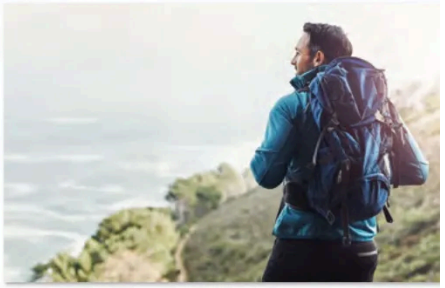
FAITH TECHNOLOGIES INCORPORATED

2025 BENEFITS GUIDE FOR TEAM MEMBERS



FAITHTECHINC.COM

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WELCOME TO YOUR 2025 BENEFIT OFFERINGS

At Faith Technologies Incorporated (FTI), we are proud to offer a robust benefits program tailored to meet the diverse needs of our workforce. Your benefits are a key component of your total compensation, and we strive year-round to provide a competitive, comprehensive benefits package that remains affordable for you and your family.

As a team member working 30 hours or more per week, you have access to our full range of benefits. These options are designed to offer flexibility, allowing you to cover both yourself and any eligible dependents. This guide outlines the benefits available to all eligible team members. For additional details, you can also visit the FTI Benefits SharePoint page at: ***https://faithtechnologies.sharepoint.com/sites/BenefitsCW***.

Our Benefit Counselors at Prepare Benefits are here to provide clarity on the programs we offer and to assist you through the enrollment process. To schedule a one-on-one session, ask questions or complete your enrollment, visit: ***https://fti.benefitsinfo.com***.

Remember, we all have a role in managing costs by utilizing preventive care benefits, which are typically provided at no cost to you. For example, scheduling annual medical, dental and vision exams can help prevent more serious health issues, which in turn helps control our claims costs and keeps you healthy.

Additionally, FTI offers free biometric screenings to empower team members in their overall well-being journey. These screenings provide valuable insights into your health by measuring key indicators like blood pressure, cholesterol levels and glucose levels. Early detection of potential health issues through these screenings can lead to timely interventions, preventing more serious conditions down the line. Preventive care is essential because it helps you stay ahead of health problems, reducing the risk of chronic diseases and enhancing your quality of life. By participating in these screenings, you're taking a proactive step towards maintaining your health and well-being. For complete details of how all team members and their spouses can take advantage of a free health screening, visit our Wellness Biometric Screening SharePoint page: ***https://faithtechnologies.sharepoint.com/sites/Wellness/SitePages/Biometric-Screenings.aspx***.

Click on a page number to learn more about each benefit!

BENEFITS OVERVIEW

BENEFIT	DESCRIPTION
08 Medical	We partner with UMR and their United Healthcare and Alliance network to offer medical insurance. There are three plans to choose from based on personal preference and medical care needs.
12 Teladoc®	Access to U.S. board-certified doctors, pediatricians, dermatologists, psychiatrists, psychologists, licensed clinical social workers, counselors or therapists by phone, online video or mobile app.
13 Prescription Drug	Included with your Medical insurance coverage, the company provides Prescription Drug [Rx] coverage through OptumRx.
15 Dental	We partner with Delta Dental of Wisconsin to offer dental insurance.
17 Vision	We partner with DeltaVision to offer vision insurance.
19 Flexible Spending Account [FSA]	These accounts allow you to set aside pre-tax dollars from your paycheck to cover qualified out-of-pocket expenses. The company partners with WEX to offer three FSA options: Healthcare FSA, Limited-Purpose FSA, Dependent Care FSA .
21 Health Savings Account [HSA]	An HSA is a personal health care bank account that you can use to pay out-of-pocket medical, dental and vision expenses, on a pre-tax basis when you are enrolled in the qualified High Deductible Health Plan [HDHP].
24 Lifestyle Spending Account [LSA]	A Lifestyle Spending Account (LSA) is a benefit in which FTI sets money aside for you to use on eligible expenses related to physical, financial and emotional well-being. This benefit meets the needs of everyone, no matter your stage of life, age or circumstances and is designed to improve you overall well-being or lifestyle.
25 Life | AD&D Insurance	Company-provided benefit. Depending on your position with the company, coverage amounts range from 1-2 times your annual income [with a cap].
25 Short-Term & Long-Term Disability	Company-provided benefit. Disability insurance pays a portion of your wages when you are unable to work due to covered injury or illness sustained outside of work.

Click on a page number to learn more about each benefit!

BENEFITS OVERVIEW

BENEFIT	DESCRIPTION
26 Voluntary Life & AD&D	You may purchase additional life and AD&D insurance for yourself, spouse and/or dependents.
27 Accident, Critical Illness & Hospital Indemnity Insurance	Voluntary insurance coverage available to you as a supplement to your other health care insurance coverage.
28 Identity & Fraud Protection	MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money and assets, family, reputation and privacy
29 Pet Insurance	Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with optional Preventive Care Coverage.
30 Lyra Health *Enhanced Employee Assistance Program (EAP)*	We partner with Lyra Health to offer our team members and their families a robust mental health benefit all at no cost.
31 Retirement Plan	FTI offers both a 401k and 401a plans to team members. Discretionary matches may be made based on company growth and financial performance.
34 Time Away From Work Benefits	FTI is committed to helping our team members achieve work-life balance by offering competitive PTO benefits, Holiday Paid Time Off and Time To Recharge that is designed to support our team members total well-being.
35 Family Friendly Benefits	FTI offers various family friendly benefits such as Adoption Assistance, Paid Parental Leave and Fertility Benefits.

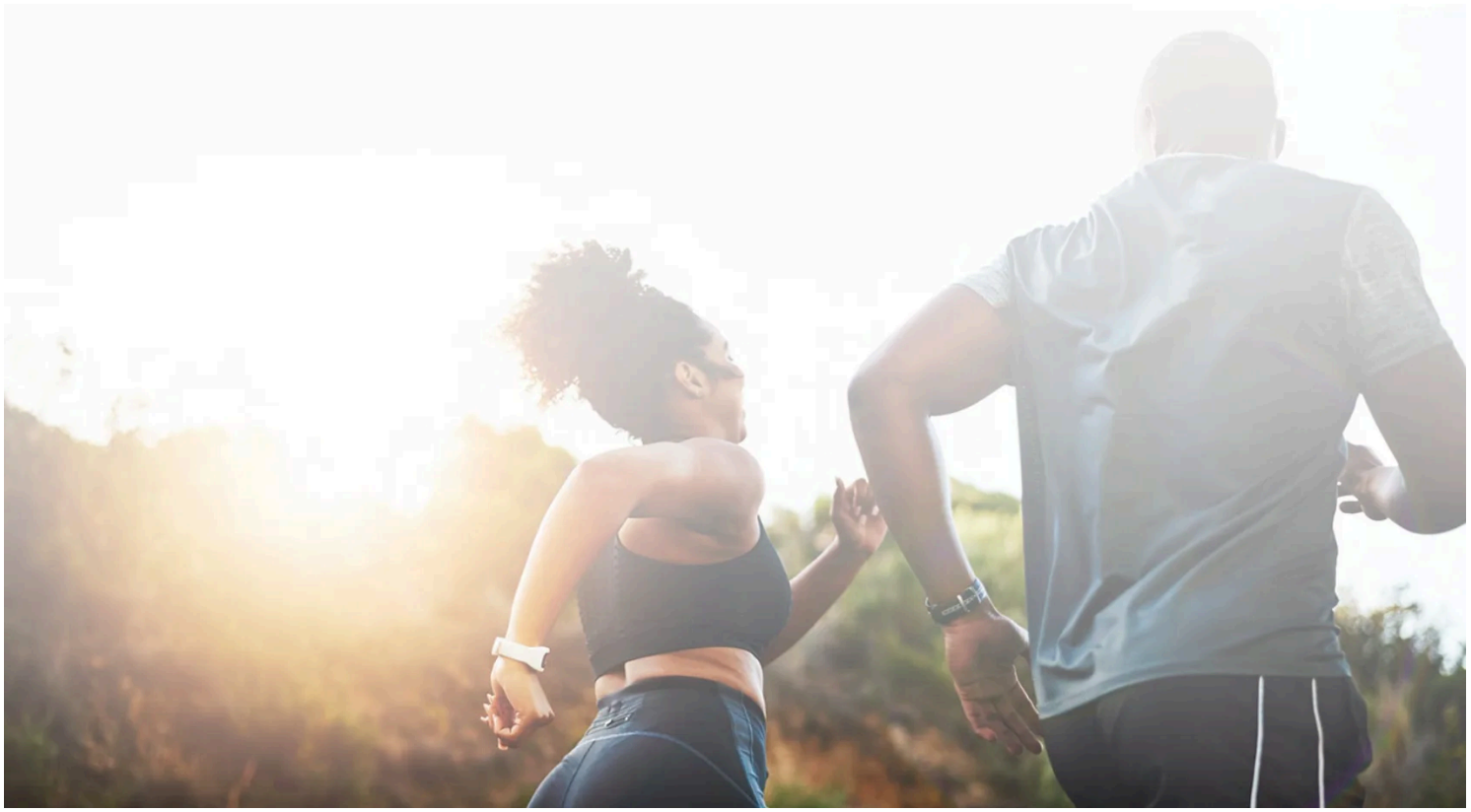
Click on a page number to learn more about each benefit!

BENEFITS OVERVIEW

BENEFIT	DESCRIPTION
37 Wellness Program	Our award-winning wellness program provides numerous opportunities for team members and their families to improve their overall well-being. Through our partnership with Personify Health, our program offers comprehensive resources to build health habits across all areas of well-being, track progress, achieve goals and earn rewards!
ADDENDUM	
41 2025 Annual Notice Packet	As a participant in the Faith Technologies, Inc. benefit plans ["the Plans"], you are entitled to be furnished with certain documents required by ERISA. We are providing you with several of these documents electronically.

ANNUAL NOTICES

If you *[and/or your dependents]* have Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the notice packet at the end of the guide for more information.



DEPENDENT ELIGIBILITY VERIFICATION

We are pleased to offer our team members a very robust benefit plan. We work hard to control healthcare costs so we can preserve the benefits we offer to you and your dependents under our benefit plan[s]. In order to continue to do this, all spouses and dependents added to benefits are included in the dependent eligibility verification program.

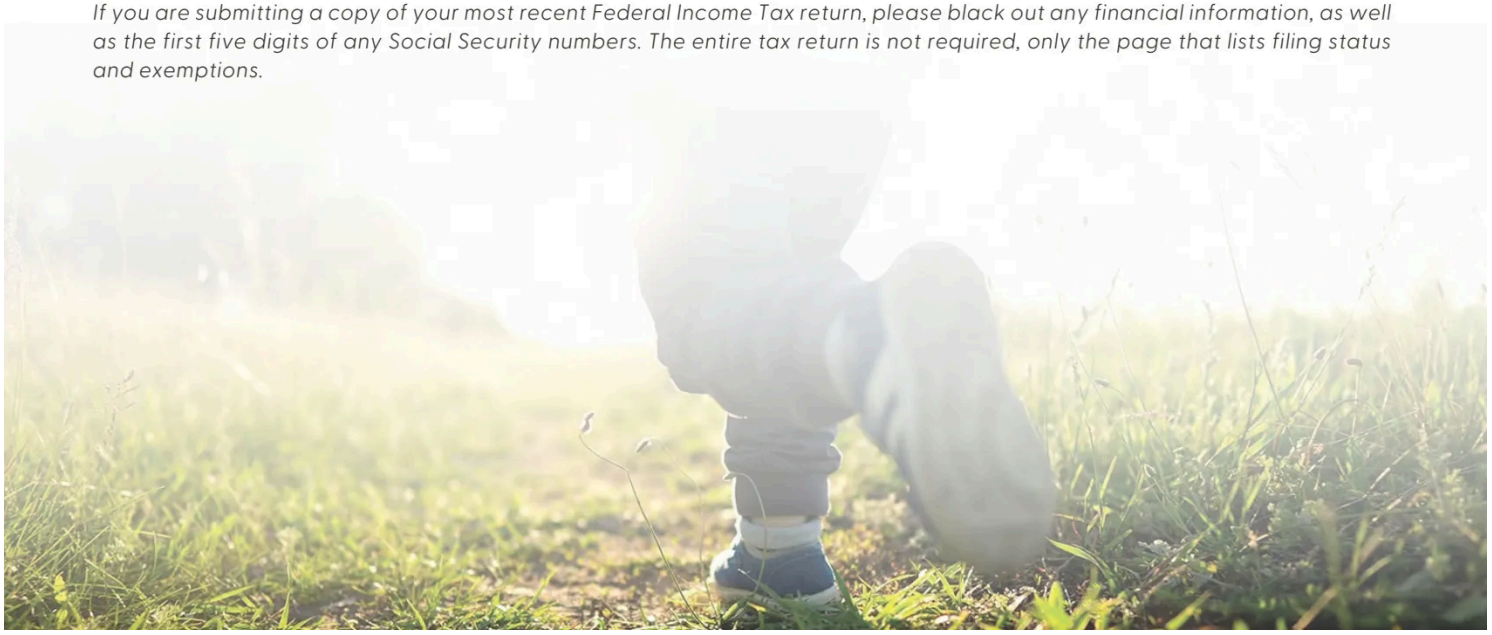
The purpose of this program is to ensure each dependent enrolled is accurately listed and eligible for coverage. We are confident that this process will ensure that we are covering eligible dependents in a fair and consistent manner.

