MACH

Benefits Guide 2026

This Guide highlights the main features of the benefit plans sponsored by Mach. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Mach reserves the right to modify, amend, or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provision will continue in effect for any period of time. This Guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

It should also be noted that Mach will provide certain documents related to the Mach 401k Profit Sharing Plan and the Mach Welfare Benefit Plan (collectively, the "Benefit Plans") through an electronic media (i.e. via email or hyperlink). Additional information regarding these electronic communications may be requested from the Mach Benefits Department.

This Summary of Material Modifications contains a summary in English of your plan rights and benefits under the Mach Welfare Benefit Plan. If you have difficulty understanding any part of this Summary of Material Modifications, contact the Benefits Department at **HR@machnr.com** or (405) 252-8100. Office hours are from 8 a.m. to 5 p.m. CST Monday - Friday.

Este Resumen de modificaciones importantes contiene un resumen en inglés de los derechos y beneficios de su plan en virtud del Plan de beneficios de Mach. Si tiene dificultades para comprender alguna parte de este Resumen de modificaciones importantes, comuníquese con el Departamento de Beneficios en **HR@machnr.com** (405) 252-8124. El horario de atención es de 8.00 am A 5.00 pm CST de lunes a viernes.

Welcome to Your 2026 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

What's Inside

Disclaimer: This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

Getting Started

ELIGIBILITY

You are eligible to enroll in Mach's benefit plans if you are a regular, full-time employee scheduled to work 30 or more hours per week.

COVERING YOUR DEPENDENTS

You may also cover your eligible dependents, including:

- Your legal spouse, if they don't have access to health insurance.
- Your eligible children up to age 26 for medical, dental, vision, and voluntary life insurance.
    - "Children" are defined as your natural children, stepchildren, legally adopted children, and children for whom you are the court-appointed legal guardian.
    - Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

If your spouse is actively employed and he/she is eligible for health insurance through his/her employer, your spouse is not eligible for health insurance coverage under the Mach plan. All employees must complete a Spousal Affidavit attesting that you understand Mach's policy.

This policy does not apply to the dental and vision plans.

ANNUAL OPEN ENROLLMENT

Open Enrollment occurs annual in early November. Benefits are effective January 1 of the upcoming year. Open Enrollment gives you the opportunity to enroll in the health and welfare plans if you have previously declined coverage.

MAKING CHANGES TO COVERAGE

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualifying life event, or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualifying life event, you can make certain changes during the plan year. However, you must make your enrollment change within 31 days of the event by notifying Human Resources. If you do not notify Human Resources within 31 days, you will have to wait until the next Open Enrollment to make new elections.

Qualifying life events include, but are not limited to: change in number of dependents due to birth, adoption, placement for adoption, or death, change in legal marital status, including marriage, divorce, or death of a spouse change in employment status for you, your spouse, or your children, and more. For a more complete list of qualifying life events, refer to the Summary Plan Description.

If you have a qualifying life event or a special enrollment event and want to enroll for health coverage, contact Human Resources at ***HR@machnr.com***.

SPECIAL ENROLLMENT RULES

If you choose not to enroll yourself or your dependents because you have other coverage, you may be able enroll yourself or your dependents at a later date IF:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

You must enroll within 60 days of the qualified events listed above. If your dependent had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

ENROLLMENT

When you first join Mach, you have 31 days to enroll yourself and your dependents for benefits.

- Coverage begins on the first of the month following your date of hire (if your date of hire is the first of the month, your coverage is effective immediately).
- If you do not enroll within 31 days of becoming eligible, you will automatically be enrolled in company-sponsored benefits, such as Basic Life and Accidental Death & Dismemberment (AD&D) Insurance, but you will have to wait until the next annual Open Enrollment to enroll for other benefits and make changes to coverage.

PAYING FOR YOUR HEALTH CARE BENEFITS

Mach pays a portion of the total premium cost for your medical, dental, and vision benefits. The amount you pay depends on the coverage you elect and who you choose to cover.

$1,350 DEDUCTIBLE PLAN					
Advantage PPO Plan **Blue Advantage Network**	**Total Monthly**	**Mach Monthly**	**Employee Monthly**	**Mach Semi-Monthly**	**Employee Semi-Monthly**
Employee Only	$704.29	$605.85	$98.45	$302.92	$49.22
Employee & Spouse	$1,361.41	$973.43	$387.98	$486.72	$193.99
Employee & Child(ren)	$1,306.45	$1,014.47	$291.98	$507.24	$145.99
Employee & Family	$2,021.33	$1,424.74	$596.59	$712.37	$298.30

$1,100 DEDUCTIBLE PLAN					
Preferred PPO Plan **Blue Preferred Network**	**Total Monthly**	**Mach Monthly**	**Employee Monthly**	**Mach Semi-Monthly**	**Employee Semi-Monthly**
Employee Only	$809.53	$627.86	$181.67	$313.93	$90.84
Employee & Spouse	$1,564.84	$1,006.74	$558.10	$503.37	$279.05
Employee & Child(ren)	$1,501.67	$1,043.42	$458.25	$521.71	$229.13
Employee & Family	$2,323.37	$1,465.47	$857.91	$732.73	$428.95

$5,100 DEDUCTIBLE PLAN					
Preferred HDHP Plan with Health Savings Account* **Blue Preferred Network**	**Total Monthly**	**Mach Monthly**	**Employee Monthly**	**Mach Semi-Monthly**	**Employee Semi-Monthly**
Employee Only	$599.05	$517.09	$81.96	$258.55	$40.98
Employee & Spouse	$1,157.98	$805.68	$352.31	$402.84	$176.15
Employee & Child(ren)	$1,111.24	$842.94	$268.31	$421.47	$134.15
Employee & Family	$1,719.29	$1,174.12	$545.18	$587.06	$272.59

*If you do not meet the IRS eligibility requirements to contribute to an HSA but want to benefit from the lower premium of the High Deductible Plan, you can elect the Preferred HDHP Plan without HSA option.

