



2026 Benefit Guide

Open Enrollment December 8-12. Watch for additional information on how to enroll through Employee Navigator.

This brochure summarizes the benefit plans that are available to Premier Cooperative eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

The information provided in this brochure is not a guarantee of benefits.

Benefits for You & Your Family

Premier Cooperative is pleased to announce our 2026 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Premier Cooperative's benefits available during open enrollment:

- Medical – United Healthcare (UHC)
- Dental – Delta Dental
- Vision – Lincoln Financial Group
- Health Savings Account – UHC Optum
- Life and AD&D – Lincoln Financial Group
- Voluntary Life and AD&D – Lincoln Financial Group
- Short-Term Disability & Long-Term Disability – Lincoln Financial Group
- Accident, Hospital and Critical Illness – Lincoln Financial Group
- HRA & FSA – Diversified Benefit Services (DBS)
- 401K – Lincoln Financial



Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Who is Eligible?

Full-Time employees and their eligible dependents may participate in the Premier Cooperative benefits program. Benefits begin at the first of the month following the date of hire of full-time employment.

Generally, for the Premier Cooperative benefits program, dependents are defined as:

- Your spouse
- Dependent “child” up to age 26.

Medical Insurance – United Health Care - Choice Plus

Premier Cooperative offers medical coverage through United Healthcare. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. 943505 UHC Member identifier.

	UHC Choice Plus HSA	UHC Choice Plus \$3,000 Plan	UHC Choice Plus \$1,000 Plan
Annual Embedded Deductible	\$6,000 per individual \$12,000 per family	\$3,000 per individual \$6,000 per family	\$1,000 per individual \$2,000 per family
Annual Out-of-Pocket Maximum*	\$6,300 per individual \$12,600 per family	\$6,350 per individual \$12,700 per family	\$5,000 per individual \$10,000 per family
Plan Coinsurance	80% after deductible	80% after deductible	80% after deductible
Office Visit PCP/SPC	80% after deductible	PCP \$30 / SPC \$60 Copay	PCP \$50 / SPC \$100 Copay
Urgent Care	80% after deductible	\$100 Copay	\$75 Copay
Lab & X-ray	80% after deductible	80% after deductible	80% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	80% after deductible
Outpatient Hospital	80% after deductible	80% after deductible	80% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible
HSA/HRA Premier Cooperative contributions	HSA Single \$250 EE + Sp & EE + Ch \$375 Family \$500	HRA Single \$750 EE + Sp & EE + Ch \$1,000 Family \$1,250	HRA Single \$500 EE + Sp & EE + Ch \$750 Family \$1,000

	UHC Choice Plus HSA	UHC Choice Plus \$3,000 Plan	UHC Choice Plus \$1,000 Plan
Per Paycheck Contributions			
Employee	\$51	\$128	\$173
Employee & Spouse	\$165	\$310	\$399
Employee & Child(ren)	\$165	\$310	\$399
Employee & Family	\$278	\$490	\$634

Benefits Guide

	UHC Choice Plus HSA	UHC Choice Plus \$3,000 Plan	UHC Choice Plus \$1,000 Plan
Retail Prescription Drugs			
Generic	Deductible, then \$15 copay	\$15 copay	\$15 copay
Preferred Brand Name	Deductible, then \$45 copay	\$45 copay	\$45 copay
Non-Preferred Brand Name	Deductible, then \$85 copay	\$85 copay	\$85 copay
Preferred Specialty	Deductible, then \$200 copay	\$200 copay	\$200 copay

HRA Balance Caps at \$5,000 single. \$10,000 plus/family plans.

