



2025 Benefit Guide

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IMPORTANT: Stronghouse Solutions, LLC is offers a fixed indemnity policy; this is NOT health insurance. If you are considering purchasing this policy, please read the notice on page 25 in its entirety.

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 pages 37-38 where Notice of Creditable Coverage begin for more details.



This 2025 Benefit Summary highlights recent plan changes and is intended to fully comply with the requirements under the Employee Retirement Security Act (ERISA) as a Summary Material Modification (SMM) and should be kept with your most recent Summary Plan Description (SPD). This document does not guarantee any benefits.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



Benefits Overview

Stronghouse Solutions, LLC is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical), and Stronghouse Solutions, LLC provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Stronghouse Solutions, LLC payroll deductions.

Benefit Plans Offered

- » Medical
- » Voluntary Dental
- » Voluntary Vision
- » Basic Life Insurance
- » Accidental Death & Dismemberment (AD&D) Insurance
- » Short-Term Disability
- » Long-Term Disability
- » Accident
- » Critical Illness
- » Hospital Indemnity
- » Employee Assistance Program
- » WillPrep

Eligibility

You and your dependents are eligible for benefits on the first of the month following date of hire. Eligible dependents are your spouse, domestic partners, children under age 26, disabled dependents of any age, or Stronghouse Solutions, LLC eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources within 31 days.



Welcome to the Prepare Benefits Enrollment Site!
Employees enjoy convenient online access to their benefits coverage 24 hours a day, seven days a week. Login now to learn about your benefit options and confirm your elections for the upcoming year!

SCAN

1



QR Code

-OR-

Go To

<https://preparebenefits.employeenavigator.com/>

CLICK

2



Prepare Benefits
Enrollment Professionals

Username

Password

Login

Forgot Username? Forgot Password?

Register as a new user

New User?

“Register as a new user” to create a Username & Password

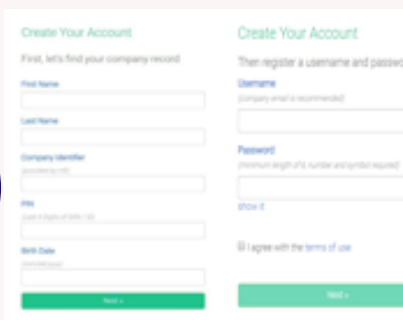
-OR-

Need Password?

“Forgot Username? Forgot Password?”

CREATE

3



Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

DOB

Birth Date

Then register a username and password

Username

Password

I agree with the terms of use

Create Account

Create your Account

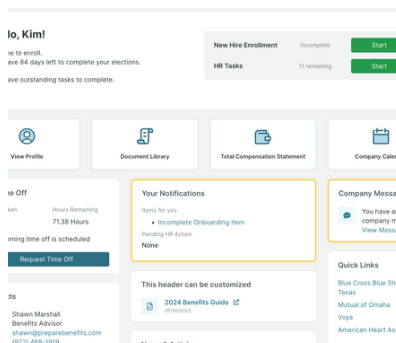
Input your personal information.

The Company Identifier will be:

Stronghouse

ELECT

4



Hi, Kim!

It's time to enroll. You have 64 days left to complete your elections. You have 64 days left to complete your elections.

New Hire Enrollment Incomplete **Start**

HR Tasks Incomplete **Start**

View Profile Document Library Total Compensation Statement Company Calendar

Up Off 71.38 Hours Remaining

Your Notifications

- Incomplete Onboarding Item
- Pending HR Action
- None

Company Message

You have a company message. View Message

Quick Links

- Blue Cross Blue Shield of Ontario
- Mutual of Omaha
- Voya
- American Heart Association

This header can be customized

2024 Benefits Guide

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News & Articles

From the Home Page

“Start Benefits” to begin your Enrollment Benefits Election



2025 Benefits Open Enrollment

December 02 - December 09

Visit the Benefits Homepage by using the QR Code or link provided below



Schedule your personalized appointment with a Benefits Counselor to learn more about your benefit options



Review the Benefits Guide and other educational tools to learn more about your benefit offerings



Enroll in Benefits!

**SCAN THE QR CODE OR USE THE LINK
TO VISIT THE BENEFITS HOMEPAGE**

<https://preparebenefits.live/stronghouse>



Scan Me!



STRONGHOUSETM
SOLUTIONS

Medical Benefits

Administered by BlueCross BlueShield of Texas

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Stronghouse Solutions, LLC.

Stronghouse Solutions, LLC offers you a choice of three medical plans.

