ATHENS

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2027




# Benefits Information Guide



# Welcome

Your time with your team is important, but there's more to life than work. The benefits you'll find here are carefully chosen to support your life outside of work, whatever it looks like for you. Whether you're checking it out for the first time or stopping by for a visit, this guide is crafted to help you choose the right benefits. We'll talk about medical, dental, spending accounts, retirement, and more.

We'll also help you put those benefits to use whenever you need them throughout the plan year. You'll find answers to important questions like "When can I add my new child to my insurance?" or "How much am I covered for a new pair of glasses?"

## Plan summary

### Does this guide contain everything I need to know about my health plan?

While there are many brief benefit summaries listed throughout this guide, they're just that: summaries. When you're trying to figure out whether a medical service or a medical supply will be paid for by your health plan, it's best to take a look at the Evidence of Coverage or Summary Plan Description as well.

One important thing to note is that in order for a service or supply to be paid for by your health plan, it must be overseen by a doctor. Some of the guidelines for coverage also come down to the type of plan you choose, which you'll learn more about in this guide.

There's more important information in your health plan documents called Evidence of Coverage and Summary Plan Description. These documents have more details about your coverage. You can find them in your benefit administration portal, or by contacting HR. They're the final place you'll need to look if you have questions about your coverage because they're the binding agreement between you and the plan.

If you notice differences between benefits in this guide and the Evidence of Coverage or Summary Plan Description, you should go by what's written in those documents, not this guide.

When you ask your health plan to cover a supply or service, it's called a "claim." These documents have the information you need to get your claim reviewed or to dispute it if you think there's been an error.



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 46 for more details.

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The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

# Check out your benefits

**Dig into options, programs, and resources**


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## Keep an eye out for benefit examples



Quick note: these examples are meant to help you understand the different health plans we offer. If you have specific questions, it's a good idea to reach out to Team Bennies and/or read the details and fine print of your plan documents.



# Eligibility & Enrollment



# Eligibility & Enrollment

**Quick answers to your questions**

## Who can sign up?

All employees who regularly work at least 30 hours per week are eligible to enroll in our benefits program. More good news: you can also cover your spouse, eligible child(ren), and any other individual described in an eligible class for that benefit. Just keep in mind, you may be required to enter into a registered domestic partnership or other official domestic partnership arrangement with a state in order to elect coverage for a domestic partner or your domestic partner's child(ren). Coverage for your domestic partner and children will not be tax-free if they do not qualify as your tax dependent(s).

It may be possible for a registered domestic partner and/or their child(ren) to qualify as your tax dependents for state tax purposes even when they do not qualify as your federal tax dependent(s).

## When does my coverage start?

**Regular, full-time employees:** Coverage starts on the first of the month after 30 days of employment

Once you enroll in a benefits plan, you can't make any changes until open enrollment. Benefits elections are effective January 1, 2027 to December 31st, 2027.

If you miss the deadline to sign up, you can't enroll later unless you experience what's called a Qualifying Life Event Change. For more information about Qualifying Life Event Changes (QLEs), see "Can I make changes after I sign up?"

## How do I sign up?

**Paycor**

- Go to https://hcm.paycor.com/authentication/signin
- Click People > Benefits, and then Benefit Advisor
- On the home screen select "Start Your Enrollment" on the message board.



## Can I make changes after I sign up?

After you've signed up, you can only make changes to your benefits if you have what's called a qualifying life event (QLE). A QLE is something that happens to you or someone in your family. The list of QLEs is defined by the federal government. Some examples are:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- You or your spouse lose or gain coverage through our organization or another employer
- Medicare or Medicaid enrollment
- A special enrollment opportunity to sign up for a plan in the Public Health Insurance Marketplace (i.e. Covered California or another state-run marketplace or Healthcare.gov

You might be able to add or drop coverage if one or more of these things happen to your family after you sign up. Most Qualified Life Event changes, such as getting married or having a baby, are time-sensitive and must be addressed within 30 days. Alternatively, if you lost eligibility or enrolled in Medicaid, Medicare, or state health insurance programs, you have to submit the request for change within 60 days. It's always a good idea to reach out to your plan administrator or Human Resources to find out if you can make changes.

## Do I have to sign up?

No. You can "waive" medical/dental/and/or vision coverage if you're covered through another plan, such as a plan offered through your spouse's job. Keep in mind that if you waive coverage, you won't be able to enroll in our group benefits again until next year's open enrollment period, unless you experience a qualifying life event.

If you don't sign up for any health insurance coverage at all, you might have to pay a penalty. Although the federal penalty requiring individuals to maintain health coverage was reduced to $0, some states have their own mandates.

To avoid paying these penalties in certain states, you can sign up for health insurance through our benefits program or purchase coverage from somewhere else, such as from a State or Federal Health Insurance Exchange.

Curious about Healthcare Reform and the Individual Mandate? Reach out to Human Resources or visit www.healthcare.gov. You can also visit www.coveredca.com for details on the Covered California State Health Insurance Exchange.

# Getting Support

**For when you just can't seem to figure it out.**

Have you ever been stumped by a particularly tough puzzle? Sometimes you can't find that missing piece (though we recommend checking your couch cushions one more time). The following resources can help you solve your health care puzzle. Here are some examples of ways you can get help.

## Employee Benefits Help Desk

Staffed by experienced specialists dedicated to Athens, our Employee Benefits Help Desk can help you and your family members with benefit questions, claim resolution, forms, eligibility and open enrollment processes for any of our benefits.

Email: AthensAdminBenefits@MarshMMA.com

## Enrollify Benefits Counselors During Open Enrollment

Picking the right benefits for you and your family can be challenging. We have partnered with Enrollify as an open enrollment support resource.

Visit prudential.enrollify.app to get started.

## Team Bennies

If either of the above contacts have not been able to assist you, always remember Athens Administrators Benefits Team is another resource available to you.

**Jennifer Solis**

Total Rewards Supervisor

925.826.1162

jsolis@athensadmin.com

**Stacey Moffitt**

Senior Human Resources Coordinator

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# Medical Plans



# Using Athens' Medical Plans

**Breaking down plan types (and understanding acronyms)**

## HMO

On a Health Maintenance Organization plan or HMO, your first important step is to choose a Primary Care Physician (PCP). Your PCP will provide you with care or refer you to other services. Any other medical services you need throughout the year must come from a certain group of providers—the ones in the plan's network. If you go to a provider or facility outside the network, the health plan will not pay for those services unless it's an emergency.

**Advantages**

- Out-of-pocket costs are lower
- Your care is coordinated by your PCP

**Ideal if...**

...you want less money taken out of your monthly paycheck and are comfortable with a PCP directing your care.

**Out-of-pocket costs**

Your health plan can charge different fees: a flat fee called a "copay", a fee that's a percentage of the total cost of the service called "coinsurance", and an amount that must be paid before your plan kicks in, called a "deductible." Sometimes, these types of fees are lower in an HMO than they are in other types of plans.

## Using an HMO plan: an example

Ben needed an annual exam but was also worried about an area on his skin. Ben called the primary care physician (PCP) that he elected during Open Enrollment and made an appointment. Ben told the PCP about his skin concerns, and the PCP referred Ben to a dermatologist in the plan network.

That worked great for Ben. He was too overwhelmed to find the dermatologist himself, and he likes coordinating his care with the PCP. Ben paid his visit cost, which will count toward the out-of-pocket cost.

## To find a provider in your HMO plan's network:

**Kaiser HMO**

- Go to www.kp.com and select "Find a Provider"
- Search by region, location, name, specialty, or advanced search
- Use the "Select a Plan" drop-down menu and select your plan name
- Available providers' profiles and locations will appear

**Using an HMO (In-network)**



**Primary Care Physician** › **Referral** › **Specialist**



# Using The HDHP and EPO Plans

The Athens HDHP and EPO both are self-funded plans that use the UnitedHealthcare Select Plus (CA) / Choice Plus (Non-CA) provider network and include a third-party administrator (TPA), UMR, and a pharmacy benefit manager (PBM), Liviniti. Health benefits are often complex and can be difficult to understand. UMR can simplify things for you by processing claims, answering questions and other important management functions related to our Athens medical plans.