Dental Insurance

Premier Cooperative offers dental insurance through Delta Dental. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental
Benefit Coverage	In-Network Benefits
Annual Deductible	
Individual	\$50
Family	\$150
Waived for Preventive Care?	Yes
Annual Maximum	
Per Person / Family	\$1,500
Preventive	100%
Basic	80%
Major	50%
Orthodontia	
Benefit Percentage	50%
Adults (and Covered Full-Time Students, if Eligible)	Not covered
Dependent Child(ren)	Covered up to age 26
Lifetime Maximum	\$1,000

Delta Dental Bi-Weekly contributions	
Employee	\$9.53
Employee & Spouse	\$19.41
Employee & Family	\$37.52

Vision Insurance

Premier Cooperative provides Vision Insurance through Lincoln – Vision Connect. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Lincoln Financial Group – Vision Connect with Spectera Network	
Exam Copay	\$10 copay
Materials Copay	\$25 copay
Benefits & Frequency	
Exam	Covered every 12 months
Lenses	100% every 12 months
Frames	\$130 allowance, up to 30% off balance
Elective Contacts (in lieu of lenses)	100% every 12 months for Selection; up to \$125 for non selection

Mail order contacts: Member may also purchase mail order contact lenses online at a 10% discount. The member will visit www.myvisionlenses.com and will be required to submit an Out-of-Network claim for reimbursement.

Lincoln Vision Bi-Weekly Contributions	
Employee	\$2.86
Employee & Spouse	\$5.46
Employee & Family	\$8.04

Lincoln VisionConnect® benefits

How to use your vision benefits

- 1 Find a participating provider by clicking **Provider Quick Search** on LVC.LFG.com or by calling **800-440-8453**.
- 2 Log on to your online member account to review your benefits or to print a vision ID card before you visit a provider.
- 3 When you visit a provider, you may be asked for your date of birth and subscriber ID (if known).



Note to providers: For more information about this vision plan, or to receive authorization for service, please visit us online at spectera.com or call **800-638-3120**.

This card is not required for service and does not guarantee benefit eligibility.

- *Lincoln VisionConnect®* members are supported through the Spectera Vision network. When you visit your eye care provider, **let the office know you are a Spectera customer** to make the most of your in-network provider benefits.



- To find a Spectera vision network provider close to work or home, call 1-800-440-8453 or **Locate a provider in a few easy steps:**
 - Visit lvc.lfg.com. On the left side of the page, use the **Provider Quick Search**.
 - In the **Provider Quick Search** box, enter a ZIP Code or street address.
 - Click the **Search** button to display a list of providers near you.
- If you choose an out-of-network provider, you pay the provider in full and submit a claim for reimbursement of covered services and products.

Life and Accidental Death & Dismemberment Insurance

Premier Cooperative provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. The benefit is 1 times your annual salary rounded to the nearest \$1,000.

Voluntary Life/AD&D

Premier Cooperative offers voluntary Life and AD&D insurance through Lincoln Financial Group. Please see the summary plan description for complete plan details. Flat benefit options for Employee of \$50,000, \$100,000, \$150,000, \$200,000, \$250,000 not to exceed 5 x salary. Flat benefit options for Spouse of \$10,000, \$25,000, \$50,000 not to exceed 2.5 times the employee's annual salary. Children aged 14 days to 6 months Flat \$250. Children 6 months to 26 years options of \$5,000, \$10,000, \$25,000

- 100% paid by the employee
- **EOI (Evidence of Insurability) form is required if:**
 - You are requesting an amount in excess of the Guarantee Issue maximum of \$200,000 for employee and \$30,000 for spouse
 - For Annual Open Enrollment you may:
 - Increase current coverage by one benefit option
 - Your spouse can increase current coverage by one benefit option

Rates below per \$1,000 of benefit elected.