If you enroll one or more dependents, you will be asked to submit evidence of eligibility. It's important for you to know that documents will be used solely to verify dependent eligibility so we can ensure that only those who are eligible for coverage under the terms of our plan are receiving those benefits.

Please make sure that you submit any proof of eligibility for your dependents in a timely manner.
If you fail to provide the information requested, your dependent[s] will not be added to the elected coverage.

ELIGIBLE DEPENDENTS	PROVIDE ALL DOCUMENTS NOTED			
	Marriage Certificate or most recent 1040	Birth Certificate or most recent 1040	Adoption or Legal Guardianship papers or most recent 1040	Social Security Disability letter
LEGAL SPOUSE	✓			
CHILD | BIOLOGICAL		✓		
CHILD | STEPCHILD *Two documents required*	✓	✓		
CHILD | ADOPTED/ PLACED FOR ADOPTION/ LEGAL GUARDIANSHIP			✓	
CHILD | DISABLED OVER THE AGE OF 26 *Two documents required*		✓		✓

If you are submitting a copy of your most recent Federal Income Tax return, please black out any financial information, as well as the first five digits of any Social Security numbers. The entire tax return is not required, only the page that lists filing status and exemptions.



ADDITIONAL RESOURCES | EMPLOYEE PORTAL

Easy access to information about our benefit programs can be found online, 24/7, from your PC, mobile device or tablet. Simply visit **https://faithtechnologies.sharepoint.com/sites/BenefitsCW** and log in with your Office 365 credentials to find:

- Benefit plan information, including premiums.
- Links to access provider networks.
- Important plan documents and forms.
- Contact information for additional help.

WHAT IF I DIDN'T ENROLL?

Qualifying Events

It is very important that you enroll on time for company benefits. Otherwise, you are ineligible to participate in benefits until the next open enrollment period unless you experience a qualifying life event. If a qualifying event occurs and you need to change your elections, you must notify the Benefits Department and follow the necessary steps in Workday. Changes to your benefits must be done within 60 days of the date of the event. Qualifying events include, but are not limited to, the following:

- Birth or adoption of a child.
- Marriage/divorce/legal separation.
- Death of a spouse or dependent.
- Dependent child reaches age 26.
- Change in employment status or benefit eligibility of a dependent.
- Losing or gaining coverage elsewhere [e.g. spouse or parent's benefits plan].

You will also be required to submit proper documentation validating your qualifying life event. Refer to the table below for examples:

EVENT	ELIGIBLE CHANGE				DOCUMENT[S] NEEDED
	Enroll in Coverage	Cancel Coverage	Add a Dependent	Remove a Dependent	
ADOPTION	✓		✓		Adoption Papers
BIRTH	✓		✓		Birth Certificate
DEATH OF DEPENDENT				✓	Death Certificate
DIVORCE				✓	Divorce Decree
NOW ELIGIBLE FOR OTHER COVERAGE		✓		✓	Proof of other coverage
LOSS OF OTHER COVERAGE	✓		✓		Proof of loss of other coverage
LEGAL GUARDIANSHIP	✓		✓		Guardianship or Custody paperwork
LEGAL SEPARATION				✓	Legal separation paperwork
MARRIAGE	✓		✓		Marriage certificate

MEDICAL | PLAN INFORMATION

Claims Administrator: UMR
Plan Name: Faith Technologies Incorporated
Group Number: 76-411010
Member ID: Located on your individual Member ID card
Network Name: **The Alliance** [WI Counties: Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Vernon and Walworth]

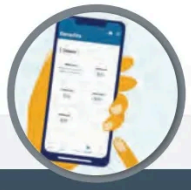
United Healthcare Choice Plus Network
[All other team members inside and outside of WI]

Eligibility: First of the month following 30 days of employment

CUSTOMER SERVICE

UMR: 800.826.9781
www.umr.com

NOTE: Access mobile website for claims; benefits and coverage; account balances; provider information; or to view, scan or fax your ID card.



UMR has a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.

- Access your digital ID card.
- Find out if there is a copay for your upcoming appointment.
- Chat, call or message UMR's member support team.

Stay connected to your health care and download the UMR app today!

SCAN the QR code or visit the app store to get started.

NETWORK INFORMATION

United Healthcare Choice Plus Network: Call 800.826.9781 or log onto www.umr.com

- Click *Find a Provider.*
- Select *Medical.*
- Select *United Healthcare Choice Plus.*
- Click *View Providers.*
- Update your Location.
- Choose to search for a specific doctor, specialty, facility, clinic or medical group or find health care by category near your location.

The Alliance Network: Call 800.223.4139 or log onto www.umr.com

- Click *Find a Provider.*
- Select *Medical.*
- Select *Alliance [The] - Employer Healthcare Alliance Cooperative*
  [You will be directed to The Alliance website].
- Click *Find a Doctor.*
- Update Your Location.
- Click *Select a Plan* and choose: *The Alliance Standard Network*
  Search by a *category or by name, specialty or procedures performed.*

NOTE: To find an in-network provider in The Alliance travel network [PHCS Healthy Directions], either call 800.678.7427 or log onto www.multiplan.com/ and select *"PHCS"*.

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

MEDICAL | PLAN COMPARISON

Our Medical Insurance carrier is UMR. UMR partners with United Healthcare and Alliance to offer a broad network of providers for you to choose from. We have three plans to choose from based on personal health care needs and preference. Please refer to the information below to see a summary comparison of the three plan options available to you. You can also access additional information on our Benefits Sharepoint page at: **https://faithtechnologies.sharepoint.com/sites/BenefitsCW**

	PREMIER PPO		VALUE PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In Network	Non-Network	In Network	Non-Network	In Network	Non-Network
DEDUCTIBLE						
PER PERSON	$1,000	$2,000	$2,000	$4,000	$3,300	$5,300
PER FAMILY*	$3,000	$6,000	$6,000	$12,000	$6,600	$10,600
OUT-OF-POCKET MAX						
PER PERSON	$2,000	$4,000	$4,000	$8,000	$3,300	$10,600
PER FAMILY*	$6,000	$12,000	$12,000	$24,000	$6,600	$21,200
PHYSICIAN VISITS						
Premium Care Primary Care ♥♥ [UHC Choice Plus Only]	$0	Ded + 40%	$0	Ded + 40%	Deductible	Ded + 40%
Premium Care Specialist ♥♥ (UHC Choice Plus Only)	$40		$40			
Primary Care	$0	Ded + 40%	$0	Ded + 40%	Deductible	Ded + 40%
Specialist | Urgent Care	$50		$50			
Preventive Wellness Care	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
Mammograms 3D mammograms are covered. Please refer to the Summary Plan Description for full details.	Covered 100%	Ded + 40%	Covered 100%	Ded + 40%	Covered 100%	Ded + 40%
Colonoscopies	Covered 100%	Ded + 40%	Covered 100%	Ded + 40%	Covered 100%	Ded + 40%
Routine Hearing	Covered 100%	Ded + 40%	Covered 100%	Ded + 40%	Covered 100%	Ded + 40%
Hearing Aids Once every 3 years per ear. No age limit.	$2500 Limit	$2500 Limit	$2500 Limit	$2500 Limit	$2500 Limit	$2500 Limit
TMJ Diagnostics Non-Surgical and Surgical Treatment [Annual limit includes all services except surgery itself. There is not an annual dollar limit on the surgery]	$2500 Limit	$2500 Limit	$2500 Limit	$2500 Limit	$2500 Limit	$2500 Limit

MEDICAL | PLAN COMPARISON

	PREMIER PPO		VALUE PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In Network	Non-Network	In Network	Non-Network	In Network	Non-Network
HOSPITAL SERVICES						
Inpatient & Outpatient Hospitalization	Ded + 10%	Ded + 40%	Ded + 20%	Ded + 40%	Deductible	Ded + 40%
True Emergency Room Visit	$150 copay + Ded + 10%	$150 copay + Ded + 10%	$150 copay + Ded + 20%	$150 copay + Ded + 20%	Deductible	In-Network Deductible
PRESCRIPTION CO-PAYMENTS						
Retail Generic | Formulary | Non-Formulary	$0 | $30 | $50		$0 | $35 | $60		Deductible	
Mail Order (90-Day Supply)	2X Retail		2X Retail		Deductible	
EMPLOYER CONTRIBUTION - HSA						
Employee Only	$0		$0		$300	
Family	$0		$0		$900	
Monthly Premium with Wellness Incentive	**PREMIER PPO** MONTHLY PREMIUM		**VALUE PPO** MONTHLY PREMIUM		**HIGH DEDUCTIBLE** MONTHLY PREMIUM	
	WHOLE Wellness Incentive	HALF Wellness Incentive	WHOLE Wellness Incentive	HALF Wellness Incentive	WHOLE Wellness Incentive	HALF Wellness Incentive
Employee Only	$118	N/A	$60	N/A	$70	N/A
Employee + Spouse	$358	$483	$235	$358	$250	$375
Employee + Child(ren)	$269	N/A	$171	N/A	$190	N/A
Family	$409	$534	$263	$386	$280	$405
Monthly Premium without Wellness Incentive	**MONTHLY PREMIUM**		**MONTHLY PREMIUM**		**MONTHLY PREMIUM**	
Employee Only	$243		$183		$195	
Employee + Spouse	$608		$480		$500	
Employee + Child(ren)	$394		$293		$315	
Family	$659		$509		$530	
COBRA	**MONTHLY PREMIUM**		**MONTHLY PREMIUM**		**MONTHLY PREMIUM**	
Employee Only	$742		$689		$662	
Employee + Spouse	$1,759		$1,631		$1,569	
Employee + Child(ren)	$1,410		$1,308		$1,259	
Family	$2,078		$1,927		$1,855	

NOTE: The **WHOLE WELLNESS INCENTIVE PREMIUM** amount reflects the premium when both the team member and spouse [if applicable] complete the Premium Incentive Program. The **HALF WELLNESS INCENTIVE PREMIUM** amount reflects the premium when either the team member or the spouse complete the Premium Incentive Program.

*The family coverage deductible on the High Deductible Health Plan (HDHP) is an embedded deductible. This means each family member's expenses will go toward satisfying their individual deductible and the total family deductible. If one member of the family meets the embedded individual deductible, then the plan coinsurance would begin to be applied for that one individual. Once the total family deductible amount has been met with the pooled individual deductible amounts, the plan will begin paying coinsurance for applicable claims for the entire family.

UNITED HEALTH PREMIUM DESIGNATION PROGRAM

To help you make more informed choices about your health care, United Healthcare created the United Health Premium Designation program. The Premium program, offered through UMR, recognizes doctors who meet standards for quality and cost efficiency. Members who choose to see a Premium Care Physician may pay lower co-payments for services than for a non-Premium Care Physician.

How to Find a Premium Care Physician

The two hearts United Health Premium Care Physician symbol is used to identify physicians who meet the UnitedHealth Premium quality care criteria, which includes safe, timely, effective and efficient care.

To find a Premium Care Physician or facility in your area

1. Visit www.umr.com and search for a provider.
2. Call the toll-free number on the back of your health plan ID card to speak with a customer care professional.

Premium Care Physicians are only available on the United Healthcare Choice Plus network and may not be available in all locations.

ONE PASS SELECT

One Pass Select is a membership-based fitness and well-being program available to all team members and families enrolled in the FTI medical plan.

Choose a membership tier that is right for you. To learn more or get started go to OnePassSelect.com.

One Pass Select™

Classic	**$29/**MONTH	11,000+ gym locations
Standard	**$64/**MONTH	12,000+ gym and premium locations
Premium	**$99/**MONTH	14,000+ gym and premium locations
Elite	**$144/**MONTH	16,000+ gym and premium locations

Learn more about One Pass Select* at OnePassSelect.com

An enrollment fee may apply. Get started with a digital-only plan for $10/month.
All tiers Classic or above include grocery and home essentials delivery at no extra cost.

