VELOSITY

BENEFITS ENROLLMENT 2026

Annual Enrollment Enroll:
February 6–20, 2026

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At Velosity,

we are dedicated to supporting all aspects of your well-being—both at work and at home—and your benefits are a big part of that. We're committed to creating a culture that prioritizes the well-being of our employees and their families by providing a comprehensive and competitive benefits package.

As always, we continue to encourage you to prioritize your well-being by focusing on preventive care and the tools and resources available to help you live your best life.

Before you make your benefit elections, take the time to review this guide so you can make an informed decision on which plans are the right fit for you and your family. Remember to choose wisely; the choices you make during Annual Enrollment cannot be changed until the following year unless you have a qualifying life event.

Thank you for all that you do.

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

Welcome to your 2026 Benefits Guide

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

Annual Enrollment

When is Annual Enrollment?

The Annual Enrollment period is February 6-20, 2026. Elections made during enrollment will be effective April 1, 2026.

Contacts

Plan	Carrier	Website	Phone
Medical & Prescription	Medica	www.medica.com	800-952-3455
Telehealth & At Home Care	Kavira Amwell Virtuwell	www.kavirahealth.com www.amwell.com/cm www.virtuwell.com	763-373-3856 1-844-733-3627
Dental	Delta Dental MN	www.DeltaDentalMN.com	855-643-3582
Vision	VSP	www.vsp.com	800-877-7195
Health Savings Account (HSA)	Alerus	www.alerusrb.com	800-279-3200
Flexible Spending Accounts (FSAs)	Alerus	www.alerusrb.com	800-279-3200
Employee Assistance Program (EAP)	Mutual of Omaha Medica	www.mutualofomaha.com www.liveandworkwell.com	800-316-2796 800-626-7944 (TTY: 711)
Life and AD&D Insurance	Mutual of Omaha	www.mutualofomaha.com	800-228-7104
Disability	Mutual of Omaha	www.mutualofomaha.com	800-228-7104
Accident, Critical Illness, and Hospital Indemnity Insurance	Mutual of Omaha	www.mutualofomaha.com	800-228-7104
401(k)	Principal	www.principal.com	800-986-3343

Have questions?

Benefits can be confusing, but we've got you covered. When you have questions about your benefit options or need assistance with enrolling, contact your site HR Representative.

We offer online enrollment:

Online:

Visit **your ADP Portal**

- Click through the following steps:
- ADP > Myself > Benefits > Enrollments > Start or Manage Enrollment
- Remember, you must hit Submit to save your benefit choices.

Do I have to do anything?

Yes! Everyone must enroll through ADP to have benefits for 2026. Your current benefit elections will NOT roll over to next year.

What do I need to think about?

- Which family members do I want to cover?
- Which medical plan and network option works best for me and my family?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the HSA or FSAs (depends on medical plan enrollment) to help pay for healthcare expenses by letting me contribute pre-tax money?

HOW TO ENROLL

Adding a dependent?

If you are electing to cover dependents, you must verify their eligibility during Annual Enrollment. Your newly added dependents will not be added to your coverage until the dependent eligibility verification process is complete. If you are not able to provide the required documentation within 30 days of enrollment, please contact your site HR Representative.

ELIGIBILITY

If you are a regular, full-time employee scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following 30 days of continuous service.

Children Under the Age of 26
regardless of Student or Dependency Marital Status

Your Legal Spouse

Children Over the Age of 26
and are indicated on your federal tax return as fully dependent on you for support due to a mental or physical disability

When Coverage Begins:

New hires have 45 days to enroll yourself and your dependents for benefits. If you do not enroll on time, you will automatically be enrolled in company-sponsored benefits, such as Basic Life and Accidental Death & Dismemberment (AD&D) Insurance, Long-Term Disability and the Employee Assistance Program (EAP), but you will have to wait until the next annual Open Enrollment to enroll in other benefits and make changes to coverage.

Qualifying Life Events

The benefits you elect during annual enrollment are in effect through March 31, 2027, so choose your coverage carefully.

You can only make changes outside of enrollment if you have a qualifying life event, such as:

- Marriage
- Divorce
- Birth of a child
- Adoption
- Loss of coverage

Body and Mind

When it comes to your health, it's important to care for your body and mind. Velosity offers a variety of benefits to help you focus on your whole well-being.

MEDICAL BENEFITS

Your Medical Plan Choices:

Velosity offers **two medical plan options** and **three provider networks**.You'll make **two decisions** during enrollment:

Step 1: Choose Your Medical Plan Type

- **PPO Plan**: a traditional plan that offers predictable costs when you seek care.
  - Co-pays for many services
  - Lower deductible
  - Higher bi-weekly premiums
  - Available with all three networks
- **High Deductible Health Plan (HDHP)**: a traditional plan that offers predictable costs when you seek care.
  - Lower bi-weekly premiums
  - Higher deductible
  - You pay full cost of most services until you meet the deductible
  - Eligible to contribute to an HSA
  - Available with all three networks

No Matter Which Option You Choose Both Plans:

- Provide preventive care at 100%
- Prescription drug coverage
- Use the same nationwide network of doctors and pharmacies
- Access to virtual care, mental health services, and additional care resources

Step 2: Choose Your Network

- **Medica Choice Passport:** Open Access (National Network)
  - Largest network; see any in-network provider without a referral
  - Access to any in-network provider no matter where you live
- **Medica Elect**: Coordinated Care Network
  - You choose your primary care clinic from available In-Network providers
  - Requires referrals for most specialist visits
  - You pay full cost of most services until you meet the deductible
  - Sample in-network providers: Allina, Children's, Hennepin
- **Medica VantagePlus**: Accountable Care Organization (ACO) Network
  - Smaller, more integrated network focused on care quality and cost efficiency
  - Requires referrals for specialists
  - Sample in-network providers: M Health Fairview / North Memorial

Preventive Care: Your Key to Wellness

Identifying potential problems before they become major issues is key to your physical health.