Age	Employee Uni-smoker	Employee AD&D	Spouse Uni-smoker	Spouse AD&D
< 20	\$0.070	\$0.040	\$0.070	\$0.040
20 - 24	\$0.070	\$0.040	\$0.070	\$0.040
25 - 29	\$0.079	\$0.040	\$0.079	\$0.040
30 - 34	\$0.092	\$0.040	\$0.092	\$0.040
35 - 39	\$0.122	\$0.040	\$0.122	\$0.040
40 - 44	\$0.168	\$0.040	\$0.168	\$0.040
45 - 49	\$0.262	\$0.040	\$0.262	\$0.040
50 - 54	\$0.414	\$0.040	\$0.414	\$0.040
55 - 59	\$0.636	\$0.040	\$0.636	\$0.040
60 - 64	\$1.006	\$0.040	\$1.006	\$0.040
65 - 69	\$1.761	\$0.040	\$1.761	\$0.040
70 - 74	\$3.139	\$0.040	\$3.139	\$0.040
75 - 79	\$6.033	\$0.040	\$6.033	\$0.040
80 - 84	\$6.033	\$0.040	\$6.033	\$0.040
85 - 89	\$6.033	\$0.040	\$6.033	\$0.040
90 - 94	\$6.033	\$0.040	\$6.033	\$0.040
95 - 99	\$6.033	\$0.040	\$6.033	\$0.040
100+	\$6.033	\$0.040	\$6.033	\$0.040
Dependent Children Coverage is \$0.280 per \$1,000. Regardless of the number of children or Increment verbiage.				




Short-Term Disability Insurance

Premier Cooperative provides short-term disability insurance at no cost through Lincoln Financial Group. This benefit covers 60% of your weekly base salary up to \$2,500/week. The benefit begins after 7 days and lasts up to 12 weeks. Please see the summary plan description for complete plan details.

Long-Term Disability Insurance

Premier Cooperative provides long-term disability insurance at no cost to employees through Lincoln Financial Group. This benefit covers 60% of your monthly salary up to \$10,000. The benefit begins after a 90-day elimination period.

Lincoln EmployeeConnect

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none"> ▪ In-person help for short-term issues (up to five sessions¹ with a counselor per person, per issue, per year) ▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings 	<p>You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none"> ▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more ▪ Legal information and referrals for family law, estate planning, and consumer and civil law² ▪ Financial guidance on household budgeting and short- and long-term planning 	<p><i>EmployeeConnect</i> offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:</p> <ul style="list-style-type: none"> ▪ Articles and tutorials ▪ Videos ▪ Interactive tools, including financial calculators, budgeting worksheets, and more

EmployeeConnectSM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit **GuidanceResources.com**.
Username: LFGSupport Password: LFGSupport1
- Download the **GuidanceNowSM mobile app**.
- Call **888-628-4824**.



Lincoln LifeKeys

***LifeKeys* services include:**



Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on *GuidanceResources* online. Stay informed on matters that impact your personal and professional life.



Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who'll receive your property and assets after you pass away, handling your estate as you intended. *EstateGuidance*® offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.



Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys* includes online resources for information to help you recognize and prevent identity theft and restore your good name should your identity be compromised.



Guidance and support for your beneficiaries

LifeKeys is a comprehensive program that offers resources to help your loved ones address a range of common concerns should they experience a loss. Services include grief counseling, access to financial and legal advice, and support when coping with the challenges of day-to-day life. Services are detailed on Page 2.



To access *LifeKeys* services, visit GuidanceResources.com, download the *GuidanceNow*SM mobile app, or call 855-891-3684. First-time users enter web ID: *LifeKeys*

Download the app from the Apple or Google app stores today!

Health Savings Account (HSA)

More specific information pending for those currently in or moving to HSA.*

When you are enrolled in a Qualified High-Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year. *

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

- Although all full-time employees are able to enroll in the Qualified High-Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.
- You must be enrolled in Premier Cooperative's Qualified High-Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.

- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2026 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2026 TAX YEAR:

- \$4,400 Individual
- \$8,750 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.
- ***These maximums should include your employer contributions of \$250 for Single enrollment, \$375 for Employee + Spouse and Employee + Child(ren) or \$500 for family.***
- ***Premier Cooperative will contribute 50% of your contributions up to the max amounts above.***

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if you are under age 65) as well as federal income taxes. You can manage your HSA through Optum bank.

