing, limits on the number of visits or days of coverage, and other terms and conditions that relate to the amount, duration and scope of Mental Health Benefits.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP): If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefit 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

Coverage After Termination (COBRA) - Health Coverage: If you or your dependents have coverage at the time of a qualifying event, you may be eligible to elect continuation of coverage under one or more of the following:

- Medical Plan, Dental Plan, and Vision Plan

You have a legal right under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to purchase a temporary extension of your coverage at group rates. However, you must pay the full cost of the coverage, plus a 2% administrative fee.

What is COBRA Continuation Coverage? COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary."

You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect. COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

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

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

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

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

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

- The end of employment or reduction of hours of employment;
- Death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided? Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. **There are also ways in which this 18-month period of COBRA continuation coverage can be extended.**

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

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage e if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified

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

(HIPAA) Employee Health Plan Summary Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Uses and Disclosures of Health Information: Rehab Pro uses health information about you for treatment, to pay for treatment, and for other allowable healthcare purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. Subject to certain requirements, **Rehab Pro** may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. **Rehab Pro** provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and distribute the new notice. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the Office of the Privacy Officer or the Human Resources Department.

Your Health Information Rights: In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. You also have the right to receive a list of instances where **Rehab Pro** has disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that **Rehab Pro** correct the existing information or add the missing information. You have the right to request that **Rehab Pro** restrict the use and disclosure, then **Rehab Pro** must abide by the request and may only reverse the position after you have been appropriately notified. You have the right to request an alternative means of communication with Rehab Pro and are not required to explain why you want the alternative meansof communication.

Privacy Complaints: If you are concerned **Rehab Pro** has violated your privacy rights, or you disagree with a decision Rehab Pro has made about access to your records, you may address them to the Privacy Contact listed in this notice. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Rehab Pro Responsibilities: Rehab Pro is required by law to protect the privacy of your information, provide this notice about **Rehab Pro 's** information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

Detailed Notice of Privacy Practices: For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Privacy Contact listed in this notice.

Privacy Contact: Address any questions about this notice or how to exercise your privacy rights to the Human Resources Department at 903-839-3600

Notice Of Opportunity To Enroll In Connection With Extension Of Dependent Coverage To Age 26: Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in **Rehab Pro** . Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to **July 1, 2023**. If you would like more information, contact your Plan Administrator.

Notice Lifetime Limit No Longer Applies/ Enrollment Opportunity: The lifetime limit on the dollar value of benefits under Rehab Pro benefit Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. If you would like more information, contact your Plan Administrator.

Your Prescription Drug Coverage and Medicare: Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Rehab Pro** 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 e 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. **Rehab Pro** has determined that the prescription drug coverage offered by Capital RX 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 coverage with **Rehab Pro** will not be affected. You and/or your dependents can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

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 **Rehab Pro** 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 n 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 plan administrator. 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 Rehab Pro 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).

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, this created a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2023 for coverage starting as early as January 1, 2023.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace? Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.*

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

How Can I Get More Information? For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost.

Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer: This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer: Eligible employees are Fulltime employees who work 30 hours per week and have completed the newly eligible 60 day waiting period

Eligible dependents include the employee's spouse and eligible dependent children up to age 26.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace.
The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

Special Enrollment Notice: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator listed below: **Summer Clements 903-839-3600**

Notice Informing Individuals About Non Discrimination and Accessibility Requirements Discrimination is against the law: Rehab Pro complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **Rehab Pro** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Rehab Pro :

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Human Resources at 832-426-1876. If you believe that **Rehab Pro** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: TWC's Civil Rights Division at https://www.twc.texas.gov/jobseekers/how-submit-employment-discriminationcomplaint#:~:text=TWC's%20Civil%20Rights%20Division's%20programs,against%20in%20an%20employment%20transaction.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone

at:
U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available athttp://www.hhs.gov/ocr/office/file/index.html.

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

Consolidated Appropriations Act (CAA) No Surprises Act

Your Rights and Protections Against Surprise Medical Bills When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")? When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit. "Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for: Emergency services If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services. [Insert plain language summary of any applicable state balance billing laws or requirements OR state-developed model language as appropriate] Certain services at an in-network hospital or ambulatory surgical center when you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network. When balance billing isn't allowed, you also have the following protections: You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly. Your health plan generally must cover emergency services without requiring you to get approval for services in advance (prior authorization). Cover emergency services by out-of-network providers. Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits. Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit. If you believe you've been wrongly billed, you may contact Human Resources at Rehab Pro .

If you believe you've been wrongly billed, you may contact your Human Resources Department. In addition, if you have questions about a provider's network status or you believe you've been wrongly billed, please contact the UMR help line.

Visit www.cms.gov/nosurprises for more information about your rights under federal law.

Visit https://www.tdi.texas.gov for more information about your rights under state law.