



# 2025-2026 Benefits Guide





WE ARE COMMITTED to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best.

This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

# Welcome to Your Benefits Guide

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

## What's Inside

<b>GETTING STARTED.....</b>	<b>2</b>
• Enrollment	
• Eligibility	
<b>CHOOSE YOUR MEDICAL PLAN .....</b>	<b>4</b>
• Medical Benefits	
• Pharmacy - Wellmark BCBS	
<b>UNDERSTANDING YOUR PLAN .....</b>	<b>8</b>
<b>DOCTOR ON DEMAND .....</b>	<b>9</b>
<b>DENTAL .....</b>	<b>10</b>
<b>VISION .....</b>	<b>11</b>
<b>FLEXIBLE SPENDING ACCOUNTS.....</b>	<b>13</b>
<b>COMPANY PROVIDED INSURANCE .....</b>	<b>14</b>
• Basic Life and Accidental Death & Dismemberment (AD&D)	
<b>DISABILITY INSURANCE .....</b>	<b>15</b>
• Short-Term Disability (STD)	
• Long-Term Disability (LTD)	
<b>SUPPLEMENTAL INSURANCE.....</b>	<b>17</b>
• Employee Supplemental Life & AD&D	
• Accident Insurance	
• Critical Illness Insurance	
<b>IDENTITY THEFT ASSISTANCE .....</b>	<b>20</b>
<b>LEGAL INSURANCE .....</b>	<b>21</b>

### **EMPLOYEE CONTRIBUTIONS .....**

- Paycheck Deductions
- Contacts

### **ISOLVED'S EMPLOYEE BENEFIT WALKTHROUGH**

**25**

### **CHIP NOTICE & LEGAL NOTICES .....**

**31**

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

## Enrollment



### ACCESSING YOUR EMPLOYEE PORTAL

Benefit Enrollment can be completed on a computer at work or home, or iSolved mobile App. It's important that you have your login credentials handy to access your employee portal. To get started, refer to iSolved's Employee Benefit Enrollment Guide at the back of the Benefits Guide.



### QUALIFYING LIFE EVENTS

You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

## Important

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event.

**Contact Melissa Gering or Sedonna Lyons in Human Resources to process a Qualifying Life Event.**



# Eligibility

## **BENEFIT ELIGIBILITY**

You and your eligible family members may participate in the 2025-26 employee benefits program if you're a full-time employee working 30 or more hours.

## **NEW HIRE ELIGIBILITY**

New hires can join the plan the first of the month following 60 days of employment. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.

## **WHO IS ELIGIBLE FOR ENROLLMENT?**

You can enroll the following dependents in our group benefit plans:

- Your legal spouse or domestic partner
- Children
  - A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
  - Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)
  - Unmarried, over the age of 26 and a full-time student



# Choose Your Medical Plan

GROUP NUMBER: 53544-0201

Your medical plans will be offered through Wellmark BCBS. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective September 1, 2025, and remain in effect until August 31, 2026, unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

## Medical Benefits

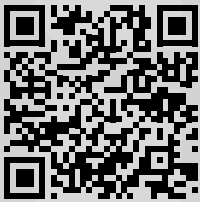
WELLMARK BLUE CROSS BLUE SHIELD

### REGISTER ONLINE AT MYWELLMARK.COM

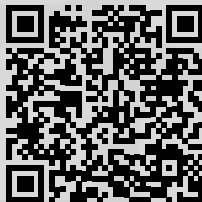
Your connection to great healthcare is only a click away. Register for an online account at [myWellmark.com](https://mywellmark.com) so you can access timesaving tools, tips for healthy living, view claims information, choose a doctor, manage your EOBs, and more!

### DOWNLOAD THE MYWELLMARK MOBILE APP

With the myWellmark mobile app, you've got the tools you need to manage your healthcare all from your smartphone. The mobile app is available in the Apple and Google Play store.



