



EMPLOYEE BENEFITS GUIDE

2025 PLAN YEAR

January 1 – December 31



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Welcome to the Clow Stamping 2025 Benefit Guide! We are pleased to provide you with the 2025 benefits package to support all aspects of your well-being, including your health, finances and family life.

Clow Stamping understands that our greatest resource is our employees who deserve thoughtful and best-in-class benefits. We are proud to offer highly competitive, robust benefit options to you and your family. Please review each benefit carefully to help determine what will be the best options for you.

If you have any questions, please contact the HR Department

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Enrollment and Eligibility

At **Clow Stamping**, we strive to offer a comprehensive benefits package that helps you and your family maintain health and well-being - both physically and financially. For some benefits, you and Clow Stamping share the total cost and for others Clow Stamping pays the entire cost of the benefit.

This guide summarizes the benefits available to you and your family. There are other important documents that you should read and understand before enrolling in group benefits. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of any discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail.

Enrolling/ Eligibility

You can sign up for benefits or make plan changes for yourself and your dependents at any of the following times:

- Within 30 days from the date you are first eligible to participate.
- During the designated Annual Open Enrollment Period.
- Within 30 days of a qualified life event.

If you are not making any changes for 2025, your current plan elections will remain the same in the upcoming year. If you are enrolling for the first time or wanting to make a change to your current plans, please see Human Resources to get the **proper forms**.

Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a **qualifying life event**.

Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status or your entitlement to Medicare.

If you anticipate any of these changes, please see Human Resources in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event.

If you do not notify Human Resources within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.

Insurance Carrier Contact Information

Below is a comprehensive list of all benefits offered this year and contact information for each benefit provider.

Benefit	Carrier	Group Policy #	Phone Number	Website
Medical	UMR	76-416299	800-826-9781	www.umar.com
Pharmacy	ClearScript	CS060	800-819-5479	www.clearscript.org/members
Mental Health Support	Mutual of Omaha	n/a	800-316-2796	www.mutualofomaha.com/eap
Dental	Delta Dental of MN	737452	651-406-5901	www.deltadentalmn.org
Vision	VSP	40151930	800-877-7195	www.vsp.com
Basic Life/AD&D Voluntary Life/AD&D STD LTD	Mutual of Omaha	G000B4L5	800-877-5176	www.mutualofomaha.com
Voluntary Accident and Critical Illness	Mutual of Omaha	G000B4L5	800-369-3809	www.mutualofomaha.com
Health Savings Account (HSA)	Chard Snyder	n/a	800-982-7715	www.chard-snyder.com
Health Reimbursement Account (HRA)	Chard Snyder	n/a	800-982-7715	www.chard-snyder.com
Flexible Spending Account Dependent Care Spending Account	Chard Snyder	n/a	800-982-7715	www.chard-snyder.com

Medical Plan Overview

Carrier: UMR and ClearScript

Plan: \$2,000-90% HSA

Employee well-being is a top priority at Clow Stamping. Through UMR and ClearScript, we're proud to offer you access to an extensive network of providers. You and your family will be able to maintain your well-being with preventive care and affordable prescription medication. Please see the attached benefit summary enclosed in this benefit guide for a high-level overview of benefits offered through this plan.

2025 Employee Premiums

	Employee Monthly COBRA Premium	Employee Per Pay Period Premium
Employee	\$798.75	\$60.00
Single + Spouse	\$1,666.07	\$141.00
Single + Child(ren)	\$1,739.81	\$166.00
Family	\$2,270.25	\$216.00

Overview of Benefit Coverage

Below is a summary of the \$2,000-90% HSA plan through UMR.