	BlueCross BlueShield of TX – Plan 1 \$1,000 PPO		BlueCross BlueShield of TX – Plan 2 \$2,500 PPO		BlueCross BlueShield of TX – Plan 3 \$4,000 HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (individual / family)	\$1,000 / \$2,000	\$5,000 / \$10,000	\$2,500 / \$7,500	\$5,000 / \$10,000	\$4,000 / \$12,000	\$8,000 / \$24,000
Annual Out-of-Pocket Maximum (deductible)	\$3,000/ \$6,000	\$10,000/ \$20,000	\$5,500 / \$11,000	\$10,000/ \$20,000	\$7,000 / \$14,000	\$14,000 / \$42,000
Coinsurance	20%	50%	20%	50%	20%	50%
Doctor's Office						
Office Visits (primary / specialist)	\$15 copay / \$30 copay	50% after deductible	\$25 copay / \$40 copay	50% after deductible	20% after deductible	50% after deductible
Telemedicine	\$0 copay	NA	\$0 copay	NA	\$0 copay	NA
Preventive Care	0% (no deductible)	50% after deductible	0% (no deductible)	50% after deductible	0% (no deductible)	50% after deductible
Urgent Care	\$50 copay	50% after deductible	\$50 copay	50% after deductible	20% after deductible	50% after deductible
Hospital Services						
Emergency Room	\$250 copay then 20%		\$250 copay then 20%		20% after deductible	
Inpatient Hospital	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Mental Health Services						
Inpatient Services	Same as any other illness		Same as any other illness		Same as any other illness	
Outpatient Services	Same as any other illness		Same as any other illness		Same as any other illness	
Prescription Drugs Classic pharmacy network with Basic RX						
Retail Tier 1 / Tier II / Tier III 30-day supply	\$20 / \$60 / \$75	50% of allowed amount minus copay	\$20 / \$60 / \$75	50% of allowed amount minus copay	\$20 / \$50 / \$75 after deductible	50% after deductible
Specialty	\$20 / \$60 / \$75	50% of allowed amount minus copay	\$20 / \$60 / \$75	50% of allowed amount minus copay	\$20 / \$50 / \$75 after deductible	50% after deductible

Medical Biweekly Rates			
	BlueCross BlueShield of TX – Plan 1 \$1,000 PPO	BlueCross BlueShield of TX – Plan 2 \$2,500 PPO	BlueCross BlueShield of TX – Plan 3 \$4,000 HSA
Employee	\$163.00	\$148.46	\$91.20
Employee + Spouse	\$358.60	\$326.62	\$286.65
Employee + Children	\$309.70	\$282.08	\$247.56
Family	\$505.29	\$460.23	\$403.92

Dental Insurance

Administered by BlueCross BlueShield of Texas

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Stronghouse dental benefit plan.

	Base Plan		Buy-Up Plan	
	In-Network Bluecare Dental PPO	Out-of-Network	In-Network Bluecare Dental PPO	Out-of-Network
Annual Deductible	\$0 individual / \$0 family		\$0 individual / \$0 family	
Annual Benefit Maximum	\$1,250		\$2,000	
Preventive Dental Services (periodic oral evaluations, problem focused oral evaluations, comprehensive oral evaluations, Prophylaxis (cleanings) topical fluoride applications)	100%		100%	
Basic Dental Services (amalgams, resin-based composite restorations)	100% after deductible		100% after deductible	
Major Dental Services (single crown restorations, inlay/onlay restorations, labial veneer restorations, crowns placed over implants)	50% after deductible		50% after deductible	
Orthodontic Services Dependent children under age 19	50% to \$1,000 Lifetime Maximum		50% to \$1,000 Lifetime Maximum	

With BlueCross BlueShield of Texas's PPO plan, you'll have access to one of the largest networks of dentists. You will always save money with any dentist in BlueCross BlueShield of Texas's network and you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on BlueCross BlueShield of Texas's fee schedule.

Please visit <https://www.bcbstx.com>:

- » To confirm your Dentist's participation.
- » To find a provider.