DENTAL COVERAGE					
BCBS Dental Plan	**Total Monthly**	**Mach Monthly**	**Employee Monthly**	**Mach Semi-Monthly**	**Employee Semi-Monthly**
Employee Only	$32.90	$24.74	$8.16	$12.37	$4.08
Employee & Spouse	$65.76	$37.49	$28.27	$18.74	$14.14
Employee & Child(ren)	$87.45	$53.19	$34.26	$26.60	$17.13
Employee & Family	$132.91	$79.85	$53.06	$39.93	$26.53

VISION COVERAGE					
VSP Vision Plan	**Total Monthly**	**Mach Monthly**	**Employee Monthly**	**Mach Semi-Monthly**	**Employee Semi-Monthly**
Employee Only	$13.97	$7.04	$6.93	$3.52	$3.47
Employee & Spouse	$22.35	$7.11	$15.24	$3.56	$7.62
Employee & Child(ren)	$22.81	$7.11	$15.70	$3.56	$7.85
Employee & Family	$36.78	$7.23	$29.55	$3.62	$14.78

VISION COVERAGE					
VSP Vision Plan with ProTec Safety Glasses	**Total Monthly**	**Mach Monthly**	**Employee Monthly**	**Mach Semi-Monthly**	**Employee Semi-Monthly**
Employee Only	$16.06	$6.93	$9.13	$3.47	$4.57
Employee & Spouse	$24.44	$7.00	$17.44	$3.50	$8.72
Employee & Child(ren)	$24.90	$7.00	$17.90	$3.50	$8.95
Employee & Family	$38.87	$7.12	$31.75	$3.56	$15.88

* ProTec Safety Glasses are for employees only. Spouses and/or dependents are not covered.

Benefits

MEDICAL BENEFITS

Mach offers three medical plan options insured through Blue Cross & Blue Shield of Oklahoma (BCBS). All options offer both in-network and out-of-network benefits, so it's important to research your preferred providers before selecting a medical plan. It is also important to consider what you will pay in premiums vs. what you will pay out-of-pocket for different services.

ADVANTAGE PPO PLAN ($1,350 DEDUCTIBLE)

This plan is available at a lower premium compared to the Preferred PPO Plan because it utilizes the Blue Advantage network, which features lower contracted rates with providers. Compared to the Preferred PPO Plan, this plan offers a higher deductible and 30% coinsurance but lower out-of-pocket maximum; in addition, the office visit copays are slightly higher.

PREFERRED PPO PLAN ($1,100 DEDUCTIBLE)

This plan is available at the highest premium because it utilizes the Blue Preferred network and has the lowest deductible, 20% coinsurance, and lowest copay for office visits; however, the out-of-pocket maximum is higher compared to the Advantage PPO Plan.

PREFERRED HDHP ($5,100 DEDUCTIBLE) WITH HEALTH SAVINGS ACCOUNT (HSA)

This plan is available at the lowest premium because it has a high deductible and no copays for office visits or prescription drugs. This means that all claims are subject to the deductible. Once you've met the deductible, your remaining claims are covered 100% by the plan for the remainder of the year (as you've also met your out-of-pocket maximum).

In addition, the HDHP offers a tax-advantaged Health Savings Account (HSA). With this account, you can pay IRS eligible out-of-pocket healthcare expenses throughout the year. Mach contributes $1,000 - $2,000 annually to the HSA account (depending on your coverage tier). You can also contribute additional pre-tax dollars throughout the year over 26 pay periods.

If you do not meet the IRS eligibility requirements to contribute to an HSA but want to benefit from the lower premium on the HDHP, you can elect the HDHP without HSA plan option.

These charts outline the primary services utilized under the plans. Full details of all covered services are contained in the BCBSOK Summary Plan Description (SPD) governing the plans. If there is any discrepancy between the SPD and the information described here, the SPD will govern.

ADVANTAGE PPO PLAN

MEDICAL PLAN SERVICES	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Preventive Care Annual exam, immunizations, age/ gender related cancer screenings	**No Charge** 100% covered by plan	30% after deductible is met
Virtual Visit – MD Live	**No Charge** 100% covered by plan	Not covered
Primary Care Physician Office Visit	$40 copay	30% after deductible is met
Specialist Office Visit	$70 copay	30% after deductible is met
Chiropractic Office Visit*	30% after deductible is met	30% after deductible is met
Calendar Year Deductible Copays not applied	$1,350 Individual $4,050 Family	$2,700 Individual $8,100 Family
Coinsurance	30%	30% or 40%
Calendar Year Out-of-Pocket Max Annual deductible and copays	$3,000 Individual $9,000 Family	$9,000 Individual $27,000 Family
Urgent Care	$50 copay	30% after deductible is met
Emergency Care facility and physician	$500 copay + 30% after deductible is met	$500 copay + 30% after deductible is met
Ambulance Transportation	No charge	No charge
Diagnostic Tests (X-Ray, blood work)	No charge	30% after deductible is met
Imaging Services (MRIs, CT Scans, etc.)	30% after deductible is met	40% after deductible is met
Inpatient Facility	$200 copay + 30% after deductible is met	$300 copay + 40% after deductible is met
Inpatient Physician/Surgeon	30% after deductible is met	40% after deductible is met
Outpatient Facility	$150 copay + 30% after deductible is met	$250 copay + 40% after deductible is met
Outpatient Physician	30% after deductible is met	40% after deductible is met

*Chiropractic Visits – 25 visits per year is included in a combined visit limit maximum for occupational therapy, physical therapy, and muscle manipulations.

Blue Advantage PPO Network

To receive in-network coverage, you need to make sure your health care provider is a Blue Advantage PPO network provider. There are three easy ways to verify your provider's network status:

1. Call your doctor and ask them to confirm they are a "Blue Advantage PPO network provider."
2. Call BCBSOK at **800-942-5837.**
3. Visit **www.bcbsok.com**.