In-Network Features	Current 2024 Benefits UMR + ClearScript	Renewal 2025 Benefits UMR + ClearScript
Deductible	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Out of Pocket Maximum	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Office Visit	Deductible, then 10%	Deductible, then 10%
Mental Health Office Visit	Deductible, then 10%	Deductible, then 10%
Preventive Care	No Charge	No Charge
Emergency Care	Deductible, then 10%	Deductible, then 10%
Ambulance Services	Deductible, then 10%	Deductible, then 10%
X-Ray and Diagnostic Imaging	Deductible, then 10%	Deductible, then 10%
Prescription Drug Coverage	Deductible, then 10%	Deductible, then 10%
Urgent Care	Deductible, then 10%	Deductible, then 10%



Help Choosing Care on Your Medical Plan

Choose the Right Level of Care

No matter which plan you elect, choosing the most effective way to treat your condition is important. Unless you or a covered family member are experiencing an emergency, it would be advantageous to review this list.

\$ - Virtual Care

Virtual visits can save time and money! They are a convenient way to receive medical treatment and prescriptions instead of visiting your physician's office or an urgent care clinic! From the comfort of your own home you can remotely visit with a doctor - 24 hours per day, 7 days per week.

Some examples of conditions treated include but are not limited to:

- Ear, nose, and throat infections
- Allergies
- Skin conditions (acne, rash)
- Bladder infection or UTI

Through your UMR plan, you have access virtual care through Teladoc:

- Available 24/7 for members
- www.Teladoc.com

\$ - Convenience Care

Walk-in clinics are typically located in retail stores, supermarkets, and pharmacies. They are a convenient way to receive medical treatment and prescriptions in-person for uncomplicated, minor ailments and include immunizations such as a flu shot.

\$\$ - Primary Care Physician

A Dr. or Nurse Practitioner who knows you and your health history – not just your health “numbers” but knows who you are as an individual because you see them on a regular basis – at least annually for your regular preventive check-up. You also see this person for special care such as chronic condition management. Generally you would need to schedule an appointment in advance to see your primary care physician.

\$\$\$ - Urgent Care Center

Urgent medical conditions are those that are not emergencies but still require in-person care.

\$\$\$\$ - Emergency Room

This tends to be the most expensive way to receive care. In general, an emergency condition is one that can permanently impair or endanger the life of an individual. Some examples include but are not limited to:

- Pregnancy-related problems
- Severe chest pain or difficulty breathing
- Compound fracture (bone protrudes through skin)
- Uncontrollable bleeding
- Poisoning
- Serious head, neck or back injury
- Signs of stroke (loss of vision, sudden numbness, slurred speech, or confusion)

When searching for a provider near you, make sure you are looking in the **UHC Choice Plus Network** through UMR.

Get all your answers quick and easy

When you register for UMR's online services at **umr.com** or on the **UMR app**, you'll be able to find the information you need when you need it – anytime, anywhere! Log in anytime to:

- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

And with the **UMR app**, you can have anytime access to your digital ID card on the go.

Download the UMR app!



Scan the code or visit your app store to download our app today.



How to contact UMR

Go to **umr.com**

Stay connected to the services and resources provided through your benefit plan by registering at **umr.com**. All your information is password-protected, and you can send us questions using the site's **Contact Us** email feature.

Download the **UMR app**

The **UMR app** is another way to get answers to your benefits questions quickly and easily. You can chat or message UMR's member support team 24/7.

Call us toll-free

Our UMR team is ready to help you. Simply call the phone number for member services listed on your benefits ID card.



Access personalized drug information. Anywhere. Anytime.

Consumer Portal Overview

Managing your pharmacy benefit has never been easier! Our online member portal and mobile *MyRxInfo* app let you easily access the tools and info you need for healthier, more informed choices.

Pricing, Savings & Adherence

See prescription drug information and find ways you may be able to save money.

- View past price paid for a current prescription drug
- View fill history for a current prescription drug
- Identify new prescription drug price
- Review cost-savings options*

View Prescription Drug Information

Know more about the prescription drugs you take, including:

- Indications or what conditions the prescription drug are used to treat
- Potential side effects
- Drug interactions
- Generic or therapeutic alternatives

Pharmacy Locator

View information about different pharmacies.

- Find a pharmacy near you
- View interactive map and get driving directions
- Find lowest-cost drug options*

Benefit Highlights

Understand more about your benefit plan.