APP STORE



GOOGLE PLAY  
STORE



## 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

	ALLIANCE SELECT \$2,500 PPO PLAN	ALLIANCE SELECT \$5,000 PPO PLAN
<b>BENEFITS IN-NETWORK</b>		
<b>ANNUAL DEDUCTIBLE (CALENDAR YEAR)</b>		
<b>Individual</b>	\$2,500	\$5,000
<b>Family (embedded)</b>	\$7,500	\$10,000
<b>OUT-OF-POCKET MAXIMUM (CALENDAR YEAR)</b>		
<b>Individual</b>	\$4,000	\$6,350
<b>Family</b>	\$12,000	\$12,700
<b>BENEFIT HIGHLIGHTS</b>		
<b>Coinsurance</b>	30%	30%
<b>Virtual Visits<sup>1</sup></b>	\$30 copay	\$40 copay
<b>Preventive Care</b>	100% covered	100% covered
<b>Primary Care Physician (PCP)</b>	\$30 copay	\$40 copay
<b>Specialist</b>	\$60 copay	\$70 copay
<b>Urgent Care</b>	\$30 copay	\$40 copay
<b>Emergency Room</b>	\$250 copay	\$250 copay
<b>Outpatient Hospital</b>	Deductible, 30% Coinsurance	Deductible, 30% Coinsurance
<b>Mental Health &amp; Substance Abuse Services</b>	Inpatient/Outpatient: Deductible, 30% Office Visit: \$30 Copayment	Inpatient/Outpatient: Deductible, 30% Office Visit: \$40 Copayment
<b>BENEFITS OUT-OF-NETWORK (OON)</b>		
<b>Deductible</b>	\$2,500 Single / \$7,500 Family	\$5,000 Single / \$10,000 Family
<b>Coinsurance</b>	40%	40%
<b>Out-of-Pocket Maximum</b>	\$4,000 Single / \$12,000 Family	\$6,350 Single / \$12,700 Family

1. In-network virtual/telehealth services reflect member cost share for Doctor On Demand providers. In-network virtual/telehealth services for non- Doctor On Demand providers apply standard Office Visit member cost share.

NOTE: Deductible, Coinsurance, and Copayments (medical and prescription drug) apply towards the Out-of-Pocket Maximum.

## 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 in a 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.



# Pharmacy - Wellmark BCBS

PRESCRIPTION DRUG COVERAGE			
Blue Rx Complete Formulary (In and Out of Network Benefits)			
		Alliance Select \$2,500 PPO Plan	Alliance Select \$5,000 PPO Plan
Rx Deductible (waived for Tier 1)		\$200 Single / \$400 Family	\$200 Single / \$400 Family
<b>Retail 30-day Supply</b>	Tier 1	\$10	\$10
	Tier 2	\$40	\$40
	Tier 3	\$60	\$60
	Tier 4	\$100	\$100

## PrudentRX Copay Assistance Program

PrudentRx is a copay assistance program for specific specialty drugs. Enrollment in the program will begin automatically if a specialty medication you are taking is on the list. You must speak with a PrudentRx advocate to finalize. If you enroll in the program, eligible medications will come at no cost to you. If you decline enrollment in PrudentRx, you will pay 30% coinsurance on the eligible medication and this amount will not accumulate towards your out-of-pocket maximum.

How it works? CVS Caremark has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications. A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment.

How to get started: Your enrollment in the program will begin automatically, but additional steps may be needed. You can choose to opt-out at any time. If you would like to review the PrudentRx Formulary List, please visit: <https://www.wellmark.com/member/prescription-drugs>.



## Send Medications Right to Your Home

Home delivery is a convenient, cost-effective and safe option for medications you take regularly.

1. Call 866-611-5961 for CVS Caremark to walk through registration with FastStart.
2. You can also visit Caremark.com and select 'Register Now' and create a user ID. Set up your mail order and contact preferences. Easily access your pharmacy information through Caremark.com and myWellmark.com.

### Set Up Mail Order (up to 90 days)

1. Select 'Start Mail Service' under Prescriptions tab in your Caremark.com account. CVS will accept prescription orders in a few ways:
  - a) Select 'Request New Prescription' and complete the required information. CVS will then reach out to your doctor
  - b) Print the mail order form from Caremark.com account and send that in along with a hard copy prescription.
  - c) Your doctor can send in prescriptions to CVS Caremark.

# Understanding Your Plan



**1** YOUR FAMILY visits your provider (doctor/hospital) and shows their medical insurance card

**2** YOUR DOCTOR OR PROVIDER will bill your medical carrier



**3** YOUR MEDICAL CARRIER will process your claim, notify your provider, and send an Explanation of Benefits to you and your provider

**4** YOUR RESPONSIBILITY is to pay the amount due to your provider as shown on your EOB

# Doctor on Demand

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Sore throats
- Urinary tract infections



24/7 Questions:

Call 800-997-6196

We've all been there—it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider, but the first appointment isn't for two weeks. Good news... there's an easier way! Doctor on Demand is a convenient option for scheduling virtual doctor visits from your own home. With Doctor on Demand, you don't have to drive to the doctor's office or sit in a waiting room when you're sick—you can see your doctor from the comfort of your own bed or sofa.