MEDICAL | TELADOC®

PLAN INFORMATION

Claims Administrator: **Teladoc®**
Plan Name: **Faith Technologies Incorporated**
Group Number: 76-411010
Member ID: Same as Medical ID
Eligibility: First of the month following 30 days of employment

CUSTOMER SERVICE

Teladoc®: 800.835.2362 **OR** download the mobile app
www.teladoc.com

TELADOC®

Teladoc provides you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors, pediatricians, dermatologists, psychiatrists, psychologists, licensed clinical social workers, counselors or therapists by phone, online video or mobile app visit for many medical issues.

Access Behavioral Health Services
Teladoc Behavioral Health provides treatment for issues such as stress/anxiety, depression, substance abuse, domestic abuse and grief counseling. Behavioral health services are not available 24/7 and you must schedule an appointment. Appointments can be scheduled through Teladoc's website or mobile platform to see a psychiatrist for medication management, or a counselor or psychologist for counseling. **limited to adult and adolescents only.*

Resolve Many of Your Medical Issues
Teladoc can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues, including: sinusitis, cold and flu, sore throat, ear infections, allergies, rashes, hives, poison ivy, eczema, acne, anxiety, depression, panic disorder, pediatric care, non-emergency medical issues and more.

Speak With U.S. Board-Certified Doctors
Our national network includes the highest quality, state-licensed doctors who will call you back in less than 30 minutes, on average.

Save Money
Teladoc costs you much less than urgent care or ER visits.

NOTE
- All charges apply toward your out-of-pocket maximum.
- You must complete your medical history disclosure before requesting a consultation and update your medical history each year.

TELADOC SERVICES	PREMIER PLAN	VALUE PLAN	HIGH-DEDUCTIBLE PLAN
General Medicine	$0	$0	$54
Psychiatrist [initial visit]	$0	$0	$235
Psychiatrist [ongoing]	$0	$0	$105
Psychologist, Licensed Clinical Social Worker, Counselor or Therapist	$0	$0	$95
Dermatology Visits	$5	$5	$85

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

PRESCRIPTION BENEFITS

PLAN INFORMATION

Claims Administrator: **OptumRx**

Plan Name: **Faith Technologies Incorporated**

Group Number: 01961037

Member ID: Same as Medical ID

Eligibility: First of the month following 30 days of employment
NOTE: Monthly premium is included with the medical insurance premium.

CUSTOMER SERVICE

OptumRx: 877.559.2955
www.optumrx.com
P.O. Box 29044 · Hot Springs, AR 71903

OptumRx | Mail Order: P.O. Box 2975 · Mission, KS 66201-1375

SCHEDULE OF BENEFITS | PRESCRIPTION

PHARMACY BENEFIT PLAN DESIGN	PREMIER PLAN	VALUE PLAN	HIGH-DEDUCTIBLE PLAN
Retail (NOTE: Monthly refill limited to a 34-day supply. A 90-day refill is available at a retail pharmacy at three times the monthly copay.)			
Tier 1: Generic	$0	$0	Network Deductible
Tier 2: Brand Name	$30	$35	Network Deductible
Tier 3: Non-Formulary	$50	$60	Network Deductible
Mail Order (NOTE: Limited to a 90-day supply)			
Tier 1: Generic	$0	$0	Network Deductible
Tier 2: Brand Name	$60	$70	Network Deductible
Tier 3: Non-Formulary	$100	$120	Network Deductible
Smoking Deterrents (NOTE: Limited to 180 days per calendar year by the plan)			
Brand Name, Generic, Prescription and Over-the-Counter [OTC] Products	$0, 100% Covered	$0, 100% Covered	$0, 100% Covered

NOTE: All copays apply toward the medical out-of-pocket maximum.

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PRESCRIPTION BENEFITS

3 Tier Benefit Design

- **TIER 1**

The lowest tier or the lowest cost level contains generic drugs. A generic drug contains the same active ingredient, has the same strength, dosage form, route of administration and works the same way in the body as the brand name product but may cost 50% to 75% less.

- **TIER 2**

The middle tier contains formulary brand-name drugs. Formulary brand-name drugs result in a slightly higher cost because they cost more than generic drugs.

- **TIER 3**

The highest tier contains non-formulary drugs and results in the highest cost. Non-formulary drugs may not offer any additional value compared to lower-tiered drugs. Usually, a similar drug that is on the formulary is available as a generic or a brand-name drug at lower tiers.

Dosage Optimization

The Dosage Optimization Program identifies medications that are sometimes prescribed in multiple daily doses but are also approved by the manufacturer and FDA in a single dose to be just as effective. The goal is to simplify the daily medication schedule and improve the likelihood of following the doctor's recommendation. For example, if 20mg of Lipitor® is prescribed to manage high cholesterol, you should take one 20mg tablet daily, instead of two-10 mg tablets daily. By managing the number of medications that can and should be taken once daily, FTI Members will receive the most benefit from the medication.

Mail-Order Maintenance Medications

The Standard Maintenance list is a comprehensive recommendation of medications utilized on a long-term or lifelong basis. This list reflects the guidelines established by the Food and Drug Administration and drug manufacturers, and promotes appropriate utilization using therapeutic effectiveness and safety as its main proponents. Drugs that are not considered Maintenance Medications are not eligible for mail order.

Nicotine Cessation Program

The Nicotine Cessation Program is available to all covered team members and spouses through the Prescription Drug Coverage. The first office visit per year to discuss nicotine cessation with your primary care provider is covered at 100%, no copay, through the Preventive Care Wellness benefit [any additional office visits regarding nicotine cessation could be subject to an office visit copay, deductible and/or coinsurance, depending on the plan selected]. All nicotine cessation products utilized are covered up to 180 days per calendar year. This includes brand, generic, prescription, or over-the-counter [OTC] products. It is important that you show your insurance card for any of these purchases so it processes through the Prescription Drug Coverage properly.

Quantity Limitations

PBM's clinical pharmacists have identified several non-maintenance, high-cost medications that are not used daily, but instead are used on an as-needed basis. The Quantity Limitations program will adjust and manage the quantity of medication that a member can receive in a given time period, pursuant to FDA guidelines.

Specialty Pharmacy

The Specialty Pharmacy program is designed to target high cost, injectable or medications requiring special handling for a specific category of conditions. An in-depth clinical review is done on a case-by-case basis by the on-staff pharmacists. The selected pharmacy then establishes a care team to monitor and support each individual and their needs.

Step Therapy

The Step Therapy program establishes a recommended order of medications used within a selected therapy class. This program ensures members are receiving clinically appropriate, yet cost-effective medication based on individual prescription history. An over-the-counter drug may be the first step in a trial period to monitor the effectiveness of lower-cost alternatives. Any covered OTC products will be considered Tier 1.

Specialty Injectables Prior Authorization

Specialty medications are vital for people who have rare, complex or hard-to-treat conditions. However, since these medications are also generally expensive, they are subject to prior authorization clinical reviews. Please reach out to OptumRx to determine if your medication is on the specialty injectables list. If it is, you or your doctor will need to call UMR for a prior authorization.

DENTAL

PLAN INFORMATION

Claims Administrator:	**Delta Dental of Wisconsin**
Plan Name:	**Faith Technologies Incorporated**
Group Number:	54306
Member ID:	Located on your individual member ID card
Network Name:	Delta Dental Premier, Delta Dental PPO
Eligibility:	First of the month following 30 days of employment

CUSTOMER SERVICE

Delta Dental of Wisconsin: 800.236.3712 **OR** download the mobile app
www.deltadentalwi.com/member
PO Box 828 · Stevens Point, WI 54481

SCAN to download the Delta Dental Mobile App

TO LOCATE A PROVIDER

800.236.3712 **OR** www.deltadentalwi.com/member

- Go to Provider Search.
- Click *Find a Network Dentist.*
- Select either *Delta Dental PPO or Delta Dental Premier.*

Evidence-Based Integrated Care Plan

Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP) option is included in your plan. It provides additional cleanings and/or fluoride treatments for persons with medical conditions that have oral-health implications. Conditions include:

- **Kidney Failure or Dialysis**
- **Periodontal Disease**
- **Pregnancy**
- **Suppressed Immune System**
- **Diabetes**
- **High-Risk Cardiac Conditions**
- **Cancer-Related Treatments**

- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at www.deltadentalwi.com, or by calling 800.236.3712.
- Learn more at www.deltadentalwi.com/EBICP.

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing care. Hearing aid options are available from the top brands with an average of 66% off retail pricing.

	Level 1	Level 2	Level 3	Level 4	Level 5
amplifon **PRICE** [PER EAR]	$995	$1,295	$1,495	$1,895	$2,195

- Virtual Services
- 60-day Risk-Free Trial
- Complimentary Aftercare

LEARN MORE: Call 888.901.0132 (TTY: 711) | Hours: M-F 7 a.m. - 8 p.m. CT **OR** visit amplifonusa.com/deltadentalwi

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

SCHEDULE OF BENEFITS | DENTAL

BENEFIT	MEMBER RESPONSIBILITY [In-Network]
Annual Maximum | Total amount paid by the plan per calendar year.	Plan pays $2,000 per covered person
Deductibles	
Individual	$50
Family **NOTE:** Once three family members have met their deductibles, the family maximum of $150 will apply and no deductible will be charged for any other family members.	$150
Diagnostic & Preventive Services 100% COVERED	
Exams	100% Covered
Cleanings	100% Covered
Fluoride Treatments | Dependents to age 16	100% Covered
X-rays	100% Covered
Sealants | Dependents to age 19	100% Covered
Space Maintainers | Dependents to age 16	100% Covered
Evidence Based Dentistry Guidelines | Contact Delta Dental to register **NOTE:** Additional coverage for individuals with diabetes, pregnancy, serious periodontal conditions, high-risk cardiac conditions, suppressed immune systems conditions, kidney failure or dialysis conditions, and cancer-related chemotherapy and/or radiation.	See Summary Plan Description for coverage levels
Basic & Major Services [deductible applies; subject to annual maximum]	
Emergency Treatment to Relieve Pain	20%
Fillings	20%
Endodontics [surgical/nonsurgical]	20%
Periodontics [surgical/nonsurgical]	20%
Extractions [surgical/nonsurgical/other oral surgery]	20%
Crowns, Inlays, On-Lays	20%
Bridges and Dentures	20%
Repairs and Adjustments to Bridges and Dentures	20%
Wisdom Teeth Extractions	20%
Occlusal Guards **NOTE:** Verify medical or dental coverage of all oral surgery procedures before scheduling.	20% $500 maximum, subject to 5 year frequency.
Orthodontic Services	
Coverage copayment	50%
Individual lifetime maximum paid by the plan	$2,000
Dependents eligible to age	26
Adult orthodontics	Yes

DENTAL COVERAGE LEVEL	MONTHLY EMPLOYEE COST
Dental Plan: MONTHLY Employee Costs *[Pretax amounts]*	
Employee Only	$13.00
Employee + Spouse	$25.60
Employee + Child(ren)	$34.45
Employee + Family	$47.45
COBRA Insurance | MONTHLY Employee Costs	
Employee Only	$34.86
Employee + Spouse	$68.76
Employee + Child[ren]	$92.47
Employee + Family	$127.50

VISION

PLAN INFORMATION

Claims Administrator:	**DeltaVision**
Plan Name:	**Faith Technologies Incorporated**
Member ID:	Located on your individual member ID card
Network Name:	EyeMed® Insight Network
Eligibility:	First of the month following 30 days of employment

EyeMed has a free mobile app – search for "EyeMed Members." The secure app gives you access to ID cards, current in-network benefits and eligibility, FAQs and more.

CUSTOMER SERVICE

Delta Vision 844.848.7090 | www.deltavisionwi.com

TO LOCATE A PROVIDER 844.848.7090 **OR** www.deltadentalwi.com/vision

- Click on *Search EyeMed Insight Network.*

DeltaVision is brought to you by Delta Dental of Wisconsin in partnership with EyeMed Vision Care.
The EyeMed Access, Select and Insight networks supporting our members are among the nation's largest provider networks, featuring popular retail chains and many small independent doctors as well.

Online Tools and Services
Many self-serve tools and resources are available to you through EyeMed's online DeltaVision portal at deltavisionwi.com. Secure services for members include:

- Print additional ID Cards
- Claim Information
- Access Exclusive Offers
- "Know Before You Go" Tool

Did you know that with your vision benefit, you're eligible for either contact lenses or eyeglass lenses within your benefit year? And if you use your lens allowance for contacts, you are still eligible to use your frame allowance on a pair of glasses. **HERE'S HOW**:

SAMPLE PURCHASE TRANSACTION

Buy Contacts → **APPLY $150 CONTACTS ALLOWANCE**

Buy Glasses → **APPLY $150 FRAME ALLOWANCE** [+20% off any amount over] receive a 20% discount off any eyeglass lenses

DeltaVision's Diabetic Eye Care Benefit provides members with type 1 or 2 diabetes with access to frequent and in-depth eye care – helping to detect and minimize vision-related complications early on.