Both medical plans include free in-network preventive care that includes annual physicals, mammograms, well child visits, immunizations, and more. So, stay on top of your wellness and schedule your in-network preventive visit today.

Medical Plans At A Glance

	PPO	HDHP
Plan Feature	In-Network	In-Network
Deductible (Ded.) - Embedded		
Individual	$1,000	$3,400
Family	$2,500	$6,800
Annual Out-Of-Pocket Maximum		
Individual	$5,500	$6,600
Family	$11,000	$13,200
Copays/Coinsurance		
Preventive Care	Covered at 100%	Covered at 100%
Primary Care	$20 Copay/ $5 Copay Virtual & Retail	Ded., then 80% coverage
Specialist	$20 Copay	Ded., then 80% coverage
Diagnostic, X-Ray, Lab Services	Ded., then 80% coverage	Ded., then 80% coverage
Urgent Care	$20 Copay	Ded., then 80% coverage
ER	Ded., then 80% coverage	Ded., then 80% coverage
Inpatient Care	Ded., then 80% coverage	Ded., then 80% coverage
Outpatient Surgery	$20 Copay	Ded., then 80% coverage
Prescriptions		
Generic Drugs	**Retail**: $15/prescription - Deductible does not apply **Mail order**: $30/prescription - Deductible does not apply	40% Coinsurance
Preferred Brand Drugs	**Retail**: $35/prescription - Deductible does not apply **Mail order**: $30/prescription - Deductible does not apply	40% Coinsurance
Non-Preferred Brand Drugs	**Retail**: $35/prescription - Deductible does not apply **Mail order**: $30/prescription - Deductible does not apply	40% Coinsurance
Specialty Drugs	**Preferred**: 20% coinsurance. No more than $75 copay/ prescription. Deductible does not apply. **Non-Preferred**: 40% coinsurance. Deductible does not apply	Not Covered

Terms to Know

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Copay:** A flat dollar amount you pay the provider when you receive a service.
- **Deductible:** The amount you pay for services before the plan begins paying some of the cost. The deductible may not apply to all services, including preventive care.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible (listed as a percentage).
- **Out-of-Pocket Maximum (OOP Max):** The maximum amount you pay out of your pocket for covered expenses ina year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year.
- **Embedded Deductible or OOP Max:** A single family member does not need to meet the family Deductible or OOP Max before the benefit begins to pay for healthcare services.
- **Non-Embedded Deductible or OOP Max:** The total family Deductible or OOP Max must be met before health insurance starts paying for the healthcare services for any single family member.

TELEMEDICINE

Velosity provides 24/7/365 access to a board-certified physician whenever and wherever on your mobile device, tablet, or computer without an appointment. Get the health care answers you need without spending hours in the waiting room.

Amwell:

Amwell is a 24/7 online clinic available in every state. Services include treatment of common medical conditions, behavioral health including therapy and psychiatry, and more! Visits for common medical conditions are typically priced at $64 or less, depending on your plan's coverage.

Virtuwell:

Virtuwell is a 24/7 online clinic available in select states, including MN and WI.* Services include treatment of common medical conditions. Check Virtuwell website for most current pricing, visits are typically $59 or less depending on your plan's coverage for virtual care.

**Virtuwell is not an in-network provider for the following plan network: VantagePlus.*

	Physical Well-Being	Mental Well-Being*
Symptoms Treated	• Allergies • Cold or flu • Fever • Minor skin conditions • Nausea • Sinus infections • Stomachache • UTI • And more	• Anxiety • Depression • Parenting concerns • Relationship issues • Substance use concerns • Trauma and PTSD
Eligibility	• Adults • Children aged 18 months+	• Adults • Children aged 10+
Cost: PPO	• PPO $0	• Psychiatrist: $0 • Therapist: $0
Cost: HDHP	• HDHP: 100% after deductible	• Psychiatrist: $0 • Therapist: $0

*Services may be provided by a psychiatrist or licensed therapist depending on the condition.

Know Before You Go

Staying in-network is the best way to keep your medical costs low. But did you also know that deciding where to go for care based on the type of treatment you need and how quickly you need it can also save you money? If you're enrolled in one of the medical plans, the chart below can help you decide where to go for care based on the type of treatment you need, how much you can expect to spend, and how quickly you need it.

Type of Symptoms	Best Path for Care	Your Visit Cost*	Average Wait Time	Hours of Operation
Common cold, flu, sinus or ear infections, mild Covid-19, allergies, UTI, cuts & burns	Kavira/ Telehealth	$0	A few minutes	24/7
Anxiety, depression, mood disorders, PTSD, other mental health challenges	Mental Telehealth	$0	A few minutes	24/7
Basic health problems, chronic conditions, persistent joint pain	Primary Care Physician (PCP)	$	Wait times vary	Traditional office hours (appointment often required)
Minor cuts, burns, or sprains, ear or sinus pain, minor allergic reactions, animal bites, broken bones	Urgent Care Clinic	$$	About an hour	Extended hours (includes evenings, weekends, and holidays)
Sudden numbness, uncontrolled bleeding, difficulty breathing, seizure or loss of consciousness, chest pain or pressure	Emergency Room	$$$	A few hours	24/7

*Cost is always lower when using in-network providers.

Kavira:

Kavira is a free service for employees in Minnesota, Wisconsin, and North Dakota who are enrolled in Velosity's medical plan. Kavira offers access to board-certified clinicians through chat, video, home, and worksite visits. Through Kavira, you can address your basic healthcare needs such as annual physicals, blood tests, labs, and prescription medication delivery.