## UMR as our TPA

We've partnered with a top-tier TPA, UMR and the UnitedHealthcare network, to bring you a seamless and user-friendly benefits administration process for our Athens medical plans.

UMR will be your first stop for most medical services and for any questions or concerns you have about your plan. The TPA enhances our Athens plans, which means quicker reimbursements, simplified claims processing and enhanced customer support for all your health care needs.

UMR's enhanced support can assist you with:

- Getting answers to your benefits questions
- Accessing ID cards, plan details, usage and limits
- Finding the best in-network providers and facilities
- Reviewing and processing medical claims, billing issues and forms
- Helping with referrals, scheduling appointments and coordinating care

## Liviniti as our PBM

We've also partnered with a PBM, Liviniti—our dedicated partner in optimizing your prescription benefits.

With the PBM, you'll have access to an extensive network of pharmacies, cost-saving opportunities and personalized support to help you make the most informed prescription choices and find the best price. Enjoy the peace of mind that comes from knowing that your pharmacy benefits are in expert hands.

## Utilizing Your Prescription Benefits

To locate a pharmacy near you, find out what drugs are included in your plan or access a mail order form, visit http://liviniti.com/ or call 800.710.9341.

## LivLite Medication Subsidy

Employees who use GLP-1 medications specifically for weight loss are now eligible for a $300 subsidy per prescription fill through Liviniti, thanks to our new LivLite program. This subsidy will be applied automatically at the pharmacy.

## RxCompass

RxCompass is a program designed to significantly reduce the rising cost of eligible brand and specialty medications by utilizing multiple sources to fill prescriptions. The RxCompass program will guide you (or a family member) through various drug savings pathways and clinical support processes to maximize your savings on medications. The RxCompass program includes Care Navigators that will extend a white-glove treatment and work with you to secure your medications. The Care Navigator will talk with you and help determine which is the best pathway or solution for your particular medication(s). If your medication is eligible for the RxCompass program, a Care Navigator will contact you.

## Using RxCompass

You can learn more at www.myrxcompass.com or by calling or emailing the RxCompass Care Navigator team at 833.652.8379 or carenavigator@myrxcompass.com.

# HDHP

On a High-Deductible Health Plan (HDHP), you have to pay more out-of-pocket before your health plan starts covering services. The amount you have to pay before the plan kicks in is called the “deductible.” To help cover these expenses, you can access a special savings account called a “Health Savings Account (HSA).” You can contribute pre-tax funds to this account and use it to pay for different health-related expenses called “qualified medical expenses.”

### Advantages

- Option to see out-of-network providers
- Your HSA can help you save on taxes
- The amount taken out of your paycheck is lower

### Out-of-pocket costs

If you choose an HDHP, you’ll pay most of your out-of-pocket expenses upfront until you reach your deductible.

### Ideal if...

...you don’t usually need much health care throughout the year and have enough money set aside to cover expenses until you reach your deductible.

### Note:

You can use your HSA funds only for qualified medical expenses, such as copays and eligible over-the-counter medications. HSAs are triple tax-advantaged: contributions are tax-deductible, earnings grow tax-free, and withdrawals for qualified medical expenses are tax-free. Keep your receipts in case you need to substantiate expenses during a tax audit.

## Using an HDHP plan: an example



Taylor rarely goes to the doctor, but when she experienced a fever, chills, and chest congestion, she decided to visit urgent care. Taylor found a nearby in-network urgent care clinic for treatment. Because Taylor hadn’t yet met the plan’s annual deductible, she used funds from her Health Savings Account (HSA) to pay for the visit.

Taylor had savings set aside after choosing to pay less in monthly premiums, so this visit wasn’t a big deal. Taylor paid a coinsurance, which counts toward the plan’s annual deductible.

## To find a provider in your HDHP’s network:

### Athens HDHP

- Go to www.umr.com and select “Find a Provider”
- Search by location, name, specialty, or advanced search
- Use the “Select a Plan” drop-down menu and select your plan name
    - Select Plus (CA) / Choice Plus (Non-CA)
- Available providers’ profiles and locations will appear

**Using a HDHP (In-network or Out-of-network)**






# EPO

On an Exclusive Provider Organization (EPO) plan, the medical services you need throughout the year must come from a certain group of providers—the ones in the plan's network. If you go to a provider or facility outside the network, the health plan will not pay for those services (unless it's a true emergency).

**Advantages**

- Only in-network care is covered, but the network of providers is generally larger, so you have more choices.
- You do not need to select a Primary Care Physician.
- You won't need a referral from a PCP to see a specialist.

**Out-of-pocket costs**

Your health plan can charge different fees: a flat fee called a "copay", a fee that's a percentage of the total cost of the service called "coinsurance", and an amount that must be paid before your plan kicks in, called a "deductible." On a EPO plan, you'll still be responsible for these types of fees.

**Ideal if...**

...you prefer flexibility and provider options. You're comfortable paying more out of your paycheck and less out of pocket when receiving care.

**Note:**

If you choose an EPO, you must get health care in the plan's network. The health plan won't cover care outside the network (unless it's a true emergency).

## Using an EPO plan: an example



Andy has a complex endocrine condition and knew it was important to choose a health plan that minimized out-of-pocket expenses, while offering a broad choice of in-network only EPO providers. Andy visited the insurance company website to find an in-network specialist within the plan's provider network.

After a recent visit with an endocrinologist, Andy was responsible for a copay, which counted toward the out-of-pocket maximum. This plan works well for Andy because, while there's a higher monthly premium, Andy's fees for each in-network provider visit are lower.

## To find a provider in your EPO plan's network:

**Athens EPO**

- Go to www.umr.com and select "Find a Provider"
- Search by location, name, specialty, or advanced search
- Use the "Select a Plan" drop-down menu and select your plan name
  - Select Plus (CA) / Choice Plus (Non-CA)
- Available providers' profiles and locations will appear

**Provider choice with an EPO (In-network)**



**Primary Care Physician**

or



**Specialist**



# Saving money on your medications

Your benefits cover a lot of prescription medications, but how much you pay for them, and how much your health plan covers, is determined by a system of "tiers." These tiers are more like a layer cake than a rating system: The quality is the same no matter where you are, but the higher you go on these tiers, the more expensive and/or hard to access the medication may be.

## Here are some examples of the types of medications in each tier:




**Tier 1 - Generic:**

These medications have the same active ingredients as brand-name medications, but they cost less.




**Tier 2 - Brand:**

These medications are only made by one manufacturer.




**Tier 3 - Non-Preferred:**

Medications that aren't on your health plan's list of preferred medications, which is called their "formulary." Usually, this happens when there is a safe and effective alternative that is less expensive—often a generic. If your doctor prescribes a non-formulary prescription, it's a good idea to speak with them or your pharmacist about generic alternatives.




**Tier 4 - Specialty:**

These medications treat chronic or complex conditions. They often require step therapy and/or prior authorization to be approved to fill.

# Why pay more for your medications?



**Use the mail**

You can save time and money by getting your medications shipped directly to you through a mail-order service. You can have a larger quantity, usually a 100-day supply (Kaiser) or 90-day (UMR/Liviniti) supply, regularly shipped to your door. To order your 100- day supply through Kaiser visit www.kp.com. To order your 90-day supply with UMR/ Liviniti, visit www.liviniti.com or call 800.710.9341.



**Shop around**

Some pharmacies offer less expensive medications. Try calling pharmacies inside warehouse clubs or discount stores to see if they offer a lower price. Shopping around could pay off.



