better**together**
FOR TOTAL WELLBEING



2027 Benefits Decision Guide

PYRAMID
GLOBAL HOSPITALITY



Welcome

betterTogether
FOR TOTAL WELLBEING

At Pyramid Global Hospitality, taking care of our associates is core to who we are. Our commitment goes beyond providing just a workplace; it's about fostering a culture where every individual can flourish in all aspects of their lives. As a "best in class" employer, we prioritize the wellbeing of our associates in every part of our operations. From comprehensive training and development opportunities to a supportive work environment that values diversity and inclusion, we are dedicated to ensuring that every individual feels valued and supported. We always believe in putting people first, as this principle is deeply ingrained in our culture, values, and the way we support our associates' total wellbeing.

Therefore, we understand that true wellbeing extends beyond physical health. BetterTogether is our comprehensive Wellbeing Program designed to support you in every facet of your life. Built upon four foundational pillars—Physical, Emotional, Financial, and Social—our program offers an array of resources and support to enrich both personal and professional lives.



Physical Wellbeing: Stay healthy and energized with our health benefits, fitness programs, wellness initiatives, and resources aimed at helping you maintain a balanced lifestyle.



Emotional Wellbeing: Cultivate resilience and emotional intelligence with our mindfulness practices, mental health resources, and support networks designed to nurture your mental and emotional health.



Financial Wellbeing: Take control of your financial future with our financial planning tools, educational workshops, and resources to help you achieve greater financial stability and security.



Social Wellbeing: Build meaningful connections and foster a sense of belonging through our community events, networking opportunities, and support systems designed to enhance your social connections and support networks.

We believe that when our associates thrive, our entire organization thrives. That's why we are committed to providing you with the support, resources, and opportunities you need to flourish in every aspect of your life.

Welcome to the Pyramid Global BetterTogether Wellbeing Program—because together, we're better.

Get Ready

Welcome to Your Pyramid Global Hospitality Benefits Program

We're excited to share details about your benefits, which play an important role in supporting your health and protecting your family's financial future. Take time to review your options and make the choices that work best for you.

- If you are a **new hire**: Use this guide to learn about your benefits and enroll in coverage as part of your onboarding process.
- If you are a **current associate** participating in this year's Open Enrollment (October 26 – November 13): This is an **ACTIVE Enrollment**, meaning your current benefit elections will **NOT automatically carry over** to 2027. To have coverage for the new plan year, you must complete your enrollment and submit your elections through Workday by the Open Enrollment deadline. **If you do not enroll, you will not have coverage for 2027.**

We Care to Be the Difference

At Pyramid Global Hospitality, we strive to provide associates with valuable, cost-conscious benefit options designed to look after your physical, emotional, financial, and social wellbeing. In fact, we offer plan options that bring you meaningful choices aligned with what you value - whether you're single, married, raising a family, or thinking ahead to retirement.

Take Action

This guide provides an overview of your 2027 benefits and explains how to enroll. Please read it carefully so that you fully understand your options and take full advantage of everything your Pyramid Global Hospitality benefits program offers.

Please note, you must enroll to receive coverage with the exception of those coverages you receive automatically and don't require an enrollment, such as basic life insurance and basic accidental death and dismemberment.

EXPLORE	Visit ALEX to learn about your Pyramid Global Hospitality benefits. See page 4 for details. Starting January 11, visit the BetterTogether microsite through the Benefits and Pay app to explore your benefits, carriers, and resources in more detail.
ENROLL	Assess your needs and choose coverage that provides the support you desire.
ENGAGE	Stay engaged in your health; keep up with preventive care, know what's covered, compare costs, use in-network providers, and access member resources to get the most from your plan.

IMPORTANT: Please read!

If you (and/or your dependents) have Medicare or will become eligible for Medicare before December 31, 2027, federal law gives you more choices regarding your prescription drug coverage. Please see the Legal Notices section at the end of this guide for more details.



Your Enrollment Checklist

Visit

Log on to Workday to learn more about your personal options.

How to Enroll

- Access Workday 24/7 from any computer or smartphone
- Click on the Benefits Enrollment task in your inbox
- Follow prompts to review each benefit and make your selections

Log in to your Workday account: **www.myworkday.com/benchmark**

Or download and log in to the Workday app
Enter organization: benchmark

Meet ALEX, Your Benefits Decision Support Tool

Choosing the right benefits can feel overwhelming—but ALEX is here to help. ALEX is an interactive, easy-to-use tool powered by JellyVision that guides you through your benefit options step by step. By asking simple, personalized questions, ALEX helps you understand your choices and feel confident you're selecting the coverage that fits your needs and your budget.

How to Access ALEX

Starting October 19, access ALEX through the Benefits & Pay app to explore your 2027 plan options. Simply click the "MEET ALEX" link, select "I'm here for Open Enrollment". Once Open Enrollment begins on October 26, you can also access ALEX through your enrollment task in Workday.

Important Note

ALEX is a benefits decision support tool designed to help you understand your options. You must complete your actual benefit enrollments directly in Workday to ensure your coverage is set for the 2027 plan year.

Associate Benefits Center

ASSOCIATE BENEFITS CENTER

The Associate Benefits Center (ABC) is your dedicated Pyramid Global benefits concierge team! We can assist you with:

- Understanding your benefit plans
- Finding a provider
- Understanding your billing & cost
- Accessing your benefit accounts/portals
- Getting the most out of your benefit plans
- Part Time Associate and Year-Round benefits
- And more!

benefitscenter@pyramidglobal.com
Email our ABC Team with any questions regarding your benefits.

www. myworkday.com/benchmark/wdhelp/helpcenter/create
Cases can be created through Workday's Help App.

Eligibility

Who Can Enroll

Associates – You're eligible to enroll in Pyramid Global Hospitality's benefits program if you're a full-time associate working 30 hours or more per week. Benefits are effective on the first of the month following date of hire. New hires are required to elect benefits within 30 days of their start date.

Dependents – If you enroll for benefits, you can also enroll your eligible dependents in the same plans. Be sure to have each dependent's (except for newborns) Social Security number and date of birth available when you're ready to enroll. Eligible dependents include:

- Legal spouse - same or opposite sex (excluding former spouses)
- Common-law or equivalent spouse or domestic partner*
- Laws governing common-law marriages vary from state to state
- Dependent children** up to age 26
- Disabled Dependent children and adults who cannot support themselves

IMPORTANT NOTE: If you have family members who work for Pyramid Global Hospitality, you can each be covered as an associate OR as a dependent, but not both.

* You'll pay the same associate contribution for coverage as you would for a spouse. However, because of federal tax law, enrolling your domestic partner (DP) will impact your income and payroll taxes unless your DP qualifies for tax-favored benefits.
** Children may include natural children, adopted children, stepchildren, and children for whom you are the legal guardian, as well as children of a qualifying common-law spouse or domestic partner.

Midyear Benefit Changes

When a qualifying life event (QLE) occurs during the benefits plan year, generally, you have 30 days to change any benefits consistent with the event. If the event is due to eligibility for or loss of Medicaid or Children's Health Insurance Program (CHIP) coverage, you have 60 days to make changes to your benefits coverage. QLEs include, but are not limited to, the following:

- Change in your legal marital status (marriage, divorce, or legal separation)
- Change in the number of your dependents (birth or adoption of a child, or loss of dependent eligibility status)
- Change in your spouse's employment status that results in a loss or gain of coverage
- Associate, spouse, or dependent taking an unpaid leave of absence, which affects benefits eligibility
- Change in your work location, which affects the benefit plans offered
- Eligibility or loss of eligibility for Medicaid or CHIP coverage

Absent a QLE, you must wait until the next annual Open Enrollment to change your benefits.

Dependent Verification

You will be required to provide evidence that any new dependents you enroll meet the benefit eligibility requirements. Acceptable forms of proof include a marriage license, birth certificate, or formal court designation.

You will be mailed instructions to your address on file from Dependent Specialist Inc (DSI) in order to complete the verification process. The process must be finalized within 30 days of electing benefits to avoid dependent(s) being removed from coverage. Dependents removed from coverage will not be eligible to re-enroll until the next open enrollment.

You may call the DSI customer service line at **888-374-0150** for additional information.

Medical/Rx Coverage

Quality medical coverage is one of the most valuable benefits offered to you as an associate of Pyramid Global Hospitality, and choosing which medical plan works best for you and your family is one of the most important decisions you'll make during enrollment. Use the information in this guide to find the right fit. Then, take advantage of your plan's member resources to get the most out of your plan and to maintain a healthy lifestyle.

4 Plans Available

You have a choice of four medical insurance plans. These plans include a range of coverage levels and costs, giving you the flexibility to select the plan that's right for your situation. You'll find a brief summary of each of the plans in this guide. All four plans provide you with the following:

- Comprehensive medical coverage
- Free in-network preventive care, including annual physicals, well-care exams and immunizations, some cancer screenings, and more
- Retail and mail order prescription drug coverage through OptumRx
- Convenient access to a plan member website to stay connected to your benefits

4 medical insurance plans for all your medical needs

1. BCBS PPO Premium
2. BCBS Core Flex
3. BCBS Saver Flex
4. BCBS PPO Essential

Find out more about each plan and see which is right for you on the following pages.



We have partnered with best-in-class carriers to deliver your medical plan options:

- Blue Cross Blue Shield (BCBS) – offers a large national network of doctors for all medical plan options. Administers hospital and outpatient services for Premium and Essential PPO plans
- Lantern – A surgical Center of Excellence that offers members a network of highly skilled and top rated surgeons for specific surgeries. Use of Lantern is required for the Premium PPO and Essential PPO plan options
- Personify Health – provides member advocacy and administers hospital and outpatient services for the Core Flex and Saver Flex plan options

Important Differences and Similarities between your Medical Plan options

Plan Option	BCBS Premium PPO Plan	BCBS Core Flex Plan	BCBS Saver Flex Plan	BCBS Essential PPO Plan
Network for Doctor Visits	Broad National Network	Broad National Network	Broad National Network	Broad National Network
Network for Hospital and Outpatient Procedures	Broad National Network Certain surgical procedures require use of Lantern Centers of Excellence	All hospital and outpatient procedures managed by Personify Health	All hospital and outpatient procedures managed by Personify Health	Broad National Network Certain surgical procedures require use of Lantern Centers of Excellence
Health Savings Account Eligible	No	No	**Yes**	No
Prescription and Doctor office visits coverage before deductible	**Yes**	**Yes**	**No**	**Yes**
Paycheck contributions	**$$$**	**$$$**	**$$**	**$**

Important information about the Flex medical plan options:

Flex plans provide coverage similar to traditional plans, except for non-emergency procedures and inpatient or outpatient treatments received at a hospital or surgical center.

You will receive three ID cards for medical coverage under a Flex Plan.

- The Blue Cross Blue Shield card will be used for Doctor Office visits.
- The Personify card will be used for Hospital and Outpatient Procedures.
- The Lantern card will be for surgical care and related services.

When you need to have an in- or outpatient treatment or procedure done, you will contact Personify Health to get pre-certified for the treatment. Personify will negotiate with the facility to save you and the plan money.

Hospital and Outpatient Balance Billing:

Balance billing sometimes happens when the plan pays a non-network hospital less than the amount the hospital charges for the care. When you are enrolled in a Flex Plan, it's important to compare your bills to your Explanations of Benefits (EOBs) that you will receive from Personify Health. If you are being asked to pay more than your EOB states, this is called a Balance Bill. Although balance billing is rare, if you receive a balance bill, do not pay - reach out to Personify Health.



Words to know

Deductible – The amount you pay before the plan begins to pay.
Coinsurance – The percentage you pay for care after reaching the deductible.
Copay – The amount you must pay for certain kinds of care at the time of service.
Out-of-pocket Maximum – The most you have to pay during a plan year.

Medical Plan Options

Below is a snapshot of some of the benefits covered under the medical plan options and your costs when you receive care.

Plan Option	BCBS PPO Premium	BCBS Core Flex	BCBS Saver Flex	BCBS PPO Essential
HSA eligible	No	No	Yes	No
	In-Network Coverage			
Annual Deductible				
Individual	$0	$1,900	$2,500	$5,000
Family	$0	$3,800	$5,000	$10,000
Out-of-Pocket Maximum (per calendar year)				
Individual	$6,500	$6,500	$6,500	$10,000
Family*	$13,000	$13,000	$13,000	$20,000
Medical Coverage				
Coinsurance	N/A	15%	20%	30%
Preventive care	0%	0%	0%	0%
Primary care visit	$10	$15	$20 copay after Ded	$50
Specialist visit	$50	$60	$75 copay after Ded	$150
Virtual care visit	$10	$15	$20	$50
Urgent care visit	$100	$60	$75	$60
Labs / X-rays	$100	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Inpatient hospital	Up to $3,600	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient hospital	Up to $1,200	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Emergency room	Up to $1,000	Ded. & Coins.	Ded. & Coins.	$1,000
Rx (Retail - 30 day supply)	$15/$50/$75	$15/$50/$75	$15/$50/$75 After deductible	$15/$50/$75

Note: On the Flex plans, in-network and out-of-network coverages are the same, however out-of-network providers may balance bill. On the PPO Premium and PPO Essential plans, there is different cost sharing for out-of-network coverage. Please see your Summary Plan Description for more details and a full list of covered services.

* "Family" applies to Associate + Child(ren), Associate + Spouse/Domestic Partner, and Family coverage.

Finding Providers

Using in-network providers can help you get the most value from your health plan because in-network providers have agreed to negotiated rates and reduced costs for covered services. You will receive an ID card in the mail with the name of your provider network. Your network is based on the state where you are located and provides access to hospitals, physicians, and other professional ancillary services. To find a hospital, doctor/specialist, or other provider in your network, visit **Mybenefitenrollment.net/pyramid**. For those enrolled in a Flex Plan, any inpatient or outpatient procedures received at a hospital or surgical center will need to be pre-certified with Personify Health. To contact Personify, please call 1-866-777-8511.

Virtual Care:

Need care fast? Pyramid has partnered with Teladoc Health® to give you 24/7 access to licensed doctors by phone or video. Most appointments can be arranged in minutes, and many visits take just 10-15 minutes. Doctors can diagnose common illnesses, recommend treatment, and prescribe medication when appropriate for many non-emergency issues like cold/flu, allergies, fever, pinkeye, rashes, stomach issues, and more. It's easy to get started.

1. Log in to My Health Toolkit® at **MyHealthToolkitMA.com**.
2. Select Providers & Services, Telehealth, then Teladoc. This will take you to the Teladoc site.
3. Your insurance information will appear so you can easily complete your registration.
4. Or you can call Teladoc Health at 866-789-8155. Have your Member ID ready.

Lantern: Your Guide to Excellent Surgical Care

Lantern is here to help you find the best care-and save money along the way". If you need a planned non-emergency surgery, call (844) 752-6168. Your dedicated Lantern Care Advocate will help match you to a top-rated surgeon for your needs.

Lantern's network covers thousands of procedures, including:

- Joint replacements*
- Spinal fusions*
- Bariatric surgeries*
- Hysterectomies
- Colonoscopies Tonsillectomies
- And more

Note: When you enroll in a medical plan through Pyramid Global Hospitality, you are automatically enrolled in Lantern Surgical Care at no additional cost. You'll receive a separate Lantern Member ID card with information on how to access this valuable benefit.

*If you are on the PPO Premium or PPO Essential plan you are required to connect with Lantern for the bolded procedures.
*Lantern is $0 out-of-pocket costs to members, but those on the Essential plan must meet the IRS minimum deductible first ($1,750 individual/S3,500 family).

Prescription Drug Coverage

OptumRx is our prescription drug provider. Your prescription drug coverage depends on the medical coverage level you choose. Medications are grouped into tiers, which determines your portion of the drug cost.

OptumRx				
	BCBS PPO Premium	BCBS Core Flex	BCBS Saver Flex	BCBS PPO Essential
Retail Prescriptions (30-day supply)				
Tier 1	$15	$15	Ded. then $15	$15
Tier 2	$50	$50	Ded. then $50	$50
Tier 3	$75	$75	Ded. then $75	$75
Mail Order Prescriptions (90-day supply)				
Tier 1	$30	$30	Ded. then $30	$30
Tier 2	$100	$100	Ded. then $100	$100
Tier 3	$150	$150	Ded. then $150	$150

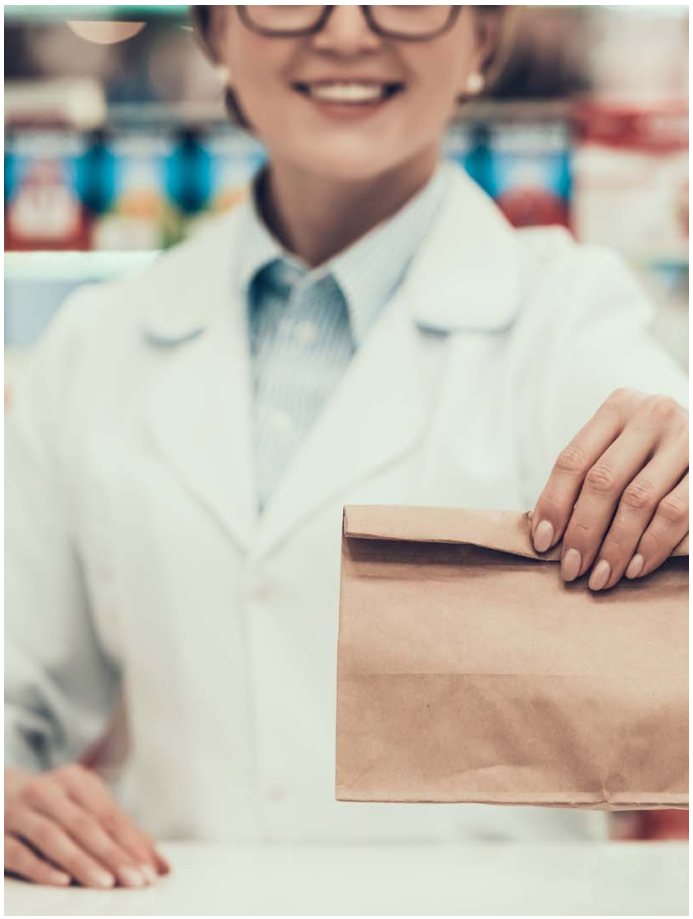
Maintenance Medications

To help manage pharmacy costs the Pyramid Global Hospitality plan has certain requirements for maintenance medications.

CVS90 SaverPlus: Requires you to fill your maintenance medications in a 90-day supply either through a CVS pharmacy or through OptumRx Home Delivery Pharmacy.

You can get two 30-day courtesy fills before you must make the switch. After the courtesy fills, if you are not filling at a CVS Pharmacy or for 90-days, you will be required to pay the full cost of the medication. Making the switch will save you time and money because you will pay a lower copay for your 90-day supply.

You can determine the location of the closest OptumRx pharmacy through **optumrx.com**, your OptumRx mobile app, or by contacting the number on the back of your ID card.



Scan the QR Code to find the list of covered drugs, a network pharmacy, and estimate drug costs:

Manage your medicines when you're mobile

Use the OptumRx mobile app to set up long-term prescriptions to be delivered, order refills and renewals, check order status and more.

Pharmacists are available 24/7 if you have questions. Simply call the phone number on the back of your ID card or visit **optumrx.com**.

You can ask questions, and even talk with a specialist pharmacist who's trained in medicines used to treat complex and chronic conditions.

Supplemental Medical Plans

Consider Supplemental Medical Insurance

Your benefits package includes the option to purchase supplemental medical insurance through Securian. Each of the plans described to the right complement your medical insurance and protect you against catastrophic medical expenses.*

No matter which medical plan you select, you may want additional coverage that pays benefits directly to you to help cover deductibles and out-of-pocket expenses.

Depending on your situation, you may be able to save money by purchasing a lower-cost medical plan and adding one or more supplemental plans to achieve effective protection at a lower plan cost.

All plans are guaranteed issue, which means you can qualify for coverage without having to answer any health questions.

Wellness Benefit:

All three plan options include a $50 Wellness Benefit that provides an annual payment to you and each enrolled dependent when you complete a covered health screening on or after your coverage effective date, regardless of whether you have any out-of-pocket cost. Only one screening is required per person, and the benefit is paid once per calendar year, even if multiple screenings are completed.

Ready to learn more? Visit securian.com/pyramid-global-insurance for more information about your coverage options and costs.

* Not a guarantee of coverage. Benefits vary by state and service. Review plan documents to verify covered benefits.

Accident Insurance*

Accident Insurance can help you bounce back by providing cash benefits if you experience a covered accident. These benefits help with expenses and protect your savings, letting you focus more on recovering.

- Choose from two plan options – High and Low
- Both plans cover expenses for on and off-the job accidental injuries. Includes dollar reimbursements for:
  - Ambulance rides
  - Burns
  - Dislocations
  - Fractures
  - Hospitalizations
  - Organized sports injury
  - Physical Therapy
  - Surgery benefits and more
- Benefit is paid directly to you

Critical Illness Insurance*

Critical Illness Insurance can help with the treatment costs of covered critical illnesses including mental health conditions like autism spectrum disorder, bipolar, and depression. This plan ensures that you have access to comprehensive coverage for a wide range of conditions and gives you the flexibility to pay bills related to treatment or help with everyday living expenses.

- Choose from two coverage options with payouts up to $15,000 or $30,000 for covered serious illnesses, such as:
  - Autism
  - Cancer
  - Heart attack
  - Reproductive health benefits
  - Stroke
  - Type 1 diabetes
- Benefit is paid directly to you following a new diagnosis. Pre-existing conditions are not eligible.

Hospital Indemnity Insurance*

Hospital Indemnity Insurance offers financial protection when you're hospitalized due to a covered illness or injury. This benefit is paid directly to you for planned and unplanned hospitalizations to use for medical and non-medical expenses. Benefits can help with the hospital bill or everyday expenses.

- Choose from two plan options – High and Low
- Both plans cover expenses for costs incurred when you are hospitalized for a few days, few weeks or few months.
- Includes reimbursement hospital admission and daily hospital confinement.
- Payments are available for outpatient mental health and substance abuse screenings and care.
- Ability to submit labor and delivery claim ahead of hospital stay at 36 weeks pregnant and be paid.

Dental Coverage

Protect your and/or your family's pearly whites with dental coverage through Delta Dental. Choose from the DPPO Plus Premier (DPPO) plan or a $0 deductible Dental Health Maintenance Organization (DHMO) option (subject to geographic availability).

- The DPPO is a more traditional plan and provides flexibility in the dentist that you choose. This plan features an annual deductible, coinsurance for different types of services, and an annual maximum benefit amount.
- The DHMO plan is similar to a medical HMO in that you're required to select an in-network provider to receive treatment. You will be responsible for 100% of the costs if you visit a dentist who isn't in the network.

Find network providers by logging on to **deltadentalins.com**. When searching providers within the DHMO plan, please select DeltaCare USA from the drop-down menu.

There are additional perks available through your dental plan such as discounts on oral health care products, LASIK, and hearing aids. Learn more at **www.deltadentalins.com/memberperks**

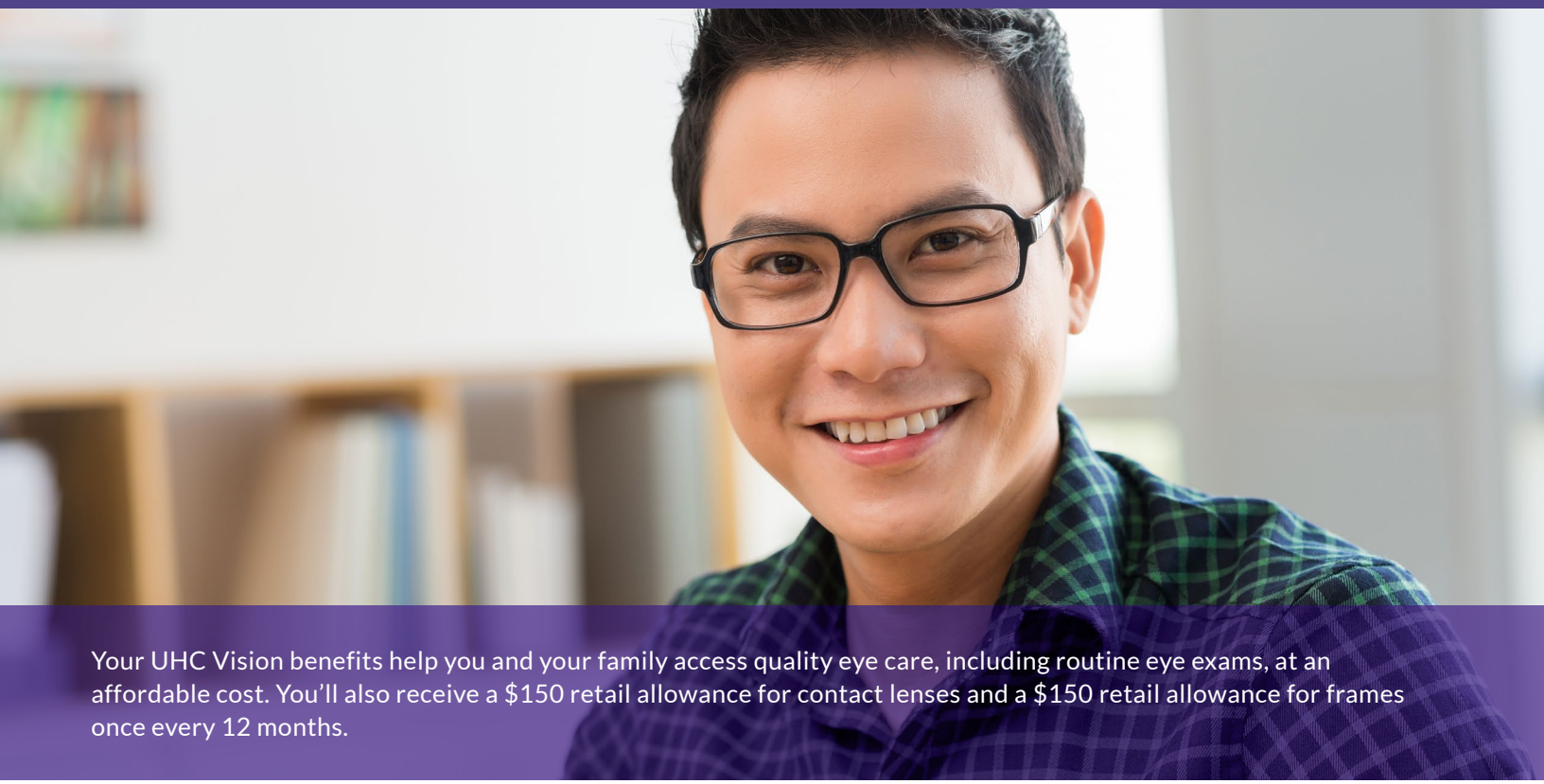
Plan Details	Delta Dental	
	DPPO Plus Premier	DHMO DeltaCare*
Associate Cost Share Amounts		
Deductible (individual/family)	$50 / $150	$0 / $0
Dental care annual maximum	$2,000	Not applicable
Your Costs for Care		
Check-ups, teeth cleaning, & other diagnostic/preventive services	Covered 100%**	Covered 100%
Cavity repair, tooth extractions, root canals, routine/restorative services & other endodontic services	Covered 80%	Cost for fillings is $0 to $115 depending on the composite used
Crowns, onlays, cast restorations and TMJ	Covered 50%	Cost for crowns is $390 – $460
Orthodontia (Includes Traditional or Invisalign*)**	Covered 50% (adults and children)	Comprehensive ortho adult and adult dependents, $2,525 (includes pre & post records $575, copay $1,730, and removal of appliances $220) Comprehensive ortho child to age 19, $2,325 (includes pre & post records $575, copay $1,530, and removal of appliances $220)
Orthodontic lifetime maximum	$2,000	Not applicable

* DHMO only offered in certain geographic locations

** Costs do not count towards the annual maximum when seeing an in-network (Delta Dental PPO or Delta Dental Premier) provider for certain services. See your plan information for more details.

*** See your plan information for more details.

Vision Coverage



Your UHC Vision benefits help you and your family access quality eye care, including routine eye exams, at an affordable cost. You'll also receive a $150 retail allowance for contact lenses and a $150 retail allowance for frames once every 12 months.

You have the freedom to seek care from any provider. If you want to maximize your benefits and reduce your out-of-pocket costs, then choose a provider who participates in the UHC network. To find one near you, visit **exploreuhcplans.com/pyramidglobalhospitality**.

Key Vision Benefits	
In-Network Exam (once every 12 months)	$10 copay
Eyeglasses and Medically Necessary Contact Lenses (once every 12 months)	$20 copay
Materials	
Frames (once every 12 months)	$150 retail allowance
Elective Contact Lenses (once every 12 months)	$150 retail allowance
Standard Lenses (once every 12 months)	100% covered

For additional covered lens options and for out-of-network benefits, view your plan details at **exploreuhcplans.com/pyramidglobalhospitality**.

Health Savings Account

When you enroll in the Saver plan, you're eligible to contribute to a tax-advantaged* Health Savings Account (HSA), which you can use now to pay current health care expenses for yourself, your spouse, and your dependent children, or save it for future expenses. You get to decide. An HSA account will be set up for you automatically by Fidelity.

	How an HSA Works
	**1. Anyone Can Contribute** The IRS sets limits on how much can be contributed pretax* to an HSA each year. For 2027, the limits are $4,500 for self-only, and $9,000 for family.** Anyone 55 or older by 12/31/2027 can make an additional annual catch-up contribution of $1,000.
	**2. You Withdraw Money Tax-free** Use the money in your HSA to make tax-free payments toward eligible out-of-pocket health care expenses. These include your plan deductible, coinsurance, prescription costs, and anything not covered by your medical, dental, or vision plans.
	**3. Roll Over Funds** Once contributed, funds in your HSA are yours to keep for as long as you want until you use them. Take the account with you if you change jobs and after you retire.
	**4. Invest your HSA** When your account reaches a minimum balance, you have the option to invest it in a range of mutual funds.

* You don't pay federal income taxes on any HSA contributions. You may have to pay state and local taxes, however, depending on your residence. Speak with your tax advisor for details.

** Family refers to Associate + Spouse, Associate + Child(ren), and Associate + Family.

HSA Eligibility Requirements

Because an HSA provides certain tax advantages, the IRS limits who can contribute. How do you know if you're eligible? You can contribute, if ….

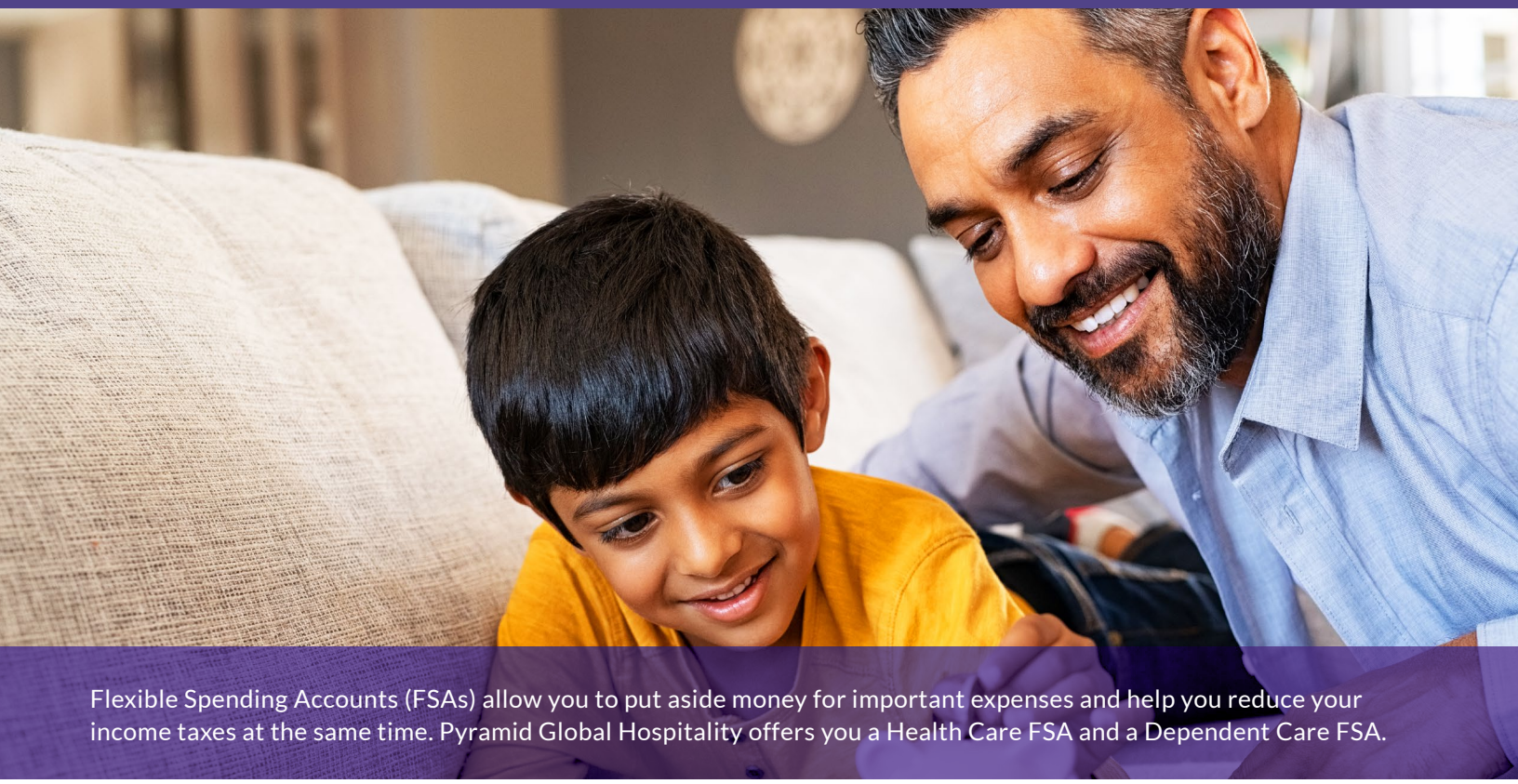
- You're covered by Pyramid Global Hospitality's Saver plan
- You don't have other non-qualified health insurance, including Medicare parts A or B or TRICARE
- You aren't claimed as a dependent on another individual's tax return
- Neither you or your spouse/domestic partner have a Health Care FSA, even if it's under another employer's plan; Limited Purpose FSAs are allowed

If you are enrolled in an HSA, you may not participate in a Health Care FSA.

Fund your HSA with premium savings

Put the savings you'll receive with lower per-paycheck premium costs toward funding your Health Savings Account. You can use your HSA to help cover the higher deductible, or save it for future expenses.

Flexible Spending Accounts



Flexible Spending Accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Pyramid Global Hospitality offers you a Health Care FSA and a Dependent Care FSA.

During your Benefit Enrollment period, you decide how much to set aside for health care and dependent care expenses. Your contributions are deducted from your paycheck on a pretax basis in equal installments throughout the calendar year.

As you incur expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed, and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Use It or Lose It

Be sure to calculate your FSA contributions carefully. The funds won't roll over from year to year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled.

	Maximum Contribution Limit	
Year	**Health Care FSA**	**Dependent Care FSA**
2027	$3,400*	$7,500*

*Pending IRS release of final limits for 2027.

Life/AD&D Insurance

Basic Life and Accidental Death & Dismemberment

All benefit eligible associates are automatically enrolled to receive Basic Life insurance benefits and Basic Accidental Death and Dismemberment insurance (AD&D) benefits each year — at no cost to you. Benefits are provided by Securian.

- Benefits You Receive – 1x your annual earnings
- Maximum Benefit Amount – Hourly: $100,000, Salaried & Managers: $300,000

Note: Basic Life insurance greater than $50,000 provided to you from Pyramid Global Hospitality is considered taxable income and reported to the IRS. This amount appears on your W2 as imputed income.

Did You Know?

With your **Securian Life Coverage**, you and your family have access to free legal, financial, grief, and well-being support through **TELUS Health**. These services include will-prep templates and free legal consultations, funeral planning tools with discounted services, financial guidance ranging from budgeting to tax planning, and access to grief support specialists. You'll also find well-being resources such as personalized fitness journeys, stress and anxiety programs, and lifestyle recommendations. All of these resources are available at no extra cost, with no enrollment required, and can be used by your spouse and eligible children—even if they're not covered under the insurance program.

Voluntary Supplemental Life and AD&D Insurance

Pyramid's associate supplemental Life and AD&D insurance provides you better financial protection and peace of mind, ensuring that your loved ones are adequately protected.

You may enhance your coverage with voluntary supplemental Life and AD&D insurance for the amounts shown below. You pay the full premium costs with after-tax dollars and may cover yourself, your spouse, and your dependents.

	Voluntary Supplemental Life & AD&D Insurance Benefit Amounts	Guaranteed Issue Amounts
Employee	1x-7x annual salary, up to $300,000 maximum for hourly and $800,000 for salaried & managers	$200,000 Hourly and $400,000 Salaried & Managers
Spouse	Increments of $25,000 up to $100,000 maximum, not to exceed 100% of employee election	$50,000
Child(ren)	Options of $10,000 / $15,000/ $20,000	NA

Note: For spouse or dependent child coverage, you are the automatic beneficiary.

What Is Evidence of Insurability?

Evidence of Insurability, or EOI, is the insurance company's way of determining you are in good health prior to providing you with insurance. It is usually a health questionnaire you must complete before insurance will be approved.

If you enroll for voluntary, supplemental term life insurance within 31 days of initial eligibility, EOI is not required for coverage up to the guaranteed issue amount.

Proof of good health is required for all new supplemental life insurance elections. If you didn't enroll when first eligible as a new employee, you may still elect this benefit. However, you will be required to complete a personal health application that will be reviewed by Securian.

Disability Insurance

We look out for you by providing disability insurance benefits through Unum. If you have to miss work due to childbirth, injury, or illness, this benefit helps ensure that at least a part of your income continues until you return to work or reach retirement age. You can view details about short-term and long-term disability insurance benefits when you enroll or at any time by visiting your plan member website at **unum.com/associates**.

	STD Insurance*	LTD Insurance
Who pays the premiums	You	Hourly: You Managers & Salaried: Pyramid Global
Benefits provided	Up to 60% of your weekly salary	Up to 60% of base monthly salary
Maximum benefit payable	$1,200 per week	$15,000 per month
Maximum benefit duration	26 weeks of disability	Social Security Normal Retirement Age
Waiting period	7 days of disability	180 days of disability

* If your state provides short-term disability benefits, your disability benefits will be coordinated between your Pyramid Global Hospitality plan and the state.



Legal Plan

The MetLife Legal Plan can help offer protection at every step with legal coverage to help with life's planned and unplanned events, whether you're getting married, buying or selling a home, starting a family, sending your kids off to college or caring for aging parents. Through the legal plan, you will have access to a wide network of attorneys available to offer consultation face-to-face, by phone, or virtually.

Learn More

members.legalplans.com or 800-821-6400

ID Theft Protection

MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money, assets, family, reputation and privacy.

- Identity Theft Protection: Get alerted to detected threats to your identity, SSN, online accounts and more. Plus, guard against data brokers who try to sell your info on the web.
- Financial Fraud Protection: Stay one step ahead of threats with credit, bank account, personal property monitoring and financial tools to help keep your assets safe.
- Digital Security: Connect online more securely and privately with intelligent safety tools that help protect your passwords, devices and Wi-Fi connections from hackers.

Learn More

my.aura.com/start or 844-931-2872



401(k) Retirement Savings Plan



Right now, retirement may seem like a long way off. But we believe saving for your future is one of the greatest gifts you can give yourself. After all, financial security is an important part of your overall well-being. We want to help you understand your retirement benefits and put you on the path to a brighter and more secure future.

The Pyramid Global Hospitality 401(k) plan is available to all associates who are age 18 and older who have completed 3 months of service at the company. This plan lets you save for retirement both on a pretax basis and via the Roth aftertax feature. Fidelity serves as the plan administrator.

Your Contributions

You may contribute from 1% to 90% of your annual salary, subject to IRS limits, to the 401(k) plan. The maximum contribution you can make is $24,500*. However, if you are aged 50-59 OR 64 or older, you can contribute an additional $8,000* in catch-up contributions, for a total of $31,000*. Those aged 60-63 can contribute an additional $11,250* for a total of $35,750*.

*Pending IRS release of final limits for 2027.

Company Matching Funds

Pyramid Global offers a contribution to help you save even more.

- 100% match on the first 3% per paycheck you contribute
- 50% match on the next 2% per paycheck you contribute

You are immediately 100% vested in the company match contributions. That means if you contribute 5% of your pay, you'll receive a total company match of 4%—boosting your retirement savings.

Did you know?

An employer 401(k) match is one of the best ways to save for your future — but nearly a quarter of Americans don't take full advantage of this opportunity.

Don't leave free money on the table! Go online to find interactive retirement calculators, information on how much you can save, and more.

Get started on a brighter, more secure future today at **netbenefits.com.**

SmartDollar

SmartDollar is your free financial wellness benefit. Reduce money stress and learn to spend less, save more, and get rid of debt.

- Stay on top of your money goals with the EveryDollar budgeting app
- Save money by filing your federal and state taxes for free using Ramsey SmartTax
- Talk to an expert one-on-one and make a plan for your financial future
- Sign up for your free account at **smartdollar.com/enroll/pyramidglobal**

RAMSEY SmartDollar

Employee Assistance

We work hard to help ensure that you and your family live well in all aspects of life, whether you're at home or at work. That means taking care of your total health – emotional, financial, social and physical. For that reason, we provide an Employee assistance program (EAP) through SupportLinc at no cost to you.

This service connects you and members of your household with the best mental health and counseling services. All services provided are confidential and will not be shared. With just one phone call, at any hour of the day or night, you can speak with helpful professionals.

Turn to the EAP for Assistance With:

- Emotional problems, stress, anxiety, depression
- Child care, schooling concerns, elder care services
- Alcohol or drug dependency, tobacco cessation program
- Grief and loss
- Continuing education and college planning
- Marriage, family, or work relationships
- Relocation guidance and neighborhood analysis
- Financial or legal advice
- Adoption information, parental leave coaching
- Travel and expatriate information
- Referrals to local service providers

EAP Resources at Your Fingertips: Boost your emotional wellbeing and maintain work life balance with the eConnect® mobile app. Chat live with a SupportLinc EAP licensed counselor, schedule a callback or search expert content – all from the convenience of your phone or tablet.

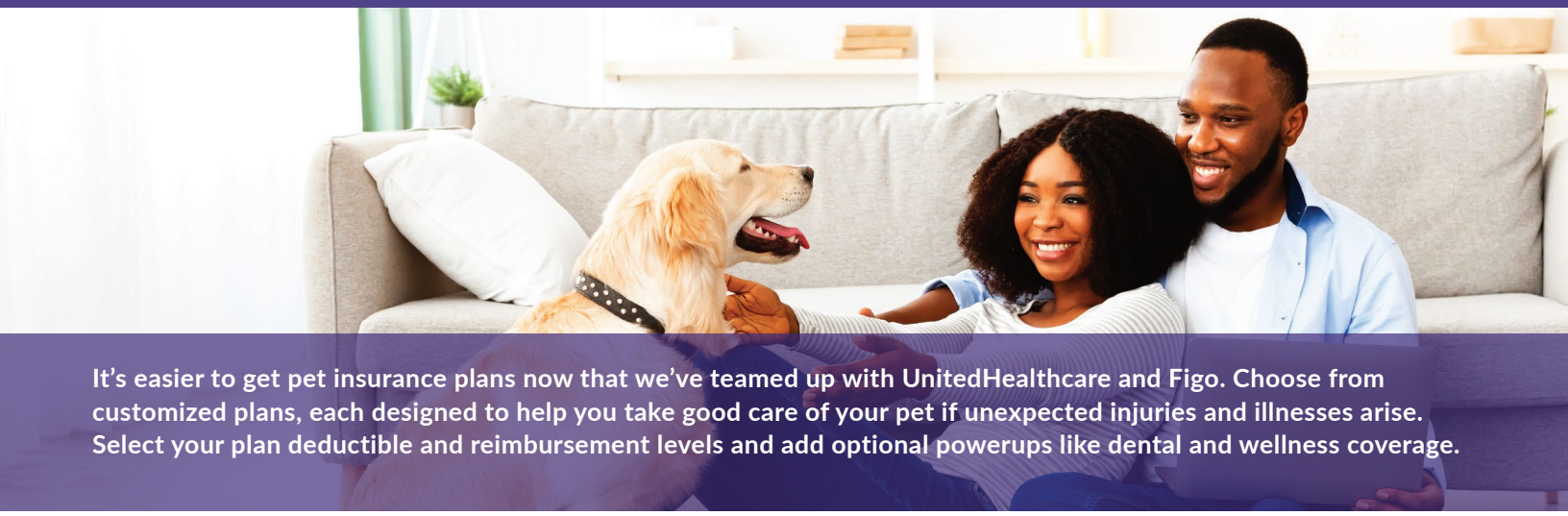
Visit the web portal, Google Play or App Store to download the eConnect® mobile app.



Connect With an EAP Professional

Call toll-free **888-881-5462**
Online resources: **mysupportlinc.com** (group code: pyramidglobal)

Pet Insurance



It's easier to get pet insurance plans now that we've teamed up with UnitedHealthcare and Figo. Choose from customized plans, each designed to help you take good care of your pet if unexpected injuries and illnesses arise. Select your plan deductible and reimbursement levels and add optional powerups like dental and wellness coverage.

Plan benefits for you:

- Freedom to see any veterinarian for your dog or cat's care
- A simple claims process with direct deposit reimbursements
- 24/7 access to Live Vet for virtual visits
- The Pet Cloud allows you to store your pet's records and reminders

Learn More

figopetinsurance.com or **888-246-6918** to get a quote and to enroll anytime throughout the year.

BenefitHub

Enjoy discounts, rewards, and perks on thousands of brands you love in a variety of categories, including travel, health and wellness, local attractions, and more!

To begin, visit **Pyramidglobal.benefithub.com** to create your account using your Workday Associate ID. Once your account is set up, you'll have access to the discount marketplace.

Learn More

Visit **Pyramidglobal.benefithub.com** or scan the QR code.

Carrier Contacts

Benefit Plan	Benefit Carrier	Phone Number	Website
Medical	Blue Cross Blue Shield Personify	1-866-777-8511	**Mybenefitenrollment.net/pyramid**
Medical (Surgery)	Lantern	1-844-752-6168	**my.lanterncare.com**
Prescription Drugs	OptumRx	1-800-797-9791	**optumrx.com**
Health Savings Account (HSA)	Fidelity	1-800-294-4015	**netbenefits.com**
Flexible Spending Accounts	Wex	1-866-451-3399	**benefitslogin.wexhealth.com**
Dental	Delta Dental	PPO: 1-800-521-2651 DHMO: 1-800-422-4234	**deltadentalins.com**
Vision	UHC	1-800-638-3120	**exploreuhcplans.com/pyramidglobalhospitality**
Life and AD&D **Supplemental Medical (Accident, Critical Illness, Hospital Indemnity)**	Securian	1-800-872-2214	**securian.com/ pyramid-global-insurance**
Disability	Unum	1-800-421-0344	**unum.com/employees**
Employee Assistance Program (EAP)	SupportLinc	1-888-881-5462	**mysupportlinc.com** (group code: pyramidglobal)
Pet Insurance	Figo/UnitedHealthcare	1-888-246-6918	**figopetinsurance.com**
Legal	Metlife	1-800-821-6400	**members.legalplans.com**
ID Theft	Aura	1-844-931-2872	**my.aura.com/start**
401(k)	Fidelity	1-800-294-4015	**netbenefits.com**
Financial Wellness	Smart Dollar		**smartdollar.com/enroll/ pyramidglobal**
Discount Marketplace	BenefitHub	1-866-664-4621	**pyramidglobal.benefithub.com**

Questions? We Can Help

If you have additional questions about your benefits or need assistance with enrolling, you may contact Human Resources at **benefitscenter@pyramidglobal.com**.

Reminder - If you need help making decisions on your benefits, you can access ALEX through your Benefits Enrollment task in Workday.

Legal Notices

Important notice to associates from Pyramid Global Hospitality about creditable prescription drug coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Pyramid Global Hospitality medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2027. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2027 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Pyramid Global Hospitality and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Pyramid Global Hospitality prescription drug plan, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2027. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active associate or family member of an active associate, you may also continue your employer coverage. In this case, the Pyramid Global Hospitality plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Pyramid Global Hospitality coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Pyramid Global Hospitality plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Pyramid Global Hospitality and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Pyramid Global Hospitality coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit **medicare.gov** for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at **www.shiptacenter.org.**
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at **www.socialsecurity.gov** or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Corporate Human Resources

Pyramid Global Hospitality

100 Federal Street, Suite 1302

Boston, MA 02110

617-412-2888

benefitscenter@pyramidglobal.com

Notice of Special Enrollment Rights for Medical plan coverage

- As you know, if you have declined enrollment in Pyramid Global Hospitality's medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under these plans without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

  Pyramid Global Hospitality will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Pyramid Global Hospitality group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

Women's Health and Cancer Rights Act notice

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 at the phone number listed on the back of your ID card.

Newborns' and Mothers' Health Protection Act notice

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). If you would like more information on maternity benefits, call your plan administrator at the phone number listed on the back of your ID card.

Michelle's Law notice – Extended dependent medical coverage during student medical leaves

The Pyramid Global Hospitality plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school – or change in school enrollment status (for example, switching from full-time to part-time status) – starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this oneyear period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, please contact Human Resources at **benefitscenter@pyramidglobal.com** as soon as the need for the leave is recognized to Pyramid Global Hospitality. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

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, 2026. 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** or Health Insurance Premium Payment Program/Cost Avoidance | DHCS 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

GEORGIA – Medicaid

GA HIPP Website: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
Phone: 678-564-1162, Press 1
GA CHIPRA Website:**https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
Phone: 678-564-1162, Press 2

ILLINOIS - Medicaid

Illinois Medicaid Premium Assistance Information Medicaid application
Website: **https://abe.illinois.gov**
HIPP Hotline Number: 217-524-8268
HIPP Email: **hfs.boc.hipp@illinois.gov**

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: **https://www.in.gov/medicaid/**
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: **Iowa Medicaid | Health & Human Services**
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: **Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)**
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: **KIHIPP.PROGRAM@ky.gov**
KCHIP Website: **https://kynect.ky.gov**
Phone: 1-877-524-4718
Kentucky Medicaid Website: **https://chfs.ky.gov/agencies/dms**

LOUISIANA – Medicaid

Louisiana Medicaid Website:
https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: **healthy@la.gov**
Louisiana Health Insurance Premium Program (LaHIPP)
Website:**https://www.ldh.la.gov/lahipp**
LaHIPP phone: 1-877-697-6703
LaHIPP email: **La.HIPP@la.gov**
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

Website: **https://www.mass.gov/masshealth/pa**
Phone: 1-800-862-4840
TTY: 711
Email: **masspremassistance@accenture.com**

MINNESOTA – Medicaid

Website: **https://mn.gov/dhs/health-care-coverage/**
Phone: 1-800-657-3672

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

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

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825 or (866)-614-6005

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid and CHIP

Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website:
https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website:
https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, 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**

OOMB Control Number 1210-0137 (expires 5/31/2029)

Paperwork Reduction Act Statement

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

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

Pyramid Global Hospitality HIPAA privacy notice

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Pyramid Global Hospitality health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: BCBS PPO Premium, Core Flex, Saver Flex, and PPO Essential. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Pyramid Global Hospitality as an employer — that's the way the HIPAA rules work. Different policies may apply to other Pyramid Global Hospitality programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.

- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with Pyramid Global Hospitality

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Pyramid Global Hospitality for plan administration purposes. Pyramid Global Hospitality may need your health information to administer benefits under the Plan. Pyramid Global Hospitality agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources staff are the only Pyramid Global Hospitality employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Pyramid Global Hospitality, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Pyramid Global Hospitality, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Pyramid Global Hospitality information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Pyramid Global Hospitality cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Pyramid Global Hospitality from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)

Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health informatiocualquiera de estas circunstancias:
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on January 1, 2027. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice.

Complaints: If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact Corporate Human Resources by emailing benefitscenter@pyramidglobal.com or calling 617-412-2888.

Contact: For more information on the Plan's privacy policies or your rights under HIPAA, contact Corporate Human Resources by emailing benefitscenter@pyramidglobal.com or calling 617-412-2888.

No Surprises Act notice

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.

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 U.S. Department of Health and Human Services beginning January 1, 2022 at 1-800-985-3059. Visit No Surprises Act | CMS for more information about your rights under federal law.

Fixed Indemnity Notice

The below notice applies to Pyramid Global Hospitality's supplemental Accident, Critical Illness, and Hospital Indemnity plans.

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

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

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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

Notes

better**together**

FOR TOTAL WELLBEING

PYRAMID
GLOBAL HOSPITALITY

While every effort has been made to ensure the accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, Pyramid Global Hospitality reserves the right to modify or terminate any benefit plans at any time.