Clinic Hours

Chat & Video: M-F 8 AM-7 PM, Sat/Sun 10 AM-2 PM
House Visits: Weekdays 8 AM-7 PM

Use the Kavira App or text 763-373-3856 to get started.

SUPPLEMENTAL MEDICAL

Accident, Critical Illness, and Hospital Indemnity Insurance

These benefits, administered by Mutual of Omaha, offer an extra layer of protection for you and your family. The payment these benefits provide is in addition to any other insurance you may have and is yours to spend as you wish—to help cover bills or for everyday living expenses. These plans do not provide health insurance coverage and do not replace the medical plans.

Accident Coverage

Accident insurance pays a cash benefit directly to you when you are injured and require medical services due to a covered off-the-job accident that occurs on or after your coverage date. The benefit amount depends on the type of injury and care received. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

Critical Illness

Critical illness insurance pays a lump-sum cash benefit directly to you if you are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose the amounts of $10,000, $20,000, or $30,000 for yourself. If you purchase coverage for your spouse and/or children, their coverage is equal to half of your own coverage.

Hospital Indemnity Insurance

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility that occurs on or after your coverage date. The benefit amount is determined based on the type of facility and the number of days you stay. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

Type of Stay	Coverage
Initial Confinement*	$1,000
Hospital	$100 per day up to 30 days
Critical Care Unit	$200 per day up to 15 days
Rehabilitation Facility	$50

*Initial Confinement benefit is paid for the first day of confinement, once per calendar year.

Perks of the Plans

- **Guaranteed Issue:** There are no medical questions or tests required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you choose.
- **Payroll Deductions:** Premiums are paid via convenient payroll deductions.
- **Portable:** If you leave the company, you can take the coverage with you.

DENTAL

Velosity offers a dental plan through Delta Dental MN: If enrolled, you will have access to the Delta Dental PPO and Dental Premier Networks. The plan provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for children.

Plan Features	Delta Denta PPO	Delta Dental Premier & Out-of-Network
Deductible Individual/Family	$0/$0	$50/$150
Annual Benefit Maximum	$2,000 Per Calendar Year	
Preventive Services	$0 (Deductible Waived)	
Basic Services (fillings, simple tooth extractions, root canals, gum treatment)	20%	
Major Services (crowns, inlays, bridges, dentures)	50%	
Orthodontia (to age 25)	50% to a lifetime max of $1,500	

Learn More About Delta Dental MN

To learn more about your plan, and to find an in-network provider please visit deltadentalmn.org or scan the QR code to the right.

VISION

The Vision Plan is administered by Vision Service Plan (VSP) and includes eye exams, frames, lenses, and contacts. You'll save money if you go to a network provider.

Note: VSP does not distribute physical cards. Your specific clinic will have access to view VSP covered individuals in the VSP system.

Plan Feature	In-Network You Pay
Vision Exam	Not Covered - **Covered under Medical**
Single Lenses	$10 Copay
Bifocals - Lined	$10 Copay
Frames	$250 allowance, then 20% off
Medically Necessary Contacts	$10 Copay
Elective Contacts	$150 allowance
Contact Lens Exam	Covered in full after copay
Frequency	
Frames	Every 24 Months
Lenses	Every 12 Months
Contacts	Every 12 Months
LightCare - Frame allowance now available for ready-made nonprescription sunglasses or blue light filtering glasses INSTEAD of prescription glasses or contacts.	

Learn More About VSP

To learn more about your plan, and to find an in-network provider please visit vsp.com or scan the QR code to the right.

When it comes to saving money on healthcare and dependent care expenses, a Health Savings Account (HSA), Healthcare Flexible Spending Account (HFSA), and Dependent Care Flexible Spending Account (DFSA) are some of the best deals. All three accounts, administered by Alerus, help you save money for eligible expenses and lower your taxable income through before-tax contributions.

Health Savings Account (HSA)

You must enroll in the HDHP to be eligible to participate in the HSA. The HSA allows you to set aside pre-tax dollars into an account you own to pay for eligible healthcare expenses now, in the future, and even into retirement. Because you own the account, it's portable, so you can take it with you if you leave the company.

You will elect your contribution limit during enrollment and can change it any time during the year. Velosity contributions and yours will be deposited into your HSA each pay period. Funds will be available for use as they are deposited. You may change your contribution at any time during the year.

If you enroll in a qualified HDHP, Velosity will also contribute the below amounts to your account.

HSA at a Glance

	Velosity Contribution	Your Max Contribution	Total Annual HSA IRS Limit
Employee Only	$600/ year	$3,800/year	$4,400/year
All Other Coverage Levels	$1,200/year	$7,550/year	$8,750/year

NOTE: If you are 55+, you are allowed an additional $1,000 catch up contribution on top of the total HSA annual contribution limit set by the IRS.

Triple Tax Savings

Your HSA offers triple tax savings,* allowing you to save on taxes in three ways.

- Before-tax contributions: Any money you contribute lowers your federal taxable income.
- Tax-free growth: The money in your account earns interest, and the investment earnings are tax-free, too.
- Tax-free withdrawals: HSA money you use to pay for eligible expenses is withdrawn tax-free.

*California and New Jersey tax health savings. New Hampshire and Tennessee tax HSA earnings. Withdrawals for non-eligible expenses are subject to a tax penalty.

FUNDING ACCOUNTS

Flexible Spending Account (FSA)

FSAs allow you to keep some cash "in reserve" for certain health care and dependent care expenses. If you enroll, you choose an amount to be deducted from each paycheck and deposited into your FSA. Then, after you pay an eligible expense, you are reimbursed with the dollars from that account.