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies, and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

To get started, scan the QR code above and visit [DoctorOnDemand.com/Wellmark](https://www.DoctorOnDemand.com/Wellmark) and download the Doctor On Demand app. Have your Wellmark Blue Cross and Blue Shield member ID card ready. You will need to create an account or sign in to begin your visit. Once signed in, you can pick your provider and select the next available appointment or find the time best for your schedule.

# Dental - Delta Dental

GROUP NUMBER: 43140

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services. The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in dental coverage administered by **Delta Dental**. The network used on this plan is the PPO Plus Premier Network.

To find an in-network provider, please visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>

IN-NETWORK PLAN FEATURES	PPO NETWORK	PREMIER / NON-PAR NETWORK
<b>Annual Deductible Calendar Year - Individual / Family</b>	\$25 / \$75	\$50 / \$150
<b>Annual Benefit Maximum Calendar Year</b>	\$1,500 per person	\$1,500 per person
<b>Orthodontia Maximum</b>	\$1,500 per person	\$1,500 per person
YOU PAY		
<b>Preventive &amp; Diagnostic Care</b> <ul style="list-style-type: none"> <li>• Dental cleanings</li> <li>• Preventive evaluations</li> <li>• Fluoride applications</li> <li>• X-rays</li> <li>• Sealants applications</li> <li>• Space maintainers</li> </ul>	\$0	\$0
<b>Routine &amp; Restorative Services</b> <ul style="list-style-type: none"> <li>• Emergency treatment</li> <li>• General anesthesia/sedation</li> <li>• Routine oral surgery</li> <li>• Fillings</li> <li>• Posterior composites w/o alternate processing</li> </ul>	10% after deductible	20% after deductible
<b>Major services</b> <ul style="list-style-type: none"> <li>• Prosthetics (bridges and dentures)</li> <li>• Endodontics (root canals)</li> <li>• Periodontics (gum and bone diseases)</li> <li>• High-cost restorations (crowns, inlays, fillings, posts and cores)</li> <li>• Implants</li> </ul>	50% after deductible	50% after deductible
<b>Orthodontia (covered dependent children up to age 19)</b>	Deductible waived, 50% coinsurance	Deductible waived, 50% coinsurance

# Vision - Delta Vision

GROUP NUMBER: 43140

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems. Your vision insurance is provided by **Delta Vision** and entitles you to specific eyecare benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Our policy utilized the **Insight Network**.

To find an in-network provider, please visit: <https://eyedoclocator.eyemedvisioncare.com/deltavisia/en>

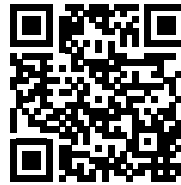
PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK
<b>Office Visit</b>		
Eye Exam	\$10 copay	Up to \$35
<b>Eyeglass, Lenses, Materials, &amp; Frames</b>		
Single Vision Lenses	Covered in full after \$25 copay	Up to \$25
Standard Lined Bifocal Lenses	Covered in full after \$25 copay	Up to \$40
Standard Trifocal Lenses	Covered in full after \$25 copay	Up to \$55
Lenticular	Covered in full after \$25 copay	Up to \$55
<b>Lens Options</b> - Standard progressives - Scratch-resistant coating - Ultra-violet screening - Solid or gradient tint - Anti-reflective coating - Photochromatic/transitions	\$90 copay \$15 copay \$15 copay \$15 copay \$45 copay \$75 copay	None
Frames	\$130 allowance, up to 20% discount above frame allowance	Up to \$65
<b>Contact Lenses (in lieu of frame and spectacle lenses)</b> - Elective - Medically necessary (prior authorization required)	\$130 allowance, 15% discount above contact lens allowance  Covered in full	Up to \$104 Up to \$200
Refractive Laser Surgery	15% off retail price or 5% off promotional price	N/A
<b>Frequency of Services</b>		
Eye Exam	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frames	Once every 2 calendar years	

# Delta Dental/Vision Registration

GROUP NUMBER: 43140

Make the most of your dental and/or vision benefits with Delta Dental of Iowa's online Member Connection. Sign up today at [www.deltadentalia.com](http://www.deltadentalia.com) to:

- Print an ID card
- View claim details and status
- Find a provider
- Find eligibility and benefit information
- Access an explanation of benefits (dental only)



SCAN THE QR CODE TO VISIT  
DELTA DENTAL OF IOWA

## Get started today!

To register for Member Connection:

1. Go to [www.deltadentalia.com](http://www.deltadentalia.com) select Dental Member from the drop down menu, and then click on "New user? Sign up." link in the "My Account" box on the right side of the homepage.
2. Complete the online registration.
3. Create a username & password, enter your email, create a challenge question and then click on "Register User."
4. Once your account has been created, be sure to go back to [www.deltadentalia.com](http://www.deltadentalia.com) to log-in and view your complete account information.