PREFERRED PPO PLAN

MEDICAL PLAN SERVICES	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Preventive Care Annual exam, immunizations, age/ gender related cancer screenings	**No Charge** 100% covered by plan	30% after deductible is met
Virtual Visit – MD Live	**No Charge** 100% covered by plan	Not covered
Primary Care Physician Office Visit	$35 copay	30% after deductible is met
Specialist Office Visit	$60 copay	30% after deductible is met
Chiropractic Office Visit*	20% after deductible is met	40% after deductible is met
Calendar Year Deductible Copays not applied	$1,100 Individual $3,300 Family	$2,200 Individual $6,600 Family
Coinsurance	20%	30%
Calendar Year Out-of-Pocket Max Annual deductible and copays	$5,250 Individual $10,500 Family	$15,750 Individual $31,500 Family
Urgent Care	$50 copay	30% after deductible is met
Emergency Care facility and physician	$300 copay + 20% after deductible is met	$300 copay + 20% after deductible is met
Ambulance Transportation	No charge	No charge
Diagnostic Tests (X-Ray, blood work)	No charge if billed w/office visit	30% after deductible is met
Imaging Services (MRIs, CT Scans, etc.)	20% after deductible is met	30% after deductible is met
Inpatient Facility	$500 copay + 20% after deductible is met	$500 copay + 30% after deductible is met
Inpatient Physician/Surgeon	20% after deductible is met	30% after deductible is met
Outpatient Facility	$250 copay + 20% after deductible is met	$250 copay + 30% after deductible is met
Outpatient Physician	20% after deductible is met	30% after deductible is met

*Chiropractic Visits – 25 visits per year is included in a combined visit limit maximum for occupational therapy, physical therapy, and muscle manipulations.

Blue Preferred PPO Network

To receive in-network coverage, you need to make sure your health care provider is a Blue Preferred PPO network provider. There are three easy ways to verify your provider's network status:

1. Call your doctor and ask them to confirm they are a "Blue Preferred PPO network provider."
2. Call BCBSOK at **800-942-5837.**
3. Visit **www.bcbsok.com**.

PREFERRED HDHP *WITH* OR *WITHOUT* HEALTH SAVINGS ACCOUNT (HSA)

MEDICAL PLAN SERVICES	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Preventive Care Annual exam, immunizations, age/ gender related cancer screenings	**No Charge** 100% covered by plan	30% after deductible is met
Virtual Visit – MD Live	No charge after deductible is met	Not covered
Primary Care Physician Office Visit	No charge after deductible is met	30% after deductible is met
Specialist Office Visit	No charge after deductible is met	30% after deductible is met
Chiropractic Office Visit*	No charge after deductible is met	30% after deductible is met
Calendar Year Deductible Copays not applied	$5,100 Individual $10,200 Family	$10,200 Individual $20,400 Family
Coinsurance	N/A	N/A
Calendar Year Out-of-Pocket Max Annual deductible and copays	$5,100 Individual $10,200 Family	$15,300 Individual $30,600 Family
Urgent Care	No charge after deductible is met	30% after deductible is met
Emergency Care facility and physician	No charge after deductible is met	No charge after deductible is met
Ambulance Transportation	No charge after deductible is met	No charge after deductible is met
Diagnostic Tests (X-Ray, blood work)	No charge after deductible is met	30% after deductible is met
Imaging Services (MRIs, CT Scans, etc.)	No charge after deductible is met	30% after deductible is met
Inpatient Facility	No charge after deductible is met	30% after deductible is met
Inpatient Physician/Surgeon	No charge after deductible is met	30% after deductible is met
Outpatient Facility	No charge after deductible is met	30% after deductible is met
Outpatient Physician	No charge after deductible is met	30% after deductible is met

*Chiropractic Visits – 25 visits per year is included in a combined visit limit maximum for occupational therapy, physical therapy, and muscle manipulations.

Blue Preferred PPO Network

To receive in-network coverage, you need to make sure your health care provider is a Blue Preferred PPO network provider. There are three easy ways to verify your provider's network status:

1. Call your doctor and ask them to confirm they are a "Blue Preferred PPO network provider."
2. Call BCBSOK at **800-942-5837.**
3. Visit **www.bcbsok.com**.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) – HEALTH SAVINGS ACCOUNT (HSA)

If you elect the HDHP during your enrollment period, you have the option to elect the HDHP ***with*** HSA or HDHP ***without*** HSA. If you elect the HDHP ***with*** HSA, the following information applies. In addition to the summary provided here, please refer to the ***HSA Frequently Asked Questions*** document for even more information to assist in making your decision.

ADMINISTERED BY HSA BANK

A Health Savings Account (HSA) is a tax-free account that earns interest. Your contributions are pre-tax, and you can choose to make changes to those contributions at any time throughout the year.

You can pay for out-of-pocket health expenses throughout the year with the tax-free dollars you contribute to your account. You receive a debit card which you use for eligible healthcare expenses.

HSA balances roll over to year to year, allowing you to build up a balance over time to cover healthcare expenses. HSA balances are portable and are taken with you if you leave the company.

HSA CONTRIBUTIONS

Mach contributes to your HSA during the plan year on a quarterly basis. Mach's contribution amount depends on the medical plan coverage level you elect. You make contributions throughout the year over 26 pay periods and can decide the amount you want to contribute during your enrollment period. Here's a summary of what Mach and you can contribute:

Coverage Level	Total 2026 IRS Annual Contribution	Mach Annual Contribution	Your Annual Contribution
Employee Only	$4,400	$1,000	Up to $3,400
Employee & Spouse	$8,750	$2,000	Up to $6,750
Employee & Child(ren)	$8,750	$2,000	Up to $6,750
Employee & Family	$8,750	$2,000	Up to $6,750

Catch-Up HSA Contribution

If you are age 55 or older by the end of the calendar year, you can contribute an additional $1,000.

ARE YOU ELIGIBLE FOR THE HSA?

You can only participate in the HSA if you enroll in Mach's Preferred High Deductible Health Plan. In addition, you cannot contribute to an HSA if any of the following apply:

- **You are covered by another health plan, including a spouse's plan, that is not a high deductible plan.**
- **You are enrolled in Medicare (If your spouse is enrolled in Medicare, you cannot use your HSA to pay for your spouse's healthcare expenses).**
- **You receive health benefits under TRICARE.**

Flexible Spending Accounts (FSA)

Mach allows you to contribute to one or both Flexible Spending Accounts (FSAs). Our FSAs are administered by HealthEquity.