The DeltaVision Diabetic Eye Care Benefit Includes:

- An office visit and diagnostic testing every 6 months.
- Diagnostic tests such as gonioscopy, extended ophthalmology, fundus photography, and scanning laser *(offered at the provider's discretion).*
- Access to increased exams to detect vision complications from diabetes.

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

SCHEDULE OF BENEFITS | VISION

DELTA VISION FULL PLAN		
Network	Insight	
Frame | Contact Allowance	$150 | $150	
Co-Pay [exams | plastic lenses]	$10 | $10	
Frequency [exams | lenses or contacts | frames]	12 Months | 12 Months | 12 Months	
Dependent Age Limit	To age 26	
BENEFIT DETAILS	**In Network**	**Out-of-Network Reimbursement**
Comprehensive Glasses Exam	Member pays $10, Plan pays balance	$35
Retinal Imaging	Member pays up to $39	NONE
Standard Contact Lenses [fit and follow up]	Paid in Full	NONE
Premium Contact Lenses [fit and follow up]	10% discont off retail, plus $40 allowance	NONE
Frames [any available frame at provider location]	$150 allowance, then 20% off balance	50% off selected network allowance
Laser Vision Correction [Lasik or PRK]	15% off retail or 5% off promo price	NONE
Includes Diabetic Eye Care Benefits that provide an additional office visit and diagnostic testing for those who have diabetes.		
Standard Plastic Lenses		
Single Vision	Member pays $10, Plan pays balance	$25
Bifocal	Member pays $10, Plan pays balance	$40
Trifocal	Member pays $10, Plan pays balance	$55
Standard Progressive	Member pays $75	$40
Lens Options		
UV Coating	Member pays $15	NONE
Tint [solid and gradient]	Member pays $15	NONE
Standard Scratch Resistant	Member pays $0	NONE
Standard Polycarbonate	Member pays $0	NONE
Standard Anti-Reflective Coating	Member pays $45	NONE
Other Add-ons and Services	20% off retail	NONE
Contact Lenses [in lieu of glasses | contact lens allowance covers materials only]		
Conventional	$150 allowance, then 15% off balance	80% of the selected allowance amounts for contacts
Disposable	$150 allowance	80% of the selected allowance amounts for contacts
Medically Necessary	Paid in full	$200

VISION COVERAGE LEVEL	MONTHLY EMPLOYEE COST
Vision Plan: MONTHLY Employee Costs *[Pre-tax amounts]*	
Employee Only	$5.63
Employee + Spouse	$11.40
Employee + Child[ren]	$11.56
Employee + Family	$21.97
COBRA Insurance: MONTHLY Employee Costs	
Employee Only	$5.74
Employee + Spouse	$11.63
Employee + Child[ren]	$11.79
Employee + Family	$22.41

FLEXIBLE SPENDING ACCOUNT [FSA]

PLAN INFORMATION

Claims Administrator: WEX

Eligibility: First of the month following 30 days of employment

Plan Year: January 1 - December 31

Grace Periods: Through March 15th of the following calendar year
NOTE | Window to incur claims for the current plan year.

Through March 31st of the following calendar year
NOTE | Window to submit reimbursements for the current plan year.

Reimbursement Options:
- Auto Reimbursement
- Debit Card
- Manual

CUSTOMER SERVICE 866.451.3399
www.wexinc.com

A Flexible Spending Account is designed to help you pay for health care expenses and/or dependent day care expenses on a pre-tax basis. You can set aside funds through regular payroll deductions based on your anticipated expenses.

The biggest advantage of participating in a flexible spending account is tax savings. Every dollar you set aside in your account reduces your income taxes, and you can be reimbursed for qualified expenses that you are already paying for!

Carefully review your estimated expenses before making the decision to participate. Expenses must be incurred by March 15th of the following calendar year, and claims for eligible expenses must be submitted by March 31st of the following calendar year.

WEX App Benefits

Check your balance, view account activity and get instant updates on your claims	File a claim and upload documentation in seconds using your phone's camera	Report a card as lost or stolen, which cancels the card and ships you a new one	Log in through face recogition or fingerprint *[depending on your phone]*
Use Smart Scan to automatically file a claim from your EOBs	Use your benefits debit card from your mobile phone with Apple Pay or Samsung Pay.	Scan an item's bar code to determine if it's an IRS code section 213(d) eligible expense	Reset login credentials

Download the WEX App

Access your benefits on the go 24/7 with the WEX benefits mobile app. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

Apple Store **Google Play**

BENEFIT INFO
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800.677.1506 | FAX 920.722.7201

FLEXIBLE SPENDING ACCOUNT [FSA]

Dependent Care Flexible Spending Account [DC FSA]
This account reimburses you for day care expenses for eligible children and adults. Qualified expenses for reimbursement include: adult and child day care centers, preschool, before/after school care. Through regular payroll deductions, you can set aside part of your income to pay for these expenses on a tax-free basis. The maximum amount you may contribute to the Dependent Care FSA is $5,000 [or $2,500 if married and filing separately] per plan year. Funds you contribute to the Dependent Care FSA need to be accumulated before you can use them.

To qualify, your dependents must be:

- A child under the age of 13.
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in your household.

Healthcare Flexible Spending Account [HC FSA]
A Healthcare FSA allows you to set aside pre-tax dollars from your paycheck to cover qualified medical, dental and vision expenses. The funds you elect to contribute are available in full on the first day of the plan year. The maximum contribution amount is determined by the IRS.

NOTE: IRS rules prohibit a team member from having a Healthcare FSA and HSA at the same time.

Limited-purpose Flexible Spending Account [LP FSA]
If you enroll in the High Deductible Plan with a Health Savings Account, you may participate in the Limited Purpose FSA, which allows for reimbursement of eligible dental and/or vision expenses. The IRS determines the maximum contribution limit each year.

The IRS requires you to re-enroll in this benefit each year if you wish to continue to participate in the flexible spending account plans. Limits are set by the IRS. Visit IRS.gov for updated contribution limits and list of eligible expenses.

Qualifying Health Care Items

You can use your health care flexible spending account to pay for a variety of healthcare products and services for you, your spouse and your dependents. The IRS determines which expenses are eligible for reimbursement. See the list below of potentially eligible expenses and over-the-counter [OTC] products.

- **Acne Products***
- **Acupuncture**
- **Allergy Medications***
- **Blood Pressure Monitor**
- **Cold & Flu Prevention***
- **Feminine Hygiene Products**
- **Fertility Monitor**
- **First Aid Kits**
- **Hearing Aids | Batteries**
- **Humidifier | Supplies***
- **Infertility Treatment**
- **Lice Treatment***
- **Medicines***
- **Nasal Sprays & Strips***
- **Orthotics**
- **Over-the-Counter [OTC] Medications**
- **Motion Sickness Medications***
- **Pregnancy Tests**
- **Reading Glasses**
- **Sleep Aid & Sedatives***
- **Smoking Cessation | Programs, Supplies***
- **Sterilization**
- **Sunscreen Products***
- **Wart Removal Treatments***
- **Wound Care**

**Some expenses may require a valid prescription or that you submit a letter of medical necessity signed by your doctor for them to be eligible. For more information and/or a complete list of eligible items, refer to IRS.gov.*

HEALTH SAVINGS ACCOUNT [HSA]

A Health Savings Account [HSA] is available for all team members enrolled in the High Deductible Health Plan [HDHP]. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical, dental and vision expenses. You own and administer your healthcare savings account. You determine how much pre-tax income you will contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and "roll over" money if you do not spend it in the calendar year. This is a bank account; you must have money in the account before you can spend it. The money in this account is always yours. If you change health plans or jobs, the money in the account is yours to keep.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's health plan [unless it is a qualified HDHP], Healthcare Flexible Spending Account [FSA], or Health Reimbursement Arrangement [HRA].
- You are not enrolled in the Healthcare FSA.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration Benefits in the past three months.

You can use HSA money to pay for qualified medical, dental or vision expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. FTI has partnered with Wex to administer the HSAs opened by team members participating in the HDHP.

HSA Eligibility | Spouses

In the case of married individuals. The IRS treats married couples as a single tax unit, which means you must share one family HSA contribution limit of $8,550 if you are on the same health policy. If you and your spouse each have your own self-only coverage, you may each contribute up to $4,300 annually into your separate accounts. Each spouse who wants to contribute to an HSA must open a separate HSA. Dollars cannot be transferred between the HSAs. However, one spouse may use withdrawals from their HSA to pay or reimburse the eligible medical expenses of the other spouse, without penalty. Both HSAs may not reimburse the same expenses.

Distributions

HSA distributions are tax-free if they are used to pay for qualified medical, dental and vision expenses not covered by insurance. In general, payments for insurance are not qualified medical expenses for HSA purposes; however, there are exceptions for:

- Qualified long-term care services and long-term care insurance.
- Continuation of coverage required by federal law [i.e., COBRA].
- Health insurance for the unemployed.
- Medicare expenses [but not Medigap].
- Retiree health expenses for individuals age 65 or older.
- Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals age 65 or older.

HEALTH SAVINGS ACCOUNT [HSA]

HSA Q&A for Team Members Preparing to Enroll in Medicare

I'm 64+ and about to enroll in Medicare, can I still have an HSA?	Once you enroll in Medicare, you are no longer able to contribute to your HSA. However, you may still use your HSA dollars for healthcare expenses.
Should I delay enrolling in Medicare if I am still working?	This decision will vary based upon your needs. If you decide to actively delay your enrollment in Medicare beyond age 65, you can still make HSA contributions. However, delayed enrollment in Medicare activates a look-back period in which you MUST stop contributing to your HSA six months before enrolling in Medicare. Otherwise, you may incur a tax penalty.
Once I turn 65 and enroll in Medicare, how much can I contribute to my HSA for the year?	If you do not delay Medicare enrollment and enroll right when you turn 65, the six month look back period does not apply. Therefore, you can contribute to your HSA up until the month in which you turn 65. You are eligible to contribute a pro-rated amount based upon the month you turn 65. If you turn 65 in April, you can contribute an amount equal to 3/12 of the annual maximum. Take allowed contributions for the year and divide by 12. If you turn 65 in April, you can contribute the monthly amount times three. If you wait to enroll in Medicare after your 65th birthday, this rule will not apply to you.
If my spouse becomes Medicare eligible and enrolls, does that disqualify me from contributing to an HSA?	No, your spouse's enrollment in Medicare does not affect your ability to contribute; however, it may impact the amount you can contribute to your HSA.

MEDICARE QUESTIONS

Contact our partner, McClone for free guidance and help regarding your Medicare questions.

Sam McClone, CIC
Medicare Risk Advisor
p. 920.929.8242 | c. 920.858.8068
sam.mcclone@mcclone.com

SPENDING ACCOUNTS | SIDE-BY-SIDE COMPARISON

	HEALTH CARE FLEXIBLE SPENDING ACCOUNT [HC FSA]	DEPENDENT CARE FSA [DC FSA] (1)	HEALTH SAVINGS ACCOUNT [HSA] (2)	LIMITED-PURPOSE FSA [LP FSA] (3)
PURPOSE OF ACCOUNT	Allows you to set aside pre-tax dollars from your paycheck to pay for qualified out-of-pocket health care expenses (Medical, Rx, Dental, Vision).	Allows you to set aside pre-tax dollars from your paycheck to use toward qualified dependent care expenses.	Allows you to set aside pre-tax dollars from your paycheck to pay for qualified out-of-pocket health care expenses [Medical, Rx, Dental, Vision]. Funds in your HSA can also be saved for future emergencies or retirement and invested. Your contribution amounts can be changed at any time. Or you can choose to not contribute to the HSA and just receive the employer contribution.	Allows you to set aside pre-tax dollars from your paycheck to pay for qualified out-of-pocket dental or vision expenses.
ELIGIBILITY TO USE ACCOUNT *You must be enrolled in the following Medical Plan offered by the company in order to participate:*	**N/A** no requirement **cannot be enrolled in a High Deductible Health Plan*	**N/A** no requirement	**High-Deductible Health Plan** [HDHP]	**High-Deductible Health Plan** [HDHP]
ELIGIBLE EXPENSES	**Common eligible expenses:** ▪ Doctor visits *[deductibles, copays, coinsurance]* ▪ Prescription drugs ▪ Over-the-counter (OTC) medications ▪ Orthopedic goods ▪ Acupuncture ▪ Hearing aids ▪ Physical therapy ▪ Vaccinations ▪ Counseling/therapy ▪ **DENTAL** expenses *[exams / cleanings, orthodontics]* ▪ **VISION** expenses *[exams, glasses/contacts]*	**Common eligible expenses:** (1) ▪ Day Care ▪ Before/After-School Care ▪ Summer Camp ▪ Elder Care	**Common eligible expenses:** ▪ Doctor visits *[deductibles, copays, coinsurance]* ▪ Prescription drugs ▪ Over-the-counter (OTC) medications ▪ Orthopedic goods ▪ Acupuncture ▪ Hearing aids ▪ Physical therapy ▪ Vaccinations ▪ Counseling/therapy ▪ **DENTAL** expenses *[exams / cleanings, orthodontics]* ▪ **VISION** expenses *[exams, glasses/contacts]*	Similar to the HC FSA except you are initially limited to spending your pretax dollars on eligible **DENTAL** and **VISION** expenses.
IRS ANNUAL CONTRIBUTION LIMITS	YEAR: 2024 — LIMIT: $3,200	$5,000	COVERAGE LEVEL / LIMIT (2): Employee Only: $4,300 Family: $8,550 **NOTE** | HSA catch-up contributions age 55 and older: $1,000	YEAR: 2024 — LIMIT: $3,200
EMPLOYER CONTRIBUTION	**N/A**	**N/A**	Employee Only: $300 (3) Family: $900	**N/A**

(1) An eligible dependent is a tax-dependent child under age 13 or a tax-dependent spouse, parent or child unable to care for themselves.

(2) These are the 2025 maximum annual contribution amounts [the sum of contributions you AND your employer make to your HSA during the year] that apply to you UNLESS you are age 55 or older, in which case you are able to contribute an additional $1,000 on top of these amounts.

(3) For individuals who become eligible to receive HSA contributions from the company during the year, contribution amounts are pro-rated.

LIFESTYLE SPENDING ACCOUNT [LSA]

The Lifestyle Spending Account (LSA), replacing FTI's Healthy Lifestyle Reimbursement Program, is a $400 per family, per calendar year reimbursement benefit in which FTI sets money aside for you to use on eligible expenses related to physical, financial and emotional wellbeing. This benefit meets the needs of everyone, no matter your stage of life, age or circumstances and is designed to improve your overall well-being or lifestyle. Think of it like a bonus set aside for you and dedicated to the expenses or experiences you value most. This account is available to all team members of FTI and is administered by WEX.

The LSA is funded by post-tax employer contributions which means distributions from the LSA will be treated as taxable income. If there are any funds left over at the end of the year, they cannot be cashed out.

For anything paid out of pocket, a reimbursement request can be submitted with documentation showing the following information:

- **When the expense was incurred**
- **What the expense was**
- **Where the expense was incurred**
- **The amount/cost of the expense incurred**

A claim can be filed through the WEX portal or mobile app. Once approved, reimbursement will be dispersed in the form of a check or by direct deposit.

EXAMPLES OF ELIGIBLE EXPENSES

For a full list of eligible expenses, as well as details of the program, please visit the Wellness SharePoint site.

FINANCIAL WELLBEING	PHYSICAL WELLBEING	EMOTIONAL WELLBEING
Bills	Gym Memberships & Classes	Nature Preserve Memberships
Groceries	Run/Walk/Bike Events	Local & National Park Passes
Financial Planning Services	Exercise Equipment	Meditation Classes
Pet Expenses	Wearable Fitness Devices	Retreats
Baby Expenses	Sports Equipment	Life Coaching

LIFE & AD&D, STD & LTD INSURANCE

PLAN INFORMATION

Administrator: **Lincoln Financial Group**

Plan Name: **Faith Technologies Incorporated**

Eligibility: First of the month following 30 days of employment

NOTE: These are company-provided benefits wherein the company pays the entire premium for coverage.

CUSTOMER SERVICE

Leave & Disability: 888.438.4542
LincolnFinancial.com
First-time registration code: FAITH

NOTE: You can use your online credentials to access the Lincoln mobile app, available for download from Apple or Google Play stores.

Life & Accidental Death & Dismemberment Insurance [AD&D]

Life and Accidental Death & Dismemberment insurance benefit amounts range from one to two times your annual income [rounded to the next higher $1,000 if not already a multiple of $1,000] with a cap of $150,000 [unless otherwise specified]. The percentage of AD&D payout varies based on loss of life or the severity of the accidental bodily injury sustained.

Short-Term Disability Insurance [STD]

Short-term disability benefits partially replace your income if you become totally or partially disabled while insured. This 100% company-paid benefit pays 60% of your normal weekly earnings, up to $2,000 per week. The maximum benefit period is 13 weeks for any period of disability. Please contact the Benefits department at benefits@faithtechinc.com or 920.225.6772 for more information on how to submit a claim.

- **Elimination Period -** If your total or partial disability is due to an accident, there is no waiting period to start receiving benefits. There is a seven-day waiting period if total or partial disability is due to sickness.

Long-Term Disability Insurance [LTD]

Long-term disability benefits partially replace your income if you become totally or partially disabled while insured. This 100% company-paid benefit pays 60% of your normal monthly earnings, up to $10,000 per month. The maximum benefit period varies based on age at time of disability.

- **Elimination Period -** Benefits begin when short-term disability payments end.

Introducing Lincoln WellnessPATH

NEW

Lincoln WellnessPATH® provides tools and personalized steps to help manage your financial life. From creating a budget, to building an emergency fund to paying down debt, our easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as providing protection for your loved ones. This feature is available to all team members at no additional cost.

Start by taking a short, easy quiz.
Get your personal financial wellness score and action plan.

Budget and help manage your expenses.
Track all your financial accounts in one place.

Set goals and track your progress.
Pay off debt and build your savings.

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

VOLUNTARY LIFE & AD&D

PLAN INFORMATION

Carrier: **Lincoln Financial Group**

Plan Name: **Faith Technologies Incorporated**

Eligibility: First of the month following 30 days of employment

NOTE: These are voluntary insurance plans offered at a lower group rate, wherein YOU are responsible for paying all of the cost.

Voluntary Life & Accidental Death & Dismemberment [AD&D] Insurance

The people you love and support could face financial challenges if you were no longer around. Voluntary Life and Accidental Death and Dismemberment [AD&D] insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more. This is in addition to the group life and AD&D coverage provided and paid for by FTI. Voluntary Life and AD&D premiums are paid after-tax and are based on age and the benefit amount that you elect.

You may purchase additional Voluntary Life and AD&D insurance for yourself, spouse and/or dependents. Evidence of Insurability may be required for certain coverage amounts.

Team members may elect up to $200,000 for themselves at initial eligibility without having to provide evidence of insurability (EOI). Any coverage elected over $200,000 (up to $500,000) will require EOI to be submitted to Lincoln Financial Group.

After initial eligibility, EOI is required for any team member wishing to enroll for the first time or increasing existing coverage amount.

BENEFIT	DESCRIPTION
Employee	Increments of $10,000, not to exceed $200,000 [as guarantee issue when first eligible]
Voluntary Spouse	**Option 1**: $10,000 | **Option 2**: $25,000 | **Option 3**: $50,000
Voluntary Child	Flat $10,000
Voluntary AD&D Coverage	Will equal the amount of voluntary life coverage elected for team member, spouse and child

ACCIDENT, CRITICAL ILLNESS INSURANCE & HOSPITAL INDEMNITY

PLAN INFORMATION

Carrier: **Lincoln Financial Group**

Plan Name: **Faith Technologies Incorporated**

Eligibility: First of the month following 30 days of employment

NOTE: These are voluntary insurance plans offered at a lower group rate, wherein YOU are Responsible for paying all of the cost.

CUSTOMER SERVICE 800.423.2765

Accident Insurance

Accident insurance helps give you peace of mind by minimizing the financial impact that results if a covered individual [you, your spouse or your child] is involved in an accident that results in injury or medical treatment. Accident insurance isn't a substitute for other coverages; however, it can supplement other coverages as a financial safety net by paying you cash for covered accidents and treatment. You can use the money to pay for out-of-pocket medical costs or everyday expenses. Premiums for this coverage are paid after-tax.

Critical Illness Insurance

An illness can lead to unexpected costs not covered by your health care plan. In the case of a serious illness, you may experience income loss that's only partially replaced by disability insurance. In addition to your medical bills, you still have to pay for insurance premiums, rent or mortgage, vehicle payments, credit card bills, taxes, grocery bills, utilities, and general household needs, and if you're ever diagnosed with a critical illness, don't forget about travel costs to see specialists.

Critical illness insurance helps protect team members and their families from financial loss by providing a lump-sum benefit upon diagnosis of a covered medical condition. This coverage provides cash at a time when you need it most. Premiums for critical illness coverage are paid after-tax and are dependent on your age, nicotine use and the benefit amount that you elect.

Hospital Indemnity Insurance

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. Team members can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to the team member.

- **Health Assessment Benefit**

  Regular health screenings make it possible to detect potential medical conditions early. Staying healthy is a powerful reason for keeping up with health screenings, and Lincoln provides a financial incentive as well! As part of your voluntary benefit coverage, they pay you $50 to be proactive with your health.

  You'll receive a benefit payment for getting one screening per plan year – with no waiting period. Choose from a wide range of covered tests, including:

  - Annual Physicals
  - Blood Tests
  - Cancer Screenings
  - Infectious Disease Related Tests, Including COVID-19 Antibody & Viral Testing
  - Immunizations
  - Vitamin D Screenings
  - Behavioral Tests
  - Prenatal Counseling
  - Mental Disorder & Substance Abuse Screenings

  You can download the health assessment claim form at LincolnFinancial.com and submit claims by phone, fax, mail, email or via the online employee self-service portal. Your claim will be processed within 24 hours of receipt; telephonic submissions are processed in real time during your call. Lincoln will pay your health assessment benefit of $50 within 24 hours of receiving a complete claim.

METLIFE | IDENTITY & FRAUD PROTECTION

PLAN INFORMATION

Administrator: MetLife

Plan Name: Faith Technologies Incorporated

CUSTOMER SERVICE

Aura's Customer Service team is available 24/7/365 | 844-931-2872

MetLife and Aura Identity & Fraud Protection help safeguard your identity, money, assets, family, reputation and privacy by monitoring your personal information, credit, finances and devices, and alerting you of suspicious activity. The program is available to team members who have a Social Security number, a valid U.S. residential address and are at least 18 years old. The cost is **$8.45 per month for individual coverage** or **$13.95 per month for family coverage**.

Coverage Features

PROTECTION PLUS PLAN FEATURES

- Credit Monitoring & Alerts
- Annual Credit Report
- Monthly Credit Score Tracker
- In-Platform Credit Dispute
- Credit, Bank & Utility Account Freeze Assistance
- Home & Vehicle Title Monitoring
- Investment & Loan Account Monitoring
- High-Risk Transaction Alerts
- Payday/Specialty Loans Block
- Experian Credit Lock
- Credit Score Simulator

IDENTITY THEFT PROTECTION

- Dark Web Monitoring
- Digital Vault
- SSN & Identity Authentication Alerts
- Privacy Assistant & Spam Reduction
- Criminal, Court & Public Records Monitoring
- USPS Address Monitoring
- Social Media Account Monitoring & Takeover Alerts
- Gamertag Monitoring
- Social Media Privacy Checkup

PRIVACY & DEVICE PROTECTION

- Password Manager
- Email Alias
- Safe Web Browsing
- IP Address Monitoring
- Wi-Fi Security VPN
- Antivirus
- AI-Powered Call & Text Screening

FAMILY SAFETY

[included with family coverage only]

- Parental Controls
- Child Cyberbullying Protection
- 3-Bureau Child Credit Freeze Wizard
- Child SSN Monitoring & Alerts
- Sex Offender Geo Alerts
- Family Sharing
- Child Safety Checklist

SERVICES & SUPPORT

- $5M Insurance Policy per Enrolled Adult
- Lost Wallet Protection with $500 Emergency Cash
- 24/7/365 100% US-based Customer Care
- White Glove Fraud Resolution Services
- Restoration Services for Pre-Existing Fraud Events
- Mobile App [iOS & Android]
- Online Resolution Tracker

Setting up your personalized account is as easy as 1-2-3!

1. Create your user ID and password by going to my.aura.com/start.
2. Activate and utilize additional features, view alerts & set your contact preferences, add members to a family plan and more!
3. Download the Aura app for convenient access to your features from anywhere.

Download the Aura app today!

Apple Store | Google Play

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

METLIFE | PET INSURANCE

PLAN INFORMATION

Administrator: MetLife

Plan Name: Faith Technologies Incorporated

CUSTOMER SERVICE 1-800-GET-MET8 | www.metlife.com/getpetquote

Pet Insurance

Help protect your pet from costly vet bills!

More than ever, pets play a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

BENEFITS

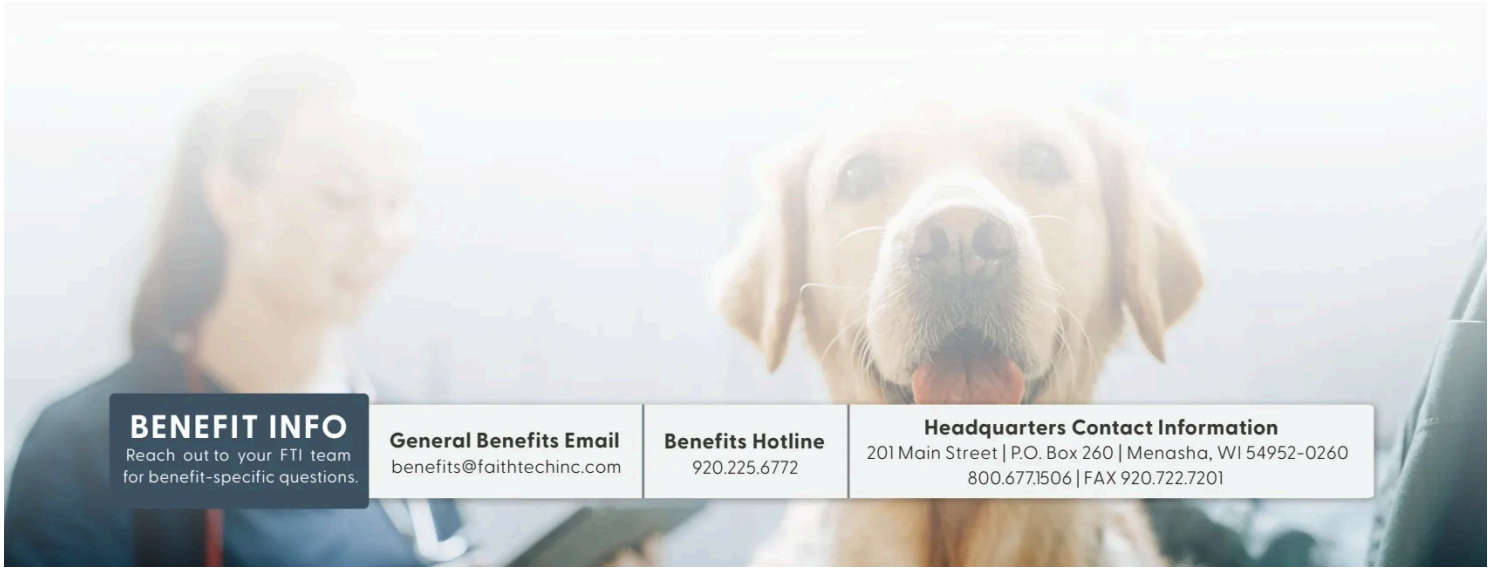
- Flexible insurance plans.
- Freedom to visit any U.S. veterinarian and be reimbursed up to 90% of the cost of services.
- Optional preventive care coverage.
- 24/7 access to Telehealth Concierge Services for immediate assistance.
- Discounts up to 30% and additional offers on pet care, where available.
- Coverage of previously covered pre-existing conditions when switching providers.

HOW IT WORKS

Select and enroll in the coverage that's right for you and your pet, and download our mobile app.

Take your pet to the vet and pay the bill. Manage your pet's health and wellness using the app.

Send the bill and your claim to us and receive reimbursement by check or direct deposit if the claim expense is covered under the policy.



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LYRA HEALTH [ENHANCED EMPLOYEE ASSISTANCE PROGRAM]

PLAN INFORMATION

Administrator: Lyra Health

Plan Name: Faith Technologies Incorporated

CUSTOMER SERVICE 844.761.2003 | www.faithtechinc.lyrahealth.com

This is a no-cost, company-sponsored benefit available to you and your dependents that offers confidential, 24/7 support and resources that encourage you to maintain healthy and positive lifestyles - while supporting you with proven, effective strategies through life's challenges. Team members and their dependents receive up to eight free and confidential mental health coaching or therapy sessions per person, per year. If your eight free sessions have been exhausted, you can continue seeing your Lyra provider, if enrolled in the FTI medical plan. If you are not enrolled in FTI's medical plan, you will need to see if your Lyra provider is covered under your medical plan, or transition to a provider that is covered under your medical plan.

If your treatment needs include the use of medications, you can also meet with a Lyra provider for medication management support. Both continued care and medication management sessions are billed through your medical plan and subject to in-network outpatient mental health cost-sharing, as defined under your medical plan.

When you sign up with Lyra, you also gain unlimited access to a library of self-care resources including videos, meditations, soundscapes and breathing exercises to help you strengthen your relationships, stress less and sleep better.

FAST ACCESS

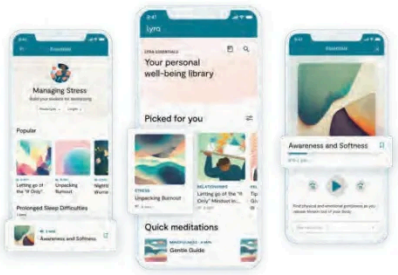
HIGH-QUALITY PROVIDERS

FLEXIBLE OPTIONS

Lyra can help.

Unlimited access to Lyra Essentials, a library of well-being resources:

- Videos
- Articles
- Meditations
- Soundscapes
- Breathing Exercises



Compassionate and Confidential Care.

- Anxiety or Depression
- Work Stress and Burnout
- Relationship Challenges
- Parent and Caregiver Stress
- Grief or Loss
- Excessive Alcohol Use

SCAN to sign up for your Lyra account!

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

401[K] & 401[A] PLANS

PLAN INFORMATION

Administrator: **Empower**

Plan Name: **Faith Technologies Incorporated**

Eligibility: All team members that are 18 years old or older are immediately eligible to participate.

CUSTOMER SERVICE 833.961.5273 | www.empowermyretirement.com

FTI's 401[k] Retirement Plan through Empower is a solution to provide you with a future savings option. Newly eligible team members will be automatically enrolled in FTI's 401[k] plan at a 6% deferral rate. [Team members can opt out in the first 30 days of their hire or date of eligibility]. You can adjust the deferral rate of your 401[k] contributions within your Empower account at any time. In order to maximize the discretionary company match, you would need to defer at least 6% to your 401[k].

Our goal is to help make saving for the future as easy as possible. You can access your account through the Empower portal or their mobile app.

Contact Empower to:

- Change your contribution deferral on your pre-tax, Roth and/or after-tax emergency savings.
- Change your investment funds [allocations].
- Make a withdrawal from your after-tax emergency savings.
- Roll over an eligible 401[k] from a previous employer's plan.
- Start a loan from your pre-tax or after-tax emergency savings.
- View account balances.
- View statements.
- Educate yourself on retirement saving.

Create an Empower Retirement Account!

- Log onto empowermyretirement.com.
- Select "Register".
- Choose the "I do not have a PIN" tab.
- Follow the prompts to create your username and password.

If Empower doesn't have your email or phone number on file, or if you have another account with Empower [*with a former employer, for example*], call 833.961.5273 to access your new plan.

SCAN the QR code or visit the app store to get started.

Apple Store **Google Play**

BENEFIT INFO
Reach out to your FTI team for benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

401[K] RETIREMENT PLAN FEATURES

401[k] Beneficiary Designations
Update your beneficiary designations by logging into your account at www.empowermyretirement.com, or by calling Empower at 833.961.5273.

Automatic Escalation
This feature automatically increases your elective deferral amount in small increments each year. Newly eligible team members are enrolled in Automatic Escalation where your deferral rate will increase by 2% on your anniversary date, until you reach a 12% deferral rate. [Team members can customize this to escalate either 1, 2 or 3%, or opt out of this feature at any time, and can choose auto escalation on pretax or Roth 401[k].

With **GoalMaker**, you can select your investment style (conservative, moderate or aggressive) and your expected retirement age to be invested in a portfolio that's suited to your investment style at no additional cost.

- Periodically rebalances your account to keep your investments on track.
- Automatically adjusts your portfolio as you get closer to retirement.

Catch-up Contribution
If you are 50 years or older, you may also set aside a catch-up contribution per year in an amount set by the IRS.

Company Match
As its targeted discretionary match, FTI intends to match 50% of the first 6% of your individual contribution to your 401[k] retirement plan. An additional discretionary company match may be made based on the company's performance.

Deferral Percentages
FTI's plan allows you to set aside between 1% and 80% of your pretax salary, up to the annual max established by the IRS.

Roth Option
The Roth option allows team members to contribute to their 401[k] by setting aside money after taxes have been deducted. This means that both the principle contributions and the earnings on those contributions can be withdrawn tax-free.

Empower offers the same investment funds for Roth as those available for pre-tax contributions. The GoalMaker tool may also be leveraged for investment elections. *[Note: Loans are not allowed from Roth contributions within FTI's 401[k] plan].*

After-tax Emergency Savings
Participants may defer up to 80% of their after-tax earnings to help build a safety net for unexpected expenses. Original contributions are tax free upon withdrawal, but earnings are subject to tax and may be subject to an early withdrawal penalty if withdrawn before age 59½. A Roth conversion option is also available [taxes are due on earnings at the time of Roth conversion].

Financial Wellness
Empower's educational tools and resources can help you manage your financial challenges and reach your goals.

Scan the QR code or visit learning-fromempower.com to access interactive learning tools, calculators and expert insights. Empower also offers live monthly webinars where you can get practical tips from professionals on money matters, investments and retirement planning.

SCAN the QR code or visit the app store to get started.

Vesting Schedule
You are always 100% vested in all of your plan accounts.

Side by Side Comparison

	PRETAX PAYCHECK CONTRIBUTIONS	ROTH WORKPLACE CONTRIBUTIONS	AFTERTAX PAYCHECK CONTRIBUTIONS
Effects of Contributions on Paychecks	Prior to Tax Withholding	After Taxes Withheld	After Taxes Withheld
Taxation on Distributions	Contributions taxed as ordinary income	Contributions not taxed	Contributions are not taxed
	Any earning taxed as ordinary income	Any earning not taxable as qualified withdrawls	Any earning are taxed as ordinary income

How Pretax and Roth Workplace Plan Contributions May Affect Your Paycheck

PRETAX SALARY	SAVINGS RATE
$2,500 MONTH	6%
$1,998	Paycheck if you save pretax
$1,975	Paycheck if you save with Roth

$23 DIFFERENCE

401[A] PROFIT-SHARING PLAN FEATURES

FTI's 401[a] Profit-Sharing Plan is in addition to FTI's 401[k] Retirement Plan, and is a solution to offer you with an additional saving option for your future.

Eligibility | All regular team member 18 years old and older are eligible. Part-time team members will receive a prorated contribution based on hours worked.

Contributions | The 401[a] is a non-contributory plan - only the company deposits money. The amount contributed to the 401[a] is pre-tax and will be based on company growth and financials.

Investment Options | You have full control of how your money is invested. Visit Empower's website at any time to update your investment fund allocation.

Safety Incentive Program Contribution | For every 30 days the organization works without a recordable incident, eligible team members will receive a contribution to their 401[a] accounts. Each payout increases by $50 for each 30-day milestone worked incident-free.

Vesting Schedule | Vesting is a three-year cliff vesting period, regardless of the amount of time you have been with FTI. An exception to the three-year vesting rule is for participants age 55 or above.

- A participant attaining the age of 55 while active at FTI will be fully vested after their 55th birthday. If an active participant is already 55 and older, they are automatically vested in the 401[a].
- Distributions from the 401[a] follow the same rules as distributions from the 401[k], except loans are not allowed. The difference is that the 401[a] funds are not available for distribution until fully vested [three years], whereas our 401[k] funds vest immediately and are not subject to a time requirement.
- The 401[a] can only be contributed to by FTI; the team member cannot add funds to their 401[a] account. All funds in the 401[a], vested and unvested, can be directed into investment options by the team member, but they cannot withdraw or take a distribution until vested.
- Assuming the funds are fully vested, an in-service distribution [team member elects to withdraw money from the account] is allowed if the team member has reached the age of 59½.

If you have any further questions regarding this benefit, please reach out to benefits@faithtechinc.com.

TIME AWAY FROM WORK

PAID TIME-OFF BENEFIT

FTI is strongly committed to helping our team members achieve work-life balance and proud to provide best-in-class paid time off [PTO] benefits. PTO may be used for vacation, personal days/appointments/illness, bereavement leave not covered under FTI's bereavement policy, family medical leave or other pre-approved requests. Team members are expected to exhaust PTO benefits during leaves of absence and before requesting unpaid time off.

PTO Eligibility: Full-time, regular-status team members are eligible for PTO upon 90 days of employment. Additional PTO hours are granted based on employment anniversary.

Team members have a one-month grace period from the time of their anniversary to use their PTO balance. After that grace period, team members will be paid out up to 80 hours of their unused balance. PTO balances above 80 hours will go to the Emergency Hardship Program. There is no action for team members to take in order to receive the PTO payout.

90 DAYS	1 week	9 YEARS	4 weeks + 2 days
1 YEAR	2 weeks	10 YEARS	4 weeks + 3 days
2 YEARS	3 weeks	11 YEARS	4 weeks + 4 days
5 YEARS	4 weeks	15 YEARS	5 weeks
8 YEARS	4 weeks +1 day	20 YEARS	6 weeks

Holiday Pay

Faith Technologies Incorporated [FTI] provides holiday time off to all regular, full-time team members on the dates listed below.

- **New Year's Day** [January 1]
- **Memorial Day** [last Monday in May]
- **Independence Day** [July 4]
- **Labor Day** [first Monday in September]
- **Thanksgiving** [fourth Thursday in November]
- **Day after Thanksgiving** [fourth Friday in November]
- **Christmas** [December 25]

TIME TO RECHARGE

Time to Recharge is a Culture of Care benefit designed to extend you time off to focus on your well-being – MIND, BODY, SOUL. Each full, part-time and seasonal team member receives two hours of paid time off every month to use toward self-care, training and/or professional health services.

FAMILY-FRIENDLY BENEFITS

PAID PARENTAL TIME-OFF BENEFIT

Regular, full-time team members employed at least 12 months and who have at least 1,250 hours of work are eligible to apply for one week of paid parental time off [40 hours-hourly team members, one week-salary team members].

Paid Parental Leave | It is the policy of FTI to grant paid parental time off for any of the following reasons:

- Birth of your child.
- Adoption of your child.
- Pre-adoptive foster care and foster placement of your child.

Parental Leave Entitlements | Eligible team members who have experienced one of the events listed above within the first year preceding the date of the leave request are eligible for a maximum of one week of paid parental time off [does not need to be consecutive]. During this time, the team member will remain responsible for all normal deductions and premiums to be deducted from their paycheck. If paid parental time off is requested, the team member must contact the Benefits Department in advance and follow the necessary steps in Workday. Benefit-eligible team members who satisfactorily meet or exceed all eligibility protocols and are not currently on a performance improvement plan are eligible to receive payment.

The team member must also apply for family medical leave, as paid parental time will run concurrent with family medical leave. Paid parental time off will be applied to the one-week elimination period before disability benefits begin for maternity disability claims.

Disqualification for Leave | In the case of any granted leave, including paid parental leave, the leave will be canceled and a team member will be subject to disciplinary action, up to and including termination of employment, if the leave was based on false statements or if a team member engages in any gainful employment while on leave without specific permission from FTI.

ADOPTION BENEFIT POLICY

Adoption Benefit | FTI is proud to provide financial assistance to our team members for expenses related to the adoption of a child. Regular, full-time employees employed at least 12 months are eligible to apply for an adoption benefit up to $5,000 once per calendar year to help offset the costs of adopting a child. Complete the Adoption Benefit Claim form found on our benefit SharePoint site within 60 days of the adoption date. When submitting the reimbursement request form, you must provide all receipts and documentation to support the amount requested. FTI reserves the right to request documentation of adoption expenses prior to issuing payment.

Disqualification for Payment | If payment was based on false statements, this shall be grounds for disciplinary actions and the employee may be required to reimburse the amount received to FTI.

FERTILITY BENEFITS

Up to $5,000 per calendar year [$10,000 lifetime maximum] for eligible services within medical insurance coverage.

FAMILY-FRIENDLY BENEFITS

OTHER FAMILY-FRIENDLY BENEFITS

Parenting & Caregiving Solutions | RethinkCare, available through the Personify Health wellness program, allows access to various courses to help build resilience with RethinkCare's mental health experts while learning to manage the challenges of modern-day parenting. Additional mindfulness and resilience courses are available for young adults geared toward practices that will help overcome challenges with stress management, focus, sports, bullying, personal growth and more.

Personify Health | Provides parent coaching, allowing individuals to work one-on-one with a specialized parenting coach. This service helps parents develop new skills to tackle parenting challenges, enhance their well-being and effectively manage their child's behavior.

Work/Life Balance Solutions | Creating a perfect work/life balance is a struggle for many. There are situations that come up in everyday life that sometimes require additional assistance. Work/life resources and referrals, available through Lyra are designed to provide team members and members of their household with consultations regarding items such as childcare, pet care, elder/adult care, financial consultations, ID theft support and more.

The **Emergency Hardship Program** helps FTI team members weather unexpected hardships that create undue financial stress or instability. Through this discretionary program, team members may be eligible to receive financial assistance via monetary and/or vacation donations from team members and company match and/or donations. Each team member's situation will be evaluated.

BENEFIT INFO
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800.677.1506 | FAX 920.722.7201

WELLNESS PROGRAM

CUSTOMER SERVICE

Personify Health Member Support: 888.671.9395 support@personifyhealth.com

Quest Diagnostics Participant Service Center: 855.623.9355 wellness@questdiagnostics.com

The stronger the body, the sharper the mind. FTI's award-winning wellness program focuses on the physical and mental well-being of team members and their families. By providing opportunities to incorporate Mind, Body and Soul into our day-to-day lives, we can improve our health, wellbeing and confidence.

Make A Move Toward Better Well-Being

New name, same benefits! In January, Virgin Pulse [FTI's well-being platform] will be revealing a brand-new look and feel for their new name: **Personify Health**. This new name reflects their understanding that everyone's health journey needs to be personalized to them. Personify Health continues to offer the same comprehensive well-being platform and mobile app that you're familiar with to help you build healthy habits, across all areas of well-being to achieve long term health.

Those who currently have the Virgin Pulse mobile app will not need to download a new app. After January 1, 2025, simply update your app to get the latest features and refreshed brand theme (if it does not happen automatically). For those new to the wellness program, search for Personify Health in your app store or visit ***http://app.personifyhealth.com/*** on January 1, 2025, or later.

Get ready to have some fun while getting healthy! Whether you're making new healthy changes or adding more to your wellness routines, you'll have access to the tools and support you need to reach your goals. **Plus, you can earn cash incentives of up to $200 just for completing healthy activities! All team members and spouses are eligible to join.**

Reward Programs | Live healthy and get rewarded!

- **Premium Incentive Program**
  If you elect FTI's medical insurance, you have the opportunity to earn an additional company contribution toward your medical insurance premium. If you'd like to participate in this voluntary program, team members and spouses must earn enough points to reach at least Level 3 in the program by November 15. Participating in this program allows each team member and spouse to save between $1,400 and $3,000 in health insurance premiums for the following year, depending on plan chosen.

- **Cash Rewards**
  Through the Personify Health program, team members and spouses can complete a variety of activities to reach certain levels on the wellness platform to earn up to $200 that can be redeemed at any time during the calendar year in the Personify Health online store, toward a gift card or donated to a charity.

Mental Wellness

Good mental health is fundamental to the health and well-being of every person and our communities as a whole. We want all people to understand how to protect and improve their mental health and know when to seek help for themselves or someone close to them.

- **Lyra Health** provides no cost and confidential mental and emotional health care that is effective, convenient and personalized. They'll match you to proven treatments and the right care for your needs, whether that's short-term care with their network of top providers, or other resources available such as mental wellness content and exercises, or work-life services. Refer to page 30 for more details.

- **RethinkCare**, offered through Personify Health, offers daily sessions and science-based courses focused on meditation, reducing stress and anxiety, building emotional intelligence, improving relationships, thriving at work, sleeping better, parenting and so much more!

- **Mental Health Training** is available through Workday Learning for all team members, as well as leaders, to understand common mental health conditions, how to actively work to reduce the stigma surrounding mental health and learn how to spot warning signs for mental health concerns.

WELLNESS INFO

General Wellness Email wellness@faithtechinc.com

Wellness Contacts: **Kayla Loughrin:** kayla.loughrin@faithtechinc.com | 920.225.6677

Alyssa Kwasny: alyssa.kwasny@faithtechinc.com | 920.751.9815

WELLNESS PROGRAM CONT.

Financial Wellness

Financial wellness is a crucial aspect of overall wellness because it directly impacts various areas of your life. Financial wellness is about more than just having money; it's about feeling secure and in control, which positively affects your overall well-being.

- **Empower's Learning Center** allows access to financial wellness assessments, budget calculators, financial education and access to one free financial coaching session. Review page 32 of this guide for more details on this program.
- **Lincoln Financial WellnessPATH** offers a personalized financial wellness tool for all team members. Participants take a short quiz that automatically customizes the tool. The resource library includes articles, videos and calculators around credit scores, life events, disability insurance, managing debt, retirement, saving for college, banking, life insurance and mental well-being. Get started at ***www.LincolnFinancial.com*** and use company code FAITH.
- **Personify Health** offers Healthy Habits, Personal Challenges, Media Content and Journeys focused on budgets, managing your finances and saving up for the fun things in life.
- **Lyra Health** offers a 30 minute free consultation with an experienced financial counselor, a 30 minute free consultation on income tax planning, a 25% discount on the Certified Public Accountant's normal fee for document preparation, and an online financial library.

Social Wellness

- **Personify Health Personal & Team Challenges** allow you to engage in some friendly competition with coworkers, friends and family. Turn up your activity level and develop new healthy habits by focusing on one specific topic at a time.
- **Personify Health Social Groups |** Social networks are a foundational part of your wellbeing journey! Friends can prompt each other to adopt healthy habits, celebrate success, and encourage engagement. Create groups around common interests like biking, recipe sharing, parenting and more!
- **Friends & Family |** Build up your support network in Personify Health by adding work friends, as well as friends and family outside of the organization!

Physical Wellness

- **Personify Health's Nutrition Guide** helps participants pick their nutrition profile and serve up healthy tips and great recipes.
- **Personify Health's Sleep Guide** allows participants to pick a sleep profile, get customized tips, and see all your sleep data in one place!

Physical Wellness cont.

- **Get active** and earn points! Through Personify Health, track your steps and activity to earn points towards rewards. Create personal fitness challenges and build healthy habits toward your physical activity goals.
- **Biometric Screenings** provide vital information about your overall health, including cholesterol, triglycerides, cardiac risk, glucose, A1c, blood pressure, height, weight, BMI and waist measurement. Biometric Screenings are available to all team members and spouses at no cost through the Personify Health program and Quest Diagnostics.
- **Health Coaches through Personify Health** help individuals achieve their health and wellness goals. Telephonic coaching is available at the touch of a button and at times that are convenient for you. Select from topics such as managing weight, being tobacco-free, getting active, eating healthy, reducing stress and sleeping well.
- **Personify Health Journeys** help participants get on the path to better health with self-guided digital courses that give you daily support in the areas you want to focus on. Select from topics such as reducing stress, finding emotional balance, getting active, eating healthy, sleeping well, being tobacco-free, navigating health situations, managing finances and embracing diversity.
- Take the Personify Health **Health Check Assessment** to assess your health across various factors from mental health to fitness. You'll get a personalized report and actions to take!
- **Nicotine Cessation Program |** Through our nicotine cessation program, class reimbursement and health coaching, we're here to support you on your journey towards a nicotine free lifestyle.
- **One Pass Select |** Available through UMR for team members who elect FTI's health insurance. Allows access to a nation-wide network of fitness locations while only paying one monthly membership rate for the tier chosen. Enroll at ***onepassselect.com***.
- **Free Max Go Fitness Tracker** | FTI team members and their spouses can get a free Max Go Fitness Tracker. Connect it to Personify Health to track steps, sleep, calories burned and more. Earn points towards your Premium Incentive and Rewards Cash!

Total Wellness

- A **Lifestyle Spending Account [LSA]** is an employer-sponsored benefit that provides post-tax funds for employee's everyday needs. FTI will reimburse up to $400 per family each calendar year for eligible expenses related to physical, financial and emotional well-being.
- **Personify Health Media** videos offer quick, interactive and informative content led by trainers and coaches on a variety of topics including fitness, mindfulness and more.

HELPFUL INFORMATION

Dual Coverage

Married team members whose spouse works outside the home may have two health insurance plans available to them: FTI's plan and their spouse's plan. However, having two plans available doesn't mean that they should elect both plans [dual coverage]. For the great majority of people with dual coverage, they would be better off financially if they selected one plan. The reasons for this include:

■ Coordination of Benefits

In the past, it wasn't uncommon for families to have dual coverage because when the two insurance plans coordinated benefits, the secondary health plan picked up the team member's out-of-pocket expense, leaving little to no payment for the team member. Coordination of Benefits provisions have changed. Most health insurance plans, if they are secondary coverage, will no longer pick up the team member's out-of-pocket expenses.

■ Premium Contribution

If you have dual coverage, you and your spouse are more than likely making a contribution to health insurance premiums for both plans. For most people, they pay more in premium than what they receive in benefits from having dual coverage and it would be a better deal to save the premium and take only one health plan.

■ Health Insurance Portability & Accountability Act [HIPAA]

Some families have dual coverage because they are concerned a spouse could lose their job and thus health insurance. Loss of a spouse's job is considered a qualifying event, and HIPAA allows a family to pick up health insurance from their employer if the spouse who carried the health insurance loses their job. Should this happen, the employed spouse can request health insurance from their employer as long as they do so within the required timeframe of the qualifying event [e.g., loss of job].

DEFINITIONS

Preferred Provider Organization [PPO] | A PPO offers access to physicians and hospitals that participate in a network plan. You are then able to access health care services at a discounted rate each time you use an in-network provider.

In-Network | A health care provider or facility that our plan has contracted with to provide services to plan members for specific pre-negotiated rates.

Out-of-Network | A health care provider or facility that is not contracted with the plan.

Copay | A copay is a flat dollar amount you pay for the network physician office visits. After the co-pay, the plan pays 100% thereafter. Co-pays do not apply toward the deductible.

Deductible | A deductible is the initial portion of the annual medical expenses that plan participants may be required to pay before benefits are paid by the insurance plan.

Embedded Deductible | Each family member's expenses will go toward satisfying their individual deductible and the total family deductible. If one member of the family meets the embedded individual deductible, then the plan coinsurance would begin to be applied for that one individual. Once the total family deductible amount has been met with the pooled individual deductible amounts, the plan will begin paying coinsurance for applicable claims for the entire family.

Aggregate Deductible | The individual deductible no longer applies and the plans coinsurance benefits are not applied until the total aggregate family deductible limit is reached.

Coinsurance | Coinsurance is the percentage you pay for medical care once your deductible has been satisfied.

Out-of-Pocket Maximum | An out-of-pocket maximum is the maximum dollar amount that you will have to pay for medical benefits [includes copays, deductibles and coinsurance].

Primary Care Doctor | The plan defines "primary care" as physicians who are classified as: family practice, internal medicine, pediatricians, OB/GYNs and chiropractors.

Specialist | A provider who falls outside of the primary care definition.

Urgent Care | Services received for a sudden, serious or unexpected illness, injury or condition. Urgent care is not considered a medical emergency. Care is needed right away to relieve pain, find out what is wrong or treat a health problem that is not life-threatening. Examples of urgent care include strep throat, sprains, strains, cramps, rashes or earaches.

Generic Drug | A generic drug is identical [or bioequivalent] to a brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. A generic drug can be produced when the patent on a brand-name drug has expired.

Brand-Name Drug | A brand-name drug is a medicine that's discovered, developed and marketed by a pharmaceutical company.

Non-Formulary Drug | A drug that is not included in the list of preferred medications that a committee of pharmacists and doctors deem to be the safest, most effective and most economical.

Maintenance Drug | A drug is considered a maintenance medication when it is being taken to treat chronic condition for an extended amount of time.

Explanation of Benefits [EOB] | An explanation of benefits comes from the third-party administrator after a claim has been filed and shows payment information for each service or supply covered by the plan.

This guide provides information on various FTI benefit plans, including changes that take effect as of January 1, 2025. It is intended to provide a brief overview and cannot present all of the details of the Plan provisions. While every attempt has been made to ensure accuracy, if any conflict or discrepancy exists between the information contained herein and the official plan documents or policies, the official plan documents or policies will govern.

The benefits descriptions contained herein are not guarantees of current or future employment or benefits. FTI reserves the absolute and unconditional right to change, suspend or discontinue any of its benefits programs or policies at any time.

This information is being provided for informational purposes only and should not be considered legal, financial or other professional advice. If you need assistance in these areas, please consult with the appropriate professional.

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FTI™

FAITH TECHNOLOGIES
INCORPORATED

ADDENDUM

NOTICE PACKET

FAITH TECHNOLOGIES HEALTH PLAN NOTICES

THIS PACKET CONTAINS IMPORTANT BENEFIT INFORMATION, NOTICES AND DISCLOSURES RELATED TO THE HEALTHCARE BENEFITS FOR WHICH YOU ARE ELIGIBLE FOR AS AN EMPLOYEE OF FTI.

TABLE OF CONTENTS

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice from Faith Technologies, Inc About Your Prescription Drug Coverage and Medicare."

ADA Notice Regarding Wellness Program

Faith Technologies Welfare Benefit Plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in other medical examinations. The information from your HRA will be used to provide you with information to help you understand your current health and potential risks.

The information from your HRA may also be used to offer you services through the wellness program, such as Personify Health personalizes information provided to participants. Personify Health health coaching is available to all participants and can be personalized based on health risk assessment and biometric screening results. You also are encouraged to share your results or concerns with your own doctor.

You will also be asked to complete a biometric screening, which will include a blood test for biometric screenings that include: triglycerides, HDL cholesterol, total cholesterol, LDL cholesterol, glucose, A1C, PSA (men 45 and older). You are not required to participate in the biometric screening or other medical examinations.

The information from your biometric screening may also be used to offer you services through the wellness program. Nothing is required based on the results of the screening, but we do encourage team members/spouses to complete health coaching sessions through Personify Health once they complete their screening. In addition to going over results with their PCP, you also are encouraged to share your results or concerns with your own doctor.

However, employees who choose to participate in the wellness program will receive a discounted medical insurance premium, up to $200 in cash incentives each year (if attaining all levels in the wellness program), drawings for additional cash rewards for participation, and drawings for cash rewards by completing the wellness program survey. If you and your spouse (if applicable) earn enough points in Personify Health's program to reach level 3 by November 15th of the current year, you will receive a premium incentive discount for the following year.

Additional incentives, such as $400 reimbursement per year for approved purchases, may be available for employees who participate in certain health-related activities, such as health risk assessment or biometric screening. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Alyssa Kwasny at 201 Main Street, PO Box 260, Menasha, WI 54952, 920-751-9815.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Faith Technologies, Inc may use aggregate information it collects to design a program based on identified health risks in the workplace, FTI will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Alyssa Kwasny, Wellness Program Director, alyssa.kwasny@faithechinc.com and Kayla Loughrin, Wellness Program Coordinator, kayla.loughrin@faithtechinc.com, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact:

Alyssa Kwasny
Wellness Program Director
201 Main Street
Menasha, WI 54952

Genetic Information Nondiscrimination Act (GINA) Disclosures

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please contact:

Alyssa Kwasny
Wellness Program Director
201 Main Street
Menasha, WI 54952

We will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status

General Notice of COBRA Rights

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;
- 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:

Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

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, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

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

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

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

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

Faith Technologies Welfare Benefit Plan
Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 5495

Important Notice from Faith Technologies, Inc
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Faith Technologies, Inc 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. Faith Technologies, Inc has determined that the prescription drug coverage offered by the Faith Technologies, Inc 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 Faith Technologies, Inc coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will not coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Faith Technologies, Inc 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 Faith Technologies, Inc 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 call Joanne Homa at 920-891-7867. 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 Faith Technologies, Inc changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date: 9/23/2024
Name of Entity/Sender: Faith Technologies, Inc
Contact--Position/Office: Joanne Homa, Director of Benefits
Address: 201 Main Street Menasha, WI 54952
Phone Number: 920-891-78

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 920-891-7867.

Newborns' and Mothers' Health Protection Act Notice

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

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the Employer stops contributing toward the other coverage).

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

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact:

Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

Notice of Privacy Practices

Faith Technologies, Inc
201 Main Street
Menasha, WI 54952

Privacy Official:
Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed for Faith Technologies' self-funded medical and dental plans, Flexible Spending Account (FSA), and Employee Assistance Program, and how you can get access to this information. **Please review it carefully.**

Your Rights
You have the right to:

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

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

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

Our Uses and Disclosures
We may use and share your information as we:

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

- Respond to lawsuits and legal actions

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

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

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:

- Joanne Homa
  Director of Benefits
  201 Main Street
  Menasha, WI 54952
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

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

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

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

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

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

- Marketing purposes
- Sale of your information

Our Uses and Disclosures
How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

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

Run our organization

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

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

Pay for your health services

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

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

Administer your plan

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

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

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

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

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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

Summary of Material Reduction in Covered Services or Benefits to Faith Technologies Welfare Benefit Plan

This Summary of Material Reduction in Covered Services ("SMR") modifies some of the information contained in the Summary Plan Description ("SPD") for the Faith Technologies Welfare Benefit Plan (the "Plan") that describes the Plan as of 01/01/2025.

Note: In the event of any discrepancy between this SMR and the SPD, the provisions of this SMR will govern.

Modification(s)
Important changes under the Plan will go into effect on 01/01/2025. In particular, health plan coverage shall be amended as follows:

Applicable to the High Deductible Health Plan:

- In-network: increase the deductible for Single coverage from $3,200 to $3,300 Family coverage from $6,400 to $6,600
- In-network: increase the out-of-pocket maximum for Single coverage from $3,200 to $3,300 and the Family coverage from $6,400 to $6,600
- Out of network: increase the deductible for Single coverage from $5,200 to $5,300 and the Family coverage from $10,400 to $10,600
- Out-of-network: increase the out-of-pocket maximum for Single coverage from $10,400 to $10,600 and Family coverage from $20,800 to $21,200

Applicable to all FTI offered Health Plans:

- Maternity Care, Ongoing Condition Care, Nurse Line, Plan Advisor and Back/Neck Pain Care with UMR is removed from the plan.

If you have questions about these changes in benefits, please contact your Plan Administrator at 920-891-7867.

Summary of Material Modifications to Faith Technologies Welfare Benefit Plan

This Summary of Material Modifications ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the Faith Technologies Welfare Benefit Plan (the "Plan") that describes the Plan as of 01/01/2025.

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

Modification(s)
Important changes under the Plan will go into effect on 01/01/2025. In particular, vision plan coverage shall be amended as follows:

- Vision carrier moving from UHC to DeltaVision
- Frame/contacts frequency moving from once every 2 years, to once per year
- Vision copay moving from $25 to $10

If you have questions about these changes in benefits, please contact your Plan Administrator at 920-891-7867.

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

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $3300 deductible (in-network) and 0% coinsurance (in-network) and $5200 deductible (out-of-network) and 40% coinsurance (out-of-network). If you would like more information on WHCRA benefits, call your plan administrator at 920-891-7867.

Annual Notice
Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 920-891-7867 for more information.

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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members 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: KIHIPP.PROGRAM@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/lahipp 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: HHSHIPPProgram@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. 5218 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 RIte 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)
61565

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.

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)

OMB Control number 1210-0040; Expiration Date 03/31/2026

SUMMARY ANNUAL REPORT FOR
FAITH TECHNOLOGIES INCORPORATED 401(A) PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of Faith Technologies Incorporated 401(a) Plan and Employer Identification Number 41-2065665/Plan Number 009 for the plan year 01/01/2023 through 12/31/2023. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: employer contributions, profit sharing, ERISA section 404(c), total participant-directed account, total or partial participant-directed account, pre-approved pension.

Basic Financial Statement

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were $511,004. These expenses included $39,993 in administrative expenses and $471,011 in benefits paid to participants and beneficiaries, and $0 in other expenses. A total of 3291 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $5,695,840 as of the end of the plan year, compared to $4,800,939 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $894,901. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $1,405,905, including employer contributions of $600,570, employee contributions of $0, other contributions/other income of -$5,608, and earnings from investments of $810,943.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.
5. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at Po Box 260 201 Main St, Menasha, WI 54952 and phone number, 800-677-1506.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: Po Box 260 201 Main St, Menasha, WI 54952, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

OMB Control number 1210-0040; Expiration Date 03/31/2026

SUMMARY ANNUAL REPORT FOR
FAITH TECHNOLOGIES INCORPORATED 401(K) RETIREMENT PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of Faith Technologies Incorporated 401(k) Retirement Plan and Employer Identification Number 41-2065665/Plan Number 008 for the plan year 01/01/2023 through 12/31/2023. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: profit sharing, ERISA section 404(c), total participant-directed account, code section 401(k) feature, code section 401(m) arrangement, 401(k) or 403(b) plan that provides for automatic enrollment, total or partial participant-directed account, pre-approved pension.

Basic Financial Statement

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were $23,300,229. These expenses included $305,413 in administrative expenses and $22,892,673 in benefits paid to participants and beneficiaries, and $102,143 in other expenses. A total of 4033 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $306,477,023 as of the end of the plan year, compared to $253,706,244 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $52,770,779. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $76,071,008, including employer contributions of $5,554,607, employee contributions of $23,670,568, other contributions/other income of $1,713,938, and earnings from investments of $45,131,895.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.
5. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at Po Box 260 201 Main St, Menasha, WI 54952 and phone number, 920-225-6500.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: Po Box 260 201 Main St, Menasha, WI 54952, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Employer Name:	**Faith Technologies, INC**
Employer State of Situs:	**WI**
Name of Issuer:	**UMR**
Plan Marketing Name:	**Faith Technologies, INC Health Benefit Plan**
Plan Year:	**2025**

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes

13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes

35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.