**Try over-the-counter**

For colds, headaches, and other common conditions, over-the-counter medications can sometimes work just as well as prescription ones—and cost a lot less, too

"How much will specific services cost?"

| Plan Highlights | Kaiser HMO (CA Only) |
|---|---|
| | In-network (Kaiser) |
| Annual Calendar Year Deductible | |
| Individual | $2,000 |
| Family | $4,000 |
| Maximum Calendar Year Out-of-pocket [1] | |
| Individual | $4,500 |
| Family | $9,000 |
| Professional Services | |
| Primary Care Physician (PCP) | $30 Copay |
| Specialist | $40 Copay |
| Preventive Care Exam | No Charge |
| Diagnostic X-ray and Lab | $10 Copay |
| Complex Diagnostics (MRI/CT Scan) | 20% up to $150 |
| Acupuncture Services | Not Covered |
| Chiropractic Services *(30 visits per 12-month period)* | $15 Copay |
| Hospital Services | |
| Inpatient | 20% after deductible |
| Outpatient Surgery | 20% after deductible |
| Urgent Care | $30 Copay |
| Emergency Room | 20% after deductible |
| Mental Health & Substance Abuse | |
| Inpatient | 20% after deductible |
| Outpatient | 20% after deductible |
| Retail Prescription Drugs (30-day supply) | |
| Generic | $10 Copay |
| Brand | $30 Copay |
| Non-Preferred | $30 Copay |
| Specialty | 20% up to $250 max |
| Mail Order Prescription Drugs (100-day supply) | |
| Tier 1 | $20 Copay |
| Tier 2 | $60 Copay |
| Tier 3 | $60 Copay |
| Tier 4 | Not Covered |

[1] Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

**"How much will specific services cost?"**

| Plan Highlights | Athens EPO |
|---|---|
| | **In-network (United Medical Resources)** |
| Annual Calendar Year Deductible | |
| Individual | $500 |
| Family | $1,000 |
| Maximum Calendar Year Out-of-pocket [1] | |
| Individual | $3,000 |
| Family | $6,000 |
| Professional Services | |
| Primary Care Physician (PCP) | $20 Copay |
| Specialist | $35 Copay |
| Preventive Care Exam | No Charge |
| Diagnostic X-ray and Lab | $10 Copay |
| Complex Diagnostics (MRI/CT Scan) | 20% up to $150 |
| Acupuncture Services *(24 visits per calendar year)* | $20 Copay |
| Chiropractic Services *(24 visits per calendar year)* | $20 Copay |
| Hospital Services | |
| Inpatient | 20% after deductible |
| Outpatient Surgery | 20% after deductible |
| Urgent Care | $30 Copay |
| Emergency Room *(Copay waived if admitted)* | $250 Copay + 20% after deductible |
| Mental Health & Substance Abuse | |
| Inpatient | 20% after deductible |
| Outpatient | 20% after deductible |
| Retail Prescription Drugs (30-day supply) | |
| Generic | $10 Copay |
| Brand | $30 Copay |
| Non-Preferred | $60 Copay |
| Specialty | 20% up to $250 max |
| Mail Order Prescription Drugs (90-day supply) | |
| Tier 1 | $20 Copay |
| Tier 2 | $60 Copay |
| Tier 3 | $120 Copay |
| Tier 4 | Not Covered |

[1] Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

““How much will specific services cost?”

| Plan Highlights | Athens HDHP | |
|---|---|---|
| | In-network (United Medical Resources) | Out-of-network |
| Annual Calendar Year Deductible | | |
| Individual | $3,500 | $9,000 |
| Family | $6,600 | $18,000 |
| Maximum Calendar Year Out-of-pocket [1] | | |
| Individual | $4,000 | $12,000 |
| Family | $8,000 | $26,000 |
| Professional Services | | |
| Primary Care Physician (PCP) | No Charge after deductible | 50% after deductible |
| Specialist | No Charge after deductible | 50% after deductible |
| Preventive Care Exam | No Charge | 50% after deductible |
| Diagnostic X-ray and Lab | No Charge after deductible | 50% after deductible |
| Complex Diagnostics (MRI/CT Scan) | No Charge after deductible | 50% after deductible |
| Acupuncture Services *(24 visits per calendar year)* | No Charge after deductible | Not Covered |
| Chiropractic Services *(24 visits per calendar year)* | No Charge after deductible | Not Covered |
| Hospital Services | | |
| Inpatient | No Charge after deductible | 50% after deductible |
| Outpatient Surgery | No Charge after deductible | 50% after deductible |
| Urgent Care | No Charge after deductible | 50% after deductible |
| Emergency Room | No Charge after deductible | |
| Mental Health & Substance Abuse | | |
| Inpatient | No Charge after deductible | 50% after deductible |
| Outpatient | No Charge after deductible | 50% after deductible |
| Retail Prescription Drugs (30-day supply) | | |
| Tier 1 | $10 Copay after deductible | |
| Tier 2 | $30 Copay after deductible | |
| Tier 3 | $60 Copay after deductible | |
| Tier 4 | Up to $250 after deductible | |
| Mail Order Prescription Drugs (90-day supply) | | |
| Tier 1 | $20 Copay after deductible | Not Covered |
| Tier 2 | $60 Copay after deductible | Not Covered |
| Tier 3 | $120 Copay after deductible | Not Covered |
| Tier 4 | Not Covered | Not Covered |

[1] Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

# Need to reach a provider right away?

## Telehealth services

With telehealth services, you have accesss to U.S. board-certified doctors 24/7/365 that can treat many medical conditions, including:

- Cold & flu symptoms.
- Allergy & sinus problems.
- Bronchitis or respiratory infections.
- Urinary tract infection.
- Behavioral Health, Caregiver Support & Dermatology visits.
- And more!

## United Medical Resources (UMR)

Through the Teladoc Health App, teladochealth.com, or calling 800.835.2362, all UMR members can conveniently access virtual visits for urgent, primary, specialty and behavioral health care. Urgent care virtual visits are available 24/7. Coverage depends on your specific plan benefits; log in to see what your personal cost share would be.

## Talkspace

You and your enrolled dependents have access to this online therapy resource through UMR. Talkspace connects you with a licensed clinician through private message and live video. Just keep in mind that Talkspace therapy is subject to the same co-pay or co-insurance (after deductible) that would apply to an in-person visit. First, you'll need to register to confirm benefit availability. After that, you can complete the QuickMatch process, select a therapist, and make your payment. Download the Talkspace app on the Apple Store or Google Play or learn more at www.talkspace.com.

## Kaiser

If you are enrolled in one of our Kaiser medical plans, you have convenient access to your doctor from your home or office! Visit kp.org/mydoctor/videovisits on your computer or download the mobile app to access care. Coverage depends on your specific plan benefits; log in to see what your personal cost share would be.



# Supplemental Health & Wellness



# Supplemental Health Plans

**Prepare for the unexpected twists and turns**

## Critical Illness Insurance

If you choose to sign up for this coverage, Prudential will pay you a lump sum of money if you're diagnosed with a specific critical illness.

### What can critical illness coverage pay for?

This type of coverage pays you directly in cash, so you can use the funds however you want. Here are a few examples:

- Medical expenses
- Lost income
- Everyday expenses such as groceries and utilities
- Alternative treatments
- Lodging and travel to see specialists

**Some covered illnesses:**

- Cancer
- Heart Attack
- Stroke
- Alzheimer's
- Kidney Failure
- Organ Transplant

**100% Employee-Paid**

Your employer doesn't cover any part of this optional benefit. If you choose to sign up, the cost of coverage will be deducted from your paycheck.

| Election | Benefit Amounts & Guaranteed Issue |
|---|---|
| Employee | Up to $30,000 (All Guaranteed Issue) |
| Spouse | Up to $30,000 /100% of Employee benefit election (All Guaranteed Issue) |
| Child(ren) | Up to $30,000 /100% of Employee benefit election (All Guaranteed Issue) |

### Using critical illness insurance: an example

Theo was diagnosed with cancer and needed a surgery right away, followed by chemotherapy. Theo's health plan required he pay the deductible and a co-insurance after the hospital stay. Critical illness insurance provided a lump-sum cash payment after Theo's diagnosis. Theo used the funds to cover his deductible and co-insurance fees, plus the co-pay for each chemo session. Theo was able to pay his rent and hire a part-time dog walker, too, so he could focus all his energy on getting well.

**Want to learn more?**

You have to sign up for this type of coverage when you first become eligible, or during the annual open enrollment period. For more info, visit www.prudential.com.

# Hospital Indemnity

Hospital stays can be difficult, especially when your health plan doesn't cover all of the associated costs. To help ensure you can afford a hospital stay, you can enroll in hospital insurance through Prudential. This benefit pays cash directly to you or your family to help offset the medical and non-medical bills you may incur after a hospital stay. The benefit provides $1,000 for hospital admission and $100 for each day thereafter.