Overview of Accounts

Your contributions to the accounts are deducted from your paychecks before taxes are withheld, so you are paying for eligible expenses with tax-free dollars! Velosity offers three different FSAs:

- The **Health Care FSA** is for eligible health care services and items for you and your dependents.
- The **Limited Purpose FSA** is for eligible out-of-pocket dental and vision expenses if you have an HSA.
- The **Dependent Care FSA** is for dependent day care expenses so you can work.

FSA at a Glance

	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	PPO enrollees	HDHP enrollees	Any benefits-eligible employee
Contribution Limits*	$3,400	$3,400	$7,500 ($3,750 if married, filing taxes separately)
Eligible Use	Qualified medical, prescription, dental, and vision expenses, copays, and deductibles	Qualified dental, and vision expenses and deductibles Cannot be used for medical or prescription expenses	Eligible day care expenses from licensed daycare providers for children under age 14 or disabled dependents of any age

*Once elected, FSA contributions cannot be changed during the plan year.

INCOME PROTECTION

No one can predict the future, but you can plan for it. That's why Velosity offers you benefits to help protect your income and give you peace of mind.

Basic Life and AD&D

Life insurance pays a benefit if you or a covered family member dies. It is paid to your beneficiary if you die or to you if a dependent dies.

Basic Life Insurance

Velosity provides you basic life insurance equal to $50,000.

Basic AD&D Insurance

Velosity provides you with basic AD&D insurance equal to $50,000.

Basic Life & AD&D	
Coverage Level	**Evidence of Insurability/Proof of Good Health**
Life and AD&D	$50,000

Voluntary Life & AD&D

AD&D insurance offers protection if you're seriously injured or die as a result of a covered accident. The benefit is paid to you if you're injured or to your beneficiary if you die.

Supplemental Life Insurance

You can buy supplemental life insurance coverage for yourself and/or your family at your own expense. Evidence of Insurability (EOI) is required if you add new coverage or increase current coverage. For those with existing coverage, you can add $10,000 at open enrollment without EOI.

Supplemental AD&D Insurance

You can buy supplemental life insurance coverage for yourself and/or your family at your own expense. Evidence of Insurability (EOI) is required if you add new coverage or increase current coverage.

Voluntary Life & AD&D	
Coverage Type	**Coverage Amount**
Supplemental Life and AD&D	Benefit Maximum: 5x Annual Salary up to $500,000 Guarantee Issue: 5x Annual Salary up to $200,000 (when first eligible)
Spouse	Benefit Maximum: 100% of employee benefit to $250,000 Guarantee Issue: 100% of employee benefit $50,000
Child	Benefit Maximum: $10,000 Guarantee Issue: $10,000

Beneficiary Designation

You must name a beneficiary(ies) who will receive the benefit for your life and AD&D insurance. Beneficiaries can be changed at any time by calling the Benefits Service Center.

Disability

Velosity offers the opportunity to purchase cost shared **Short-Term Disability (STD)** coverage, and provides **Long-Term Disability (LTD)** coverage at no cost to employees to keep all or part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Participation begins on the first of the month following 30 days of employment:

	STD	LTD
Waiting Period	0 days for accidents 7 days for sickness	13 weeks
Coverage Provided	60% of your base pay per week to $2,500	60% of your base pay, up to a maximum of $6,000 per month
Maximum Duration	13 weeks	Until you can return to work or reach the maximum benefit period
Taxable Benefit	Yes	Yes

Balancing work and life is important to your health. That's why the company provides programs to help you take time away from work to recharge and revitalize your well-being.

TIME AWAY

Holidays

We all need to recharge now and then—so Velosity provides you with nine holidays. If a holiday falls on a weekend, the day of observance may vary.

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving Day
- Christmas Eve
- Christmas Day

Paid Time Off (PTO)

Velosity offers a generous Paid Time Off (PTO) policy based on your years of active service. PTO is accrued each pay period and may be used for:

- Vacation
- Personal time-off needs
- Non-serious personal illness
- Illness of another family member

Bereavement

Full-time employees requiring time off for the death or funeral of a member of their immediate family may be eligible for a paid bereavement leave of absence.

- Up to five days will be granted for the death of a parent, sibling/partner, or child
- Up to three days will be granted for the death of a grandparent, spouse's grandparent, grandchild, brother/sister/father/mother-in-law.

Paid Parental Leave

Full-time employees who have completed 12 months of service are eligible to receive two weeks of paid time off following the birth, adoption, or foster placement of a child. This benefit is available to birthing and non-birthing parents. To learn more and check eligibility requirements, contact your site HR leader. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave and Minnesota's Paid Family Medical Leave (PFML), as applicable. Paid parental leave is not to be used intermittently. Please reach out to Human Resources with questions.

FINANCIAL

Your well-being extends beyond the physical and emotional—it applies to your financial health too. Velosity offers a variety of benefits designed to help you save and grow your money

401(k) Plan

Everyone wants to be financially secure in retirement. At Velosity, we're here to help by offering you the opportunity to save for retirement through our 401(k) plan. After all, it's never too early to start saving for your future! For more information on our 401(k) plan, go to www.principal.com

Eligibility

You may join the plan as an active participant for purposes of 401(k) elective deferral contributions on the first day of the month on or after you meet these requirements:

- You are an eligible employee.
- You have one month of Entry Service.
- You are age 18 or older.

Your Contributions

Newly hired employees will be automatically enrolled at a 3% salary deferral rate. You can change your deferral percentage at any time by contacting Principal. You may contribute 0% to 100% of your eligible base pay up to the IRS limits.

IRS Contribution Limits	
Salary Deferral	$24,500
Catch-Up Contribution (age 50-59 or 64 and older)	$8,000
Catch-Up Contribution (age 60-63)	$11,250

Enroll and Manage Your 401(k)

Enrolling in the 401(k) is a separate process and is not part of the annual benefits enrollment. Enroll or make changes at any time by logging in to www.principal.com or calling 800-986-3343.

