ColCal Colorado Inc,
dba Taco Bell

EMPLOYEE BENEFITS GUIDE

MAKE THE MOST OF BENEFITS TO SUPPORT YOUR TOTAL WELL-BEING

2025

Your Benefits

Welcome to ColCal's Open Enrollment

Your benefit plans have been designed to provide you with a comprehensive package that is responsive to all our employees' needs. This booklet is designed to help you navigate your benefits choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. If there is any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern. If you would like a copy of any of these documents, please contact your Human Resources department.

Our open enrollment period begins on December 1st and ends December 31st.

For purposes of these benefits, eligible family members include:

- Legally married spouse, common-law spouse, or domestic partner.
- Dependent children under 26 years of age or longer if deemed to be continuously disabled and incapable of self-support.

Changing Your Benefits During the Year

The only other time you may change your coverage during the plan year is if you have a qualifying life event. You may change from one coverage type to another upon the occurrence of one of the qualifying events listed below, providing you apply for the change in coverage within 31 days of the qualifying event:

- Marriage, divorce, or legal separation
- Birth, adoption, placement, guardianship, or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered dependent is no longer eligible
- Covered employee's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment

For a complete listing of qualified changes in status, see your local Payroll/Benefit Administrator. Changes to your benefits must be made within 31 days of the event and consistent with your status change.

2025 Highlights

All lines of coverage will renew on January 1st, 2025.

Medical

- Cigna is going digital and moving away from offering physical ID cards. Instead, ID cards will be available via myCigna.com, or the myCigna app. Digital ID cards will allow members to access their plan coverage information more easily and conveniently when needed. Members will still have the option to request printed ID cards via myCigna.com. See the following pages on how to obtain an ID Card.

Cigna Base and Buy Up Plans

- We are continuing to offer two medical through Cigna in 2025.

Cigna Anchor Pharmacy

- **Members can either designate Walgreens OR CVS as their pharmacy. This means members cannot fill prescriptions at BOTH Walgreens and CVS any longer**
- The default pharmacy for all ColCal employees is Walgreens.
- Members can change pharmacy networks ONCE per plan year.
- **This ONLY impacts Walgreens and/or CVS pharmacies. You can continue to visit all other in-network pharmacies just like today!**

  * Walmart, Sam's Club, Safeway, Palisade Pharmacy, and many others continue to be in network options as of the date of publication of this document

Dental

- We are continuing to offer dental through Delta Dental in 2025

Vision Plan

- We are continuing to offer vision through Delta Dental, which is through the VSP network, in 2025.

Base and Buy Up Medical Highlights
CIGNA OAP Network

Plan Details	Base In Network	Buy Up In Network
Deductible Individual and Family	$5,000/$15,000	$1,000/$3,000
Coinsurance	70%	80%
Out of Pocket	$6,350/$15,000	$3,300/$8,400
Office Visit Copays	$30 Primary Doc $45 Specialty	$30 Primary Doc $45 Specialty
Preventive Care	Covered 100% No Copay	Covered 100% No Copay
Office Visit Lab	$45	$45
Office Visit X Ray	$45	$45
Inpatient Care	Deductible then Coinsurance	Deductible and Coinsurance
Outpatient Care	Deductible then Coinsurance	Deductible and Coinsurance
Emergency Room	$250 Copay, then plan pays 80%	$250 Copay, then coinsurance
Urgent Care	$65 Copay	$65 Copay, then coinsurance
Lab and X Ray	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy	$15 Generic $30 Preferred $250 Non-Preferred	$15 Generic $30 Preferred $250 Non-Preferred

Please refer to SBC for further details

Cigna Virtual Care

Virtual Care - MDLive

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider at mycigna.com. From your phone, tablet or computer, you can:

- Connect 24/7 with board-certified doctors and pediatricians for minor medical conditions, such as seasonal allergies, colds and flu, or upper respiratory infections.
- Schedule appointments with licensed therapists or psychiatrists for behavioral or mental health conditions, such as stress and depression.