Helpful tips when registering:

- Enter first and last name for the primary subscriber (exactly as your employer entered it during enrollment; e.g., "Bob" may be "Robert")
- Enter assigned subscriber ID or Social Security number (enter the nine digit number with no dashes or leading zeros)

# Flexible Spending Accounts (FSAs)

ISOLVED BENEFIT SERVICES

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

## FSAs AT A GLANCE

	HEALTHCARE FSA	DEPENDENT CARE FSA
<b>Eligibility</b>	Any benefits-eligible employee	Any benefits-eligible employee
<b>Contribution Limits*</b>	\$3,300**	\$5,000** (\$2,500 if married and filing taxes separately)
<b>Eligible Use</b>	Qualified medical, prescription, dental, and vision expenses, copays, and deductibles	Eligible day care expenses from licensed daycare providers for children aged under 14 or disabled dependents of any age
<b>What happens at the end of the year?</b>	<p>Both FSAs are “Use It or Lose It” meaning if you do not spend your funds by the expense deadline, your funds will be forfeited.</p> <ul style="list-style-type: none"> <li>The Health Care FSA allows a \$660 carryover into the new plan year.</li> <li>Dependent Care can only be reimbursed for expenses incurred in the plan year</li> </ul>	<p>FSA funds expire at the end of each year. Use it or lose it. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.</p>

\*Once elected, FSA contributions cannot be changed during the plan year, unless you experience a qualifying life event

\*\*\$660 carryover limit

## What’s an Eligible Expense?

**Health Care FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at [www.irs.gov](http://www.irs.gov).

**Dependent Care FSA** – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at [www.irs.gov](http://www.irs.gov).



SCAN THE QR CODE TO VISIT ISOLVED BENEFIT SERVICES

# Company Provided Insurance

LINCOLN FINANCIAL GROUP

## Basic Life and Accidental Death & Dismemberment (AD&D)

The Basic Life and AD&D plan administered through Lincoln Financial Group provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by the company, so you will automatically be enrolled at no cost to you. Your basic life benefit amount will be \$15,000. The Accidental Death Benefit is the same amount as Basic Life.

### NOTE

Upon loss of eligibility or termination of employment, you may elect to continue your employer-sponsored Basic Life Insurance coverage by converting it, which means change it to a new type of individual policy. Remember, you become responsible for the premiums.

### AGE REDUCTION SCHEDULE

BASIC LIFE & AD&D:

Coverage reduces to 65% at age 65 and reduces an additional 15% at age 70.



# Disability Insurance

LINCOLN FINANCIAL GROUP

We want to do everything we can to protect you and your family. That's why the company pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## Short-Term Disability (STD)

The STD plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness, injury, or pregnancy. The benefit amount of 60% of your weekly base annual earnings, up to a maximum of:

- \$1,500 per week for Group 1 (over \$100k)
- \$1,000 per week for Group 2 (under \$100k)

The benefit would begin on the 8th day of an accident or illness. The maximum benefit period is 13 weeks.

## Long-Term Disability (LTD)

The LTD plan provides full-time employees with income replacement for those out of work for 90 days or more. The benefit amount is 60% of your monthly earnings, up to a maximum of:

- \$10,000 per month for Group 1 (over \$100k)
- \$5,000 per month for Group 2 (under \$100k)

There is a pre-existing condition waiting period, which means the policy will not cover any total or partial disability if: you received treatment for that condition within the 3 months before coverage starts, and the disability begins within the first 12 months after your coverage begins.

This benefit continues until you are no longer disabled or reach your Social Security normal retirement age, whichever is sooner.

## Filing a Disability Claim

**In order to receive STD benefits, you must contact Human Resources and Lincoln Financial Group within 30 days of your disability event.**

- 1. Log in to [LincolnFinancial.com](https://LincolnFinancial.com) or the Lincoln Financial Mobile app. First-time users will need to register using company code 2009573 and by providing first and last name, birthdate, and the last four digits of your Social Security number.**
- 2. Select Start a claim or leave of absence and answer a few questions.**
- 3. Choose Submit. For short-term disability claims, you'll be asked to download, sign, and submit a medical authorization form, which you or your claims specialist can provide to your doctor.**
- 4. The confirmation page will provide a PDF document of your submittal. Save it for your records. You'll need your claim or leave number to view the status for the first time.**
- 5. Check the status of your claim online at [LincolnFinancial.com](https://LincolnFinancial.com) or the Lincoln Financial Mobile app.**

# Employee Assistance Program (EAP)











LINCOLN FINANCIAL GROUP | EMPLOYEE CONNECT

We understand that we all face serious problems at some time in our lives and we are committed to providing help during those times.