- View member copays
- Formulary status of drugs
- View accumulators
- View year-to-date drug spend

Convenience

ClearScript offers convenience at your fingertips.

- Print/access ID card
- View/update account information, password & email
- View prescription history
- Manage dependent accounts when authorized



Download the *MyRxInfo* app from your app store today.

*Per your benefit plan

Health Savings Account (HSA)

Employees that enroll in a qualified High Deductible Health Plan (HDHP) through UMR can set up a health savings account (HSA). This is a tax-favored account that can be set up for current and future medical expenses.

Benefits of an HSA

Tax savings! An HSA provides triple tax savings:

- 1) Tax deductions when you contribute to your account
- 2) Tax-free investment earnings
- 3) Tax-free withdrawals for qualified medical expenses

Qualified Health Care Expenses

Each time you have a medical, dental, or vision expense you can decide if you want to pay with money from your HSA. “Qualified Medical Expenses” are determined by the US Treasury, 213(d) expenses, and detailed in IRS Publication 502. Some examples include, but are not limited to:

- Expenses that apply toward your deductible: prescription expenses, contact lens fitting, orthodontia, acupuncture, artificial teeth, eye glasses.

Whose medical expenses can you use your HSA funds on?

Generally your:

- Legally married spouse. Domestic partners are not covered under the tax code.
- Permanently and totally disabled dependent of any age.
- Dependent under the age of 19 at the end of the calendar year, or a full time student under the age of 24 at the end of the calendar year who also: lived with you more than ½ the calendar year and didn’t provide over ½ his/her own support in the calendar year, and didn’t file a joint tax return, other than to claim a refund
- Qualifying relative. See IRS Publication 502 for more information.

Eligibility

- You are enrolled in a qualified High Deductible Health Plan (HDHP); and
- Are not covered under another medical plan such as Medicare, Tricare or a spouse’s medical plan (not an HDHP) which provides similar coverage; and
- Cannot be claimed as a dependent on another person’s insurance policy or tax return.

2025 IRS Calendar Year Contribution Limits		
Individual	Family	Age 55+ Catch Up
\$4,300	\$8,550	\$1,000

Flexible Spending Account (FSA)

Health Flexible Spending and Dependent Care Flexible Spending Accounts (FSA's) allow you to use tax-free dollars to reimburse yourself for a wide variety of health and/or dependent care expenses not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withheld.

For those employees with an HSA, whether your own or a spouse's, you are eligible for the Limited Purpose FSA which allows reimbursements for dental and vision claims only.

Rules and Regulations

Plan your annual FSA contribution amounts carefully. The election you make when you enroll is binding for the entire plan year* unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs: You must incur eligible expenses during the plan year in which your election was made, and if you incur fewer expenses than you expected, you will forfeit money remaining in your FSA at the end of the plan year.

Maximum Election Amounts

2025 Contribution Limit *Subject to IRS increase	
Health and Limited Purpose FSA	\$3,200
Dependent Care FSA	\$5,000



tip

Budget wisely. The Full Health Care and Limited Purpose FSA accounts have a \$660 rollover provision for your 2025 election. Any funds over \$660 leftover in the account at the end of the plan year will be forfeited.

Health Care FSA

Allows you to set aside pre-tax dollars from your paycheck to cover eligible health care expenses that are incurred and not reimbursed by you and your dependent's medical, dental or vision insurance. You may enroll in this benefit if you are not enrolled in a High Deductible Health Plan with an HSA either at CSC or elsewhere.

Limited Purpose FSA

Allows you to set aside pre-tax dollars from your paycheck, in addition to your Health Savings Account, to cover eligible **dental and vision** expenses only. However, it is SEPARATE from the HSA.

Dependent Care FSA

Allows you to set aside pre-tax dollars from your paycheck to cover eligible dependent care expenses incurred. Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full-time.

Obtain a complete list of eligible and ineligible expenses for FSAs by accessing www.irs.gov. Under "Search Forms and Publications," enter "502" for the health care plan and "503" for the dependent care plan.

Dental Plan Overview



Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. CSC will continue to offer dental coverage through Delta Dental in 2025.