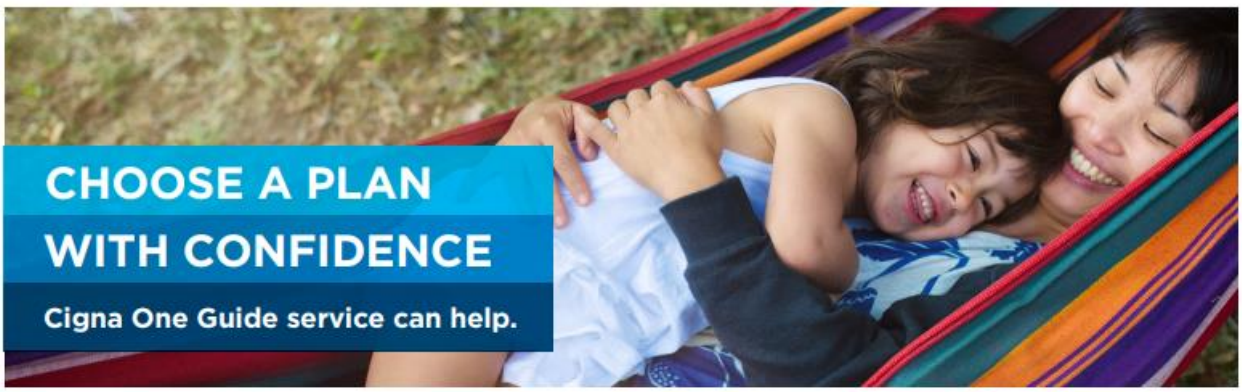
Virtual Wellness Screenings

Virtual wellness screenings are convenient and covered at no cost to you.
Here's how they work:

- Complete your MDLive online health assessment.
- Choose an in-network lab and schedule an appointment,
- Choose an MDLive provider and schedule your virtual visit.
- Go to your lab appointment and get a notification when the results are available in the MDLive portal.
- Attend your virtual visit; you'll receive a summary of your screening results for your records.

24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your network. You can call the number on the back of your ID card day or night.



Ways to Save

Tips to health you save money

Find where to get prescription drugs

- Find the complete list of covered medications on **myCigna.com**
- Use cost comparison tools on myCigna to compare prices and purchase mail-order prescriptions
- Use generics when possible
- Know what brand-name drugs are covered in your plan
- Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service[1]

Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic or urgent care center near you, before you need it
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

Choose the right provider

- Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone[2]
- Use in-network national labs to help save money

Be proactive about your health

- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers and make use of the health improvement tools at **myCigna.com**

Cigna 90 Now

The Cigna 90 Now program makes it easier for you to fill your maintenance medications. These are the medications you take regularly to treat an ongoing health condition like asthma, diabetes, high blood pressure, or high cholesterol. With the Cigna 90 Now program, you can choose how and where to fill your prescriptions.

You choose the amount. A 30-day supply or 90-day supply.

- **If you fill a 30-day supply**, you can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **If you fill a 90-day (or 3-month) supply**, you can use select in-network retail pharmacies that are approved to fill 90-day prescriptions. You also have the option to use Express Scripts Pharmacy, Cigna's home delivery pharmacy.
- **To find in-network pharmacies, use your myCigna member portal or app.**

Employee Assistance Program

The Cigna Employee Assistance Program is a free prepaid service offered to enrolled employees by ColCal's medical plans. The Cigna EAP works with highly trained and qualified professionals who are experts in well-being, family matters, relationships, debt management, consumer rights, and much more.

• 3 face-to-face visits (per incident, per year) with a licensed behavioral health provider in Cigna's EAP network. • Live chat with an EAP advocate.	• Unlimited telephone counseling and access to work-life resources. • Access to legal services, including 30-minute free consultations with a licensed attorney	• Free consultations with financial specialist.

Self-service digital tools and resources

iPrevail

iPrevail offered through Cigna is a digital therapeutics program designed by experienced health care professionals to help you take control of the stresses of everyday life. It's loaded with interactive video lessons and one-on-one coaching to help with depression and anxiety.

Happify

Happify offered through Cigna is a self-directed program with activities, science-based games and guided meditations, designed to help reduce stress and anxiety, gain confidence, defeat negative thoughts and boost overall health.

Call: 877-231-1492
Website:
www.mycigna.com.

EAP resources are available for free to you and your household family members enrolled on the Cigna medical plan.

Dental Insurance

The offered dental Plan through Delta Dental will allow you to choose any licensed dentist for care. However, you'll save more by using a dentist in the Delta Dental PPO Network. The PPO Network offers convenient access to highly rated dentists all across the country and savings on covered dental services. You can search for PPO Network dentists by going to www.deltadentalco.com.

Why go in-network?

Network dentists have agreed to reduce their fees for Delta Dental PPO customers. They will also file claims for you, and they cannot "balance bill" you for the difference between their regular fees and the reduced fees they have agreed to accept from Delta Dental when you see an PPO provider for your preventative care services like cleanings, exams and routine x-rays at no additional cost. The table below is a high-level summary of the dental plan benefits. For a copy of your detailed summary of benefits contact Human Resources.

Network	PPO	Premier	Non-Network
Deductible (Individual/Family)	$50/$150		
Annual Maximum	$1,500		
Preventative Service	100% ded. waived		
Basic Services	80% after deductible		
Major Services	50% after deductible		

Right Start 4 Kids: Removes cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic and preventative, basic, and major services, with no deductible, when in-network providers are seen. *If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier Provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full billed charges.