FSA - DBS

Health Care FSA

- Tax-free reimbursement for out-of-pocket medical expenses
- Maximum contribution level: **\$3,400**
- Amount you choose is divided by the number of paychecks you receive
- Expenses must be incurred in 2026
- Up to \$680 of unused funds carryover into the next year (2027); currently can roll over \$660 to 2026.

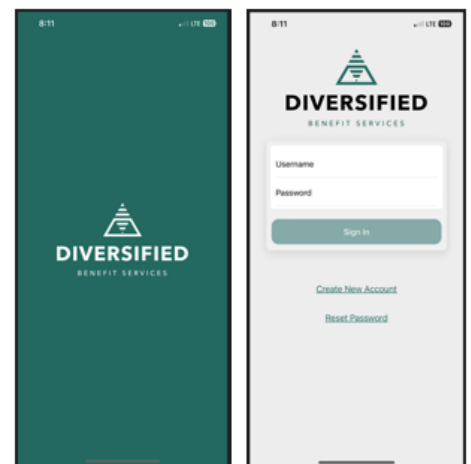
Dependent Care FSA

- Tax-free reimbursement for childcare/dependent care expenses
- Maximum contribution level: **\$7,500** (family cap)
- Amount you choose is divided by the number of paychecks you will receive for the year
- Expenses must be incurred in 2026

Submit a claim and documentation of expenses to DBS
Methods of Submitting Claims

- Mail or fax
- Online
- DBS app for Android and iPhone

Reimbursements issued weekly



Health Reimbursement Arrangement (HRA)

WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- Tax-free reimbursement program
- Funded with employer dollars
- Employees use to offset deductible and coinsurance costs

HOW THE HRA WORKS

Premier Cooperative offers an HRA in conjunction with the two medical plans below. Each employee enrolled in one of the medical plans below has an account. Reimbursement amounts listed below are determined by which Tier you are enrolled in. Your HRA funds will carry over year by year. The maximum funded account is \$5,000 Single and \$10,000 for the other tiers.

UHC Choice Plus \$3,000 Plan	UHC Choice Plus \$1,000 Plan
\$3,000 per individual \$6,000 per family	\$1,000 per individual \$2,000 per family
\$6,350 per individual \$12,700 per family	\$5,000 per individual \$10,000 per family
80% after deductible	80% after deductible
PCP \$30 / SPC \$60 Copay	PCP \$50 / SPC \$100 Copay
\$100 Copay	\$75 Copay
80% after deductible	80% after deductible
80% after deductible	80% after deductible
80% after deductible	80% after deductible
80% after deductible	80% after deductible
HRA Single \$750 EE + Sp & EE + Ch \$1,000 Family \$1,250	HRA Single \$500 EE + Sp & EE + Ch \$750 Family \$1,000

Health Reimbursement Arrangement (HRA)

Diversified Benefit Services, Inc. will automatically deduct funds from your Premier Cooperative funded HRA account to pay for any eligible service that will apply to the next portion of your deductible.

- Go to [IRS.gov](https://www.irs.gov) to see a complete list of qualified expenses.

CONTACTING DIVERSIFIED BENEFIT SERVICES (DBS)

Questions?



Diversified Benefit Services

P.O. Box 260
625 Walnut Ridge Drive, Suite 190
Hartland, WI 53029



Local: (262) 367-3300
Toll Free: (800) 234-1229
Fax: 262-367-5938



DBSbenefits.com

Supplemental Products – Lincoln Financial Group

Hospital indemnity

Hospital indemnity insurance can help make a difference when it matters most

Receive a check for the following related to a hospitalization:

- Hospital admission
- Hospital confinement
- Hospital intensive care unit (ICU) admission
- Hospital ICU confinement
- Rehabilitation facility
- Substance abuse treatment
- Mental disorder treatment