Finding an In-network Provider




To locate an in-network dentist, go to www.deltadentalmn.org. You have access to two participating networks: Delta Dental Premier and Delta Dental PPO. Delta Dental PPO is Delta’s largest network in MN with the greatest savings on your eligible services. Delta Dental Premier is Delta’s largest network nationwide and continues to offer great member discounts. It is always a good idea to check online or call your dentist prior to receiving services to make sure they are in-network.

Category of Service	High Plan			Low Plan		
	Delta PPO	Delta Premier	Out-of-Network*	Delta PPO	Delta Premier	Out-of-Network*
Diagnostic & Preventative	100%			100%		
Basic Services	80%			80%		
Endodontics/Periodontics and Oral Surgery	50%			N/A		
Major Restorative Services/Prosthetics	50%			N/A		
Orthodontics	50%			N/A		
Deductible (Waived for Diagnostic & Preventative Services)	\$50/\$150			\$25/\$75		
Annual Maximum (per person)	\$1,000			\$750		
Orthodontic Lifetime Maximum (per covered dependent child per lifetime – Ages 8-18)	\$1,000			N/A		

2025 Employee Dental Premiums

	High Plan Per Pay Period Premium	Low Plan Per Pay Period Premium
Employee	\$17.82	\$9.96
Employee + 1	\$37.48	\$21.07
Family	\$68.68	\$40.91

Online Tools for Members

-  Find in-Network Providers near you
-  Review robust resources to help you understand your dental insurance
-  Access dental and health information specific to your oral health, and more!

Voluntary Vision Overview



Insurance Carrier

VSP

The vision plan covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses at designated providers. When you enroll, you will receive a welcome letter that explains how to access your benefits.

Employee Contributions

If you elect the Vision Insurance plan through CSC, the following are your per pay period premiums:

Tier	Per Pay Period Premium
Employee	\$2.91
Employee + Spouse	\$4.65
Employee + Children	\$4.75
Family	\$7.65

VSP App

By downloading the VSP App you can easily find a doctor, access your Member vision card, view exclusive member extras.

How Do You Find In-Network Providers?

Get the most out of your benefits and greater savings when you see a VSP Choice network provider.

- To locate an in-network provider, contact VSP at www.VSP.com or call 1-800-877-7195
- Search the VSP Choice network for participating providers



Benefit	In-Network	Out-of-Network Reimbursement
Frequency		Once every 12 months
• Exams		Once every 12 months
• Contact Lenses (in lieu of lenses and frames)		Once every 12 months
• Lenses		Once every 24 months
• Frames		
Well Vision Exam	\$20 copay	Up to \$45
Frames	\$130 allowance; 20% off charge over \$130	Up to \$70
Lenses (standard plastic lenses)		
• Single Vision Lenses	\$20 copay	Up to \$30
• Bifocal Lenses	\$20 copay	Up to \$50
• Trifocal Lenses	\$20 copay	Up to \$65
• Lenticular	\$20 copay	Up to \$100
• Standard Progressive	\$85 copay	Up to \$50
Lenses (standard plastic lenses)		
• UV Treatment	\$16 copay	N/A
• Tint (Solid and Gradient)	\$0 copay	N/A
• Standard Plastic Scratch Coat	\$17 copay	N/A
• Standard Polycarbonate -Adults	\$31 - \$35 copay	N/A
• Standard Polycarbonate -Kids	\$0 copay	N/A
• Standard Anti-Reflective Coat	\$41 copay	N/A
Contact Lenses		
• Contact Lens Exam, Fitting and Evaluation	Covered in full after copay, not to exceed \$60	N/A
• Conventional	\$130 allowance	Up to \$105
• Disposable	\$130 allowance	Up to \$105
• Medical Necessary	Paid in full after copay	Up to \$210
Lasik Surgery	15%-20% off retail or 5% off promotional prices	N/A

Voluntary Accident

Accidents can happen at any time and when you least expect them. Group Accident Insurance can help you be better prepared. Accidents happen frequently and can be very costly and Accident insurance can help you pay for costs not covered by your medical insurance. There is a wide variety of covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, medical services and treatments. Plus, this coverage features:

- Guaranteed acceptance for you and other eligible family members
- Payments made directly to you
- Benefits that you can use in any way you see fit: Use them to help pay for insurance deductibles, copayments and more

Accident Coverage Example:

An *illustrative* example of how Accident coverage can help you with your expenses.