The EAP is designed to assist employees and their families with personal challenges in many different areas including depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare and elder care. Participation in the EAP is voluntary, confidential and free of cost for the first 5 in-person visits. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. We encourage you and your eligible family members to take advantage of our EAP benefit.

## MENTAL WELL-BEING





Licensed counselors can help with issues such as:

-  Mental health concerns
-  Emotional difficulties
-  Domestic abuse
-  Substance abuse
-  Financial worries
-  Grief and loss
-  Relationship support
-  Self-esteem and personal development
-  Stress management
-  Work-life balance

When you need in-the-moment emotional well-being support, counselors are here to help 24/7. Call **888-628-4824**, visit **GuidanceResources.com**, or download the GuidanceNow mobile app. The username is LFGSupport and password is LFGSupport1.

## WORK-LIFE ASSISTANCE

Lincoln Financial Group also provides a wide variety of work-life support, with most services at no cost. A few of the services include:

-  **LifeKeys:** Resources for child, elder, or pet care, and household services
-  **Legal support:** Wills and estate planning, family, civil, criminal, and real estate
-  **Financial services:** Budgeting, mortgages, college funding, and issues
-  **TravelConnect:** Services provide travel assistance from lost luggage, translation services or even medical evacuation, from a foreign country



APP STORE



GOOGLE PLAY  
STORE

# Supplemental Insurance

LINCOLN FINANCIAL GROUP

## Employee Supplemental Life & AD&D

You may purchase additional life insurance at group rates:

- Available in increments of \$10,000, up to 5x your basic annual earnings (max of \$500,000)
- You pay the full cost of this plan and the premium depends on your age and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible, or elect coverage 5x your basic annual earnings, or elect \$100,000 in coverage, you are subject to medical underwriting and approval by Lincoln Financial Group
- If you are already enrolled you have the opportunity to increase your current coverage by \$10,000 up to the guaranteed issue amount without answering medical questions

## Spouse and Child Life AD&D

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of \$5,000 up to a max of \$250,000. The Spouse may be covered up to 50% of the employee's elected amount.
- Spouses can elect up to \$30,000 without medical underwriting.
- Spouse premiums are based off of employee's age. Refer to page 22 for rates.
- Child life is available from 15 days old to 6 months of age at \$250, and 6 months old to age 26 at \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000. Children are not subject to medical underwriting
- The cost remains the same regardless of the number of children you have

Rates are on page 22.

## Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

Note: Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your Supplemental Term Life Insurance coverage by either porting or converting it. If you can continue your life insurance policy, you can port it, which means continuing the same type of policy, or you can convert it, which means change it to a new type of individual policy. Remember, no matter which option you choose, you are responsible for the premiums.

# Accident Insurance

LINCOLN FINANCIAL GROUP

With accident insurance, you can enjoy peace of mind. Lincoln Accident Insurance helps deliver financial security for the unexpected—allowing you to protect your budget against unforeseen expenses if you suffer an accidental injury. You can use the cash benefits from this coverage to help meet copayments and other expenses while you recover, or any other way you see fit.

COVERAGE LEVEL	LOW	BASE	HIGH
<b>Employee Only</b>	\$5.91	\$8.37	\$11.09
<b>Employee + Spouse</b>	\$10.01	\$14.04	\$18.44
<b>Employee + Child(ren)</b>	\$11.58	\$15.81	\$20.49
<b>Employee + Family</b>	\$15.55	\$21.34	\$27.68

## Coverage Examples

COVERAGE LEVEL	LOW	BASE	HIGH
<b>Ambulance Transportation</b>	\$100	\$200	\$300
<b>Emergency Care Treatment</b>	\$150	\$200	\$250
<b>Initial Care Visit</b>	\$75	\$100	\$125
<b>Major Diagnostic Exam (CT, CAT, MRI, PET, EEG, SPECT, joint imaging, DTI, MRA)</b>	\$100	\$150	\$200
<b>X-ray (at initial visit)</b>	\$20	\$30	\$40

# Critical Illness Insurance

LINCOLN FINANCIAL GROUP

Critical illness insurance helps you to protect your budget from the unexpected expenses that can come with a critical illness. You will receive cash benefits when diagnosed with a covered critical illness, and you can use your benefit however you wish, for medical or personal expenses.