You can make contributions in three ways:

- **Before-Tax:** Contributions are made on a before-tax basis. Withdrawals and earnings are taxable.
- **Roth:** Contributions are made on an after-tax basis. Withdrawals and earnings are tax-free.

Company Match

- Velosity matches 50% of the first 5% you contribute to your 401(k)
- New employees are automatically enrolled with a 3% contribution rate.
- Employee contributions will automatically be increased by 1% per year unless you opt out.

Rollover Options

You may be able to transfer (rollover) some or all of your distribution from a pre**vious** employer's plan to the company's 401(k) Plan. To request a rollover form, visit www.principal.com

Investment Options

To help you grow your savings, you have access to a wide range of investment options to fit many investment styles. These include:

- **Target Date Fund**: You can invest in a target date fund, based on the date you expect to retire. The mix automatically rebalances to become more conservative as your retirement date nears.
- **Self-Directed Brokerage:** The self-directed brokerage account lets you choose and manage your own investments.

Vesting

Your contributions are immediately vested; however, Velosity's vesting schedule is below:

Years of Vesting Service	Vesting Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Employee Assistance Program (EAP)

Available to all employees, our EAP partner Mutual of Omaha helps you and your family manage life's challenges with in-person, phone, and video counseling sessions, all at no cost to you. You can also get referrals to household services related to child/elder care, financial and legal help, and much more.

Mental Well-Being

You can receive up to three counseling sessions per issue per year. If you are enrolled in a Medica plan, you have access to five additional in-person assessments. The sessions are a free and confidential service and are available face to face, online with televideo, or by phone.

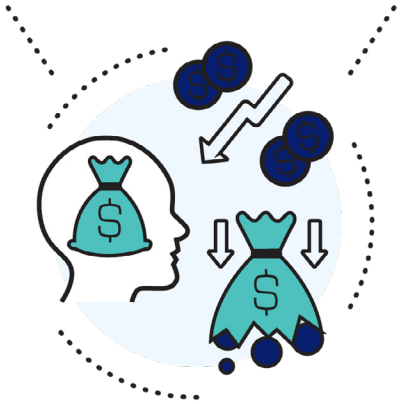
Licensed counselors can help with issues such as:

MARITAL OR FAMILY PROBLEMS

SUBSTANCE ABUSE

AGING PARENTS

STRESS, ANXIETY OR DEPRESSION



FINANCIAL ISSUES

When you need in-the-moment emotional well-being support, counselors are here to help 24/7. You can call **800-316-2796 or visit the Mutual of Omaha website at** mutualofomaha.com/eap.

An EAP throuh Medica is also available. This is for participatns in the health plan. For more information on this please visit LiveandWorkWell.com and use access code "MEDICA" or call 1-800-626-9744.

ADDITIONAL BENEFITS

Hearing Benefits Through Medica

If hearing loss is affecting your quality of life, Medica partners with leading hearing-care providers to offer valuable discounts, support, and protection.

Start Hearing provides savings on the latest hearing aid technology along with additional member benefits, including a three-year supply of batteries at no cost, free aftercare for one year, a 60-day risk-free trial, and a no-cost warranty for repairs, loss, and damage. Flexible financing options are also available. Learn more or schedule an appointment at 1 (855) 687-4924 or StartHearing.com/partners/medica.

Start Hearing also offers **SoundGear** hearing protection, designed to reduce harmful noise from tools and machinery while still allowing natural sound awareness. Visit 1 (844) 954-1828 or SoundGear.com for details.

Amplifon, with more than 25 years of experience in personalized hearing solutions, offers Medica members average savings of 64% on hearing aids, a two-year supply of batteries or a no-cost recharging station, one year of follow-up care at no cost, a 60-day risk-free trial, and three-year coverage for loss and repairs. Find out more or schedule an appointment at 1 (888) 831-4388 or AmplifonUSA.com/Medica.

Ovia Health

Ovia Health offers personalized support for women's and family health, guiding you through fertility, pregnancy, parenting, and menopause. Through the Ovia and Ovia Parenting apps, you'll get symptom tracking, evidence-based content, milestone updates, benefits information, and unlimited one-on-one messaging with Ovia's team of nurses, health coaches, and midwives. Medica members also receive support for return-to-work planning and a dedicated Ovia advocate. Get started by downloading the Ovia apps and selecting "**I have Ovia Health as a benefit**." For help, call Member Services at the number on your Medica ID card (TTY: 711).

Proximal

Proximal provides members with a supplemental benefit—up to $1,500 paid directly to them—when they choose a top in-network provider for a covered hospitalization or serious illness. The program uses dozens of publicly available quality rankings to identify highly rated providers for conditions such as cancer, severe autoimmune disease, inpatient medical or surgical stays, and many same-day procedures. Proximal helps members make informed care decisions while potentially lowering overall costs. It's included with eligible Medica health plans, with no change in coverage needed. For more information visit about.proximal.com.

My Health Rewards by Medica

Track healthy habits, complete wellness activities, and earn rewards you can redeem for e-gift cards, fitness products, or donate to charity. Use the Personify Health app to log activity, connect your fitness tracker, and stay on top of preventive care. Create or sign in to your account at Medica.com/MyHealthRewards or through the app. For help, email MyHealthRewards.Support@PersonifyHealth.com or call 1 (833) 450-4074.