Accident: Fall at home

Injury: ACL tear with Tibia fracture

Accident Plan benefits paid:

Emergency room visit	\$200
MRI/X-ray	\$75
Surgical ligament tear repair	\$750
Knee Brace	\$100
Physical Therapy (2 visits at \$25 per visit)	\$50
Total Benefits paid to you under policy	\$1,225

Wellness Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a health test, such as: Blood tests, Chest X-rays, Stress tests, Colonoscopies and Mammograms.

2025 Employee Accident Premiums

Tier	Per Pay Period Cost
Employee Only	\$8.59
Employee + Spouse	\$12.22
Employee + Child(ren)	\$15.35
Family	\$20.10



Voluntary Critical Illness

If a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment that can be used to pay for everyday living expenses and out of pocket medical costs, like copays and deductibles. Here's why it's a good idea to choose critical illness insurance:

- Provides a lump-sum payment for covered conditions such as heart attack, major organ failure, end stage renal failure, cancer or stroke.
- Eligible employees are able to elect a benefit from \$5,000 to \$15,000 in increments of \$5,000.
- Spouses are eligible for a benefit of \$5,000 to \$15,000 in increments of \$5,000 not to exceed 100% of the employee amount
- Children are eligible for a 25% benefit up to a \$3,000 maximum
- The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit. The benefit is payable once per covered condition per insured.

	Per Pay Period Rate for \$1,000 of Coverage
Age	Employee/Spouse
<30	\$0.156
30-39	\$0.275
40-49	\$0.605
50-59	\$1.311
60-69	\$2.791
70-79	\$5.211

Additional Benefits Under This Policy

Reoccurrence Benefit – once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Critical Illness.

Additional Category Occurrence Benefit – once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person but a member can still receive a benefit for any other Critical Illness in the same benefit category

Wellness Benefit

With the purchase of the Critical Illness policy, you can receive a maximum of \$50 for any one covered health screening test per calendar year. Benefit is payable once per covered person per calendar year.



Life Insurance and Mutual of Omaha Value Added Programs

Clow Stamping provides all eligible employees a Basic Life and AD&D benefit and pays for the full cost of this benefit. Your life insurance benefit can help your family or beneficiaries financially in the event of your passing. The benefit can be used to pay for covering everyday expenses, paying off debt, and protecting savings.

Benefit Summary	
Employee Benefit Amount	\$30,000
Spouse Benefit Amount	\$10,000
Child Benefit Amount	\$10,000
Benefit Reduction	At age 70, benefits will reduce to 67% of original amount At age 75, benefits will reduce to 33% of the original amount

Value Added Programs through Mutual of Omaha

Employee Assistance Program (EAP)

For help with personal challenges, big and small, Mutual of Omaha provides access to an EAP. The EAP offers unlimited access to master's-level consultants by telephone, through online tools, and up to three face-to-face visits. Consultants can provide support on many topics. Some examples include:

- Locate child care and elder care services
- Financial concerns
- Sensitive issues such as depression, grief or substance abuse
- Attorney referral
- And more!

Contact them by phone at 800-316-2796 or by visiting mutualofomaha.com/eap

Travel Assistance Program

Available 24 hours a day – 365 days a year, Mutual of Omaha partners with AXA Assistance to offer a worldwide emergency travel assistance program to help you feel safe while traveling. The travel assistance support includes:

- Telephonic translation and interpreter services 24/7
- Document replacement
- Lost baggage assistance
- Legal and interpreter referrals
- And more!