- If you elect to contribute to one or both FSAs, you choose an amount to be deducted from each of your semi-monthly paychecks and deposited into your account throughout the year.
- Your contributions are taken out of your paycheck on a pre-tax basis, so you save money. Then, when you have eligible health care or dependent care expenses, you use the account to reimburse yourself, up to your annual contribution amount.
- Expenses must be incurred during the Plan Year as an active employee to be reimbursed. Expenses must be incurred between January 1, 2026, and December 31, 2026, to be eligible for reimbursement. If you have a balance left at the end of the plan year, you can take advantage of the rollover feature and apply up to $680 to the next plan year. (Rollover applies to Health Care FSA only).
- The IRS requires you to use all money in your FSA by the end of the year or you lose it. This is called the "use it or lose it" rule. This rule applies to any funds in excess of the rollover amount.

HEALTH CARE FSA

You can contribute up to the IRS maxium amount of $3,400 for 2026 via pre-tax payroll deductions.

You can use the Healthcare FSA to pay for IRS eligible out-of-pocket health care expenses. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays or prescription drug copays
- Eyeglasses, contacts, and other vision-related expenses not covered by the vision plan
- Orthodontia expenses not covered by the dental plan
- For a complete list of eligible expenses, visit **www.HealthEquity.com**

DEPENDENT CARE FSA

You can contribute up to $7,500 per year via pre-tax payroll deductions. If you are married and you and your spouse file separate tax returns, you can contribute $3,750 each.

The Dependent Care FSA helps you pay day care expenses for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be required so you can work.
- If you are married, your spouse must be employed, a full-time student at least five months during the plan year, or mentally or physically disabled and unable to provide care for himself or herself.

Eligible Dependent Care Expenses

Generally, you may use the money in your Dependent Care FSA for:

- Your children under age 13 whom you claim as a dependent for tax purposes.
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19
- Day camps and after-school care
- Adult day care facilities
- For a complete list of eligible expenses, visit **www.healthequity.com/employees**.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

Important FSA Considerations

- You may rollover your unused balance up to $680 in your Health Care FSA at the end of the plan year to pay for future expenses in another plan year.
- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit. (For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year — even if you have not yet contributed the full amount.)
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.
- If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.

PRESCRIPTION DRUG PLAN

If you enroll in the medical plan, you will automatically receive prescription drug coverage through Prime Therapeutics. You can purchase prescriptions through a local retail pharmacy, or through the mail order program for maintenance medications.

Retail Prescription Network Options

When you fill a prescription for a 30-day supply at a retail pharmacy, you can select a preferred or non-preferred pharmacy. If you select a preferred pharmacy (like Walgreens or Walmart), you will pay a lower copay amount as compared to a non-preferred provider. As an added benefit with preferred providers, you can fill a prescription for up to a 90-day supply.

Find a preferred provider pharmacy near you at **www.bcbsok.com**.

	LOW DEDUCTIBLE HEALTH PLANS Advantage PPO and Preferred PPO			HIGH DEDUCTIBLE HEALTH PLANS Preferred HDHP Plan		
	In-Network Preferred Provider	In-Network Non-Preferred Provider	Out-of-Network Provider	In-Network Preferred Provider	In-Network Non-Preferred Provider	Out-of-Network Provider
Retail Prescriptions (up to 31-day supply)						
Preferred Generic Drugs	No Charge	$10 copay	$10 copay + 20%	No charge after deductible	No charge after deductible	No charge after deductible, plus 50% additional charge
Non-Preferred Generic Drugs	$10 copay	$20 copay	$20 copay + 20%			
Preferred Brand Drugs	$50 copay	$70 copay	$70 copay + 20%			
Non-Preferred Brand Drugs	$100 copay	$120 copay	$120 copay + 20%			
Preferred Specialty Drugs	$250 copay	$250 copay	$250 copay + 50%			
Non-Preferred Specialty Drugs	$350 copay	$350 copay	$350 copay + 50%			
Mail Order Prescriptions (up to 90-day supply)						
Preferred Generic Drugs	No Charge	Not covered	Not covered	No charge after deductible	Not covered	Not covered
Non-Preferred Generic Drugs	$30 copay	Not covered	Not covered			
Preferred Brand Drugs	$150 copay	Not covered	Not covered			
Non-Preferred Brand Drugs	$300 copay	Not covered	Not covered			
Preferred Specialty Drugs	Not covered	Not covered	Not covered			
Non-Preferred Specialty Drugs	Not covered	Not covered	Not covered			

DENTAL PLAN

Our Dental Plan is administered through BCBSOK and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, and fillings.

The Dental PPO allows you the freedom to visit any dentist, without referrals, for all your dental care. If you receive care from one of BlueCare's preferred dentists, you'll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher, and you may need to file your own claims.

For a list of BlueCare's preferred dentists, go to **www.bcbsok.com**.

DENTAL BENEFITS	Participating Dentist	Out-of-Network Dentist
Annual Deductible		
Individual	$50	$75
Family	$150	$225
Annual Benefit Maximum		
(Excludes Orthodontic Services)	$1,500	$1,000
Preventive Services		
(Exams, routine cleanings 2x a year, fluoride treatments, space maintainers	100% (Deductible waived)	80% (Deductible waived)
Basic Services		
(X-rays, fillings, sealants, denture repairs)	80% of Allowable Charge after Deductible	60% of OON Allowance after Deductible
Major Services		
(Crowns, inlays/onlays, bridges, dentures, implants)	50% of Allowable Charge after Deductible	50% of OON Allowance after Deductible
Orthodontia Services (Deductible waived)		
Adults & Children	50% $1,000 Lifetime Maximum	

The deductibles for participating and out-of-network dentist services cross apply to each other.

***NOTE:** The out-of-network dentist allowance is the amount determined by the Plan as the maximum provider charge eligible for benefits. The subscriber may be responsible for the full amount by which the actual charges of an out-of-network dentist exceed the out-of-network allowance.