Dental Biweekly Rates		
	Base Plan	Buy-Up Plan
Employee	\$7.95	\$13.89
Employee & Spouse	\$16.32	\$17.33
Employee & Child(ren)	\$27.16	\$28.94
Family	\$40.67	\$42.94



Vision Insurance

Administered by BlueCross BlueShield of Texas

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

	In-Network Network: Eyemed	Plan Pays
Exams Copay	\$10 copay	\$30 max.
Materials Copay (waived for elective contact lenses)	\$25 copay	N/A
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	\$25 max.
Lined Bifocal Lenses	\$25 copay	\$40 max.
Lined Trifocal Lenses	\$25 copay	\$55 max.
Frames — once every 24 months	\$130 allowance then 20% of amount over \$130	\$65 max.
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames - Elective and Conventional		
Elective	Conventional: \$130 Allowance then 15% off balance over \$130 Disposal: \$130 Allowance plus balance over \$130	\$104 max.
Medically Necessary	Covered in	\$210 max.

Visit <https://www.bcbstx.com> and click on "Find a Provider."

Vision Biweekly Rates	
Employee	\$1.75
Employee & Spouse	\$3.33
Employee & Child(ren)	\$3.51
Family	\$5.16





Vision Benefit Information and Resources

Finding a provider and scheduling an appointment is AS EASY AS...

At Blue Cross and Blue Shield of Texas, we've made it easier than ever to access your vision benefit information and schedule your annual eye exam. Everything you need is available through our member portal.

- 1. Register and log in to the member portal at member.eyemedvisioncare.com/bcbstx.**
- 2. Review your vision benefit information.¹**
Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.
- 3. Find a provider near you:**
Log in to member.eyemedvisioncare.com/bcbstx, and then select "Click here to find a provider." Enter your zip code to be connected with eye health experts near you.

Still have questions?

Feel free to contact our award-winning² Customer Care Center at 855-556-8796. You can also learn more by visiting member.eyemedvisioncare.com/bcbstx.

Members with BCBSTX medical and/or dental coverage can also access their vision benefit information in Blue Access for MembersSM (BAMSM) at mybam.bcbstx.com.

All in-network providers can look up eligible members in the EyeMed system with a name and date of birth to verify benefits. ID cards are not required for eligible members to use their vision benefits.



Blue Cross and Blue Shield of Texas Vision Care ID Cards

- You will receive a one-time welcome packet, containing two ID cards and a member brochure.
- You do not need ID cards to receive services.
- Mailed ID cards will only have the employee's name listed (but any covered family member may use the card).
- Additional ID cards can be downloaded or printed by registering at member.eyemedvisioncare.com/bcbstx or by using the EyeMed App.

¹Actual benefits and frequencies vary by plan.

²Purdue University Benchmark Portal independent assessment of call centers nationwide.

For employee use only.

Blue Access for MembersSM (BAMSM) is provided and maintained by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company.



Maximize Your Contacts Benefit

Benefit overview

With your vision benefit, you're eligible for either contacts or spectacle lenses within the defined benefit frequency. If you use your benefit for contacts, you're still eligible to use your frame benefit, too.

Sample vision plan	<div>\$130 frame allowance</div> <div>\$10 lens copay</div> <div>\$130 contact allowance</div>
Sample member transaction	<div>You buy contacts (apply \$130 contacts allowance)</div> <div>You buy a pair of glasses (apply \$130 frame allowance and 20% off any amount over, plus receive 20% off spectacle lenses)</div>

Additional discounts

- 40% off unlimited complete pairs of prescription eyewear (once benefit has been used)
- 20% off partial eyewear purchases and non-covered items
- 15% off conventional contacts

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

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Mobilize Your Vision Plan

Vision Benefit App, Powered by EyeMed

The EyeMed member app was the first of its kind. But innovation—like your life—never stops. Your vision benefit is powered by EyeMed, which means you are able to download the EyeMed member app to access ahead-of-the-game resources wherever you are—before, during and after your eye appointment.

Here’s How to Access the EyeMed Member App



1. DOWNLOAD

Search “EyeMed Members” in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



3. REGISTER

You’ll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It’s that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	✓	
On-the-fly appointment scheduling	✓	
Turn-by-turn directions and map	✓	
Eye exam and contact lens reminders		✓
Electronic ID card for office visits		✓
Save vision prescriptions		✓
Benefit plan details		✓
Answers to common questions	✓	
Direct line to member support	✓	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!





Got questions about your vision plan? We Can Help!

Your Questions Answered

Q: My eyes are fine. Do I really need to have them checked regularly?

A: Yes, regular eye exams are the way to go. It's not just about correcting your vision—it's about overall health. Eye exams can spot health conditions—like glaucoma, diabetes, cataracts and hypertension—early. The sooner these issues are spotted, the sooner you can get treatment.

Q: Will I save more money with this vision care benefit, or with an eyewear coupon or other promotional offer?