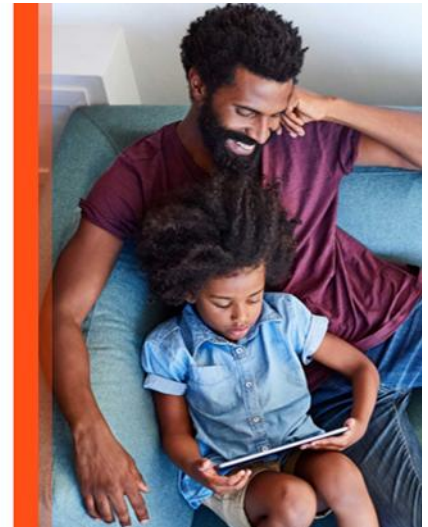
Rate structure:	4-Tier (monthly rate)
Employee only	\$22.85
Employee + spouse	\$52.16
Employee + child(ren)	\$33.44
Family	\$62.75

Accident insurance

Accident insurance can help make mishaps a little less painful.

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

- Initial physician office or urgent care center visit
- Physician follow-up visits
- Emergency room (ER) visit
- X-ray
- Major diagnostic exams
- Physical, occupational, or chiropractic therapy
- Lacerations
- Dislocations and fractures



Tier	Base plan monthly rate
Employee only	\$13.40
Employee + spouse	\$22.12
Employee + child(ren)	\$24.10
Family	\$32.83

Critical illness

Critical illness insurance helps take some of the worry out of getting sick

Consider the expenses you may face during an illness, such as:

- Health insurance deductibles and copays
- Child care
- Living expenses like mortgage, utilities, groceries, and others



Age	Employee monthly per \$1000		Spouse monthly per \$1000	
	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user
Under 24	\$0.169	\$0.169	\$0.169	\$0.169
25-29	\$0.237	\$0.270	\$0.237	\$0.270
30-34	\$0.326	\$0.406	\$0.326	\$0.406
35-39	\$0.428	\$0.637	\$0.428	\$0.637
40-44	\$0.637	\$0.985	\$0.637	\$0.985
45-49	\$0.963	\$1.550	\$0.963	\$1.550
50-54	\$1.509	\$2.445	\$1.509	\$2.445
55-59	\$2.185	\$3.498	\$2.185	\$3.498
60-64	\$3.199	\$5.070	\$3.199	\$5.070
65-69	\$4.862	\$7.110	\$4.862	\$7.110
70+	\$7.423	\$10.022	\$7.423	\$10.022

Contacts

Have Questions? Need Help?

Carrier Customer Service

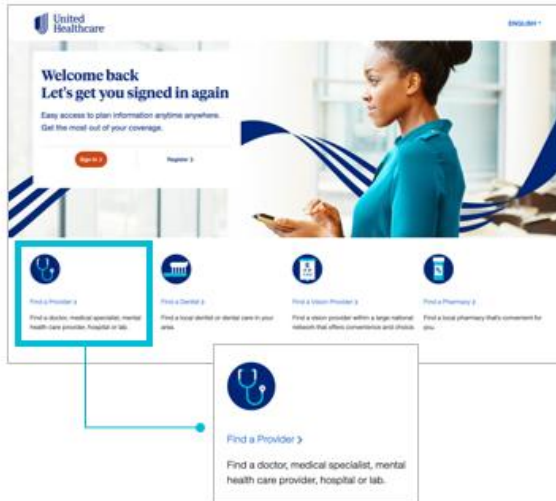
BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	UHC	(888) UHC-HLP1	www.uhc.com
Dental PPO	Delta Dental	(800) 236-3712	www.deltadentalwi.com
Vision	Lincoln Financial Group	(800) 440-8453	www.lfg.lvc.com
Health Savings Account	Optum	(877) 292-4040	www.optum.com
HRA & FSA	DBS	800-234-1229	www.dbsbenefits.com
Life and AD&D	Lincoln Financial Group	(877) 275-5462	www.lincolnfinancial.com
Short-Term Disability (STD)	Lincoln Financial Group	(877) 275-5462	www.lincolnfinancial.com
Long-Term Disability (LTD)	Lincoln Financial Group	(877) 275-5462	www.lincolnfinancial.com
Voluntary Cancer	Lincoln Financial Group	(800) 423-2765	www.lincolnfinancial.com
Hospitalization Only	Lincoln Financial Group	(800) 423-2765	www.lincolnfinancial.com
Accident	Lincoln Financial Group	(800) 423-2765	www.lincolnfinancial.com
401K	Lincoln Financial Group	(800) 234-3500	www.lincolnfinancial.com

UHC – Value Adds. **Choice Plus** plan with United Health

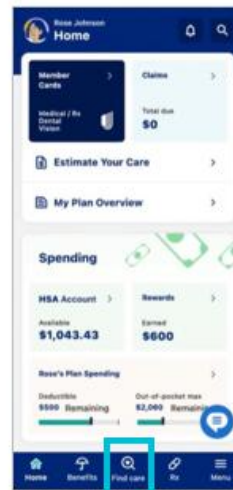
Three easy ways to find a network PCP



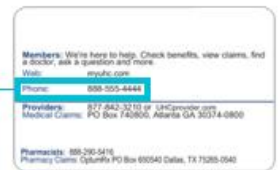
Go to myuhc.com and click on “Find a Provider”



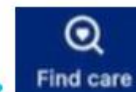
Search using the UnitedHealthcare® app by selecting “Find care”



Call the number on your health plan ID card



Phone: 888-555-4444



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To check if the providers you see now are included in your plan:

- 1 Go to myuhc.com homepage
- 2 Select **Find a Provider** and then choose **Medical Directory**
- 3 Choose **Employer and Individual Plans**
- 4 Select the **Choice Plus** plan and add your location

24/7 Virtual Visits

Quality care from anywhere

Choosing to see a provider by phone or video* may save you the time and cost** of a visit to the emergency room or urgent care.

Get virtual help for common concerns like:




- Cough
- Headache
- Sore throat
- Prescription needs***



Make sure everything checks out

Preventive care — such as routine annual checkups and certain recommended screenings and immunizations — is covered by most of our plans for \$0 out-of-pocket when you see network providers.

A preventive care visit may be a good time to:

-  Establish your relationship with your primary care provider
-  Create a connection for future medical service
-  Evaluate your health when you're symptom-free



\$0 costs on insulin and other vital prescription drugs

The UnitedHealthcare Vital Medication Program offers these select prescription drugs at no out-of-pocket cost to you:

- Insulin – Rapid, short and long-acting
- Epinephrine – Allergic reactions
- Glucagon – Hypoglycemia (low blood sugar)
- Naloxone – Opioid overuse
- Albuterol inhaler – Asthma



Supporting you and your emotional well-being - Behavioral health providers (in-person or virtual)

With Behavioral Health Solutions get connected to self-help digital tools, behavioral health providers (in-person or virtual) and other resources that can help with a variety of concerns such as:



- Depression, stress and anxiety
- Relationship difficulties
- Coping with grief and loss



- Alcohol and drug use recovery
- Medication management



- Meditation, mindfulness and stress relief
- Compulsive habits and eating disorders

Calm Health

Mental health support at your pace

Designed to help you find your path to a happier, healthier you, the Calm Health app provides plans to help support your mental and physical well-being. The app is self-guided, so you can go at your own pace and work toward goals such as:

- Better sleep
- Building skills to manage stress
- Developing resiliency
- Starting and building a mindfulness habit



UnitedHealthcare Rewards

Dollars earned your way

Get rewarded for a variety of actions, like:

- Completing a health survey
- Getting an annual checkup
- Tracking your fitness and sleep

Reach program goals and you could earn up to

\$300.00 Employee and Spouse if both on medical plan!

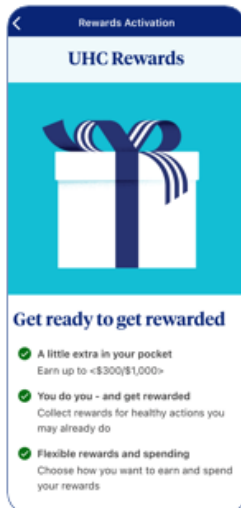
1. To access UHC Rewards: Scan the QR code to download the UnitedHealthcare app
2. Sign in or register
3. Select and activate UHC Rewards
4. Start earning



How it works

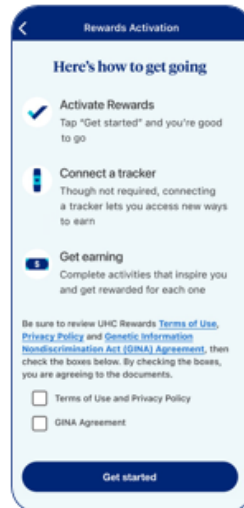
1

Review the program on myuhc.com or the app



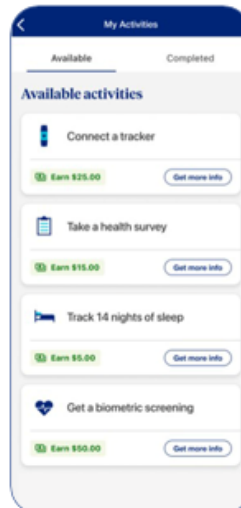
2

Activate UHC Rewards to start earning rewards



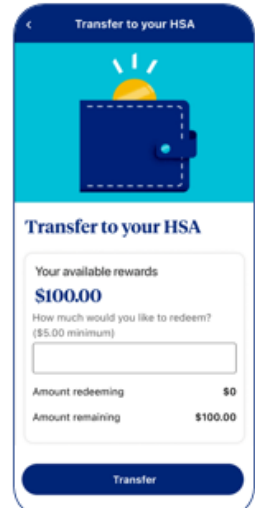
3

Complete available activities to accumulate rewards



4

Choose from a variety of rewards redemption options



UHC Rewards payout structure

	Action	Description	Dollars earned
One-time activities	Activate UHC Rewards	First time users may earn for activating UHC Rewards. Rewardable only once.	\$20
	Complete health survey	Learn how your health journey is going and offers to help improve your well-being	\$15
	Get a biometric screening*	Complete annual bloodwork and measurements	\$50
	Flu shot	Get an annual flu shot	\$10
	Annual checkup*	Complete an annual checkup to support health and prevent illness	\$25
	24/7 Virtual Visit*	Talk to a provider by video for common urgent care needs	\$10
	Get a cervical cancer screening*	Getting routine screenings may increase the chance of detecting some cancers early.	\$50
	Get a breast cancer screening*	Getting routine screenings may increase the chance of detecting some cancers early.	\$50
	Get a cost estimate	A cost estimate informs you of the expected cost for an upcoming visit or service	\$20
Tracker base	Get a colorectal cancer screening*	Getting routine screenings may increase the chance of detecting some cancers early. [Some screenings can be completed with an at-home fecal test.]	\$50
	Connect a tracker	Automatically track activities	\$25
	Daily activity – goal 1	Track 15 active minutes or 5K steps per day	\$0.25
	Daily activity – goal 2	Track 30 active minutes or 10K steps per day	\$0.50
	Fitness challenge – weekly goal	Complete the daily activity goals 5 out of 7 days (Sunday to Saturday)	\$2.50
	Sleep tracking	Track sleep for 14 days	\$5
	Sleep challenge – weekly goal	Track 7 hours of sleep for 5 out 7 nights (Sunday to Saturday)	\$2.50
Maximum annual incentive			\$300



*Claims based

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UnitedHealthcare Rewards

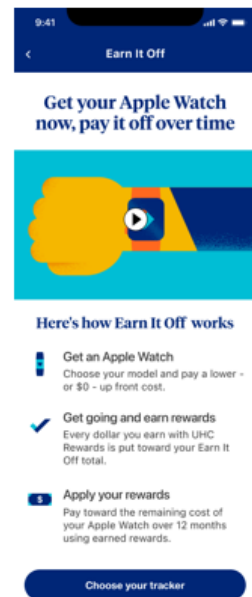
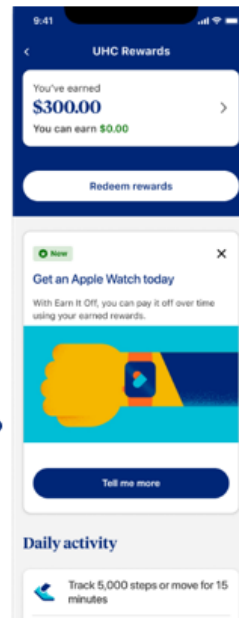
Incentive modalities



Digital VISA gift card

One Pass Select

“Earn It Off”
(tracker purchase)



One Pass Select lets employees choose the best health options for them

One Pass Select is a subscription-based fitness and well-being program that supports a healthier lifestyle. Employees can access thousands of gym locations with:

- ✓ No long-term contracts or annual gym registration fees
- ✓ Flexible fitness options and the ability to use locations nationwide (not limited to 1 gym)
- ✓ The ability to add up to 4 family members (ages 18+)
- ✓ The option to change tiers monthly
- ✓ Cancel at any time (30 days notice required)



Classic	Standard	Premium	Elite
    	    	    	    

Required Notifications

Important Legal Notices Affecting Your Health Plan Coverage

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment 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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on Consolidated omnibus Budget Reconciliation Act (COBRA) continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Shayla Danz
Human Resources
Premier Cooperative
608-308-4922

Shayla.danz@premiercooperative.com

Your Information. Your Rights. Our Responsibilities.

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

Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

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

Your Choices

You have some choices in the way that we use and share information as we:

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

Our Uses and Disclosures

We may use and share your information as we:

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

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

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

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:
Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

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

Pay for your health services

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

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

Administer your plan

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

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

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

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

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

Important Notice from Premier Cooperative Inc. 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 Premier Cooperative 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. Premier Cooperative has determined that the prescription drug coverage offered by the Premier Cooperative Medical Plan for the plan year 2026 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Premier Cooperative's Medical Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - During the Medicare prescription drug annual enrollment period, or
 - If you lose Premier Cooperative Medical Plan creditable coverage.
- You may stay in the Premier Cooperative Medical Plan and also enroll in a Medicare prescription drug plan. The Premier Cooperative Medical Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Premier Cooperative Medical Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Premier Cooperative Medical Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Premier Cooperative 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:	01/01/2026
Name/Entity of Sender:	Premier Cooperative
Contact Position/Office:	Shayla Danz, Human Resources
Address:	501 W Main St., Mount Horeb, WI 53572
Phone Number:	608-308-4922

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

WISCONSIN – Medicaid and CHIP	INDIANA – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	MINNESOTA – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved

by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

MB Control Number 1210-0137 (expires 1/31/2026)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

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

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

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

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

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Premier Cooperative
Contact-Position/Office:	Shayla Danz, Human Resources
Address:	
Phone Number:	608-308-4922

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Premier Cooperative		4. Employer Identification Number (EIN) 39-0527690	
5. Employer address 501 W Main St.		6. Employer phone number 608-308-4922	
7. City Mount Horeb		8. State WI	9. ZIP code 53572
10. Who can we contact about employee health coverage at this job? Shayla Danz, Human Resources			
11. Phone number (if different from above)		12. Email address Shayla.danz@premiercooperative.com	

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

- As your employer, we offer a health plan to:
 - ☒ All employees. Eligible employees are:

- Full time employees working 30 or more hours per week
 - ☐ Some employees. Eligible employees are:
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:

- Legally married spouse

- Children up to age 26

We do not offer coverage.

☐

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.