VISION PLAN

Our vision plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The vision plan is administered through VSP.

If you enroll in vision coverage, you can go to any eye care provider you choose for care. However, if you choose VSP network providers, you will receive a discount on services. To find a network provider, go to **www.vsp.com**.

VISION BENEFITS	In-Network	Out-of-Network
Benefit Frequency		
Exam	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Lenses	Every 12 months	Every 12 months
Contacts	Every 12 months (Instead of Lenses)	Every 12 months
Benefit Feature	**You Pay**	**Reimbursement**
Exam	$10 copay	Up to $45
Prescription Lenses	$25 copay	*See below*
Single Lenses	Included in Prescription Lenses	Up to $30
Bifocal Lenses – Lined	Included in Prescription Lenses	Up to $50
Trifocal Lenses – Lined	Included in Prescription Lenses	Up to $65
Frames	$150 allowance for a wide selection $170 allowance for featured frame brands	Up to $70
Contacts	$150 allowance (Instead of Lenses)	Up to $105
Lasik	15% average discount	N/A
ProTec Safety Glasses	**In-Network Only**	
Benefit Frequency		
Frames	Every 24 months	
Lenses	Every 12 months	
Benefit Feature	**You Pay (Employees Only)**	
Frames	$20 copay • Choose a safety frame from your VSP doctor's ProTec Eyewear collection • Certified according to ANSI guidelines for impact protection	
Lenses	Included with Frames • Prescription single vision, lined bifocal, and lined trifocal • Certified according to ANSI guidelines for impact protection	

Income Protection

SUPPLEMENTAL HEALTH PLANS

No one can predict when an accident or illness may happen, but supplemental health plans can help make sure you and your budget are prepared. Supplemental health plans pay a cash benefit that helps fill the gap with major medical insurance and provides an extra layer of financial protection for unexpected events.

These plan options include: **Accident Insurance, Critical Illness Insurance,** and **Hospital Indemnity Insurance**. Coverage is available for yourself, your spouse, and children. The following pages provide more details on each plan option and how you could benefit from having additional protection.

Health Assessment Benefit

Each supplemental health plan provides an additional Health Assessment Benefit for certain covered screenings and preventive tests. To claim your Health Assessment Benefit, simply contact Lincoln to provide details from your screening and Lincoln will mail you a check once your claim is processed. Outlined are several examples of covered screenings and tests:

- Annual physicals
- Blood tests
- Cancer screenings
- Infectious disease related screenings
- Immunizations
- Vitamin D screenings
- School or sports physicals
- Prenatal counseling
- Mental disorder and substance abuse screenings

RECEIVE A $50 CASH BENEFIT

Our plans include a $50 benefit per covered person per year.

You, your spouse, and your children are eligible – if you choose to cover them.

You can get a separate $50 benefit for each supplemental health plan you elect.

ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you incur an injury due to an accident. These benefits may supplement both health and disability insurance and can be used to pay for out-of-pocket expenses or provide additional financial support if a covered event causes you to lose income due to being out of work.

In addition, benefits are available to help protect your children under the age of 26 who experience an accident during an organized sports activity. And the policy pays multiple cash benefits for each injury and covered treatment when an insured individual sustains more than one injury in the same accident.

Receive a check if a covered injury results in any of the following:

- Initial physician office visit or urgent care
- Physician follow-up visits
- Emergency Room and X-rays
- Major diagnostic exams
- Physical, occupational, and chiropractic care
- Dislocations, fractures, lacerations

Accident Rates		
	Monthly	Semi-Monthly
Employee Only	$10.88	$5.44
Employee & Spouse	$18.13	$9.07
Employee & Child(ren)	$19.81	$9.91
Employee & Family	$26.91	$13.46

Health Assessment Benefit

Even if you and your covered family members don't have an accident, the plan provides a **$50 cash** benefit per covered person.

Commonly Covered Benefits Include	
Hospital Admission / ICU Admission	$1,000 within 180 days / $2,000 within 30 days
Hospital Confinement	$200 per day up to 365 days
ICU Confinement	$400 per day up to 15 days
Ambulance / Air Ambulance	$425 / $1,750 within 90 days
Emergency Care Treatment	$250 within 72 hours
Physician Initial Visit	$125 within 60 days
Major Diagnostic Exam (CT, MRI, PET)	$275 within 60 days
X-Ray	$225 within 60 days
Fractures (within 90 days)	$200 - $3,000 depending on covered body part
Dislocations (within 90 days)	$35 - $3,000 depending on covered body part

*For a full schedule of covered benefits, please refer to the Lincoln Financial Benefit Summary.

CRITICAL ILLNESS INSURANCE

Critical Illness insurance can help safeguard your finances by providing you with a lump-sum payment when you or your family may need it most. This lump-sum payment dallows you to pay for whatever you need, such as expenses that may not be covered by your main medical plan (e.g., copays, deductibles, childcare, mortgage, groceries, and experimental treatments).

- Pays a flat benefit upon diagnosis of a covered condition.
- Pays multiple cash benefits when an insured when an insured individaul has more than one condition.
- No offsets or coordination with other insurance plans.
- Employees can keep coverage if they ever leave the company.
- Spouses and children can port coverage in the event of a deceased employee.

Health Assessment Benefit

Even if you and your covered family members are not critically ill, the plan provides a **$50 cash** benefit per covered person.

Commonly Covered Benefits Include *(coverage amounts vary by condition)*	
Heart Attack	Advanced Alzheimer's Disease
Stroke	Advanced Parkinson's
Atrial/Vascular Disease	Advanced MS
Major Organ Failure	Invasive & Non-Invasive Cancer
Renal Failure	Severe Traumatic Brain Injury
Benefits	
Employee Coverage Amount	Option(s) of $10,000, $20,000, $30,000
Spouse Coverage Amount	Option(s) of $5,000, $10,000, $15,000 not to exceed 50% of the employee benefit amount
Child(ren) Coverage Amount	Option(s) of $5,000, $10,000 not to exceed 50% of the employee benefit amount
Pre-Existing Condition Limitations	No pre-existing condition limits but *condition must be diagnosed on or after the coverage effective date*.
Recurrence Period	6 months, treatment free (for the same covered condition)
Separation Period	3 months (different covered conditions; exclusions may apply)

The Critical Illness premiums you pay for employee and spouse are based on age and the coverage amount you elect; the premium for child coverage is based on the coverage amount and covers all your children. However, you may only elect coverage for your dependents if you enroll in the benefit for yourself.