A: Great question! There are lots of special offers and coupons out there. When you compare them to your plan coverage, you'll likely find that your vision plan saves you more money in almost every case. A nice bonus is that you can use your vision benefit whenever you need to. Say goodbye to coupon expiration dates and limited time offers.

Keep in mind that your benefit can't be combined with any other discounts or promotional offers. Naturally, you're responsible for copays, any remaining out-of-pocket expenses and applicable sales tax.

Q: Can I get new contacts and glasses in the same year?

A: Every 12 months, you can get either contacts or spectacle lenses. Check your plan's benefits summary for additional frequencies, such as updating your look with new frames every 24 months.

Q: Do I need to have my ID card with me to use my benefits?

A: Nope. An in-network provider only needs your name and date of birth.

Q: How do I get another member ID card?

A: If your member ID card gets lost, no worries! You don't even need one to receive service. But if you want an additional card, you can access one and print it through our website: member.eyemedvisioncare.com/bcbstx.

Q: What's included in a covered exam? Is dilation an extra cost?

A: No worries, we've got you covered. Eye exams at participating providers include dilation and other important eye health tests. There are no added out-of-pocket costs (other than a copay, if applicable).

Q: How does the standard lens benefit work?

A: It's simple. We give you a standard plastic lens—either single vision or lined multifocal—as part of the covered benefit. You're only responsible for a copay, if applicable, and taxes.



How do I get in touch with the Customer Care Center?

It's easy! You can talk to a representative—a real person—by calling 855-556-8796. Also, you'll find automated features online at member.eyemedvisioncare.com/bcbstx or through our automated voice response system.

Hours of live operation:

Monday – Saturday
6:30 a.m. to 10:00 p.m. CST

Sunday
10:00 a.m. to 7:00 p.m. CST



Are additional discounts available?

Yes, indeed! You can enjoy these additional savings:

- **40% off** additional complete pairs of prescription glasses
- **20% off** any remaining frame balance
- **20% off** non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- **15% off** any remaining conventional contact lens balance
- **15% off** the standard price or 5% off promotional price of LASIK or PRK services

Q: What about “add-ons” to the standard lenses?

A: Want UV and scratch protection? Or any anti-reflective coatings? Good news! Most of these common “add-ons” are discounted at Blue Cross and Blue Shield of Texas vision care providers. Check with your provider before ordering for details.

Q: Can I receive no-line bifocals as part of the lens benefit?

A: Absolutely. Set pricing on standard progressive (no-line) lenses are available. Also, some plans offer set pricing on premium progressive lenses based on the lens brand.

Q: Does my allowance amount only apply to certain frames?

A: No, you’re free to apply your allowance toward the retail price of ANY frame at any in-network location. You also have a 20% discount on the difference between the retail price and your allowance amount.

Q: How does the contact lens benefit work?

A: Just like the frame allowance, the contact allowance is applied to the retail price of any contact lens. No fussy formularies to worry about! Also, you can apply a 15% discount to the difference between the retail price and the allowance amount for non-disposable contacts.

Q: What is a contact fitting?

A: After buying contacts, a provider may ask you to check back in—just to make sure they’re perfect for you. They will assess your eyes and ensure that the new contacts are a great fit.

Q: Can I carry over an unused allowance amount to another purchase?

A: Sorry, the contact allowance amount is a one-time allowance. It’s best to use the full benefit on your initial purchase of contacts.

Q: Do I need to pay the full retail price for non-covered items?

A: You have a 20% discount to buy items not covered by the plan at network providers. This discount applies to everything except professional services and contact lenses.

Q: Do I need to submit claims for services rendered at an in-network provider?

A: Not at all. If you visit a BCBSTX participating provider, you don’t need to worry about filling out forms or vouchers to get your benefits. After collecting the appropriate copays and other out-of-pocket expenses at the time of service, the provider submits the claim on your behalf.

Q: Do members have to go to a participating provider?

A: No restrictions here. You have the freedom to choose non-participating providers. But please keep in mind that you can make the most of your benefit—and save money—by choosing an in-network provider. We make it convenient and easy to find one, which is why 98% of our members visit in-network providers. Use our Provider Locator on member.eyemedvisioncare.com/bcbstx to find providers near you! At non-participating providers, you must pay full out-of-pocket pricing at the time of service. Then you can submit a claim for reimbursement of covered services.



For overall wellness,
don't forget
your annual
eye exam

Q: Who qualifies for “medically necessary” contact lenses?