## What can hospital insurance pay for?

This type of coverage pays you directly in cash, so you can use the funds however you want. Here are a few examples:

- Copayments
- Deductibles
- Transportation expenses
- Child care
- Lodging expenses for a companion
- Lost income

### 100% Employee-Paid

Your employer doesn't cover any part of this optional benefit. If you choose to sign up, the cost of coverage will be deducted from your paycheck. Monthly post-tax rates are outlined below:

| Election | Monthly Contribution |
|---|---|
| Employee Only | $14.08 |
| Employee + Spouse | $26.65 |
| Employee + Child(ren) | $22.34 |
| Family | $34.92 |

## Using hospital insurance: an example

Morgan needed gallbladder removal surgery, and due to some complications, had to stay in the hospital for five days. Morgan has health insurance, but it didn't cover the full cost of the stay. Morgan's health plan required she pay the deductible and a co-insurance fee. Hospital insurance helped make up the difference. It paid a set amount for an admission benefit plus a set amount for each additional day. This helped reduce Morgan's cost for her stay.

# Want to learn more?

You have to sign up for this type of coverage when you first become eligible, or during the annual open enrollment period. For more info, visit www.prudential.com.



# Accident Insurance

We all know they happen, but not everyone is prepared. Accident insurance is optional coverage that helps you pay for expenses if something unexpected occurs. The benefits are paid directly to you to help cover specific treatments, and the amount depends on the type of injury you have and what care you need.

## What can accident insurance pay for?

This type of coverage pays you directly in cash, so you can use the funds however you want. You could use the funds to pay for:

- Emergency room visits
- Ambulance transportation
- Doctor visits
- Hospital admission
- Surgery
- Medical equipment
- Outpatient therapy
- Diagnostic imaging

### 100% Employee-Paid

Your employer doesn't cover any part of this optional benefit. If you choose to sign up, the cost of coverage will be deducted from your paycheck.  Monthly post-tax rates are outlined below:

| Election | Monthly Contribution |
|---|---|
| Employee Only | $9.36 |
| Employee + Spouse | $13.39 |
| Employee +  Child(ren) | $13.17 |
| Family | $20.45 |

## Using accident insurance: an example



Sam was involved in a car accident and needed physical therapy. The treatment was intense, so Sam couldn't work during recovery. Sam's accident insurance policy provided payments that Sam could use towards things such as the out-of-pocket costs of treatment, monthly mortgage payments, or daycare fees. Accident insurance helped Sam focus on recovery instead of worrying about how to pay for it.

### Want to learn more?

You have to sign up for this type of coverage when you first become eligible, or during the annual open enrollment period. For more info, visit www.prudential.com.



# Legal & Identity Protection

## Legal Services

If you need legal advice, you need a qualified attorney. Through MetLife benefit, you can talk with one by phone or in their office. They'll guide you through debt matters, estate matters, family law, and more. Just a heads up: you might not be able to talk with them about business employment-related legal concerns. Reach out to Human Resources for more info.

MetLife

## Identity & Fraud Protection

Living in a digital world has its perks, but it comes with exposure to cybercrime, identity theft, and scams. MetLife + Aura Identity & Fraud Protection is a great solution for you and your loved ones to stay protected and informed. Protect your personal information with their advanced tools, notifications and services. It even includes guidance for digital parenting and mental health, to help you and your family stay safe. You can purchase a MetLife + Aura plan for $9.95 a month for employee only or add the whole family for $15.95.

MetLife · AURA
Identity & Fraud Protection



# Wellness Programs

**Benefits for your body and mind**

## What is wellness—and why is it important?

The steps to choosing your benefits may be getting clearer, but when it comes to your overall well-being, it's all about the journey, not the destination. Be sure to bring along the right tools and an enthusiastic support system! Healthy, active lifestyles can help reduce the risk of chronic disease and may lower your annual health care costs. Your wellness benefits support this approach to total well-being for your mind and body.

## Ergonomics

Office equipment is purchased by Athens and shipped to you including: a laptop, dual monitors, mouse, keyboard and headset for immediate use on your first day. All new hires are set up with an ergonomic evaluation, and Athens will purchase additional office equipment based on our ergonomist's personalized recommendations for you. After your initial setup, evaluations are available upon request.

## Wellness Committee

The company wellness committee leads two live virtual stretch breaks per week. Once a week, employees can take a 25-minute walk on company paid time.

## Memberships

Discounted memberships for Active & Fit Direct and more! Health Plan enrollment may apply.



# Dental & Vision Plans



# Dental Plan PPO

**Taking care of your smile**

With the Dental PPO plan, you can pick any licensed dentist. Just keep in mind that your dental plan has settled on lower rates with a smaller group of providers—those in their network. If you choose a dentist outside that network for yourself or your dependents, you might have to pay more.

To find out if your dentist is in your provider network, you can search on www.guardianlife.com or call Guardian.

**"How much will specific services cost?"**

| Plan Highlights | Guardian PPO | |
|---|---|---|
| | In-network (Dental Guard Preferred) | Out-of-network |
| Calendar Year Deductible | | |
| Individual | $50 | |
| Family | $150 | |
| Annual Maximum | $2,000 | |
| Preventive | 100% | 100% |
| Basic Services | 90% | 80% |
| Major Services | 60% | 50% |
| Orthodontia Services | | |
| Adults & Child | 50% | |
| Lifetime Maximum | $2,000 | |

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

# Voluntary Vision Plan

**Bringing your benefits into focus**

VSP offers vision coverage as a Preferred Provider Organization (PPO) plan. With the vision plan, you can pick where to receive services. Just keep in mind that your vision plan has settled on lower rates with a smaller group of vision providers—those in their network. If you choose a vision provider outside that network for yourself or your dependents, you will have to pay for all the expenses yourself at the time of service. Then, you'll submit a claim, and VSP will reimburse you up to a certain "allowed" amount.

To find out if a vision provider is in your network, you can search on www.vsp.com or call VSP.

"How much will specific services cost?"

| Plan Highlights | VSP PPO | |
|---|---|---|
| | In-network (VSP) | Out-of-network |
| Exam – Every 12 months | $10 Copay | Reimbursed up to $50 |
| Lenses – Every 12 months | | |
| Single | $25 Copay | Reimbursed up to $50 |
| Bifocal | $25 Copay | Reimbursed up to $75 |
| Trifocal | $25 Copay | Reimbursed up to $100 |
| Frames – Every 24 months | $150 Allowance + 20% off remaining | Reimbursed up to $70 |
| Additional Pairs of Glasses | 30% off retail price | Not Covered |
| Contacts – Every 12 months, in lieu of lenses & frames | | |
| Cosmetic | $150 Allowance | Reimbursed up to $105 |

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

# Spending Accounts



# Spending Accounts

Make your money work for you

## Health Savings Account (HSA)

When you sign up for a Athen's High-Deductible Health Plan (HDHP), you can open a type of bank account called a Health Savings Account (HSA). This account allows you to save money for qualified health care expenses, such as your deductible, copayments, and other out-of-pocket expenses. The money you put in your HSA is not federally taxed.

### What to know about your health savings account



**It's all yours—you own your HSA and your funds can accumulate year after year**



**You choose how much to contribute up to an annual maximum**



**You have to be enrolled in a High-Deductible Health Plan in order to contribute**



**HSA funds are not taxed as long as you use the funds for qualified expenses**

| Calendar Year Maximum Contribution | Athens Contributes | Your Maximum Contribution | 2027 Limit |
|---|---|---|---|
| Employee Only | $1,000 | $3,500 | $4,500 |
| Employee + Spouse | $1,200 | $7,800 | $9,000 |
| Employee + Child(ren) | $1,350 | $7,650 | $9,000 |
| Employee + Family | $1,500 | $7,500 | $9,000 |
| Additional "catch-up" if 55 or older | N/A | $1,000 | |

*Must be eligible to contribute to an HSA.

Note: For individuals age 55 and older, an additional $1,000 in catch up contributions are allowed for 2027.



It's important to monitor your contributions to avoid going over the IRS limit, as contributions in excess of the IRS limit are subject to standard income tax rates, plus a 6% excise tax. There is a 20% penalty for using HSA funds on non-qualified healthcare expenses if you are under age 65. For more details about what is considered a qualified healthcare expense or to manage and access your account, visit https://customer.wexinc.com/login/benefits-login/ or call WEX at 866.451.3399.