Hearing Discount Program

Available through Amplifon USA, you have access to a hearing discount program that provides custom solutions that best fits your lifestyle. Features include:

- A Risk-free 60 day trial
- Low price guarantee – if you find the same product at a lower price, let Amplifon know and they will not only match but beat it by 5%
- Continuous care with one year of free follow up, two years of free batteries and a three-year warranty

Get started by calling 888-534-1747 or by visiting amplifonusa.com/mutualofomaha



Voluntary Life Insurance

In addition to your Basic Life and AD&D benefit paid for by Clow Stamping, you also have the option to purchase additional life insurance through Mutual of Omaha. This additional coverage is 100% employee paid.

Benefit Summary

	Voluntary Life Plan Benefit
Employee Voluntary Life	Increments of \$10,000 up to \$500,000 or 5x Annual Salary Guarantee Issue: 5x Annual Salary up to \$150,000
Spouse Voluntary Life	Increments of \$5,000 up to 100% of EE benefit or \$250,000 Guarantee Issue: 100% of EE benefit up to \$50,000
Child Voluntary Life	Increments of \$5,000 up to max benefit: \$10,000 Guarantee Issue: All amounts

Guaranteed Issue Coverage Amount Details

- **During your initial open enrollment** – When you are first offered voluntary life and AD&D insurance through Clow Stamping, you can choose a coverage amount up to 5x your annual salary or \$150,000, without providing evidence of insurability to Mutual of Omaha.
- **During Annual Limited Enrollment** – If you are a continuing employee, you can increase your coverage amount by \$10,000 without providing evidence of insurability as long as your total amount is below the Guarantee Issue. If your voluntary life insurance amount exceeds the Guarantee Issue amount, you will need to submit evidence of insurability.
- ***If you decline to enroll in voluntary life and AD&D coverage through Clow Stamping at initial enrollment, and wish to enroll at a later date, evidence of insurability may be required and may be at your own expense.***

Per Pay Period	LIFE: Employee Per \$10,000	LIFE: Spouse Per \$5,000
Under 25	\$0.50	\$0.25
25-29	\$0.45	\$0.23
30-34	\$0.50	\$0.25
35-39	\$0.70	\$0.35
40-44	\$1.10	\$0.55
45-49	\$1.75	\$0.88
50-54	\$3.15	\$1.58
55-59	\$4.90	\$2.45
60-64	\$6.45	\$3.23
65-69	\$10.10	\$5.05
70-74	\$17.70	\$8.85
75+	\$29.10	\$14.55
Child Life/AD&D	\$0.070 per \$1,000 dependent child(ren) unit(s)	



Disability Insurance

In the event you become disabled from a non-work related injury or sickness, disability income benefits are available to you as a source of income. Both long-term and short-term disability premiums are 100% employer paid. Below are brief summaries of your coverage. Please refer to the certificates of coverage for additional benefit details, limitations and exclusions.

Short-Term Disability Overview

Benefit Percentage	60% of weekly salary
Weekly Benefit Maximum	\$1,000
Elimination Period	Benefits will begin on the 15 th day after your disability begins
Maximum Benefit Duration	Up to 11 weeks

Long-Term Disability Overview

Benefit Percentage	60% of monthly salary
Monthly Benefit Maximum	\$6,000
Elimination Period	Benefits start 90 days after your disability begins
Maximum Benefit Duration	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later
Pre-existing Condition	If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.



WOMEN'S HEALTH AND CANCER RIGHTS

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

•These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductible and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description of the plan you selected. If you would like more information on WHCRA benefits, contact Human Resources.

HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if CSC stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Required Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.htm ↓ Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov

Required Notices

KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA – Medicaid Medicaid Website: http://dhcfdp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740 TTY: Maine relay 711	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345,ext 5218
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone:1-800-432-5924 CHIP Phone:1-800-432-5924
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlite Share Line)	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022 or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565
 OMB Control Number 1210-0137 (expires 1/31/2023)

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

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

Required Notices

HIPAA NOTICES 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.**

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

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

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

Get a copy of this privacy notice

You provide 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 with a paper copy promptly.

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what 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: CSC contracts with us to provide a health plan, and we provide CSC 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. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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

Required Notices

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

For more information see: 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.