Vision Insurance

ColCal offers you the ability to purchase vision insurance through VSP. Go to www.vsp.com to find in-network providers, and please make sure to look at the "Insight" network. You pay the total cost of vision coverage.

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.

		DeltaVision 150 + Kids Care
Cost Sharing	Exam Copay	$10
	Exam Frequency	12 Months
	Materials Copay	$25
	Lens Frequency	12 Months
	Frame Frequency	24 Months
	Contacts Frequency	12 Months
In-Network Benefits	Medically Necessary Contact Lenses	100%
	Elective (Cosmetic) Contact Lenses	$150 allowance and up to $60 for fitting
	Standard Frames	$170 feature frame allowance $150 frame allowance, 20% off balance
	Single Vision Lenses	$25 Copay
	Bifocal Lenses	$25 Copay
	Trifocal Lenses	$25 Copay
Out-Of-Network Benefits	Exam	Up to $45
	Medically Necessary Contact Lenses	Up to $210
	Elective (Cosmetic) Contact Lenses	Up to $105
	Standard Frames	Up to $70
	Single Vision Lenses	Up to $30
	Bifocal Lenses	Up to $50
	Trifocal Lenses	Up to $35
Misc	Private Practice Network	Included
	Retail Network	Included
	Laser Correction	Discount Available
	Non-Contrib/Contrib/Voluntary	Contributory

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.

Resources and Contact Information

Do you have a question about your benefits?

Refer to this list when you need to contact one of your benefit vendors for general information.

Medical	
Provider Name:	Cigna
Provider Phone Number:	(866)494-2111
Provider Web Address:	Mycigna.com
Virtual Visits	
Provider Name:	MDLive
Provider Phone Number:	(888)726-3171
Provider web Address:	Mycigna.com
Dental and Vision (VSP)	
Provider Name:	Delta Dental of Colorado
Provider Phone Number:	(800) 610-0201
Provider Web Address:	www.deltadentalco.com
Cigna EAP – enrolled members only	
Provider Name:	Cigna
Provider Phone Number:	(877)231-1492
Provider Web Address:	Mycigna.com

COMPLIANCE NOTICES

Medicare Part D Creditability Notice

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable

CREDITABLE COVERAGE	NON-CREDITABLE COVERAGE
OAP Base **OAP Buy-Up**	**None – all plans are creditable**

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at https://www.medicare.gov/Contacts/#resources/ships.

Secondary Payor to Medicare Notice

When you or a dependent are determined disabled by the Social Security Administration, it is imperative such individual have Medicare begin immediately after 24 months of Social Security disability. Regardless whether the individual is enrolled in Medicare or not, our plan will calculate how much Medicare would have paid and then pay secondary (meaning it will pay very little or nothing).

If we employ 100 or more full and part-time employees during 50% or more of business days during the previous calendar year, then we will give everyone an update that our plan will begin paying primary (not secondary) to disability-based Medicare. Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at https://www.medicare.gov/Contacts/#resources/ships.

NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, 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 stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you 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. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	**You have the right to:** • Get a copy of your health and claims records • Correct your health and claims records • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we've shared your information • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated
Your Choices	**You have some choices in the way that we use and share information as we:** • Answer coverage questions from your family and friends • Provide disaster relief • Market our services and sell your information
Our Uses and Disclosures	**We may use and share your information as we:** • Help manage the health care treatment you receive • Run our organization • Pay for your health services • Help with public health and safety issues • Do research • Comply with the law • Respond to organ and tissue donation requests and work with a medical examiner or funeral director • Address workers' compensation, law enforcement and other government requests • Respond to lawsuits and legal action

YOUR RIGHTS	**When it comes to your health information, you have certain rights.** • This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. • We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 9. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

YOUR CHOICES	**For certain health information, you can tell us your choices about what to share.** • If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information

OUR USES AND DISCLOSURES	**How do we typically use or share your health information.** • We typically use or share your health information in the following ways.	
Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	• We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your Plan	• We may disclose your health information to your health plan sponsor for plan administration.	***Example:*** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

YOUR RIGHTS	**When it comes to your health information, you have certain rights.** • This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. • We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 9. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: *Your Rights Under HIPAA | HHS.gov*.

Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect or domestic partner violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research
Comply with the law	• We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

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

For more information see: *Your Rights Under HIPAA | HHS.gov*.

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

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

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA Continuation Coverage Available?

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

The end of employment or reduction of hours of employment;

Death of the employee; 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. You must provide this notice to the contact person shown at the end of these notices.

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 (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

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

The month after your employment ends; or

The month after group health plan coverage based on current employment ends.