# HSA Facts

| | |
|---|---|
| **What are the benefits?** | • HSA funds aren't taxed and can continue to grow tax-free, subject to state law. Talk to your tax advisor to find out what applies in your state.<br>• An HSA reduces your taxable income, so it may allow you to pay for qualified health care expenses tax-free. Just remember that tax regulations vary by state.<br>• HSAs are paired with HDHPs. Usually, HDHPs cost less each month in premiums when compared to other PPO plans.<br>• Your employer contributes free money to your HSA. Athens Administrators contributes $1,000 to your HSA if you are enrolled in an employee-only HDHP coverage, $1,200 if you are enrolled in employee and spouse HDHP coverage, $1,350 if you are enrolled in employee and child(ren) HDHP coverage, and $1,500 if you are enrolled in family HDHP coverage. Athens' contributions begin when your medical coverage becomes effective and are made each pay period into WEX. |
| **How do I become eligible to contribute to an HSA?** | • You're eligible if you enrolled in an HDHP. There are a few other rules to keep in mind, as well. You can't be enrolled in non-qualified health insurance outside of Athen's plan or in Medicare, can't be claimed as a dependent on someone else's tax return (excluding a spouse), can't get any hospital care or medical services from the Veterans Administration in the previous three months (unless these services were related to a service-connected disability) and can't be enrolled in a general Healthcare Flexible Spending Account (Health FSA) or a general Health Reimbursement Arrangement (HRA). |
| **How do I get started?** | • If you're ready to activate your HSA, you can do so by:<br>  ◦ Visiting www.wexinc.com.<br>  ◦ Hover over "Login" and select "Benefit Accounts" at the top of the page.<br>  ◦ Under "Participant Accounts" select "HSA, FSA, HRA/Wellness & Commuter."<br>  ◦ Under "New User" select "Get Started."<br>• Once the HSA is activated, you can manage and access your account at any time. For questions about account activation, contact WEX or visit https://customer.wexinc.com/login/benefits-login.<br>• When you want to make a qualified purchase, the most convenient way is by using your HSA debit card. You can also use your own cash or a personal credit card and reimburse yourself through your online HSA. Just make sure to keep your receipts—they'll be important if you ever get audited by the Internal Revenue Service (IRS). Consult your tax advisor for taxation information or advice. |
| **A few rules to keep in mind...** | • For 2027, the maximum that you and your employer together can contribute to your HSA account is $4,500 if you are enrolled in the HDHP for employee-only coverage. If you're enrolled in a plan with dependents, the maximum is $9,000. There is a $1,000 catch up for those employees age 55 and older. This maximum is set by the IRS, and it's important that you don't go over it.<br>• If you go over the IRS limit, the amount you go over will be taxed at standard income tax rates, plus a 6% excise tax.<br>• If you use your HSA funds to pay for non-qualified expenses, you'll pay taxes on the funds as well as a 20% penalty (unless you are over age 65). Once you reach age 65, you can use your accumulated cash however you want. You can find more info about qualified health care expenses at https://www.irs.gov/publications/p969#en_US_2023_publink1000204083.<br>• Typically, the amount you can contribute to your HSA in a calendar year is pro-rated based on when you became eligible. So, if you become HSA-eligible on September 1st, you can only contribute ⅓ of the maximum annual limit during your first year of enrollment. However, under the Full-Contribution Rule, you can still contribute up to the annual maximum as long as:<br>• You're HSA-eligible on Dec. 1 of the plan year, and<br>• You're still HSA-eligible through Dec. 31 of the following year |



# Flexible Spending Account (FSA)

With this type of account, you and your spouse, plus any eligible dependents, can use pre-tax dollars to cover health care/dependent care/transit/parking. There are different types of FSAs, but they all help reduce your taxable income. Here are the different types of FSAs available to you.

| FSA Type | | Detail |
|---|---|---|
|  | **Healthcare FSA** | • Can reimburse for eligible healthcare expenses not covered by your medical, dental, and vision insurance.<br>• Projected maximum contribution for 2027 is $3,500. |
|  | **Dependent Care FSA** | • Can be used to pay for a child's (up to the age of 13) childcare expenses and/or care for a disabled family member in the household, who is unable to care for themselves.<br>• Eligibility rules require that if you are married, your spouse needs to be working, looking for work or attending school full-time.<br>• Projected maximum contribution for 2027 is $7,500. |
|  | **Commuter Spending Account** | • Can be used to cover qualified transit passes, vanpooling, payments for transportation in a commuter highway vehicle, and qualified parking costs.<br>• Projected parking maximum contribution for 2027 is $350 per month.<br>• Projected transit maximum contribution for 2027 is $350 per month.<br>• Cash reimbursement is not allowed. You must use the FSA Debit card for all parking and transit purchases. |

## How to use your FSA



**Estimate how much you'll need to cover with FSA funds this year.**

**Set up annual (pre-tax) deductions from your paycheck.**

**Use your FSA debit card for purchases made on your own behalf.**

**You can roll up to $680* of FSA funds over to the next year, after all your qualified expenses are reimbursed at the end of the current plan year.**

# Life & Disability



# Life & Disability

## Life Insurance and AD&D

There's no easy way to talk about death, but your family might need help if something happens to you. A life and accidental death and dismemberment (AD&D) policy can provide that help. You are automatically signed up for this benefit and your family will be paid a lump sum of money when you die. If your death was caused by an accident, or if you lose a limb, you or the people you choose, called "beneficiaries," may get additional coverage.

Athens pays for 100% of this benefit through Prudential. It includes the following:

- Basic Life Insurance of 1x annual earnings up to $750,000
- AD&D of 1x annual earnings up to $750,000
- Your benefits may reduce when you turn 70

## Voluntary Life and AD&D

You can choose to add more life insurance and AD&D coverage for you and/or your dependents. These can be taken out of your regular paycheck by Prudential. Here are details on the additional coverage amounts you can choose from:

| | | |
|---|---|---|
| | **For employees:** | • Increments of $10,000 up to a $500,000 maximum with a guarantee issue benefit of $200,000 if you enroll in the plan within 30 days of your initial eligibility. |
| | **For your spouse:** | • Increments of $5,000 up to a $500,000 maximum with a guarantee issue benefit of $25,000 if you enroll in the plan within 30 days of your initial eligibility. |
| | **For your child(ren):** | • Birth up to age 26, $10,000. |
| | **Optional AD&D:** | • Coverage is available for purchase in the same amounts as optional life insurance amounts above. |

If you choose to get additional coverage, the insurance company may want to make sure you're in good health. The insurance amounts here are subject to review and won't be effective until the insurance company approves.

You can enroll in additional coverage during your enrollment period. If you wait, you might have to prove that you're in good health and wait for the insurance company to approve your coverage. There's more info in the Summary Plan Description.

**Please note: Benefits coverage may reduce when you turn 65. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill. Take a look at your Summary Plan Description for exclusions and further detail.**

**Don't forget to update your beneficiaries!**

The people or entities who you want to receive benefits from your policy are called beneficiaries. It's very important that they are up to date. You may change your beneficiaries at any time, designate one person as your beneficiary, or choose multiple beneficiaries to get a percentage of the payout amount. To select or change your beneficiary, contact Team Bennies.

# Disability Insurance

When you're too sick or injured to work, you need time to focus on healing—not worrying about your income. Disability insurance offers you and your family peace of mind by helping to replace some of your income if you have a non-work related illness or injury. Your eligibility may be based on disability for your occupation or any occupation.

| Your Plans | Coverage Details |
|---|---|
| **Employer-Paid Short Term Disability (STD)** | • Administered by Prudential, STD coverage provides a benefit equal to 66.67% of your earnings, up to $3,500 per week for a period up to 22 weeks for Californian employees and 25 weeks for non-Californian employees.<br>• For Californian employees, the plan begins paying these benefits after you have been absent from work for 30 consecutive days. For non-Californian employees, the plan begins paying these benefits after you have been absent from work for 7 consecutive days. |
| **Employer-Paid Long Term Disability (LTD)** | • If your disability extends beyond 6 months, the LTD coverage Prudential can replace 66.67% of your earnings, up to maximum of $15,000 per month.<br>• Your benefits may continue to be paid until you reach social security normal retirement age as long as you meet the definition of disability. |
| **State Disability Insurance** | • The state you reside in may provide a partial wage-replacement disability insurance plan.<br>• For more information regarding statutory disability programs, contact Human Resources |

**Note: Please note, the state you reside in may provide a partial wage-replacement disability insurance plan.**



# Retirement



# Retirement

Planning for the future

## Your 401(k) Plan

No matter how wonderful your job is, it's good to plan ahead for retirement. A 401(k) plan helps you plan for your future by squirreling away a portion of each paycheck. These funds are withdrawn each pay period and invested so they can grow (subject to federal law and plan guidelines). You can withdraw the funds when you retire.