EMPLOYEE		SPOUSE
AGE	PER \$1,000 OF COVERAGE	PER \$1,000 OF COVERAGE
<25	\$0.410	\$0.410
25-29	\$0.520	\$0.520
30-34	\$0.640	\$0.640
35-39	\$0.750	\$0.750
40-44	\$0.950	\$0.950
45-49	\$1.250	\$1.250
50-54	\$1.640	\$1.640
55-59	\$2.270	\$2.270
60-64	\$3.010	\$3.010
65-69	\$4.150	\$4.150
70+	\$5.380	\$5.380
CHILD(REN)		
Per \$1000 of Coverage	\$0.601	

## Coverage Examples

CORE PLAN BENEFITS	
Heart Attack	100%
Arterial/Vascular Disease	50%
Mitral or Aortic Valve Disease	25%
Sudden Cardiac Arrest	100%
Stroke	100%
Major Organ Failure	100%
Non-Invasive Cancer	25%
Invasive Cancer	100%
Skin Cancer (paid once per lifetime)	\$1,000

### Critical Illness Example

Employee A is age 29. Based on the chart above, the rate is \$0.520 per \$1,000 of coverage. Employee A elects \$20,000 in coverage. The monthly premium will be \$10.40 ( $\$0.520 \times 20 = \$10.40$ ).

# Identity Theft Assistance

AURA POWERED BY METLIFE

Identity Theft insurance provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status.

**Identity Theft Protection** monitors personal information, accounts, and online reputation and sends alerts if Aura detects threats. It automatically requests removal of information found online to help keep it out of the hands of thieves and scammers.

**Financial Fraud Protection** monitors credit, financial accounts, and property titles and sends alerts if suspicious changes are detected.

**Privacy & Device Protection** –shop, bank, and connect online more securely and privately with intelligent safety tools that help protect passwords, devices & Wi-Fi connections from hackers.


**Family Safety** gives you the tools to protect loved ones – no matter who they are, how old they are, or where they live –from online predators and thieves.

Service and Support 24/7/365 100% US based customer care with white glove resolution services.




ID THEFT	MONTHLY COST
Employee	\$10.95
Family	\$18.95

Download the Aura mobile app and you'll receive alerts to your mobile phone.



Apple Store



Google Play



# Legal Insurance

METLIFE

## Legal Insurance

Whether you need a simple will or your legal needs are more extensive, this program offers affordable legal services for a wide variety of legal matters. Telephone and in-person legal consultations are available. And your coverage is portable, so you can continue to take advantage of low rates even if you leave the the company.

### PLAN BENEFITS

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

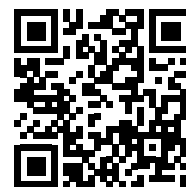
### YOUR CONTRIBUTIONS

LEGAL SERVICES	MONTHLY COST
Employee	\$19.50
Employee & Dependents	\$19.50

## Get legal help when you need it

Get legal help when and where you need it. With the app, you can:

- Go to [members.legalplans.com](https://members.legalplans.com) or call 800-821-6400 to speak to an experienced service team that can match you with the right attorney.
- Call the attorney you select and schedule a time to talk or meet.
- There are no copays, deductibles, or claim forms when you use a network attorney for a covered matter.
- 24/7 Access at your fingertips



SCAN THE QR CODE TO VISIT  
YOUR LEGAL PLAN POWERED BY  
METLIFE

# Employee Monthly Contributions

## Paycheck Deductions

The following chart contain the monthly premiums that will be deducted from your paycheck on a weekly basis.

### MEDICAL

COVERAGE LEVEL	\$2,500 PPO	\$5,000 PPO
Employee Only	\$198.89	\$ 141.38
Employee + Family	\$411.02	\$ 263.11

### DENTAL

COVERAGE LEVEL	RATE
Employee Only	\$36.36
Employee + Spouse	\$75.02
Employee + Child(ren)	\$83.28
Employee + Family	\$135.44

### VISION

COVERAGE LEVEL	RATE
Employee Only	\$5.30
Employee + Spouse	\$10.12
Employee + Child(ren)	\$11.46
Employee + Family	\$15.16

### SUPPLEMENTAL LIFE & AD&D

#### VOLUNTARY LIFE & AD&D EMPLOYEE COVERAGE

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$10,000	\$1.55	\$1.95	\$2.15	\$2.25	\$3.25	\$4.65	\$8.35	\$12.65	\$23.85	\$38.45

#### VOLUNTARY LIFE & AD&D\* SPOUSE COVERAGE

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$5,000	\$0.78	\$0.98	\$1.08	\$1.13	\$1.63	\$2.33	\$4.18	\$6.33	\$11.93	\$19.23

#### DEPENDENT CHILD LIFE & AD&D

Benefit Amount	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$10,000
Rates	\$0.29	\$0.58	\$0.86	\$1.15	\$1.44	\$2.88

\* Spouse's voluntary life & AD&D premiums are based off of employee's age.