A: Members who are diagnosed with any of the following:

- Anisometropia of 3D in meridian powers
- High Ametropia exceeding 10D or +10D in meridian powers
- Keratoconus when the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses
- Vision improvement other than keratoconus for members whose vision can be corrected by two lines on the visual acuity chart when compared to the best corrected standardspectacle lenses

Seem confusing? Our award-winning service center is always available to answer tough questions.

Q: Does your provider network include both independent and optical retailers?

A: Yes. Members can choose from thousands of private practitioners and the nation's leading optical retailers. And if your favorite provider isn't in our network yet, you can nominate it. Just complete a Provider Nomination Form available through our Customer Care Center. The provider must accept and agree to the Terms and Conditions of our Professional Provider Agreement and complete the credentialing process to ensure they meet our quality standards.

Q: Do you offer a discount on laser vision correction?

A: You bet we do. Members get 5% off any promotion or 15% off the retail price for treatments performed through the U.S. Laser Network, which is owned and administered by LCA-Vision.

Q: How do I access the laser vision discount?

A: Follow these simple steps to get the ball rolling:

1. First, pick which laser correction provider you'd like to use. Call the U.S. Laser Network at 877-5LASER6 for a complete list.
2. Next, set up a consultation with the provider. When making the appointment, be sure to tell them you're a Blue Cross and Blue Shield of Texas member.
3. The consultation is next. That's when you and your provider will decide whether or not you're a good candidate for the procedure. Be sure to bring questions.
4. Going ahead with laser correction? Great! Call the U.S. Laser Network to request an authorization for your discount. At this time, you'll also need to put down a refundable deposit. The authorization will be sent to you and the laser provider.
5. All that's left is scheduling your procedure. After surgery, be sure to follow all post-operative instructions carefully. Then treat your new eyes to a beautiful view.

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Health Savings Account Enrollment Guide



What is an HSA?

An HSA is a savings account where tax-free or tax-deductible deposits are made to pay for qualified medical expenses. HSA money can be used to pay for eligible expenses today or can be saved for future expenses. There is no "use-it or lose-it" at the end of the year. An HSA is owned by the participant and they retain ownership even if they change employment.

Know the Rules:

- Participants must have coverage under an HSA-qualified "high deductible health plan" (HDHP) to open and contribute to an HSA. Generally, this is health insurance that does not cover first-dollar medical expenses.
- Contributions to an HSA can be made by the participant, the employer, or both. HSA contributions are limited to a maximum each calendar year.
- HSA contributions may be made pretax through an employer or with post-tax dollars. If made with post-tax dollars individuals may take a deduction on their tax return.
- Once enrolled in Medicare, participants are no longer eligible to contribute to an HSA. However, the funds in the Health Savings Account are still owned by the account holder and can be used to pay for medical expenses tax-free.
- HSAs may be used to pay for eligible medical expenses of the participant, spouse or dependents.
- Only eligible medical expenses can be reimbursed under the plan. Eligible expenses are defined by the IRS. See the next page.
- Ineligible disbursements will be taxed and a penalty may apply.
- The funds in an HSA are always owned by the participant even if they:
 - Change employment
 - Change medical coverage
 - Become unemployed
 - Move to another state.
- Unlike other medical spending accounts, HSA funds remain in the account year to year. There are no "use-it or lose-it" rules for HSAs.
- Participant's contributing to a HSA may not participate in a "general" health (medical) FSA at the same time. They may participate in a "limited" health FSA which can be used to pay for dental and vision expenses only.
- HSA funds may earn interest and can be invested in mutual funds. Earnings in the account are tax-free.
- Eligible individuals who are 55 or older are eligible for an additional \$1,000 catch-up contribution. In general, catch-up contributions for a spouse must be made into a separate HSA account opened in the name of the spouse.

An individual can contribute to an HSA if they meet the requirements:

1. Have coverage under an HSA qualified "high deductible health plan" (HDHP).
2. Are not covered by any other health plan including a general health FSA.
3. Are not enrolled in Medicare.
4. Cannot be claimed as a dependent on someone else's tax return.



	Maximum HSA Contribution 2025	Maximum Catch-Up Contribution 2025	Maximum HSA Contribution 2024	Maximum Catch-Up Contribution 2024
Individual	\$4,300	\$1,000	\$4,150	\$1,000
Family	\$8,550		\$8,300	

PO Box 631458 • Littleton, CO 80163 • (888) 722-1223 • fax (866) 557-0109 • <https://www.RockyMountainReserve.com>

HSA ER Contributions	
Employee	\$500
Family	\$1,000



Use of HSA Funds

Spending HSA Dollars Just Got Easier



The Rocky Mountain Reserve Benefits Card provides instant access to the money in your Health Savings Account by automatically deducting funds from the available balance in your account when you make a purchase.