### Enrollment & Account Access

- Enrollment in the 401(k) plan is automatic upon being hired.
- For login or password assistance, check your 401(k) account balance, view your contributions, change your investments and more, visit www.empowermyretirement.com or call Empower at 855.756.4738.

### Additional 401(k) Information

**Contribution Limits:** For 2027, the projected IRS annual contribution limits are $25,500 for everyone under age 50 or $34,000 for anyone that is age 50 or over prior to December 31, 2027. If you do not actively elect or decline a 401(k) contribution during your new hire eligibility period, Athens will automatically elect 3% for you.

If you have multiple employers during the year, all your contributions are combined. Restrictions may apply to these limits based on plan documents and annual testing requirements.

**Contribution Changes:** You can log onto Empower to adjust your contribution percentage. You may also stop contributing any time. Requests to change or stop your contributions must be made through the provider website or in writing to Human Resources.

**Employer Contributions:** $0.50 for every dollar on the first 6%.

**Loans & Hardship Withdrawals:** If allowed by the plan document, please contact Empower for information and requirements for either option.

**Rollover Contributions:** You can combine your accounts through something called a "rollover." If you have other qualified retirement plans or account such as a 401(k) from a previous employer, 403(b), 457(b) or IRA, you may be able to transfer that account into your new plan. Please contact Empower or Human Resources for additional information.

**Termination of Employment:** When your employment is terminated, regardless of reason, you can request a full distribution of your vested account balance. You can roll over your account to another qualified plan or IRA without any penalty. You may also request a lump-sum cash payment to yourself, but know that might come with tax penalties.

Marsh Insurance Agency LLC does not serve as advisor, broker-dealer or registered investment advisor for this plan. All of the terms and conditions of your plan are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

# Employee Assistance Program (EAP)



# Employee Assistance Programs

**Free resources for tough moments**

Our SupportLinc and ComPsych Employee Assistance Programs (EAP) are a set of services that can support you through personal and professional challenges with resources, information, and counseling. Everything is confidential—what you talk about won't be shared with your employer—and free.

| Program Component | SupportLinc | ComPsych |
|---|---|---|
| **Number of sessions** | 6 sessions per year per member per incident | 6 sessions per year per member per incident |
| **Session type** | Phone or face-to-face | Phone or face-to-face |
| **Topics may include** | **Mental Health Support:**<br>• Job burnout<br>• Marital, relationship or family problems<br>• Bereavement or grief counseling<br>• Substance use disorder and recovery<br>**Community Support:**<br>• Child and eldercare<br>• Legal services and identity theft<br>• Financial support | **Mental Health Support:**<br>• Marital, relationship or family problems<br>• Bereavement or grief counseling<br>• Substance use disorder and recovery<br>**Community Support:**<br>• Child and eldercare<br>• Legal services and identity theft<br>• Financial support |
| **Who can utilize** | You and your dependents | You, your dependents, and even other members of your household. |

## Get in touch with SupportLinc:

- By phone: 888.881.5462
- Online: www.supportlinc.com
- Website password: athensinsurance

## Get in touch with ComPsych:

- By phone: 800.311.4327
- Online: www.guidanceresources.com
- Website password: GRS311

# Perks & More



# Perks & More

**Finally, the fun stuff**

Your benefits package isn't all insurance. It still knows how to have fun. In that spirit, your employer gives you these perks.

## Holidays

The company provides thirteen paid holidays annually, including Juneteenth. Some holidays may include two days off, based on company observance practices. Veterans Day is observed for U.S. military veterans. Athens offers select pre-holiday closures preceding a long holiday weekend. This allows employees to start holidays early on.

## Paid Time Off (PTO)

What happens when you want, or need, a break? Your paid time off, or PTO, is a combination of sick time, vacation time, and other days you can take off work. Your company pays you while you're using this time off. These are the different types of time off:

**Vacation time** is time you can use to take a refreshing trip. You will need to build up vacation days over time, which is called "accruing" vacation days. Here's how accruing works:

- 0–3 year 17 days/year
- 4-8 years 22 days/year
- 9+ years 27 days/year

Employees in good standing can advance up to one week of PTO or take unpaid time up to one week annually.

**Bereavement leave** for immediate family members and one day of bereavement for extended family, friends, pets, and loss of pregnancy.

**Other time off**, such as time you want to take off for family or medical reasons, may be honored based on state and federal law.

## Work From Home

Most positions are eligible for work from home either full time or on a hybrid basis.

## Alternative Workweek Schedules

Alternative schedules are available to select departments, allowing for every 3rd Monday or Friday off. All Property & Casualty employees have the opportunity to leave one (1) hour early from their regularly scheduled workday on Fridays to kickstart the weekend.

## Programs

Employee of the Quarter and Award of Excellence programs are peer-nominated programs for employee success and achievement. Perks include up to $10,000 net bonus, paid time off certificates, trophies and more.

## Recognition

Service anniversary recognition starts after your first year and the perks increase by each 5-year milestone. Perks include hundreds of gifts to choose from, bonuses, paid time off and more.

# Medicare & Individual Health Coverage Advisory Service

Transitioning to Medicare when you turn 65 can be a complex and confusing process. We've partnered with Medicare Choice Group to simplify every step of the way for you as an Athens employee in the learning, transition and enrollment process. This service is free to you and your spouse, parents, and loved ones who are eligible for Medicare. The Medicare Choice Group will provide one-on-one, unbiased advice, practical decision support and detailed coverage options based on your specific needs. Medicare Choice Group can also assist with finding individual health plan coverage for those that need health plan coverage and do not qualify for company health plans (i.e., early retirement or children turning age 26).

If you have questions about Medicare or what the Medicare Choice Group can do for you, visit http://visit.medicarechoicegroup.com/athens or call 855.642.9020 to speak with a licensed Medicare advisor.

# Pet Insurance

Optional pet insurance from MetLife can cover your dogs, cats, birds, and some other exotic animals. You can view your options at http://metlife.com/getpetquote. If you're having trouble deciding, contact them at 800.438.6388. They'd love to help you choose the best plan for your best friend.

# Travel Assistance Services

You have access to travel assistance services through International Medical Group (IMG). This benefit offers you and your dependents 24/7 medical, travel, legal and financial assistance while traveling internationally (or domestically when more than 100 miles away from home). This benefit can help with emergencies such as lost or stolen luggage, medical concerns, translation assistance and more.

To get started or to learn more about the plan, call 855.847.2194 (inside U.S.) or 317.927.6881 (outside U.S.) or email assist@imglobal.com (Referral code: PRUDENTIALIMG1)

# Business Travel Accident

In the event of your accidental death or dismemberment while traveling on company business, Athens' AIG policy will pay your beneficiary $50,000 or a percentage of that amount based on the policy limits.

To get started or learn more about the plan, call 877.244.6871 (US) or 1.715.346.0859 (outside US), email assistance@aig.com or visit aig.com/us/travelguardassistance.

## Fraction of the Action

The Fraction of the Action (FOA) program is an incentive for Athens claims staff to drive the best results for the clients in the areas of closings, penalties, coding, and notepads. With three areas of focus: closing, penalties, and coding Workers' Compensation employees can receive rewards and recognition including additional company paid time off.

Rewards and recognition are based on results, teamwork, and performance and are given to both individuals and teams.

## Tour De Athens

This biannual, year-long competition exclusively focuses on claim closure. With three areas of focus—most claims, oldest claims and highest-value claims—employees can receive rewards and recognition. These include gift cards, bonuses, Athens' swag store credits and a trophy.

Rewards and recognition are based on results, teamwork, and performance and are given to both individuals and teams.