## ACCIDENT

COVERAGE LEVEL	LOW	BASE	HIGH
Employee Only	\$5.91	\$8.37	\$11.09
Employee + Spouse	\$10.01	\$14.04	\$18.44
Employee + Child(ren)	\$11.58	\$15.81	\$20.49
Employee + Family	\$15.55	\$21.34	\$27.68

## CRITICAL ILLNESS

	EMPLOYEE	SPOUSE
AGE	PER \$1,000 OF COVERAGE	PER \$1,000 OF COVERAGE
<25	\$0.410	\$0.410
25-29	\$0.520	\$0.520
30-34	\$0.640	\$0.640
35-39	\$0.750	\$0.750
40-44	\$0.950	\$0.950
45-49	\$1.250	\$1.250
50-54	\$1.640	\$1.640
55-59	\$2.270	\$2.270
60-64	\$3.010	\$3.010
65-69	\$4.150	\$4.150
70+	\$5.380	\$5.380
CHILD(REN)		
Per \$1000 of Coverage	\$0.601	

## IDENTITY THEFT ASSISTANCE

ID THEFT	MONTHLY COST
Employee	\$10.95
Family	\$18.95

## LEGAL SERVICE PLAN

COVERAGE LEVEL	RATE
Employee + Dependents	\$19.50

## Contacts

PLAN	CARRIER	WEBSITE	PHONE
<b>Medical</b>	Wellmark	<a href="http://www.wellmark.com">www.wellmark.com</a>	800-524-9242
<b>Dental</b>	Delta Dental	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a>	800-544-0718
<b>Vision</b>	Delta Vision	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a>	800-544-0718
<b>Flexible Spending Accounts (FSAs)</b>	iSolved Benefit Services	<a href="http://www.isolvedbenefitservices.com/wdm">www.isolvedbenefitservices.com/wdm</a>	515-224-9400
<b>Employee Assistance Program (EAP)</b>	Lincoln Financial Group/ EmployeeConnect	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> Username: LFGSupport Password: LFGSupport1	888-319-7819
<b>Life and AD&amp;D Insurance</b>	Lincoln Financial Group	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>	800-423-2765
<b>Disability</b>	Lincoln Financial Group	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>	800-423-2765
<b>Accident, Critical Illness Insurance</b>	Lincoln Financial Group	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>	800-423-2765
<b>Legal Plan</b>	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	800-821-6400
<b>Identity Theft Assistance</b>	Aura through MetLife	<a href="http://www.metlife.com/identity-and-fraud-protection/">www.metlife.com/identity-and-fraud-protection/</a>	844-937-2872
<b>Quick Supply Human Resources</b>	Melissa Gering Sedonna Lyons	hr@quicksupplyco.com	515-985-1860 515-401-1066
<b>Holmes Murphy Contacts</b>	Alyssa Beck Becky Hammond	abeck@holmesmurphy.com bhammond@holmesmurphy.com	515-381-7452 515-974-5973

This benefit summary describes the benefit plans available to you as an employee of Quick Supply. The details of these plans are contained in the official plan documents that may be provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of the company.

# 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 Quick Supply, 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](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://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](http://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, 2025. Contact your State for more information on eligibility.

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  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

U.S. Department of Health and Human  
Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

State	Website/Email	Phone
Alabama (Medicaid)	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>	1-855-692-5447
Alaska (Medicaid)	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	1-866-251-4861
Arkansas (Medicaid)	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California (Medicaid)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> HIBI: <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711

State	Website/Email	Phone
Florida (Medicaid)	<a href="http://www.flmedicaidprecovery.com/flmedica">http://www.flmedicaidprecovery.com/flmedica</a>	1-877-357-3268
Georgia (Medicaid)	HIPP: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> CHIP: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-967-4660 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> KI-HIPP E-mail: KIHIPP.PROGRAM@ky.gov KCHIP: <a href="https://kynect.ly.gov">https://kynect.ly.gov</a>	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	CHIP: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Medicaid: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>	1-800-657-3739
Missouri (Medicaid)	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> HSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcnp.nv.gov/">http://dhcnp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	603-271-5218 or 1-800-852-3345, ext. 5218

State	Website/Email	Phone
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> CHIP: <a href="https://www.dhs.pa.gov/chip/pages/chip.aspx">https://www.dhs.pa.gov/chip/pages/chip.aspx</a>	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select">https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs</a>	1-800-432-5924
Washington (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia (Medicaid)	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 1-855-699-8447

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137. OMB CONTROL NUMBER 1210-0137 (EXPIRES 1/31/2026)

# Legal Notices

## Health Insurance Marketplace Coverage Options and 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% for plans that start in 2025) 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 Melissa Gering at [hr@quicksupplyco.com](mailto:hr@quicksupplyco.com)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### 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.