EMPLOYEE COVERAGE			
Attained Age	Employee $10,000	Employee $20,000	Employee $30,000
Under 24	$0.89	$1.78	$2.67
25-29	$1.24	$2.48	$3.72
30-34	$1.72	$3.43	$5.15
35-39	$2.55	$5.10	$7.65
40-44	$3.86	$7.71	$11.57
45-49	$5.62	$11.23	$16.85
50-54	$8.09	$16.17	$24.26
55-59	$10.90	$21.80	$32.70
60-64	$15.74	$31.47	$47.21
65-69	$22.36	$44.72	$67.08
70+	$37.32	$74.63	$111.95

SPOUSE COVERAGE *Cannot Exceed 50% of Employee Amount*			
Attained Age	Spouse $5,000	Spouse $10,000	Spouse $15,000
Under 24	$0.45	$0.89	$1.34
25-29	$0.62	$1.24	$1.86
30-34	$0.86	$1.72	$2.57
35-39	$1.28	$2.55	$3.83
40-44	$1.93	$3.86	$5.78
45-49	$2.81	$5.62	$8.42
50-54	$4.04	$8.09	$12.13
55-59	$5.45	$10.90	$16.35
60-64	$7.87	$15.74	$23.60
65-69	$11.18	$22.36	$33.54
70+	$18.66	$37.32	$55.97

CHILD COVERAGE *Cannot Exceed 50% of Employee Amount*		
Semi-Monthly		
	Child(ren) $5,000	Child(ren) $10,000
All Children	$0.82	$1.64

Your Health Advocate is Available 24/7

When you elect Critical Illness Insurance, this service is available to you and your family (including parents & parents-in-law), even if you are not critically ill.

Your Health Advocate can help you and your family:

- Find the right doctors
- Help in finding second opinion
- Coordinate of care among providers
- Coordinate of hospice, adult day care, and other services
- Assist in negotiating medical bills of $400 or more
- Conduct up to three in-person or video conference counseling sessions
- Unlimited telephonic counseling

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons, including having a baby. This benefit may supplement both health insurance and disability insurance if a covered incident causes you to have out-of-pocket expenses.

Receive a check when you or a covered family member have one of the following hospital services outlined below:

Hospital Indemnity Rates		
	Monthly	Semi-Monthly
Employee Only	$24.91	$12.46
Employee & Spouse	$53.18	$26.59
Employee & Child(ren)	$38.34	$19.17
Employee & Family	$69.48	$34.74

	Covered Benefits
Hospital Admission	$1,000 1 Day per calendar year for sickness/injury
Hospital Confinement	$200 per day Up to 30 days per calendar year for sickness/injury Benefit begins on day 2 of confinement
ICU Admission	$2,000 1 Day per calendar year for sickness/injury
ICU Confinement	$400 per day Up to 30 days per calendar year for sickness/injury Benefit begins on day 2 of confinement
Hospital NICU Admission	Increases the ICU admission benefit by 25% for the child
Hospital NICU Confinement	Increases the ICU confinement benefit by 25% for the child

Health Assessment Benefit

Even if you and your covered family members do not have a hospital or ICU event, the plan provides a **$50 cash** benefit per covered person.

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 are still responsible for paying the cost of your health care expenses.

- 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 does not have to include most federal consumer protections that apply to health insurance.

*For full details on covered benefits, please refer to the Benefit Summary.

GROUP TERM LIFE & AD&D INSURANCE

Basic Life & AD&D Insurance

Mach automatically provides Basic Life & AD&D Insurance for all eligible employees at no cost to you. The coverage amount is equal to 2 times your annual salary, up to a maximum benefit of $250,000 (does not include overtime or bonuses). All life and AD&D policies are insured by Lincoln Financial Group.

IRS Rules about Basic Life Coverage

If your basic life insurance coverage is more than $50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over $50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds $50,000 will be reported to the IRS as imputed income on your W-2 form.

Voluntary Life & AD&D Insurance

In addition to basic life & AD&D insurance, you may also purchase Voluntary Life and AD&D insurance for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Voluntary Insurance for yourself. You pay for the cost of Voluntary Insurance on an after-tax basis through payroll deductions.

Benefits Reduce at Age 65

Life and AD&D insurance coverage are subject to age reductions. At age 65, coverage amounts reduce to 65%, at age 70, coverage amounts reduce to 50%, and at age 75 coverage amounts reduce to 35%. The reductions apply to both employee and spousal coverage.

Voluntary Life and AD&D Coverage Summary

Policyholder	Coverage Options
Employee	• **$10,000 - $300,000** (increments of $10,000) • **During New Hire Enrollment**, you can increase your current coverage amount an additional $20,000 without submitting Evidence of Insurability (EOI); if you elect over this amount, EOI is required. • If you are enrolling for the first time, you can elect up to $200,000 without submitting EOI; you are required to submit EOI for any amount over $200,000.
Spouse	• **$5,000 - $150,000** (increments of $5,000 up to 100% of the employee's election) • **During Open Enrollment**, you can increase your spouse's coverage amount an additional $10,000 without submitting Evidence of Insurability (EOI); if you elect over this amount, EOI is required. • If you are enrolling for the first time, you can elect up to $50,000 without submitting EOI; you are required to submit EOI for any amount over $50,000. Spouse coverage cannot exceed 100% of employee's coverage up to the maximum of $150,000 and the rate is based on the employee's age.
Child(ren)	• **$2,000 - $10,000** (increments of $2,000) • Regardless of the number of children you have, they are all covered at the same coverage amount for a combined premium through age 26. EOI is not required for child(ren).

*If required, Evidence of Insurability (EOI) must be submitted to Lincoln Financial Group to obtain approval for your election amount.

Schedule of Rates

Rates are based on the employee's age as of January 1 for both employee and spouse.

Hospital Indemnity Rates											
Age as of January 1	**<29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75+**
Employee/Spouse Rate per $1,000	$0.040	$0.045	$0.050	$0.085	$0.126	$0.175	$0.290	$0.411	$0.726	$1.426	$3.252

Voluntary AD&D Per Pay Period Rates			
Coverage	**Employee**	**Spouse**	**Child(ren)**
Rate per $1,000	$0.025	$0.025	$0.025

Employee: $_____ coverage ÷ $1,000 = _____ X $_____ (your age rate above) = $_____ (per pay period)

Spouse: $_____ coverage ÷ $1,000 = _____ X $_____ (Employee age rate above) = $_____ (per pay period)

_____ + _____ + _____ = _____

Employee Premium Spouse Premium Child(ren) Premium Total Premium per Pay Period

DISABILITY COVERAGE

Mach automatically provides disability insurance for all eligible employees at no cost to you. Our short-term disability and long-term disability plans work together to keep part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Disability benefits are insured by Lincoln Financial Group.

Short-Term Disability (STD)

STD benefits are provided by Mach to all eligible employees.

- STD benefits will replace 60% of your base pay up to a maximum of $2,500 per week.
- STD benefits begin on the 8th calendar day of your illness or post-surgery or immediately if you are involved in an accident and are unable to work.
- The maximum benefit available is 90 days per STD claim.

Long-Term Disability (STD)

If you remain totally disabled and unable to work for more than 90 days, you may be eligible for LTD benefits.

- LTD benefits will replace 60% of your base pay, up to a maximum of $15,000 per month.
- Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation).

When are you disabled?

To be considered totally disabled and eligible for benefits, you must be approved by the insurance carrier and be seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do your job, and you must have lost 20% or more of your pre-disability income due to your illness or injury.

How are benefit plan premiums handled during disability?

While receiving disability benefits, you are responsible for payment of the employee portion of your elected benefit plan premiums to maintain benefits coverage during your leave of absence. Mach's contribution to your benefits will continue until the end of the approved leave of absence due to disability, up to a maximum of six months following the start of the leave. Thereafter, you will have an opportunity to elect COBRA continuation of coverage.

MDLIVE VIRTUAL VISITS

Getting sick is never convenient, and finding time to get to the doctor can be hard. BCBSOK provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through **MDLIVE**.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center in some instances. And it's part of your health benefits.

MDLIVE doctors or therapists can help treat the following conditions and more:

- Allergies
- Cold or flu
- Anxiety/Depression
- Asthma
- Nausea
- Sinus infections
- Ear Problems
- Pink Eye
- Marriage Problems

Website:

Visit the website **MDLIVE.com/bcbsok**

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members℠

Mobile App:

- Download the app from the Apple Store℠, Google Play™, Store or Windows® Store
- Open the app and choose a doctor
- Video chat with the doctor from your mobile device

Connect

Access where mobile app, online video, or telephone service is available

Interact

Real-time consultation with a board-certified doctor or therapist

Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)

Retirement

401(k) PLAN

Smart saving and investing is the foundation for financial security during your retirement years. Our 401(k) plan, through Empower Retirement, is designed to help you reach your retirement goals and can be a powerful tool in your secure financial future.

How the Plan Works

- Employees are eligible to participate after reaching age 21.
- Employees are eligible to participate day one of employment.
- Employees can contribute 1% to 100% of eligible compensation (please account for tax implications when determining your contribution amount).
- The IRS limits pre-tax savings to a maximum dollar amount each year. For 2026, you can contribute up to $24,500 pre-tax.

Company Contribution & Vesting

Mach matches 100% for the first ten percent (10%) contributed by the employee.

- Employee contributions are always 100% vested.
- The Employer Match is based on a 4-year vesting schedule, 25% per year.

Other Benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You and your covered dependents have free access to Mach's Employee Assistance Program (EAP) EmployeeConnect. The EAP is provided by Lincoln Financial Group through their partnership with GuidanceOne.

We all experience times when we need a little help managing our personal lives. Mach understands this and is providing the EAP to employees to offer support, guidance, and resources to help you and your family find the right balance between your work and home life.

Experienced member advocates – many of whom hold master's degrees within their respective disciplines – will confidentially consult with you over the telephone and direct you to the solutions and resources you need. You may also receive referrals to support groups, community resources, a network counselor, or your health plan. These services are available for covered employees, their dependents, including children to age 26, and all household members. Your beneficiaries will also be covered up to 90 days after your death.

The EAP can help with:

- Depression, grief, loss, and emotional well-being
- Family, marital, and other relationship issues
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

To contact the EAP, call 888-628-4824, visit **GuidanceResources.com,** or download the GuidanceNow mobile app.

GuidanceResources.com login credentials:
Username: LFGSupport
Password: LFGSupport1

Available 24 hours a day, 365 days a year.

EMERGENCY TRAVEL

Medical problems surface at the most inconvenient times. ***TravelConnect*** can help you navigate these issues and more at any time day or night. You, your spouse, and children through age 26 are covered with ***TravelConnect*** under your Basic life insurance with Lincoln Financial Group.

TravelConnect is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Passport, visa, weather, currency exchange information, health hazards advice, and inoculation requirements.
- Emergency ticket, credit card, and passport replacement and missing baggage.
- 24/7/365 phone access to registered nurses for health and medication information, symptom decision support, and help understanding treatment options.
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains.
- Connection to medical care providers, interpreter services, a local attorney, consular office, or bail bond services
- Return travel companion: If you have a medical emergency and need to be transported home via medical evacuation, your travel companion's trip home is covered.
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability; for more complex situations, assists with making arrangements with providers of specialized security services.

Contact TravelConnect

866-525-1955
United States and Canada

603-328-1955
Everywhere Else

mail@OnCallInternational.com

Important Contacts

VENDOR	PHONE	WEBSITE/EMAIL
Medical/Prescription & Dental Plans BCBSOK	800-942-5837	www.bcbsok.com
Health Savings Account (HSA) HSA Bank	800-357-6246	www.hsabank.com
BCBSOK Virtual Visits MDLIVE	888-970-4081	www.MDLIVE.com/bcbsok
Vision Plan VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSA) Health Equity	877-924-3967	www.healthequity.com
Group Term Life/AD&D Insurance **STD/LTD Disability Insurance** **Supplemental Health Plans** **Lincoln Financial Group**	800-423-2765	www.lincolnfinancialgroup.com
Employee Assistance Program (EAP) Lincoln Financial Group (Guidance Resources)	888-628-4824	GuidanceResources.com
Travel Assistance Program Lincoln Financial Group	866-525-1955 United States and Canada 603-328-1955 Everywhere Else	MyOnCallPortal.com **ID: LFGTravel123**
401(k) Plan Empower Retirement	800-338-4015	https://participant.empower-retirement.com/participant/#/login
Mach HR Department	405-252-8100	HR@machnr.com

Health Coverage Notices

FOR YOUR FILES
This section contains legal notices for participants in group health plans sponsored by Mach. The notices included are:

• Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) explaining children's eligibility for Medicaid & CHIP and contact information.

• 60-Day Special Enrollment Period that describes a special 60-day timeframe to elect or discontinue coverage.

• Notice of Special Enrollment Rights that explains when you can enroll in the plan due to special circumstances.

• Expanded Coverage for Women's Preventive Care that explains how Mach covers women's preventive care, including contraceptives, under the Affordable Care Act.

• Newborn & Mothers Health Protection Notice that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.

• Women's Health and Cancer Rights Act that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.

• Health Insurance Marketplace Coverage Options and Your Health Coverage that describes the Health Insurance Marketplace and eligibility and tax credit information.

• Notice of Privacy Practices that explains how Mach's group health plans protect your personal medical information.

• Medicare Part D Notice that provides information about how your current prescription drug coverage under the health care plans is affected—and your options for coverage—when you become eligible for Medicare.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 41-42 for more details.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Mach, 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 on the following page, 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, dial **1-877-KIDS NOW**, or visit **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.

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

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

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

STATE	WEBSITE/E-MAIL	PHONE
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx E-mail: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid & CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://hcpf.colorado.gov/child-health-plan-plus HIBI: https://www.mycohibi.com/	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-healthinsurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/dfr/ All other Medicaid: https://www.in.gov/medicaid	1-800-403-0864 1-800-457-4584
Iowa (Medicaid & CHIP)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: http://dhs.iowa.gov/Hawki HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid & CHIP)	Medicaid: https://chfs.ky.gov/agencies/dms KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx KI-HIPP E-mail: KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.mymaineconnection.gov/benefits/s/?language=e n_US https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid & CHIP)	https://www.mass.gov/masshealth/pa **Email:** masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HHSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premiumprogram Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid & CHIP)	**Medicaid:** http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ **CHIP:** http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY:711)
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831

STATE	WEBSITE/E-MAIL	PHONE
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma (Medicaid & CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania (Medicaid & CHIP)	Medicaid: https://www.pa.gov/en/services/dhs/apply-for-medicaid-healthinsurance-premium-payment-program-hipp.html CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid & CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rite)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hippprogram	1-800-440-0493
Utah (Medicaid & CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: https://chip.utah.gov/ Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyoutprogram/	1-888-222-2542
Vermont (Medicaid)	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia (Medicaid & CHIP)	https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premiumpayment-hipp-programs	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid & CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

60-DAY SPECIAL ENROLLMENT PERIOD
In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

• You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or

• You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS
If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Mach Resource's medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in Mach Resource's medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact Mach's Human Resource Department.

EXPANDED COVERAGE FOR WOMEN'S PREVENTIVE CARE
Under the Affordable Care Act, Mach provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit **https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=2**.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE
For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

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

• All states of reconstruction of the breast on which the mastectomy was performed

• Surgery and reconstruction of the other breast to produce a symmetrical appearance

• Prostheses

• Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Mach Resource's Human Resource Department or your medical plan administrator.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS & YOUR HEALTH COVERAGE

Part A: General Information
Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

☒ All employees. Eligible employees are: Employee who work at least 30 hours per week

☐ Some employees. Eligible employees are:

• With respect to dependents:

☒ We do offer coverage. Eligible dependents are: Your legal spouse, and child(ren).

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

3. Employer name — Mach	4. Employer Identification number (EIN) — 81-4809861	
5. Employer address - 14201 Wireless Way, Ste. 300	5. Employer phone number - 405-252-8124	
7. City — Oklahoma City	7. State — OK	9. Zip code — 73134
10. Who can we contact about employee health coverage at this job? Colby Him		
11. Phone number: 405-252-8124	12. Email address — chim@machnr.com	

MACH NOTICE OF PRIVACY PRACTICES

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

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by Mach's Health and Welfare Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2025.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Mach requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

PROTECTED HEALTH INFORMATION

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

Substance Use Disorder Records. If applicable, the Plan will not use or disclose substance use disorder records received from programs subject to the Confidentiality of Substance Use Disorder Patient Records regulations in civil, criminal, administrative, or legislative proceedings against you unless such disclosure is based on your written consent thereto or a court order. Prior to using or disclosing such information pursuant to a court order, the Plan will notify you and provide you with an opportunity to be heard. The Plan will not use or disclose substance use disorder records pursuant to a court order unless the order is accompanied by a subpoena or other legal requirement compelling disclosure.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Mach and its subsidiaries to administer the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

YOUR RIGHTS

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

OUR LEGAL RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:
Colby Hirn 405-252-8124
14201 Wireless Way, Ste. 300, Oklahoma City, OK 73134

Complaints
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM MACH ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Mach and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Mach has determined that the prescription drug coverage offered by the Mach plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Mach coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Mach coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Mach and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage...
Contact the person listed below for further information.
NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Mach changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 2025
Name of Entity/Sender: Mach
Contact/Office: Colby Hirn
Address: 14201 Wireless Way, Ste. 300
Oklahoma City, OK 73134
Phone Number: 405-252-8124

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).