## Wellness Events

Select offices participate in annual wellness activities such as 5K raises, nature walks, and ergonomic massages.

## Volunteer Time for Teams

Supervisors and managers have the opportunity to schedule half-day volunteer opportunities with their teams to go off site and give back to the local community.

## Athens Cares Campaign

This year-long competition exclusively focuses on delivering outstanding care and exceptional results for our clients, injured workers, and fellow Athenians. With four areas of focus: injured employees, Athens family, client and creative care employees can receive rewards and recognition. These include cash awards as well as an opportunity to earn additional paid time off. Rewards and recognition are based on results, teamwork, and performance and are given to both individuals and teams.

## Shark Tank

To encourage employees to think of ways to make Athens a better place, we hold a competition to generate ideas. Employees then prepare for a professional pitch and present it in front of judges and peers. The top innovative idea wins a $1,000 bonus, and the two runners-up each receive $500 bonus.

## Office Events

Each office hosts an annual summer picnic and winter holiday party.

## Committees

Company wide committees include: Wellness Committee, Community Committee, Activities Committee, Safety Committee and Happy Hour Committee. Events planned by each committee are both in-person and virtual.

## Supervisor Fraction of the Action

The Supervisor Fraction of the Action program is an incentive for Athens claims staff to drive the best results for the clients in the areas of closings, penalties, coding, and notepads. With three areas of focus: closing, penalties, and coding Workers' Compensation employees can receive rewards and recognition which includes additional company paid time off.

Rewards and recognition are based on results, teamwork, and performance and are given to both individuals and teams.

Supervisors can earn up to an additional $4,000 in bonuses.

## Salary Adjustments

Employees may receive a salary adjustment and/or discretionary incentive in March of every year based on individual performance and company profitability.

## Stipends

All employees receive an annual $600 work-from-home stipend prorated into each paycheck to help with costs such as internet usage.

## Client Referral Program

The company offers various referral fees for employees who efer clients that are subsequently obtained and complete three months of partnership with Athens. Referral fees are based on incoming revenue on TPA fees and are paid out on a one-time basis after six months of client signing, in order to determine incoming revenue amount.

## Discounts

Employees can access exclusive discounts on rental cars through Enterprise and National Car Rental, flights through United, and cell phone plans through AT&T and Verizon. Through Working Advantage, you can also save on Disney tickets, FIFA matches, ski passes and rentals, cruises, and much more.

Visit here to access your employee perks: www.workingadvantage.com. Make sure to validate your account with your Athens email!



# Training and Professional Development

The Workers' Compensation division has a mentor/mentee program available to eligible employees.

The Property & Casualty division has a training program available for select positions.

All employees are eligible for DISC training and other soft-skills development opportunities focused on communication, behavioral styles, time management, and conflict management. These programs help employees understand their own working styles and adapt more effectively to others.

# In-House Career Development

The Workers' Compensation Career Development Program offers technical and soft skills curricula tailored to employees interested in moving from:

- Assistant Claims Examiner/Future Medical Examiner to Claims Examiner
- Claims Examiner to Senior Claims Examiner
- Senior Claims Examiner to Claims Supervisor
- Claims Supervisor to Division Claims Manager

# Leadership Development

Management across all divisions is provided offsite training every 18 months for further professional development, networking and training. Additionally, there are several ongoing leadership coaching and development programs for all levels of management.

# Learning Management System (LMS)

All employees have access to a robust learning management system (LMS) through Litmos, offering claims-related training, continuing education credits toward professional designations and licenses, Athens-specific training on AI usage and harassment prevention, and much more.

# Language Courses

Workers' Compensation employees with conversational Spanish proficiency are eligible for WC Technical Spanish courses as they come available.

# Paid Time

Athens offers paid time to study AND sit for certain certifications and/or licensure exams. Please check with HR for a list of approved exams and additional details.

# Reimbursement

Career Advancement Reimbursement programs are available for most departments. Please check with HR for additional information.

The Property & Casualty division has reimbursements available for additional state licensing.

# Bonuses*

Up to a $1,000 bonus is available to employees who pass certain certification or licensure exams on their first attempt. Eligible certifications and designations may vary by role and department. Please check with HR for a list of approved exams and additional details.

*Job required state licensing may not apply.

# Costs Breakdown

Let's sum it all up!

**The rates below are effective January 1, 2027 to December 31, 2027.**

| Coverage Level | Payroll Deduction |
|---|---|
| | **Employee Biweekly** |
| **Kaiser HMO** | |
| Employee Only | $94.88 |
| Employee and Spouse/Domestic Partner | $250.49 |
| Employee and Child(ren) | $227.72 |
| Employee and Family | $341.58 |
| **Athens EPO** | |
| Employee Only | $111.46 |
| Employee and Spouse/Domestic Partner | $351.09 |
| Employee and Child(ren) | $300.94 |
| Employee and Family | $501.56 |
| **Athens HDHP** | |
| Employee Only | $85.31 |
| Employee and Spouse/Domestic Partner | $223.94 |
| Employee and Child(ren) | $191.95 |
| Employee and Family | $319.92 |
| **Guardian PPO Dental** | |
| Employee Only | $4.28 |
| Employee and Spouse/Domestic Partner | $18.46 |
| Employee and Child(ren) | $22.15 |
| Employee and Family | $32.31 |
| **Voluntary VSP Vision** | |
| Employee Only | $5.60 |
| Employee and Spouse/Domestic Partner | $9.61 |
| Employee and Child(ren) | $9.81 |
| Employee and Family | $15.81 |

# Directory & Resources

**Below, please find important contact information and resources for Athens Administrators.**

| Information Regarding | Group / Policy # | Contact Information | |
|---|---|---|---|
| **Enrollment & Eligibility** | | | |
| Human Resources:<br>Stacey Moffitt – Senior HR Coordinator<br>Jennifer Solis – Total Rewards Supervisor | | 925.826.1156<br>925.826.1162 | smoffitt@athensadmin.com<br>jsolis@athensadmin.com |
| **Medical Coverage** | | | |
| Kaiser<br>Northern CA HMO<br>Southern CA HMO<br>UMR<br>EPO<br>HDHP | 20813<br>233524<br><br>76417209 | 800.464.4000<br><br>800.826.9781 | www.kp.org<br><br>www.umr.com |
| **Prescription Drugs** | | | |
| Liviniti | 76417209 | 800.710.9341 | www.liviniti.com |
| **Dental Coverage** | | | |
| Guardian PPO | 415295 | 800.541.7846 | www.guardianlife.com |
| **Vision Coverage** | | | |
| VSP PPO | 12289299 | 800.877.7195 | www.vsp.com |
| **Life, AD&D and Disability** | | | |
| Prudential<br>Basic Life & AD&D<br>STD / LTD<br>Voluntary Life & AD&D<br>Worksite: Accident, Critical Illness, Hospital Indemnity | 72319 | Life:<br>800.524.0542<br>Disability:<br>800.842.1718<br>Worksite:<br>844.455.1002 | www.prudential.com |
| **Spending Accounts** | | | |
| WEX – HSA, FSA, Commuter | 27807 | 866.451.3399 | www.wexinc.com/discovery-benefits/ |
| **401(k)** | | | |
| Empower | | 855.756.4738 | www.empowermyretirement.com |
| **Employee Assistance Plan** | | | |
| CuraLinc (SupportLinc)<br>ComPsych | athensinsurance<br>GRS311 | 888.881.5462<br>800.311.4327 | www.supportlinc.com<br>www.guidanceresources.com |
| **Business Travel Accident** | | | |
| AIG | 9164111 | US:<br>877.244.6871<br>Outside US:<br>1.715.346.0859 | www.aig.com/us/travelguardassistance<br>assistance@aig.com |
| **Travel Assistance** | | | |
| IMG | PRUDENTIALIMG1 | Inside US:<br>855.847.2194<br>Outside US:<br>317.927.6881 | assist@imglobal.com |
| **Pet Insurance** | | | |
| MetLife | Athens Insurance | 800.438.6388 | www.metlife.com |
| **Legal** | | | |
| MetLife | | 800.821.6400 | www.members.legalplans.com |

# Directory & Resources Continued

**Below, please find important contact information and resources for Athens Administrators.**

| Information Regarding | Group / Policy # | Contact Information | |
|---|---|---|---|
| **Identity & Fraud Protection** | | | |
| MetLife + Aura | | 844.931.2872 | www.my.aura.com/start |
| **Medicare and Individual Coverage Advice** | | | |
| Medicare Choice Group | | 855.642.9020 | www.visit.medicarechoicegroup.com/athens |
| **Benefits Questions** | | | |
| MMA's Member Support | | | AthensAdminBenefits@MarshMMA.com |

# Athens Administrators' Health and Welfare Benefits Annual Notice Packet

For the 2027 Plan Year

Dear Valued Employee,

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law.

Enclosures:

- ☐ Medicare Part D Creditable Coverage Notice
- ☐ HIPAA Special Enrollment Rights Notice
- ☐ HIPAA Notice of Privacy Practices
- ☐ Children's Health Insurance Program (CHIP) Notice
- ☐ Women's Health and Cancer Rights Act (WHCRA) Notice
- ☐ Newborns' Mothers Health Protection Act (NMHPA) Notice
- ☐ General Notice of COBRA Continuation Rights

Should you have any questions regarding the content of the notices, please contact Human Resources.

# Medicare Part D
# Creditable Coverage Notice

**Important Notice from Athens Administrators**
**About Your Prescription Drug Coverage and Medicare**

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

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

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

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## 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 while enrolled in Athens Administrators coverage as an active employee, please note that your Athens Administrators coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare

prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Athens Administrators coverage as a former employee.

You may also choose to drop your Athens Administrators coverage. If you do decide to join a Medicare drug plan and drop your current Athens Administrators 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 Athens Administrators 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. **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 Athens Administrators changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 9/30/2026
Name of Entity/Sender: Athens Administrators
Contact-Position/Office: Jennifer Solis, Total Rewards Supervisor
Address: 2552 Stanwell Dr, Concord, CA 94520
Phone Number: (925) 826 - 1162

# HIPAA Special Enrollment Rights Notice

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

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

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact The Benefits Team.

# HIPAA 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.**

Athens Administrators, Inc. ("Athens Administrators") sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of Athens Administrators, the Plan, and your legal rights regarding your protected health information, including certain substance use disorder (SUD) records covered by 42 CFR part 2 (Part 2), held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

(1) your past, present or future physical or mental health or condition;

(2) the provision of health care to you; or

(3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully insured group health plans offered by Athens Administrators, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Athens Administrators HIPAA Privacy Officer:

Athens Administrators, Inc.
Attention: HIPAA Privacy Officer
2552 Stanwell Dr, Concord, CA 94520

## Effective Date

This Notice, as revised, is effective January 1, 2027.

## Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;

- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories. Note: Any protected information we may use or disclose under this Notice may be shared again by the person or organization who receives it. Once your protected health information is shared with others, it may no longer be protected.

### For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

### For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

### For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general

Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

### To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information, including SUD treatment records, to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

### As Required by Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

### To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

### To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks**

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

SUD treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;

- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research**

We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or

(2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### Notification of a Breach

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

## Other Disclosures

### Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;

(2) treating such person as your personal representative could endanger you; or

(3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

### Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

### Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of SUD Part 2 treatment records, psychotherapy notes, and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## Your Rights

You have the following rights with respect to your protected health information:

### Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request

that the denial be reviewed and you will be provided with details on how to do so.

**Right to Amend**

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures**

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

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period Athens Administrators has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions**

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see Your Rights Under HIPAA**.**

### Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. 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/complaint-process/index.html.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

# 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).**

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program<br>Website:<br>https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | ILLINOIS - Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Illinois Medicaid Premium Assistance Information<br>Medicaid application website: https://abe.illinois.gov/<br>HIPP Hotline Number: 217-524-8268<br>HIPP Email: mhfs.boc.hipp@illinois.gov |
| **INDIANA – Medicaid** | **IOWA – Medicaid and CHIP (Hawki)** |
| Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>http://www.in.gov/fssa/dfr/<br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584 | Medicaid Website:<br>Iowa Medicaid \| Health & Human Services<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>Hawki - Healthy and Well Kids in Iowa \| Health & Human Services<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: Health Insurance Premium Payment (HIPP) \| Health & Human Services (iowa.gov)<br>HIPP Phone: 1-888-346-9562 |
| **KANSAS – Medicaid** | **KENTUCKY – Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br>https://chfs.ky.gov/agencies/dms |
| **LOUISIANA – Medicaid** | **MAINE – Medicaid** |
| Louisiana Medicaid Website:<br>https://www.ldh.la.gov/healthy-louisiana<br>Medicaid Customer Service Line: 1-888-342-6207<br>Louisiana Medicaid email: healthy@la.gov<br>Louisiana Health Insurance Premium Program (LaHIPP) Website:<br>https://www.ldh.la.gov/lahipp<br>LaHIPP phone: 1-877-697-6703<br>LaHIPP email: La.HIPP@la.gov<br>LaHIPP fax: 1-888-716-9787<br>LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084 | Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 |
| **MASSACHUSETTS – Medicaid and CHIP** | **MINNESOTA – Medicaid** |
| Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com | Website:<br>https://mn.gov/dhs/health-care-coverage/<br>Phone: 1-800-657-3672 |
| **MISSOURI – Medicaid** | **MONTANA - Medicaid** |
| Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov |

| NEBRASKA – Medicaid | NEVADA – Medicaid |
|---|---|
| Website: http://accessnebraska.ne.gov/<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **NEW HAMPSHIRE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov | Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) |
| **NEW YORK – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **NORTH DAKOTA – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **OREGON – Medicaid** | **PENNSYLVANIA – Medicaid and CHIP** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 | Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) |
| **RHODE ISLAND – Medicaid and CHIP** | **SOUTH CAROLINA – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **SOUTH DAKOTA - Medicaid** | **TEXAS – Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 |
| **UTAH – Medicaid and CHIP** | **VERMONT– Medicaid** |
| Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website: https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ | Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 |

| VIRGINIA – Medicaid and CHIP | WASHINGTON – Medicaid |
|---|---|
| Website:<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **WEST VIRGINIA – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Website: https://bms.wv.gov/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) | Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **WYOMING – Medicaid** | |
| Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 | |

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

## Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

## Newborns' and Mothers' Health Protection Act (NMHPA) 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 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).

# Model General Notice of COBRA Continuation Coverage Rights

## ** Continuation Coverage Rights Under COBRA**

***Introduction***

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

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

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower 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 the following qualifying events:

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

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

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

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

- The 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**.

***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[1] 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/agencies/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**.

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start. These rules are different for people with End Stage Renal Disease (ESRD).

***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.

***Plan contact information***
Jennifer Solis, Total Rewards Supervisor
2552 Stanwell Dr, Concord, CA 94520
(925) 826 - 1162

# APPENDIX

These are additional notices that may be appropriate based upon an employer's circumstances. We included the Surprise Billing Notice to assist with an employer's obligation to post the notice on its website (in those rare circumstances where it may be necessary).

- ☐ Medicare Part D Cross-Reference
- ☐ HIPAA Privacy Notice of Availability
- ☐ Surprise Billing Notice – "Your Rights and Protections Against Surprise Medical Bills"

# Medicare Part D Cross-Reference

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 46 for more details.**

# HIPAA Notice of Availability of Notice of Privacy Practices

The Athens Administrators, Inc. Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.

# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you should not be charged more than your plan's copayments, coinsurance and/or deductible.

## 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, like a copayment, coinsurance, or deductible. You may have additional 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 to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or 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. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

## You are protected from balance billing for:

*Emergency services*

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

*Certain services at an in-network hospital or ambulatory surgical center*
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

## When balance billing isn't allowed, you also have the following protections:

1. You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

2. Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, the following information and resources are available to help you understand your rights:

Assistance by telephone – You may contact the U.S. Department of Health & Human Services at (800) 985-3059 to discuss whether you may have any surprise billing protection rights for your situation.

Available online assistance – You can also visit the U.S. Centers for Medicare & Medicaid Services website to learn more about protections from surprise medical bills and for contact information for the state department of insurance or other similar agency/resource in your state to learn if you have any rights under applicable state law. Please click on your state in the map for contact information to appear.

Prepared by: **Marsh & McLennan Insurance Agency LLC**

www.MarshMMA.com | CA Insurance Lic: 0H18131