Benefits of Using the Debit Card



- Easy to use - the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Works at merchants where MasterCard is accepted.
- It pays directly at the point of sale - no waiting for reimbursement!
- The debit card may be used for online expenses including mail-order prescriptions.
- Keep all receipts in case of a future IRS audit.
- Rocky Mountain Reserve will never request receipts.

Common Eligible Medical Expenses:

- Acupuncture
- Ambulance
- Bandages
- Birth control pills
- Chiropractor
- Coinsurance, deductibles
- Contact lenses
- Contact lens solutions
- Contraceptive devices
- Crutches, splints, casts
- Dental treatment
- Diabetic supplies
- Diagnostic devices
- Eyeglasses, eye exams, sunglasses (prescription)
- Eye surgery
- Fertility enhancement
- Hearing aids, batteries
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Pregnancy test kits
- Psychiatric care
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Thermometers
- Vasectomy
- Wheelchair
- X-rays

Health Care Reform:

Over-the-Counter Drugs **do not** require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Cold medicine
- Cough drops and throat lozenges
- Incontinence supplies
- Laxatives
- Nicotine medications, gum, patches
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Menstrual care products

Potentially Eligible Expenses:

A recommendation from a medical professional is required:

- Massage therapy
- Vitamins
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues

Ineligible Expenses:

- Cosmetic surgery
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, tooth brush, facial care, shampoo
- Teeth whitening

For a more detailed list of medical expenses, go to: <https://rockymountainreserve.com>



Online Access

To Create Your Online Account:

1. Go to <https://rockymountainreserve.com>
2. Click on "Login/Register" in the top right-hand corner
3. Click on "Employee Registration"
4. Username will be the name you use to log in for the web portal and mobile application.
5. The password must contain at least 3 of these: special character, number, upper or lower case letter
6. For Employee ID Use SS# or other assigned Employee ID.
7. For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

Mobile Application:

On the mobile application, participants can see their account balance, transactions, and request disbursements.

Search "RMR Benefits" on the app store



RMR Benefits Mobile
Rocky Mountain Reserve Mobile



Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$25,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.†
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$25,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$100,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	No	Yes, with age and other restrictions

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 50% at age 70

Subject to coverage limits

† Voluntary Life: Infant coverage is limited based on age.

‡ **Spouse coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

Short-Term Disability

Insured by Guardian



Watch our video

How short term disability insurance can supplement your income.

Disability insurance

Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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Stronghouse Solutions, LLC

2021-117409 (03/23)

Kit created 06/06/2023
Group number: 00052793

Long-Term Disability

Insured by Guardian



Watch our video

How long term disability insurance can supplement your income.

Disability insurance

Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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2021-117392 (03/23)

Kit created 06/06/2023
Group number: 00052793



Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1500/week	60% of salary to maximum \$10000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	12 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1500 in coverage	We Guarantee Issue \$10000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	3 months look back; 12 months after exclusion
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



Your disability coverage

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al;
GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s
GP-I-LTD94-A,B,C-1.0 et al; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et
al; GP-I-LTD-15-1.0 et al.

Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15, #GP-1-LTD07-1.0, et al, GP-1-LTD-15

Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

Accident

Administered by Guardian

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Accident Biweekly Rates	
Employee	\$5.02
Employee & Spouse	\$8.27
Employee & Child(ren)	\$9.34
Family	\$12.59

Critical Illness

Administered by Guardian

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Age	Critical Illness Biweekly Rates		
	\$10,000	\$20,000	\$30,000
<25	\$2.58	\$5.17	\$7.75
25-29	\$3.46	\$6.92	\$10.38
30-34	\$4.02	\$8.03	\$12.05
35-39	\$4.66	\$9.32	\$13.98
40-44	\$6.28	\$12.55	\$18.83
45-49	\$8.72	\$17.45	\$26.17
50-54	\$12.74	\$25.48	\$38.22
55-59	\$17.58	\$35.17	\$52.75
60-64	\$25.29	\$50.58	\$75.88
65-69	\$35.68	\$71.35	\$107.03
70+	\$51.37	\$102.74	\$154.11