Omada

Omada provides personalized digital support to help reduce the risk of Type 2 diabetes and heart disease. The program includes one-on-one coaching, a wireless scale to track progress, peer support, and evidence-based lessons that build healthy habits around nutrition, activity, sleep, and stress. It's designed for individuals who are overweight and have risk factors such as high cholesterol, hypertension, prediabetes, obesity, dyslipidemia, or tobacco use. To learn more, contact your broker or Medica sales at 1 (800) 371-1613.

Travel Assistance

The Mutual of Omaha Travel Emergency Assistance Program connects you to and other services if you experience a medical or non-medical emergency while traveling. Services include telephonic translator services, locating legal services, emergency payment, document replacement, and much more!

PAYCHECK DEDUCTIONS

Medical Non-Tobacco Users

Medical $1000 PPO - Per Pay Period (Bi-Weekly) Contributions									
Coverage Level	$1,000 PPO Choice Plan			$1,000 PPO Elect Plan			$1,000 PPO Vantage Plan		
	Total	Velosity	Employee	Total	Velosity	Employee	Total	Velosity	Employee
Employee Only	$469.72	$345.72	**$124.00**	$411.00	$312.00	**$99.00**	$399.26	$300.26	**$99.00**
Employee + Spouse	$986.41	$696.41	**$290.00**	$863.10	$624.10	**$239.00**	$838.44	$599.44	**$239.00**
Employee + Child(ren)	$892.46	$663.46	**$229.00**	$780.90	$573.90	**$207.00**	$758.59	$551.59	**$207.00**
Employee + Family	$1,315.21	$937.21	**$378.00**	$1,150.81	$824.81	**$326.00**	$1,117.93	$791.93	**$326.00**

Medical $3300 HDHP - Per Pay Period (Bi-Weekly) Contributions									
Coverage Level	$3,400 HDHP Choice Plan			$3,400 HDHP Elect Plan			$3,400 HDHP Vantage Plan		
	Total	Velosity	Employee	Total	Velosity	Employee	Total	Velosity	Employee
Employee Only	$411.70	$326.70	**$85.00**	$360.23	$286.23	**$74.00**	$349.94	$275.94	**$74.00**
Employee + Spouse	$864.56	$659.56	**$205.00**	$756.49	$574.49	**$182.00**	$734.88	$552.88	**$182.00**
Employee + Child(ren)	$782.22	$607.22	**$175.00**	$684.44	$527.44	**$157.00**	$664.89	$507.89	**$157.00**
Employee + Family	$1,152.75	$875.75	**$277.00**	$1,008.66	$762.66	**$246.00**	$979.84	$733.84	**$246.00**

Medical Tobacco Users

Medical $1000 PPO - Per Pay Period (Bi-Weekly) Contributions									
Coverage Level	$1,000 PPO Choice Plan			$1,000 PPO Elect Plan			$1,000 PPO Vantage Plan		
	Total	Velosity	Employee	Total	Velosity	Employee	Total	Velosity	Employee
Employee Only	$469.72	$313.41	**$156.31**	$411.00	$279.69	**$131.31**	$399.26	$267.95	**$131.31**
Employee + Spouse	$986.41	$664.10	**$322.31**	$863.11	$591.80	**$271.31**	$838.45	$567.14	**$271.31**
Employee + Child(ren)	$892.46	$631.15	**$261.31**	$780.91	$541.60	**$239.31**	$758.59	$519.28	**$239.31**
Employee + Family	$1,315.21	$904.90	**$410.31**	$1,150.81	$792.50	**$358.31**	$1,117.93	$759.62	**$358.31**

Medical $3300 HDHP - Per Pay Period (Bi-Weekly) Contributions									
Coverage Level	$3,400 HDHP Choice Plan			$3,400 HDHP Elect Plan			$3,400 HDHP Vantage Plan		
	Total	Velosity	Employee	Total	Velosity	Employee	Total	Velosity	Employee
Employee Only	$411.70	$294.39	**$117.31**	$360.24	$253.93	**$106.31**	$349.94	$243.63	**$106.31**
Employee + Spouse	$864.56	$627.25	**$237.31**	$756.49	$542.18	**$214.31**	$734.88	$520.57	**$214.31**
Employee + Child(ren)	$782.22	$574.91	**$207.31**	$684.45	$495.14	**$189.31**	$664.89	$475.58	**$189.31**
Employee + Family	$1,152.75	$843.44	**$309.31**	$1,008.66	$730.35	**$278.31**	$979.84	$701.53	**$278.31**

Premium Contributions Per Pay Period (Bi-Weekly)

Dental

Coverage Level	Total	Velosity	Employee
Employee Only	$20.80	$11.25	**$9.55**
Employee + 1	$38.52	$17.81	**$20.71**
Employee + Family	$60.17	$28.75	**$31.42**

Vision

Coverage Level	Rate
Employee Only	$2.34
Employee + 1	$4.69
Employee + Child(ren)	$5.02
Employee + Family	$8.02

Accident and Hospital Indemnity

Coverage Level	Accident	Hospital Indemnity
Employee Only	$5.28	$6.45
Employee + Spouse	$9.51	$13.62
Employee + Child(ren)	$11.12	$10.86
Employee + Family	$15.35	$18.03

Critical Illness

EMPLOYEE OR SPOUSE - 26 PAYROLL DEDUCTIONS PER YEAR								
Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000
0 - 24	$0.85	$1.71	$2.56	$3.42	$4.27	$5.12	$5.98	$6.83
25 - 29	$0.92	$1.85	$2.77	$3.69	$4.62	$5.54	$6.46	$7.38
30 - 34	$1.11	$2.22	$3.32	$4.43	$5.54	$6.65	$7.75	$8.86
35 - 39	$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00
40 - 44	$2.08	$4.15	$6.23	$8.31	$10.38	$12.46	$14.54	$16.62
45 - 49	$2.84	$5.68	$8.52	$11.35	$14.19	$17.03	$19.87	$22.71
50 - 54	$4.08	$8.17	$12.25	$16.34	$20.42	$24.51	$28.59	$32.68
55 - 59	$5.28	$10.57	$15.85	$21.14	$26.42	$31.71	$36.99	$42.28
60 - 64	$6.23	$12.46	$18.69	$24.92	$31.15	$37.38	$43.62	$49.85
65 - 69	$8.08	$16.15	$24.23	$32.31	$40.38	$48.46	$56.54	$64.62
70 - 74	$10.82	$21.65	$32.47	$43.29	$54.12	$64.94	$75.76	$86.58
75+	$15.35	$30.69	$46.04	$61.38	$76.73	$92.08	$107.42	$122.77

Supplemental Life and AD&D Insurance

Employee Premium Table (26 Payroll Deductions Per Year)										
Age	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
0 - 29	$0.57	$1.14	$1.70	$2.27	$2.84	$3.41	$3.97	$4.54	$5.11	$5.68
30 - 34	$0.61	$1.23	$1.84	$2.46	$3.07	$3.68	$4.30	$4.91	$5.52	$6.14
35 - 39	$0.75	$1.50	$2.26	$3.01	$3.76	$4.51	$5.27	$6.02	$6.77	$7.52
40 - 44	$1.08	$2.15	$3.23	$4.30	$5.38	$6.45	$7.53	$8.60	$9.68	$10.75
45 - 49	$1.72	$3.44	$5.16	$6.89	$8.61	$10.33	$12.05	$13.77	$15.49	$17.22
50 - 54	$2.69	$5.38	$8.07	$10.76	$13.45	$16.14	$18.84	$21.53	$24.22	$26.91
55 - 59	$4.12	$8.24	$12.36	$16.49	$20.61	$24.73	$28.85	$32.97	$37.09	$41.22
60 - 64	$6.34	$12.67	$19.01	$25.35	$31.68	$38.02	$44.36	$50.70	$57.03	$63.37
65 - 69	$11.23	$22.46	$33.69	$44.92	$56.15	$67.38	$78.60	$89.83	$101.06	$112.29
70 - 74	$19.95	$39.90	$59.86	$79.81	$99.76	$119.71	$139.67	$159.62	$179.57	$199.52
75+	$32.78	$65.57	$98.35	$131.13	$163.92	$196.70	$229.48	$262.26	$295.05	$327.83

Spouse Premium Table (26 Payroll Deductions Per Year)										
Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
0 - 29	$0.29	$0.57	$0.85	$1.14	$1.42	$1.70	$1.99	$2.27	$2.56	$2.84
30 - 34	$0.31	$0.61	$0.92	$1.23	$1.54	$1.84	$2.15	$2.46	$2.76	$3.07
35 - 39	$0.38	$0.75	$1.13	$1.50	$1.88	$2.26	$2.64	$3.01	$3.39	$3.76
40 - 44	$0.54	$1.08	$1.62	$2.15	$2.69	$3.23	$3.77	$4.30	$4.84	$5.38
45 - 49	$0.86	$1.72	$2.58	$3.44	$4.31	$5.16	$6.03	$6.89	$7.75	$8.61
50 - 54	$1.35	$2.69	$4.04	$5.38	$6.73	$8.07	$9.42	$10.76	$12.11	$13.45
55 - 59	$2.06	$4.12	$6.18	$8.24	$10.31	$12.36	$14.43	$16.49	$18.55	$20.61
60 - 64	$3.17	$6.34	$9.51	$12.67	$15.84	$19.01	$22.18	$25.35	$28.52	$31.68
65 - 69	$5.62	$11.23	$16.85	$22.46	$28.08	$33.69	$39.30	$44.92	$50.53	$56.15

All Children Premium Table (26 Payroll Deductions Per Year)	
$5,000	$10,000
$0.24	$0.47

REQUIRED NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 "onestop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other outofpocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employmentbased health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain costsharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employmentbased health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowestcost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1 2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employmentbased coverage. Also, this employer contribution as well as your employee contribution to employmentbased coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an aftertax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility.
To learn more, visit HealthCare.gov or call the Marketplace Call Center at 18003182596. TTY users can call 18558894325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employmentbased health plan (such as an employersponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including

if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employmentbased health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employmentbased health plan through September 8, 2023. Confirm the deadline with your employer or your employmentbased health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit healthcare.gov/medicaidchip/gettingmedicaidchip for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1. Indexed annually; see irs.gov/pub/irsdrop/rp2234.pdf for 2023.
2. An employersponsored or other employmentbased health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Special Enrollment Notice

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

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

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

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

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact: Human Resources

Important Notice from Velosity Buyer DBA Velosity 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 Velosity 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. **Velosity has determined that the prescription drug coverage offered by the Velosity 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 15 to December 7.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Velosity 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. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the 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 Velosity changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1800MEDICARE (18006334227). TTY users should call 18774862048.

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 18007721213 (TTY 18003250778).

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).

Date: 04/01/2026
Name of Entity/Sender: Velosity Buyer dba Velosity
Contact--Position/Office: Janet Janiszewski
Address: 20697 Fenway Avenue, Forest Lake, MN 55025
Phone Number: 651-202-2857

Continuation Coverage Rights Under COBRA

INTRODUCTION

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

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

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

WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

Women's Health and Cancer Rights Act

ENROLLMENT 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 mastectomyrelated 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. Therefore, the deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call your plan administrator.

ANNUAL NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomyrelated services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator or Human Resources for more information.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP 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 **1877KIDS 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 employersponsored 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 **1866444EBSA (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, 2025. Contact your State for more information on eligibility –

STATE	WEBSITE/EMAIL	PHONE
Alabama Medicaid	myalhipp.com	8556925447
Alaska Medicaid	Premium Payment Program: myakhipp.com Medicaid Eligibility: health.alaska.gov/dpa Email: customerservice@myakhipp.com	8662514861
Arkansas Medicaid	http://myarhipp.com/	855MyARHIPP (8556927447)
California Medicaid	dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	9164458322 9164405676 (fax)
Colorado	Medicaid: healthfirstcolorado.com	8002213943 Relay 711
Medicaid and CHIP	CHIP: hcpf.colorado.gov/childhealthplanplus HIBI: mycohibi.com	8003591991 Relay 711 8556926442
Florida Medicaid	flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	8773573268
Georgia Medicaid	HIPP: medicaid.georgia.gov/healthinsurancepremiumpayment- programhipp CHIPRA: medicaid.georgia.gov/programs/thirdpartyliability/childrenshealthinsuranceprogramreauthorizationact2009chipra	6785641162, press 1 6785641162, press 2
Indiana Medicaid	HIPP: https://www.in.gov/fssa/dfr/ All other Medicaid: in.gov/medicaid	8004030864 8004574584

STATE	WEBSITE/EMAIL	PHONE
Iowa Medicaid and CHIP	Medicaid: hhs.iowa.gov/programs/welcomeiowamedicaid CHIP: hhs.iowa.gov/programs/welcomeiowamedicaid/iowahealthlink/hawki HIPP: hhs.iowa.gov/programs/welcomeiowamedicaid/feeservice/hipp	8003388366 8002578563 8883469562
Kansas Medicaid	kancare.ks.gov	8007924884 HIPP: 8009674660
Kentucky Medicaid and CHIP	KIHIPP: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KIHIPP Email: KIHIPP.PROGRAM@ky.gov KCHIP: kynect.ky.gov Medicaid: chfs.ky.gov/agencies/dms	KIHIPP: 8554596328 KCHIP: 8775244718
Louisiana Medicaid	ldh.la.gov/healthylouisiana or www.ldh.la.gov/lahipp	Medicaid: 8883426207 LaHIPP: 8556185488
Maine Medicaid	Enrollment: mymaineconnection.gov/benefits Private health insurance premium: maine.gov/dhhs/ofi/applicationsforms	Enroll: 8004426003 Private HIP: 8009776740 TTY/Relay: 711
Massachusetts Medicaid and CHIP	mass.gov/masshealth/pa Email: masspremassistance@accenture.com	8008624840 TTY/Relay: 711
Minnesota Medicaid	mn.gov/dhs/healthcarecoverage	8006573672
Missouri Medicaid	dss.mo.gov/mhd/participants/pages/hipp.htm	5737512005
Montana Medicaid	HIPP: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HIPP Email: HHSHIPPProgram@mt.gov	8006943084
Nebraska Medicaid	ACCESSNebraska.ne.gov	8556327633 Lincoln: 4024737000 Omaha: 4025951178
Nevada Medicaid	Medicaid: dhcfp.nv.gov	8009920900
New Hampshire Medicaid	dhhs.nh.gov/programsservices/medicaid/healthinsurancepremiumprogram Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	6032715218 or 8008523345, ext. 15218
New Jersey Medicaid and CHIP	Medicaid: state.nj.gov/humanservices/dmahs/clients/medicaid CHIP: njfamilycare.org/index.html	Medicaid: 8003561561 CHIP Premium Assist: 6096312392 CHIP: 8007010710 TTY/Relay: 711
New York Medicaid	health.ny.gov/health_care/medicaid	8005412831
North Carolina Medicaid	medicaid.ncdhhs.gov	9198554100
North Dakota Medicaid	hhs.nd.gov/healthcare	8448544825
Oklahoma Medicaid and CHIP	insureoklahoma.org	8883653742
Oregon Medicaid	healthcare.oregon.gov/Pages/index.aspx	8006999075
Pennsylvania Medicaid and CHIP	Medicaid: pa.gov/en/services/dhs/applyformedicaidhealthinsurancepremiumpayment-programhipp.html CHIP: dhs.pa.gov/CHIP/Pages/CHIP.aspx	Medicaid: 8006927462 CHIP: 800986KIDS (5437)
Rhode Island Medicaid and CHIP	eohhs.ri.gov	8556974347 or 4014620311 (Direct RIte)
South Carolina Medicaid	scdhhs.gov	8885490820
South Dakota Medicaid	dss.sd.gov	8888280059
Texas Medicaid	hhs.texas.gov/services/financial/healthinsurancepremiumpaymenthippprogram	8004400493

STATE	WEBSITE/EMAIL	PHONE
Utah Medicaid and CHIP	UPP: medicaid.utah.gov/upp/ UPP Email: upp@utah.gov Adult Expansion: medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: medicaid.utah.gov/buyoutprogram/ CHIP: chip.utah.gov	UPP: 8772222542
Vermont Medicaid	dvha.vermont.gov/members/medicaid/hippprogram	8002508427
Virginia Medicaid and CHIP	coverva.dmas.virginia.gov/learn/premiumassistance/famisselect coverva.dmas.virginia.gov/learn/premiumassistance/healthinsurancepremiumpaymenthippprograms	Medicaid/CHIP: 8004325924
Washington Medicaid	hca.wa.gov	8005623022
West Virginia Medicaid and CHIP	dhhr.wv.gov/bms/ mywvhipp.com/	Medicaid: 3045581700 CHIP: 8556998447
Wisconsin Medicaid and CHIP	dhs.wisconsin.gov/badgercareplus/p10095.htm	8003623002
Wyoming Medicaid	health.wyo.gov/healthcarefin/medicaid/programsandeligibility	8002511269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866444EBSA (3272)

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

Patient Protection Notice

Velosity Buyer dba Velosity generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

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