3. Quick Supply	4. 42-0722975	
5. 1631 SW Main St, Suite 201	6. (515) 985-1860	
7. Ankeny	8. IA	9. 50023
10. Who can we contact about employee health coverage at this job? <a href="mailto:HR@quicksupplyco.com">HR@quicksupplyco.com</a>		
11. Phone number (if different from above)	12.	

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

As your employer, we offer a health plan to all full-time employees

Eligible dependents are:

Employee that are full-time and work regularly scheduled 30+ hour per week

**With respect to dependents, we do offer coverage.**

Eligible Dependents are:

Spouses

Children up to the age of 26

Grandchildren (which legal guardianship and/or financial support is provided)

✓ 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, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

### **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 the company's 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, 2026.

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. The company 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.

## **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 harm to you or others.

## **Pursuant to Your Authorization.**

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

## **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 the company for the purpose of administering 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 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.

HR@quicksupplyco.com

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 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.

HR@quicksupplyco.com

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.

HR@quicksupplyco.com

#### **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 the 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.

HR@quicksupplyco.com

#### **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:

#### **Human Resources Department**

HR@quicksupplyco.com

#### **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](http://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 the Company About Your Medical Plan 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 the

company 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:**

**4. 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.**

**5. The company has determined that the Wellmark BCBS prescription drug coverage offered by the company 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 Company coverage will not be affected. If you do decide to join a Medicare drug plan and drop your

current Quick Supply 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 the company 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.

**HR@quicksupplyco.com**

**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 the company 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Melissa Gering – HR Manager

515-985-1860

[mgering@quicksupplyco.com](mailto:mgering@quicksupplyco.com)

### COBRA RIGHTS NOTICE

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 Public Sector COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through

the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

### What is COBRA continuation coverage?

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

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

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

#### **When is COBRA continuation coverage available?**

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

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

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

#### **How is COBRA Continuation Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage.

Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18

months due to employment termination or reduction of hours of work.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### **Disability extension of 18-month period of COBRA continuation coverage**

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

#### **Second qualifying event extension of 18-month period of continuation coverage**

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

#### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan

coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

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

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later.

If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

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

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

#### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including

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

#### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

Plan contact information:

**Human Resources Department**

**Hale Holdings**

1631 SW Main St, Suite 201, Ankeny, IA 50023

## **Your Information. Your Rights. Our Responsibilities.**

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

#### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and

share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

### **Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of

Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Our Responsibilities**

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

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about

you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

#### **Other Instructions for Notice**

- 2/16/2026

This Notice Applies to the following Organizations:

- o Quick Supply Co.
- o Hale Development Co.
- o Bennett Explosives
- o ASP Enterprises
- o Bowman Construction Supply, Inc.
- o Cascade Geosynthetics

## Other Notices

#### **60-Day Special Enrollment Period**

In addition to the qualifying events listed in the benefits guide, 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 the company 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 Quick Supply 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 the Human Resources Department at [hr@quicksupplyco.com](mailto:hr@quicksupplyco.com).

#### **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 the HR Benefits Team or your medical plan administrator.

#### **YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS**

WHEN YOU OBTAIN EMERGENCY CARE OR ARE TREATED BY AN OUT OF-NETWORK PROVIDER AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER, YOU ARE PROTECTED FROM SURPRISE

BILLING OR BALANCE BILLING.

**What is "balance billing" (sometimes called "surprise billing")?** When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

**You are protected from balance billing for:**

#### **EMERGENCY SERVICES**

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **cannot** be balance billed for these emergency services. This includes services you may receive after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

See a summary of related state balance billing laws at: <https://www.commonwealthfund.org/publications/maps-andinteractives/2021/feb/state-balance-billing-protections>.

Provided by all or most classes of health care providers

State provides a payment standard

- Protections do not apply:

to enrollees who consent to out-of-network non-emergency services to enrollees of self-funded plans

- 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 the HR Benefits Team or your medical plan administrator.