Hospital Indemnity

Administered by Guardian

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Hospital Indemnity Biweekly Rates	
Employee	\$8.77
Employee & Spouse	\$12.92
Employee & Child(ren)	\$5.87
Family	\$19.89

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer

Employee Assistance Program (EAP)

Insured by Guardian



Available to you at no cost for 3 visits

Employee Assistance Program Overview

Our comprehensive Employee Assistance Program (EAP), available through Uprise Health, provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program consultative services

- **Online modules and coaching** — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions
- **Telephonic counseling** — unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face counseling** — up to 3 visits per employee/household member per issue, per year
- **Bereavement** — support available through telephonic or face-to-face sessions; online resources available on EAP website
- **EAP website resources** — includes webinars, podcasts, articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant
- **College planning resources** — expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work-life assistance and resources

- **Work-life services** — unlimited 24/7 access to work-life specialists (subject matter experts) in the areas of family and care giving, health and wellness, emotional well-being, daily living, and balancing work and life responsibilities
- **Child and elder care referral** — unlimited telephonic consultation with a work-life specialist (part of work-life services)
- **Employee discounts** — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Medical billing negotiation tools** — information and guidance on negotiating medical bills



worklife.uprisehealth.com

Access code: worklife

Phone: 1-800-386-7055

24 hour crisis help available. Regular office hours:
Monday-Friday 6am-5pm PST.

Legal/financial assistance and resources*

- **Legal consultation** — unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial consultation** — unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID theft** — free consultation with a trained Fraud Resolution specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **WillPrep** — online self-service documents available on EAP website; discounted estate planning package options available includes: \$100 attorney assisted will package, \$179 couples will package, \$649 individual trust package, and \$999 couples trust package.**
- **Tax consultation** — tax questions only can be answered as part of the financial consultation offering
- **Online self-service legal documents** — examples include, but are not limited to, living trust, will, power of attorney, deeds

**The Guardian Life Insurance
Company of America**
guardianlife.com

New York, NY
2023-153421 (5/25)

*Legal/financial assistance & resources services are not available in the state of New York.

**Package cost paid by the employee. Package options available as of 1/1/22.

The Employee Assistance Program is a suite of services solely created and offered by Integrated Behavioral Health, Inc. (IBH), doing business as Uprise Health. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program or WillPrep Services. This information is for informational purposes only. It is not a contract. Only the plan service and administration agreements can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the Employee Assistance Program and/or WillPrep Services at any time without notice. Legal services provided through the Employee Assistance Program and WillPrep Services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The Employee Assistance Program, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

The separate and distinct group insurance coverages are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Guardian insurance coverages may not be available in all states. Guardian is a registered trademark of The Guardian Life Insurance Company of America. ©Copyright 2023 The Guardian Life Insurance Company of America.

WillPrep



WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.



How to access

To access WillPrep Services, you'll need a few personal details.



Visit

willprep.uprisehealth.com



Username

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning

1 877 433 6789.

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2020-104979 (07/22)

Contact Information

Benefit	Carrier	Phone	Website
Medical	BlueCross BlueShield of Texas	888.697.0683	https://www.bcbstx.com
HSA	Rocky Mountain Reserve	970.500.3331	www.rockymountainreserve.com
Dental	BlueCross BlueShield of Texas	888.697.0683	https://www.bcbstx.com
Vision	BlueCross BlueShield of Texas	888.697.0683	https://www.bcbstx.com
Life Insurance	Guardian	800.627.4200	www.guardianlife.com
Disability	Guardian	800.627.4200	www.guardianlife.com
Accident, Critical Illness and Hospital Indemnity	Guardian	800.627.4200	www.guardianlife.com
Employee Assistance Program (EAP)	Guardian / Uprise Health	800.386.7055	worklife.uprisehealth.com Access Code: Worklife
WillPrep	Guardian	877.433.6789	willprep.uprisehealth.com Username: WillPrep Password: GLIC09



Employee Contributions

Benefit Plan	BiWeekly		
Medical	BlueCross BlueShield of TX – Plan 1 \$1,000 PPO	BlueCross BlueShield of TX – Plan 2 \$2,500 PPO	BlueCross BlueShield of TX – Plan 3 \$4,000 HSA
Employee	\$163.00	\$148.46	\$91.20
Employee + Spouse	\$358.60	\$326.62	\$286.65
Employee + Children	\$309.70	\$282.08	\$247.56
Family	\$505.29	\$460.23	\$403.92
Dental	Base Plan		Buy-Up Plan
Employee	\$7.95		\$13.89
Employee + Spouse	\$16.32		\$17.33
Employee + Children	\$27.16		\$28.94
Family	\$40.67		\$42.94
Vision			
Employee	\$1.75		
Employee + Spouse	\$3.33		
Employee + Children	\$3.51		
Family	\$5.16		