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

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

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

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Notices

Premium Assistance Under Medicaid Or The Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit ***www.healthcare.gov***.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility:

ALABAMA – Medicaid	ALASKA – Medicaid
Website: *http://myalhipp.com/* Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: *http://myakhipp.com/* Phone: 1-866-251-4861 Email: *CustomerService@MyAKHIPP.com* Medicaid Eligibility: *https://health.alaska.gov/dpa/Pages/default.aspx*
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: *http://myarhipp.com/* Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: *http://dhcs.ca.gov/hipp* Phone: 916-445-8322 Fax: 916-440-5676 Email: *hipp@dhcs.ca.gov*
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: *https://www.healthfirstcolorado.com/* Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: *https://hcpf.colorado.gov/child-health-plan-plus* CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): *https://www.mycohibi.com/* HIBI Customer Service: 1-855-692-6442	Website: *https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html* Phone: 1-877-357-3268

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) (Continued)

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: *https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp* **Phone:** 678-564-1162, Press 1 **GA CHIPRA Website:** *https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra* **Phone:** 678-564-1162, Press 2	**Healthy Indiana Plan for low-income adults 19-64** **Website:** *http://www.in.gov/fssa/hip/* **Phone:** 1-877-438-4479 **All other Medicaid** **Website:** *https://www.in.gov/medicaid/* **Phone:** 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: *https://dhs.iowa.gov/ime/members* **Medicaid Phone:** 1-800-338-8366 **Hawki Website:** *http://dhs.iowa.gov/Hawki* **Hawki Phone:** 1-800-257-8563 **HIPP Website:** *https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp* **HIPP Phone:** 1-888-346-9562	**Website:** https://www.kancare.ks.gov/ **Phone:** 1-800-792-4884 **HIPP Phone:** 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (**KI-HIPP) Website:** https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx **Phone:** 1-855-459-6328 **Email:** KIHIPP.PROGRAM@ky.gov KCHIP **Website:** https://kynect.ky.gov **Phone**: 1-877-524-4718 **Kentucky Medicaid Website:** https://chfs.ky.gov/agencies/dms	**Website:** *www.medicaid.la.gov* or *www.ldh.la.gov/lahipp* **Phone:** 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: *https://www.mymaineconnection.gov/benefits/s/?language=en_US* **Phone:** 1-800-442-6003 **TTY:** Maine relay 711 **Private Health Insurance Premium Webpage:** *https://www.maine.gov/dhhs/ofi/applications-forms* **Phone**: 1-800-977-6740 **TTY:** Maine relay 711	**Website:** *https://www.mass.gov/masshealth/pa* **Phone:** 1-800-862-4840 **TTY:** 711 **Email:** *masspremassistance@accenture.com*
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: *https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp* **Phone:** 1-800-657-3739	**Website:** *http://www.dss.mo.gov/mhd/participants/pages/hipp.htm* **Phone:** 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: *http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP* **Phone:** 1-800-694-3084 **Email:** *HHSHIPPProgram@mt.gov*	**Website:** *http://www.ACCESSNebraska.ne.gov* **Phone:** 1-855-632-7633 **Lincoln:** 402-473-7000 **Omaha:** 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: *http://dhcfp.nv.gov* **Medicaid Phone:** 1-800-992-0900	**Website:** *https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program* **Phone:** 603-271-5218 **Toll free number for the HIPP program:** 1-800-852-3345, ext. 5218

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) (Continued)

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ **Medicaid Phone:** 609-631-2392 **CHIP Website:** http://www.njfamilycare.org/index.html **CHIP Phone:** 1-800-701-0710	**Website:** https://www.health.ny.gov/health_care/medicaid/ **Phone:** 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ **Phone:** 919-855-4100	**Website:** https://www.hhs.nd.gov/healthcare **Phone:** 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org **Phone:** 1-888-365-3742	**Website:** http://healthcare.oregon.gov/Pages/index.aspx **Phone:** 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx **Phone:** 1-800-692-7462 **CHIP Website:** Children's Health Insurance Program (CHIP) (pa.gov) **CHIP Phone:** 1-800-986-KIDS (5437)	**Website:** http://www.eohhs.ri.gov/ **Phone:** 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov **Phone:** 1-888-549-0820	**Website:** http://dss.sd.gov **Phone:** 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services **Phone:** 1-800-440-0493	**Medicaid Website:** https://medicaid.utah.gov/ **CHIP Website:** http://health.utah.gov/chip **Phone:** 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access **Phone:** 1-800-250-8427	**Website:** https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs **Medicaid/CHIP Phone:** 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ **Phone:** 1-800-562-3022	**Website:** https://dhhr.wv.gov/bms/ http://mywvhipp.com/ **Medicaid Phone:** 304-558-1700 **CHIP Toll-free phone:** 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm **Phone:** 1-800-362-3002	**Website:** https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ **Phone:** 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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