Employee Contributions (Continued)

Voluntary Life and AD&D Biweekly Rates			
Age	Employee (Rate per \$1,000 Volume)	Spouse (Rate per \$1,000 Volume)	Child (Rate per \$1,000 Volume)
0-29	\$0.05	\$0.05	\$0.07
30-34	\$0.05	\$0.05	
35-39	\$0.06	\$0.06	
40-44	\$0.09	\$0.09	
45-49	\$0.15	\$0.15	
50-54	\$0.25	\$0.25	
55-59	\$0.40	\$0.40	
60-64	\$0.63	\$0.63	
65-69	\$1.26	\$1.26	
70+	\$2.38	\$2.38	
Voluntary AD&D	\$0.02	\$0.02	\$0.02

Accident Biweekly Rates	
Employee	\$5.02
Employee & Spouse	\$8.27
Employee & Child(ren)	\$9.34
Family	\$12.59

Critical Illness Biweekly Rates			
Age	\$10,000	\$20,000	\$30,000
<25	\$2.58	\$5.17	\$7.75
25-29	\$3.46	\$6.92	\$10.38
30-34	\$4.02	\$8.03	\$12.05
35-39	\$4.66	\$9.32	\$13.98
40-44	\$6.28	\$12.55	\$18.83
45-49	\$8.72	\$17.45	\$26.17
50-54	\$12.74	\$25.48	\$38.22
55-59	\$17.58	\$35.17	\$52.75
60-64	\$25.29	\$50.58	\$75.88
65-69	\$35.68	\$71.35	\$107.03
70+	\$51.37	\$102.74	\$154.11

Hospital Indemnity Biweekly Rates	
Employee	\$8.77
Employee & Spouse	\$12.92
Employee & Child(ren)	\$5.87
Family	\$19.89

Legal Notices

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: \$1,000 PPO (Individual: 20% coinsurance and \$1,000 deductible; Family: 20% coinsurance and \$2,000 deductible)

Plan 2: \$2,500 PPO (Individual: 20% coinsurance and \$2,500 deductible; Family: 20% coinsurance and \$7,500 deductible)

Plan 3: \$4,000 HSA (Individual: 20% coinsurance and \$4,000 deductible; Family: 20% coinsurance and \$12,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 866.989.6641 or lauren.f@poweredbystronghouse.com.

Newborns' and Mothers' Health Protection Act

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



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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	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)	KANSAS – 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://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Stronghouse Solutions, LLC is committed to the privacy of your health information. The administrators of the Stronghouse Solutions, LLC Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Lauren Frye - Human Resources Director at 866.989.6641 or lauren.f@poweredbystronghouse.com.

HIPAA Special Enrollment Rights

Stronghouse Solutions, LLC Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Stronghouse Solutions, LLC Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if 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).

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

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

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Lauren Frye - Human Resources Director at 866.989.6641 or lauren.f@poweredbystronghouse.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Stronghouse Solutions, LLC

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 Stronghouse Solutions, LLC 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. Stronghouse Solutions, LLC has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

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

If you decide to join a Medicare drug plan, your current Stronghouse Solutions, LLC coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Stronghouse Solutions, LLC coverage, be aware that you and your dependents will be able to get this coverage back..

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Stronghouse Solutions, LLC 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 Stronghouse Solutions, LLC 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:	January 01, 2025
Name of Entity/Sender:	Stronghouse Solutions, LLC
Contact—Position/Office:	Lauren Frye - Human Resources Director
Office Address:	4131 Centurion Way Addison, Texas 75001 United States
Phone Number:	866.989.6641

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** 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: Richard Ballard.

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 period¹ to sign up for Medicare Part A or B, beginning on the earlier of

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

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

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

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

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (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.

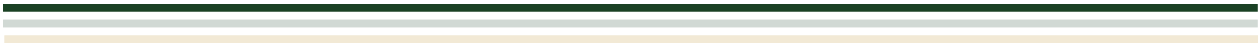
Keep your Plan informed of address changes

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

Stronghouse Solutions, LLC
Lauren Frye - Human Resources Director
4131 Centurion Way
Addison, Texas 75001
United States
866.989.6641

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>



Notes

Notes



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting