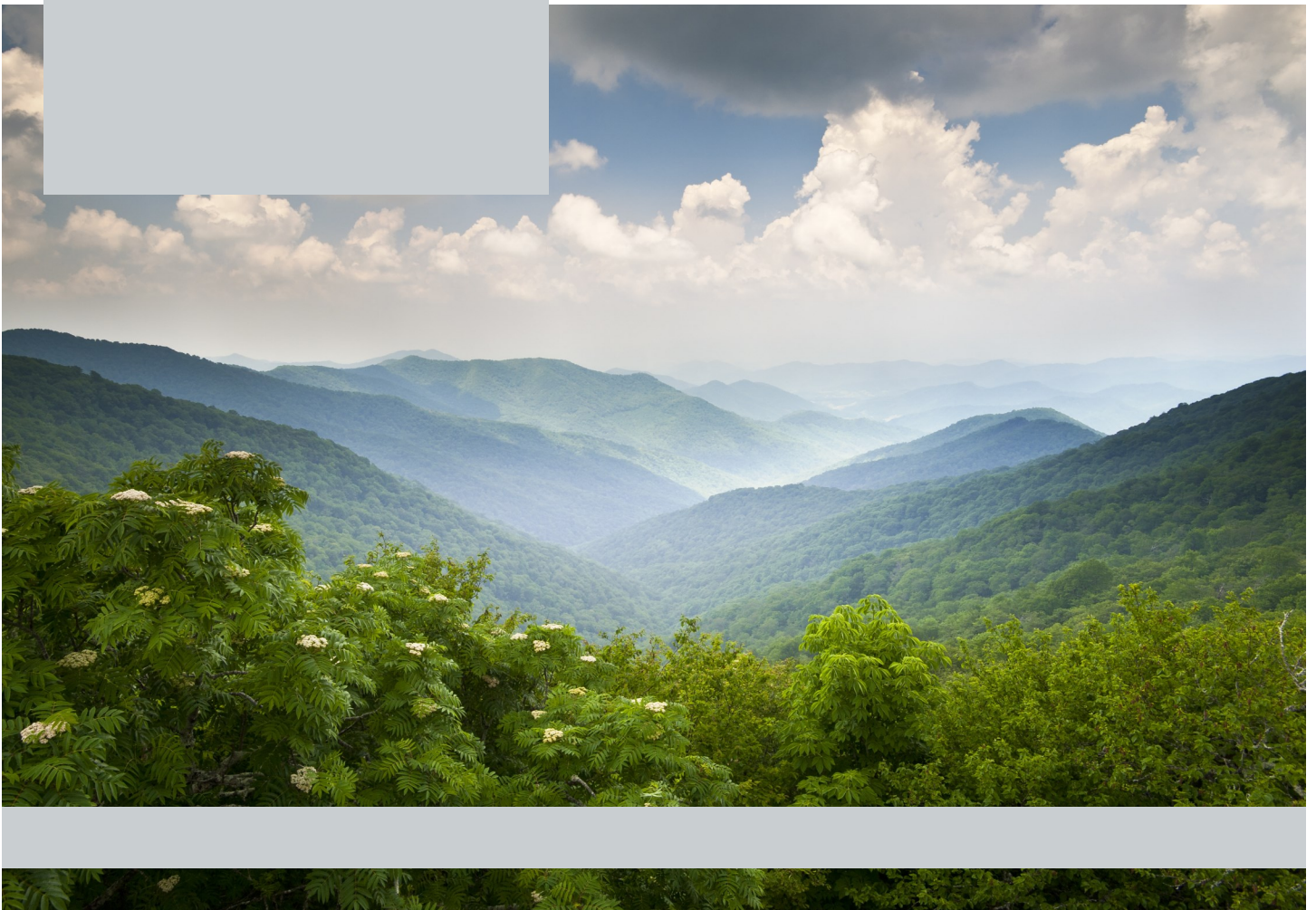




Benefits Enrollment Guide

2023

Lincotek Medical



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Enrollment Checklist

Information You Need to Know:

- You can enroll in benefits during your initial enrollment period as a newly eligible associate, during Annual Open Enrollment, or if you experience a Qualifying Life Event (QLE).
- The plan year is January 1, 2023— December 31, 2023
- Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer and the change is permitted under the plan terms. Examples of these Qualifying Life Events (QLEs) are found on the next page.
- Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.

Current Employees:

- Actively enroll between November 7, 2022 and November 11, 2022 Memphis location only. November 14, 2022 and November 18, 2022 all other Lincoln Medical Locations.
- Verify your 2023 benefits elections and deductions on the first paycheck you receive after your January 1 effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

New Hires:

- Be sure to make your elections **before your benefits effective date**. If you do not make elections, then you may not be able to enroll until the next open enrollment period.
- When you elect certain benefits, you may receive an ID card in the mail. Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- If you need to replace your ID card, or need an additional card, you can request another by contacting the carrier or by visiting the carrier's website online to print another copy.
- Verify your 2023 benefits elections and deductions on the first paycheck you receive after your effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

If you have Medicare or will become eligible for Medicare in the next 12 months, you have more choices for your prescription drug coverage. See page 32 in the Required Annual Notices section for more details.

Eligibility & Enrollment

Lincotek is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently offered in 2023. During the Annual Open Enrollment period, the benefits you elect will be effective January 1, 2023. For new hires, benefits are effective 1st of the month following 30 days. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference tool to help answer most of your basic questions. Please see each carrier's benefits Summary Plan Description or Certificate of Coverage for complete details of the benefits.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse or domestic partner
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Once eligible, you will enroll in benefits using an online portal called ADP.

Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare*

*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

| Plan | Eligibility | Benefits Effective Date |
|----------------------------------|--|---|
| Medical & Prescription | Full-time, actively at work and scheduled to work 30+ hours per week | Benefits are effective 1st of the month following 30 Days |
| Dental | | |
| Vision | | |
| Flexible Spending Accounts (FSA) | | |
| Healthcare Savings Account (HSA) | | |
| Basic & Voluntary Life | | |
| Long-Term Disability | | |
| Short-Term Disability | | |
| Accident and Critical Illness | | |
| EAP/Travel Assistance | | |

Medical Insurance – HDHP Plan

Lincotek medical and prescription drug insurance is provided through Blue Cross Blue Shield of NC. Below is a brief summary of the High Deductible Health Plan (HDHP). If you elect this plan option, you may also participate and contribute to a Health Savings Account (HSA). However, you may **not** participate in a Health Care FSA plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits when appropriate.

Blue Cross Blue Shield of NC HDHP Plan — 3000 Plan

| Services | In-Network (You Pay) | Out-of-Network (You Pay) |
|--|-------------------------------------|-----------------------------|
| Calendar Year Deductible—embedded Individual / Family | \$3,000 / \$6,000 | \$6,000 / \$12,000 |
| Calendar Year Out-of-Pocket Maximum—embedded Individual / Family | \$3,000 / \$6,000 | \$7,250 / \$15,750 |
| Coinsurance | 0% | 30% |
| Preventive Care Services | 100% covered, no charge | 30% after deductible |
| Primary Care Office Visit | 0% after deductible | 30% after deductible |
| Specialist Office Visit | 0% after deductible | 30% after deductible |
| Urgent Care Facility | 0% after deductible | 30% after deductible |
| Emergency Room | 0% after deductible | 0% after deductible |
| Inpatient Services | 0% after deductible | 30% after deductible |
| Outpatient Services | 0% after deductible | 30% after deductible |
| Prescription Drugs | Retail (up to 30-day supply) | Out of Network |
| - Tier 1 / Generic | 0% after deductible | 0% after deductible |
| - Tier 2 / Preferred Brand Name | 0% after deductible | 0% after deductible |
| - Tier 3 / Non-Preferred Brand Name | 0% after deductible | 0% after deductible |
| - Tier 4 / Specialty | 0% after deductible | 0% after deductible |
| - Tier 5 / Nonpreferred Specialty | 0% after deductible | 0% after deductible |

| BCBS of NC Medical– HDHP 3000 Plan | Per Pay Period Deductions |
|------------------------------------|---------------------------|
| Employee Only | \$32.49 |
| Employee + Spouse | \$163.88 |
| Employee + Child(ren) | \$130.61 |
| Family | \$225.36 |

Medical Insurance – PPO 4000 Plan

Lincotek medical and prescription drug insurance is provided through Blue Cross Blue Shield of NC. Below is a brief summary the PPO 4000 Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits when appropriate. Log in to Blue Connect to select your Primary Care Provider (PCP). Your copay is waived for your first 3 visits to your selected PCP.

| Blue Cross Blue Shield of NC PPO - 4000 Plan | | |
|--|--|---|
| Services | In-Network (You Pay) | Out-of-Network (You Pay) |
| Calendar Year Deductible—embedded Individual / Family | \$4,000 / \$8,000 | \$8,000 / \$16,000 |
| Calendar Year Out-of-Pocket Maximum—embedded Individual / Family | \$8,000 / 16,000 <small>(includes deductible, coinsurance and copays)</small> | \$16,000 / \$32,000 <small>(includes deductible, coinsurance and copays)</small> |
| Coinsurance | 30% or 50% | 60% |
| Preventive Care Services | 100% covered, no charge | 60% after deductible |
| Primary Care Office Visit* | \$35 copay | 60% after deductible |
| Telehealth | \$10 copay | Not Available |
| Specialist Office Visit | 50% after deductible | 60% after deductible |
| Urgent Care Facility | \$100 copay | \$200 copay |
| Emergency Room | 50% after deductible | 50% after deductible |
| Inpatient Services | \$250 per admit copay, then 30% after deductible | \$500 per admit copay, then 60% after deductible |
| Outpatient Services | 50% after deductible | 50% after deductible |
| Prescription Drugs | Retail (up to 30-day supply) | Out of Network |
| - Tier 1 / Generic | \$10 copay | \$10 copay |
| - Tier 2 / Preferred Brand Name | \$35 copay | \$35 copay |
| - Tier 3 / Non-Preferred Brand Name | \$60 copay | \$60 copay |
| - Tier 4 / Specialty | 25% to a maximum of \$100 | 25% to a maximum of \$100 |
| - Tier 5 / Nonpreferred Specialty | 25% to a maximum of \$100 | 25% to a maximum of \$100 |

| BCBS of NC Medical – PPO 4000 Plan | Per Pay Period Deductions |
|------------------------------------|---------------------------|
| Employee Only | \$27.65 |
| Employee + Spouse | \$139.45 |
| Employee + Child(ren) | \$111.14 |
| Family | \$191.76 |

Medical Insurance – PPO 2000 Plan

Lincotek medical and prescription drug insurance is provided through Blue Cross Blue Shield of NC. Below is a brief summary of the PPO 2000 Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits when appropriate. Log in to Blue Connect to select your Primary Care Provider (PCP). Your copay is waived for your first 3 visits to your selected PCP.

| Blue Cross Blue Shield of NC PPO Plan - 2000 Plan | | |
|--|---|--|
| Services | In-Network (You Pay) | Out-of-Network (You Pay) |
| Calendar Year Deductible—embedded Individual / Family | \$2,000 / \$4,000 | \$4,000 / \$8,000 |
| Calendar Year Out-of-Pocket Maximum—embedded Individual / Family | \$4,000 / 8,000 <small>(includes deductible, coinsurance and copays)</small> | \$8,000 / \$16,000 <small>(includes deductible, coinsurance and copays)</small> |
| Coinsurance | 20% | 50% |
| Preventive Care Services | 100% covered, no charge | 30% after deductible |
| Primary Care Office Visit | \$35 copay | 50% after deductible |
| Telehealth | \$10 copay | Not Available |
| Specialist Office Visit | \$70 copay | 50% after deductible |
| Urgent Care Facility | \$70 copay | \$140 copay |
| Emergency Room | \$500 copay | \$500 copay |
| Inpatient Services | 20% after deductible | 50% after deductible |
| Outpatient Services | 20% after deductible | 50% after deductible |
| Prescription Drugs | Retail (up to 30-day supply) | Out of Network |
| - Tier 1 / Generic | \$10 copay | \$10 copay |
| - Tier 2 / Preferred Brand Name | \$35 copay | \$35 copay |
| - Tier 3 / Non-Preferred Brand Name | \$60 copay | \$60 copay |
| - Tier 4 / Specialty | 25% to a maximum of \$100 | 25% to a maximum of \$100 |
| - Tier 5 / Nonpreferred Specialty | 25% to a maximum of \$100 | 25% to a maximum of \$100 |

| BCBS of NC Medical – PPO 2000 Plan | Per Pay Period Deductions |
|------------------------------------|---------------------------|
| Employee Only | \$35.73 |
| Employee + Spouse | \$180.23 |
| Employee + Child(ren) | \$143.65 |
| Family | \$247.85 |

When and Where to Get Health Care



Telehealth Virtual Visits

- Average wait time: 5 minutes
- Available 24/7/365
- Basic physician care from your PC, phone, laptop or tablet



Retail Health Clinics

- Average wait time: 15 minutes
- Available extended hours
- Basic care from a nurse practitioner



Primary Care Physician

- Scheduled visits
- Diagnose & treat a range of issues for the whole family
- Refer you to the right care when you need a specialist



Urgent Care Clinic

- Average wait time: 45 minutes
- Immediate quality care on a walk-in basis when your doctor is unavailable



Emergency Room

- Average wait time: 4 hours
- Available 24/7/365
- Emergency care when your life or health is threatened

Things to think about

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic
- Research studies indicate that between 8-27% of ER visits could have been treated in a less expensive care setting
- ER doctors do not typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

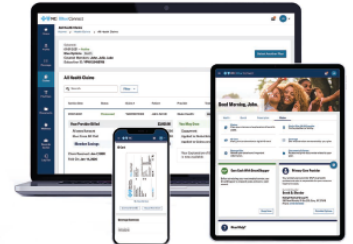
Blue Cross Blue Shield—Blue Connect Portal



YOUR HEALTH in your hands

Blue Connect and **Blue Connect MobileSM** are your guides to managing your health plan and health care. Whether at home or on the go, Blue Connect and Blue Connect Mobile give you access to the tools and information you need.

BlueConnect



TO GET STARTED



Visit [BlueConnectNC.com](https://www.BlueConnectNC.com) to register, or scan the QR code to download the mobile app.

BLUE CONNECT MOBILE PUTS HEALTH CARE IN YOUR HANDS

Your plan at your fingertips: Check claims status, view coverage, find a provider and more



Blue Connect MobileSM

The app is available for free.

Here's what you can do with Blue Connect Mobile:



Sign in with AppleTouch ID, Android Fingerprint ID or Apple Face ID¹



See the status of your open claims and your claims history



Track your benefits, deductibles, out-of-pocket expenses and spending account balances



See and share your digital Member ID card



Find doctors, hospitals and urgent care in your network with our powerful search tools



Send secure messages to Customer Service using your Blue Connect Inbox.

¹ Not all compatible devices can use Touch, Face or Fingerprint Sign-In.



General Medical

24/7 access to doctors
from anywhere



BlueCross BlueShield
of North Carolina

Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 from anywhere you are. We treat:

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

How it works:

- 1 Download the app, go online or call us to set up your account or log in
- 2 Complete or update a brief medical history
- 3 Request a visit and talk to a doctor within minutes



Learn more
Teladoc.com

Teladoc for Minor Acute Care and Behavioral Health



FAQs

Teladoc telehealth services for minor acute care and behavioral health

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is excited to offer telehealth services from Teladoc. With telehealth, you can see or speak with a board-certified doctor or behavioral health specialist via phone, computer or the Teladoc app. Teladoc's doctors can diagnose symptoms, prescribe non-narcotic medication (if needed) and send e-prescriptions to your local pharmacy.¹

Telehealth is a good care option for minor health problems when you can't see your regular doctor. It's also a convenient choice when you want to speak to a counselor or therapist. Below, you'll find answers to questions you may have about this benefit.

GETTING STARTED

Should I wait until I'm sick to create a Teladoc account?

It's best to activate your account now. That way, it's ready when you need it. (There's no charge for signing up.) Be sure to fill out your medical history profile and indicate your preferred pharmacy should you need a prescription called in.

Does this replace my primary care doctor?

Teladoc is a convenient alternative to your doctor for non-emergency conditions. In fact, we encourage you to list your primary care doctor when activating your Teladoc account. That way, you can share the results of your consult with them – and your medical records stay up-to-date.

Is it private and secure?

Absolutely. Teladoc complies with the Health Insurance Portability and Accountability Act (HIPAA). It uses secure video through your computer, tablet or the Teladoc mobile app. You may also choose to visit with a doctor by phone. Your personal health information is never shared with your employer.

What devices are supported?

You can access Teladoc on mobile or land lines as well as most Apple and Android mobile devices by downloading the Teladoc app. On a desktop or laptop, you'll need a high-speed internet connection, a webcam with a resolution of at least 1.3 megapixels and a microphone (most webcams have a built-in microphone). After activating your account, you can test that your computer setup will work if you've chosen a video visit.

3 ways to sign up today

So it's ready when you need it!



Download the Teladoc mobile app

(iOS- / Android-supported)



Go to [Teladoc.com](https://www.teladoc.com) and click "Log in/Register"



Call 1-800-835-2362 (1-800-TELADOC)

Please Note:

You must wait until your health plan effective date before registering for telehealth services.

Teladoc for Minor Acute Care and Behavioral Health cont'd

HOW TO USE IT

Who are the Teladoc doctors?

All Teladoc doctors are U.S. board-certified with 15 years of experience, on average. Their specialties include primary care, pediatrics and family medicine. So, they can treat a wide range of conditions. For behavioral health, Teladoc has a national network of licensed doctoral-level psychologists and master's level counselors, as well as board-certified psychiatrists. When you log in, you'll only be shown doctors licensed to practice in the state you're located in at the time of the visit.

What is the difference between counselors and psychiatrists?

Counselors provide guidance and support by talking to you. They do not prescribe medications. Psychiatrists are medical doctors who primarily prescribe medication for the treatment of behavioral health conditions.

Can a doctor prescribe medication from a consult?

If the Teladoc doctor believes a prescription is needed, he or she can write one for non-narcotic medicines.¹ It's sent electronically to your pharmacy of choice.

Can I use this for my child?

Yes. Teladoc has pediatricians on call. When you register, set up your child's record under your account. Parents must be present on any consult for children under age 18.^{2,3}

Can I rate the Teladoc doctors I see?

We encourage it! After a consult, you'll get a survey to give feedback on the doctor you saw. The results are reviewed for quality as part of Teladoc's continuous improvement process. Teladoc's internal medical board also reviews randomly selected appointments.

I have a question that isn't listed here. What should I do?

For questions about Teladoc, visit [Teladoc.com](https://www.teladoc.com). For questions about your insurance, please call the phone number on your Blue Cross NC member ID card.

WHEN TO USE IT

When can I use Teladoc?

Phone and video consults are available 24 hours a day, seven days a week (including holidays) for minor acute care. Behavioral health services are available by appointment seven days a week.

Is it right for any medical problem?

Teladoc is designed to handle non-emergency medical conditions like the flu or pink eye. It's not intended to replace your primary care doctor. And it should not be used in medical emergencies. If you have a life-threatening emergency, call 911 right away.

What conditions can Teladoc treat for acute care?

Teladoc's doctors can diagnose and treat many non-emergency health problems:

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever²
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems³
- And more

What does it cost?

With Teladoc, the cost is transparent. You'll see prices once you log in to your account. This means you know what you'll be paying before you start a consult. You'll only be charged after you choose to consult with an Teladoc doctor – and your appointment time and payment details are confirmed. Teladoc accepts most major credit and debit cards, and it's a qualified expense for HSAs, HRAs and FSAs. You can cancel an appointment for a full refund if it's at least 24 hours in advance.

| Teladoc Acute Care and Behavioral Health Consultations Fees | |
|---|-------|
| Type of Provider/Visit | Fee |
| Initial Psychiatric Visit* | \$180 |
| Ongoing Psychiatric Visits for Individual/Family | \$95 |
| Initial Therapist Visit** | \$95 |
| Ongoing Therapist Visits | \$85 |
| General Medicine / Acute Care | \$55 |

The fees noted are the most you will pay for a service. Some plans will have a copay or deductible and coinsurance based on what your employer has chosen. Once you register, your Teladoc portal will reflect the correct cost share for your plan.

* Teladoc charges a flat fee regardless of length of visit but consultation fees vary by type of provider/visit. Member's cost share will apply. Employers may pay up to these amounts depending on plan. HSA plans are subject to deductible.

** Therapists include psychologists, licensed social workers and family therapists.

What behavioral health conditions can Teladoc address?

Just like with acute care, Teladoc can support you when you're facing a wide range of conditions:

- Addictions
- Anxiety
- Depression
- Grief and loss
- Relationship issues
- Substance use
- Stress
- And more

Can I use Teladoc when I travel?

Yes. Phone and video consultations are available in every state. Teladoc ensures the doctor or behavioral health specialist you see is fully licensed to practice medicine in the state you're in.⁴

Health Savings Account (HSA)

If you enroll in the High Deductible Health Plan (HDHP), you should consider contributing to a Health Savings Account (HSA), administered by PayFlex. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged.

Why have an HSA?

- If you elect the High Deductible Health Plan (HDHP) and select an HSA, the Company will contribute to your HSA annually
- Contributions are pre-tax
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax-deferred, and if used to pay for eligible expenses, are not taxed upon withdrawal
- Use the money in the account to pay for eligible health care expenses throughout your life– including retirement, there is no time limit on spending your HSA funds
- The balance in your HSA account can be invested

Eligibility Requirements for Contributing to an HSA:

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) which do not meet the definition of a HDHP such as a Health Care Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Tricare, VA benefits (including your spouse's)
- May not be claimed as a dependent on another individual's tax return

| Health Savings Account (HSA) | | | |
|------------------------------|-------------------------------|----------------------------|--------------------------------------|
| Coverage Level | IRS 2023 Contribution Limits* | EMPLOYER 2023 Contribution | Employee 2023 Maximum Contribution** |
| Employee Only | \$3,850 | \$600 | \$3,250 |
| Employee + Spouse | \$7,750 | \$960 | \$6,790 |
| Employee + Child(ren) | \$7,750 | \$960 | \$6,790 |
| Family Coverage | \$7,750 | \$960 | \$6,790 |

*If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse's HSA cannot exceed the federal maximum for family level coverage.

**If you are age 55 or older, you may make an additional pre-tax catch-up contribution of \$1,000 per year.

All HSA participants will receive an HSA debit card from PayFlex. Use your Debit Card for doctor's office visits, prescription drug copays, or any other valid medical, dental or vision expenses. Please retain all receipts to verify expenses, if required.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.



Flexible Spending Accounts (FSAs)

Lincotek continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSAs), administered by Flores. FSAs allow you to pay for eligible health care and dependent care expenses with pre-tax dollars which can increase your take-home pay. The Dependent Care FSA is offered to everyone, no matter what medical plan you may be covered under, through Lincotek or elsewhere.

There are two types of FSAs to choose from:

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. If you are enrolled in the HDHP Plan, you are not eligible to participate in the Health Care FSA.

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

| 2023 IRS Contribution Limits | Maximum | Rollover |
|------------------------------|---|----------|
| Health Care FSA | \$3,050 | \$610 |
| Dependent Care FSA | \$5,000 (or \$2,500 if married and filing separately) | N/A |

FSA Rollover: Flores allows participants to carry over up to \$610 in unused money in the Health Care and/or Limited Purpose FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$610 will be forfeited, so plan accordingly.

Dental Insurance

Lincotek dental plan is administered by Mutual of Omaha. There You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

| Dental Plans | | |
|---|---|---|
| | Low Plan— <u>Orthodontia Not Included</u> | High Plan— <u>Orthodontia Included</u> |
| Services | In-Network/Out of Network* (You Pay) | In-Network/Out of Network* (You Pay) |
| Calendar Year Deductible Individual / Family | \$50 / \$150 | \$50 / \$150 |
| Calendar Year Maximum | \$1,000 | \$1,500 |
| Preventive Services (Covered services include oral exams, cleanings and x-rays) | Covered at 100%, not subject to deductible | Covered at 100%, not subject to deductible |
| Basic Services (fillings, root canals, endodontics, extractions) | 20% after deductible | 20% after deductible |
| Major Services (inlays, onlays, periodontics, bridgework, dentures) | 50% after deductible | 50% after deductible |
| Rollover Benefit | If total in-network claims per individual does not exceed \$500, Mutual of Omaha will rollover \$250 to the following year annual maximum. Employee must complete one cleaning and examination in a plan year to be eligible. | If total in-network claims per individual does not exceed \$750, Mutual of Omaha will rollover \$375 to the following year annual maximum. Employee must complete one cleaning and examination in a plan year to be eligible. |
| Orthodontia—Child Only | Not Covered | 50% with a lifetime maximum of \$1,000 |
| Waiting Period | None | None |

*Out of network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services with geographic areas for the insurance company.



| Mutal of Omaha Dental Plans | Per Pay Period Deductions Low Plan | Per Pay Period Deductions High Plan |
|-----------------------------|------------------------------------|-------------------------------------|
| Employee Only | \$6.59 | \$8.57 |
| Employee + Spouse | \$12.83 | \$16.94 |
| Employee + Child(ren) | \$16.18 | \$22.51 |
| Family | \$24.40 | \$33.61 |

Dental Reference Tools

Dental Insurance

Online Reference Guide for Plan Members



You have a great dental plan – now learn how to make full use of it to ensure proper dental health for you and your family.

With online access you can:

1. View benefits information, eligibility and claims
2. Print or view Explanation of Benefits (EOBs)
3. Print, view or request ID cards
4. Locate a provider, by ZIP code or address

Getting Started

1. Go to MutualofOmaha.com/dental
2. Click on the “Member Portal Link” and select the “Register Now” button. You will enter your Member ID number (located on your member ID card) or the last 4 digits of your Social Security Number and follow the instructions to create your user name and password.

Visit as many times as you need to view or print copies of your coverage information.

Logging On

1. Go to MutualofOmaha.com/dental
2. Enter your username and password
3. Click the “Login” button

Mutually PreferredSM

Online Tools

This section provides you with an overview of your access to benefits information including:

- View your coverage information and eligibility
- Individuals included under your plan
- Access to view, print or request an ID card
- After you’ve visited the dentist, use the “Claims” tab to find historical claim data
- View or print your Explanation of Benefits (EOB) from the “Documents” tab

Access a Claim Form

If you visit an out-of-network provider, you can download a claim form from the home page.

Locate a Provider Two Ways

You have complete freedom to select a provider of your choice, either in network or out of network. You can access the provider search two ways! From the home page, use the Provider Quick Search tool to locate a provider by using your ZIP code or address. You also have access to a provider search page after you log into the Member Portal via the “Providers” tab.

Customer Service

800-927-9197



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Vision Insurance

Lincotek vision plan is administered by Mutual of Omaha, utilizing the EyeMed’s Insight network of providers. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

| Vision Plan | | |
|--|--|----------------------------------|
| Services | In-Network (You Pay) | Out-of-Network* Reimbursement |
| Eye Exam | \$10 copay | Up to \$37 |
| Standard Lenses (instead of contacts) | | |
| - Single | \$25 copay | Up to \$20 |
| - Bifocal | \$25 copay | Up to \$36 |
| - Trifocal | \$25 copay | Up to \$64 |
| - Lenticular | \$25 copay | Up to \$64 |
| - Standard Progressive Lenses (add on to Bifocal copay) | \$65 copay | Up to \$36 |
| Frames (instead of contacts) | \$130 allowance, then 20% discount over allowance | Up to \$58 |
| Contact Lenses (instead of glasses) | | |
| - Conventional | \$130 allowance 15% discount over allowance | Up to \$89 |
| - Disposable | \$130 allowance | Up to \$104 |
| - Medically Necessary** | Covered in full | Up to \$210 |
| Frequency | Based on Date of Service | |
| - Exam | 12 months | |
| - Lenses or Contacts | 12 months | |
| - Frames | 24 months | |

*Out-of-network amounts are reimbursed to member.

** Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems, contact lenses will be deemed elective when vision can be corrected by glasses but contacts are worn.



| Mutal of Omaha | Per Pay Period Deductions |
|------------------------------|---------------------------|
| Employee Only | \$2.07 |
| Employee + Spouse | \$4.71 |
| Employee + Child(ren) | \$5.24 |
| Family | \$7.97 |

Vision Reference Tools

Vision Insurance

Online Reference Guide for Plan Members



You have a great vision insurance plan. Now learn how you can make full use of our vision plan website to ensure proper vision health for you and your family.

With online access you can:

- View benefits information
- View claims history and Explanation of Benefits
- Locate a provider
- Access forms or submit a claim online

Getting Started

- Log on to MutualofOmaha.com/vision
- Click on "View my vision benefits"
- Click the "Create an account" button - enter your name, date of birth, member ID number (located on your member ID card) and follow the instructions to select your username and password

Logging On

- Go to MutualofOmaha.com/vision
- Click on "View my vision benefits"
- Enter your username and password
- Click the "Login" button

Online Tools and Resources

View your benefits

- Coverage and effective dates
- Dependents included in the plan
- Benefits used by you and your dependents
- Print ID cards

Track Claims

Access a claim form

If you visit an out-of-network provider, you will have to pay for services out-of-pocket and submit a claim form located in the "Forms" section.

Find a provider

Once you've created an account and signed in, click "Provider Locator." From here, you can search by ZIP code or "use my location" to find a provider near you.



Download the EyeMed Members App on your iPhone, iPad or Android to view benefit information and ID card.



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Cost of Coverage

| BCBS of NC Medical – HDHP 3000 Plan | Per Pay Period Deductions |
|-------------------------------------|---------------------------|
| Employee Only | \$32.49 |
| Employee + Spouse | \$163.88 |
| Employee + Child(ren) | \$130.61 |
| Family | \$225.36 |

| BCBS of NC Medical – PPO 4000 Plan | Per Pay Period Deductions |
|------------------------------------|---------------------------|
| Employee Only | \$27.65 |
| Employee + Spouse | \$139.45 |
| Employee + Child(ren) | \$111.14 |
| Family | \$191.76 |

| BCBS of NC Medical – PPO 2000 Plan | Per Pay Period Deductions |
|------------------------------------|---------------------------|
| Employee Only | \$35.73 |
| Employee + Spouse | \$180.23 |
| Employee + Child(ren) | \$143.65 |
| Family | \$247.85 |

| Mutual of Omaha Dental Plans | Per Pay Period Deductions <u>Low Plan</u> | Per Pay Period Deductions <u>High Plan</u> |
|------------------------------|--|---|
| Employee Only | \$6.59 | \$8.57 |
| Employee + Spouse | \$12.83 | \$16.94 |
| Employee + Child(ren) | \$16.18 | \$22.51 |
| Family | \$24.40 | \$33.61 |

| Mutual of Omaha Vision Plan | Per Pay Period Deductions |
|-----------------------------|---------------------------|
| Employee Only | \$2.07 |
| Employee + Spouse | \$4.71 |
| Employee + Child(ren) | \$5.24 |
| Family | \$7.97 |

Life and AD&D Insurance

Basic Life Insurance

Lincotek provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through Mutual of Omaha. Please remember to review and update your beneficiary designation annually.

| Benefit | Basic Life and AD&D Insurance |
|------------------------|---|
| Employee Life | 1x your base annual earnings minimum \$50,000, up to a maximum of \$300,000 |
| Basic AD&D Amount | Matches Employee Life amount |
| Age Reduction Schedule | 65% at age 65 40% at age 70 25% at age 75 |
| Waiver of Premium | Included |
| Conversion | Included (must apply within 31 days of termination date) |

Voluntary Life and AD&D Insurance

Lincotek is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Mutual of Omaha. You may elect Voluntary Life & AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage through age 26.

| Benefit | Voluntary Life and AD&D Insurance |
|--|---|
| Employee Life and Matching AD&D Amount | Increments of \$10,000, 5x annual salary up to \$500,000 |
| Employee Guarantee Issue Amount | 5X annual salary, up to \$200,000 |
| Spouse Life | \$5,000 increments, 100% of employee's benefit, up to \$250,000 |
| Spouse Guarantee Issue Amount | 100% of employee's benefit, up to \$30,000 |
| Employee, Spouse & Child AD&D | AD&D amount is equal to the amount of voluntary term life insurance for employees and eligible dependents |
| Dependent Child Life | Increments of \$1,000, minimum benefit \$2,000 maximum benefit \$10,000 |
| Age Reduction Schedule | 65% at age 65 40% at age 70 25% at age 75 |
| Waiver of Premium | Included |
| Conversion and Portability Options | Included (must apply within 31 days of termination date) |

| Voluntary Life and AD&D Insurance | |
|-----------------------------------|---|
| Employee/Spouse Age | Monthly Premiums (per \$1,000) |
| <25 | \$0.053 |
| 25-29 | \$0.063 |
| 30-34 | \$0.085 |
| 35-39 | \$0.095 |
| 40-44 | \$0.106 |
| 45-49 | \$0.158 |
| 50-54 | \$0.243 |
| 55-59 | \$0.454 |
| 60-64 | \$0.698 |
| 65-69 | \$1.342 |
| 70-74 | \$2.177 |
| 75+ | \$2.177 |
| AD&D Rate per \$1,000 | Employee—\$0.020, Spouse & Child—\$0.032 |
| Child Life Rate per \$1,000 | \$0.213 |

Spouse rate based on employee's age and will terminate when employee attains age 70

Short-Term Disability

Short-Term Disability

Lincotek provides all full-time eligible employees with Short-Term Disability Benefits administered through Mutual of Omaha. There is no cost to you for this valuable coverage. Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Benefits are provided in the event of becoming disabled for more than 14 days due to a non-work related accident or illness. The plan pays 60% of an eligible employees' pre-disability base weekly earnings, to a maximum of \$2,500 per week for a qualified disability.

| Benefit Detail | Short-Term Disability |
|--------------------|---------------------------------|
| Elimination Period | 14 days for accident or illness |
| Benefits Duration | 24 weeks |
| Benefit Percentage | 60% of weekly income |
| Maximum Benefit | \$2,500 per week |



Long-Term Disability

Long-Term Disability

Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted.

Lincotek provides all full-time eligible employees with Long-Term Disability Benefits administered through Mutual of Omaha. There is no cost to you for this valuable coverage. Benefits are provided on the 181st day of disability, payable up to Social Security Normal Retirement Age (SSNRA). Income loss is replaced at 60% of your base monthly earnings, to a maximum of either \$10,000 per month for a qualified disability.

| Benefit Detail | Long-Term Disability |
|--------------------------|--|
| Waiting Period | 180 days |
| Benefits Duration | Benefits are paid to the later of either age 65 or Social Security Normal Retirement Age (SSNRA) |
| Benefit Percentage | 60% of monthly income |
| Maximum Benefit | \$10,000 Active Full-time employees |
| Pre-Existing Conditions* | 3/12 |

**A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.*

Voluntary Critical Illness

Lincotek provides eligible full-time employees with the opportunity to purchase Critical Illness Insurance through Mutual of Omaha. You pay the full cost of this coverage. Critical Illness insurance helps you cover the costs associated with being diagnosed with a specified condition. The table below outlines some of the conditions that are covered, as well as the benefit amount. The benefit is paid as a lump sum to you.

| Benefit Category | Condition | Percentage of Payout |
|--------------------------|-------------------------|----------------------|
| Heart/Circulatory | Heart Attack | 100% |
| | Heart Transplant | |
| | Stroke | |
| Organ | Major Organ Transplant | 100% |
| | End Stage Renal Failure | |
| Cancer | Cancer (Invasive) | 100% |
| | Carcinoma in Situ | 25% |
| | Benign Brain Tumor | |

\$50 – A health screening benefit of \$50 is payable once per calendar year for each insured person, within 90 days of when a claim has occurred.

Please see benefit summary for full list of eligible specific diseases.

| Benefit | Voluntary Critical Illness |
|-------------------------------|---|
| Employee | \$5,000, \$10,000, \$15,000 or \$20,000 |
| Spouse | \$5,000 minimum amount, 100% of employee benefit amount, up to \$10,000 |
| Dependent Child | 50% of employee benefit, up to \$10,000 |
| Guarantee Issue Amount | Employee- \$20,000 Spouse- \$10,000 Child- \$10,000 |

| Monthly Rates | |
|---|---|
| Age | Employee/Spouse Rate per \$1,000 of Monthly Benefit |
| < 30 | \$0.29 |
| 30-39 | \$0.51 |
| 40-49 | \$1.10 |
| 50-59 | \$2.32 |
| 60-69 | \$4.88 |
| 70-79 | \$9.11 |
| 80-90 | \$12.57 |
| Child insurance is automatic. A separate premium is not required. | |

Voluntary Accident

Lincotek provides eligible full-time employees with the opportunity to purchase Accident Insurance through Mutual of Omaha. You pay the full cost of this coverage. Accident Insurance helps you cover the costs associated with being in a covered accident. The table below highlights some of the accidents and conditions that are covered, as well as the benefit amount. This benefit is paid as a lump sum to you.

| | |
|---|---------------|
| Initial Care and Emergency — Most Initial Care/Emergency benefits requires treatment or service within 72 hours of an accident. | |
| Emergency Room | \$200 |
| Urgent Care Center | \$125 |
| Initial Physician Office Visit | \$100 |
| Emergency Transportation | |
| Ground Ambulance | \$300 |
| Air Ambulance | \$1,500 |
| Hospital, Surgical and Diagnostic as the result of an accident — Initial hospital admission and confinement must begin within 90 days of an accident. ICU must begin within 30 days of an accident. Diagnostic services, except for X-Ray, must be received within 30 days of an accident. X-ray services must be received within 90 days. | |
| Hospital | |
| Admission | \$1,500 |
| Daily Confinement (Up to 365 days per accident) | \$300 per day |
| ICU Confinement (Up to 15 days per accident) | \$600 per day |
| Rehab. Facility Confinement (Up to 30 days per accident) | \$150 per day |
| Surgical | |
| Exploratory/Arthroscopic (365 days) | \$200 |
| Abdominal/Cranial/Thoracic (365 days) | \$2,000 |
| Eye Procedure (90 days) | \$400 |
| Diagnostic | |
| X-Ray | \$75 |
| Diagnostic Exam | \$300 |
| Additional Benefit —within 90 days of when a claim has occurred | |
| Health Screening | \$50 |

Please see benefit summary for full list of eligible accident benefits.

| Mutual of Omaha Accident Insurance | Per Pay Period Deductions |
|------------------------------------|---------------------------|
| Employee Only | \$5.00 |
| Employee + Spouse | \$8.17 |
| Employee + Child(ren) | \$8.76 |
| Family | \$11.89 |

Voluntary Hospital— Injury or Sickness

Lincotek provides eligible full-time employees with the opportunity to purchase Voluntary Hospital Insurance through Mutual of Omaha. You pay the full cost of this coverage. Hospital insurance is for treatment for injury or sickness and helps you cover the costs associated with being injured or sick. The table below highlights some of the benefits that are covered, as well as the benefit amount. This benefit is paid as a lump sum to you.

| Hospital Admission & Confinement—due to injury or sickness | |
|---|--------------------------------------|
| Hospital Admission —limited to a combined total of 2 admissions, with a claim separation of 30 days, per policy year. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day | |
| Hospital Admission | \$1,000 |
| ICU Admission | \$2,000 |
| Hospital Confinement —limited to a combined total of 30 days per policy year. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits. | |
| Daily Hospital Confinement | \$100 per day |
| Daily ICU Confinement | \$200 per day |
| Daily Newborn Nursery Care Confinement | \$75 per day, 2 days per policy year |

| Mutual of Omaha Hospital Injury or Sickness Insurance | Per Pay Period Deductions |
|--|----------------------------------|
| Employee Only | \$8.13 |
| Employee + Spouse | \$18.70 |
| Employee + Child(ren) | \$11.22 |
| Family | \$22.44 |

Additional Benefits

Employee Assistance Program (EAP)

We all face difficulties in our life. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision and personal crisis. Lincotek is pleased to offer an Employee Assistance Program (EAP) administered by a new carrier this year Mutual of Omaha. Your EAP gives you confidential access to a licensed professional counselor who will provide short-term assistance with issues that are having an impact on your life and ability to focus on work. Some highlights of the EAP include:

Mutual of Omaha's Employee Assistance Program (EAP) assist employees and their eligible dependents with personal and job-related concerns, including:

- ◆ Emotional well-being
- ◆ Family and relationships
- ◆ Legal and financial
- ◆ Healthy lifestyles
- ◆ Work and life transitions

EAP Benefits

As an employee, or eligible dependent, of your company your EAP benefits include:

- ◆ Access to EAP professionals 24 hours a day, seven days a week
- ◆ Information and referral services
- ◆ Service for employees and eligible dependents
- ◆ Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap
- ◆ Online Resources for:
 - Substance use
 - Dependent and Elder Care resources



EAP Consultation

Mutual of Omaha's Employee Assistance Program provides professional, confidential quality consultation, 24 hours a day.

- mutualofomaha.com/eap
- 1-800-316-2796

Blue Cross Blue Shield Global—Core

Healthcare coverage when you are traveling or living abroad

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you when you are abroad. Through the Blue Cross Blue Shield Global[®] Core program, you have access to doctors and hospitals around the world.

Always carry your current member ID card.

- Before you travel, contact your Blue Cross and Blue Shield (BCBS) company for coverage details. Coverage outside the United States may be different.
- If you need to locate a doctor or hospital, call the Service Center for Blue Cross Blue Shield Global Core (see number below). An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.
- If you need inpatient care, call the Service Center (see number below) to arrange direct billing. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

To learn more about Blue Cross Blue Shield Global Core:

- Visit www.bcbsglobalcore.com.
- Use the Blue Cross Blue Shield Global Core app for Android*, iPhone, and iPod touch.** (Rates from your wireless provider may apply).
- Call your BCBS company.
- Call the Service Center at 1.800.810.2583 or collect at 1.804.673.1177, 24 hours a day, seven days a week.

TheBlueCard[®]
Now, Home Is Where The Card Is[®]



Contact Information

| Service | Vendor/Contact | Phone Number | Website/Email |
|------------------------------------|--|--------------|--|
| Human Resources | Lisa Sharp (Memphis and Molalla Plants) | 901-500-7655 | lisa.sharp@lincotek.com |
| | Jennifer Hodge (Dayton, Logan and Providence Plants) | 937-387-0300 | jennifer.hodge@lincotek.com |
| Medical Plan or Prescription Drugs | Blue Cross Blue Shield of North Carolina | 877-275-9787 | www.blueconnectnc.com |
| Health Savings Account (HSA) | PayFlex | 888-879-9280 | www.payflex.com |
| Flexible Spending Account (FSA) | Flores | 800-532-3327 | www.flores247.com |
| Dental | Mutual of Omaha | 800-927-9197 | www.mutualofomaha.com/dental |
| Vision | Mutual of Omaha | 833-279-4358 | www.mutualofomaha.com/vision |
| Life | Mutual of Omaha | 800-775-8805 | www.mutualofomaha.com |
| Disability | Mutual of Omaha | 800-877-5176 | www.mutualofomaha.com |
| Critical Illness & Accident | Mutual of Omaha | 800-877-5176 | www.mutualofomaha.com |

Find the nearest Retail Health Clinic locations at:

- www.ccaclinics.org/membership/clinic-locations
- www.cvs.com/minuteclinic/clinic-locator
- www.walgreens.com/pharmacy/healthcare-clinic/locations
- www.riteaid.com/shop/info/pharmacy/services/rediclinic

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health

Terminology Tip Sheet

Patient Protection and Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Limit: A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

Out-of-Pocket Maximum: The most a Plan member must pay towards covered medical expenses in a benefit period for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays 100% of the cost of covered services for the remainder of the benefit period.

Coinsurance: Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

Copayment: A fixed amount (\$20, for example) you pay for a covered health care service.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible, generally for basic and major dental care services only.

Embedded Deductible and Embedded Out of Pocket Maximum: embedded deductible and embedded out of pocket maximum, no single individual on a family plan will have to pay a deductible and out of pocket maximum higher than the individual deductible and out of pocket maximum amount.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

Specialty Drugs: Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

Qualifying Life Event: An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

Required Annual Notices

Women's Health and Cancer Rights Act 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. The deductibles and coinsurance that apply can be found on pages 5-7 of this guide.

If you would like more information on WHCRA benefits, contact your Human Resources Department.

Newborns' and Mothers' Health Protection Act Model Language

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

Required Annual Notices– CHIP

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)**.

| State | Program | Website | Phone Number |
|------------|-------------------|---|---|
| Alabama | Medicaid | http://myalhipp.com/ | 1-855-692-5447 |
| Alaska | Medicaid | The AK Health Insurance Premium Payment Program: http://myakhipp.com/ CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | 1-866-251-4861 |
| Arkansas | Medicaid | http://myarhipp.com/ | 1-855-MyARHIPP (855-692-7447) |
| California | Medicaid | http://dhcs.ca.gov/hipp hipp@dhcs.ca.gov | 916-445-8322 |
| Colorado | Medicaid and CHIP | https://www.healthfirstcolorado.com/ https://www.colorado.gov/pacific/hcpf/child-health-plan-plus https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program | 1-800-221-3943 1-800-359-1991 / State Relay 711 1-855-692-6442 |
| Florida | Medicaid | https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html | 1-877-357-3268 |
| Georgia | Medicaid | https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp | 678-564-1162 ext 2131 |
| Indiana | Medicaid | http://www.in.gov/fssa/hip/ https://www.in.gov/medicaid/ | 1-877-438-4479 1-800-457-4584 |
| Iowa | Medicaid and CHIP | https://dhs.iowa.gov/ime/members http://dhs.iowa.gov/Hawki https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 1-800-338-8366 1-800-257-8563 1-888-346-9562 |
| Kansas | Medicaid | https://www.kancare.ks.gov/ | 1-800-792-4884 |
| Kentucky | Medicaid | https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KIHIP.PPROGRAM@ky.gov https://kidshealth.ky.gov/Pages/index.aspx https://chfs.ky.gov | 1-855-459-6328 1-877-524-4718 |
| Louisiana | Medicaid | www.medicaid.la.gov www.ldh.la.gov/lahipp | 1-888-342-6207 1-855-618-5488 (LaHIPP) |
| Maine | Medicaid | https://www.maine.gov/dhhs/ofi/applications-forms | 1-800-442-6003 TTY: Maine relay 711 1-800-977-6740 |

Required Annual Notices – CHIP pg 2

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, 2021. Contact your State for more information on eligibility –

| State | Program | Website | Phone Number |
|----------------|-------------------|---|---|
| Massachusetts | Medicaid and CHIP | https://www.mass.gov/info-details/masshealth-premium-assistance-pa | 1-800-862-4840 |
| Minnesota | Medicaid | https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp | 1-800-657-3739 |
| Missouri | Medicaid | http://www.dss.mo.gov/mhd/participants/pages/hipp.htm | 573-751-2005 |
| Montana | Medicaid | http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP | 1-800-694-3084 |
| Nebraska | Medicaid | http://www.ACCESSNebraska.ne.gov | Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 |
| Nevada | Medicaid | https://dhcfp.nv.gov | 1-800-992-0900 |
| New Hampshire | Medicaid | https://www.dhhs.nh.gov/oii/hipp.htm | 603-271-5218 |
| New Jersey | Medicaid and CHIP | http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html | 609-631-2392 1-800-701-0710 |
| New York | Medicaid | https://www.health.ny.gov/health_care/medicaid/ | 1-800-541-2831 |
| North Carolina | Medicaid | https://medicaid.ncdhhs.gov/ | 919-855-4100 |
| North Dakota | Medicaid | http://www.nd.gov/dhs/services/medicalserv/medicaid/ | 1-844-854-4825 |
| Oklahoma | Medicaid and CHIP | http://www.insureoklahoma.org | 1-888-365-3742 |
| Oregon | Medicaid | http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html | 1-800-699-9075 |
| Pennsylvania | Medicaid | https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx | 1-800-692-7462 |
| Rhode Island | Medicaid and CHIP | http://www.eohhs.ri.gov/ | 855-697-4347, or 401-462-0311 |
| South Carolina | Medicaid | https://www.scdhhs.gov | 1-888-549-0820 |
| South Dakota | Medicaid | http://dss.sd.gov | 1-888-828-0059 |
| Texas | Medicaid | http://gethipptexas.com/ | 1-800-440-0493 |
| Utah | Medicaid and CHIP | https://medicaid.utah.gov/ http://health.utah.gov/chip | 1-877-543-7669 |
| Vermont | Medicaid | http://www.greenmountaincare.org/ | 1-800-250-8427 |
| Virginia | Medicaid CHIP | https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp | 1-800-432-5924 |
| Washington | Medicaid | https://www.hca.wa.gov/ | 1-800-562-3022 ext. 15473 |
| West Virginia | Medicaid | http://mywvhipp.com/ | 1-855-MyWVHIPP (1-855-699-8447) |
| Wisconsin | Medicaid CHIP | https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm | 1-800-362-3002 |
| Wyoming | Medicaid | https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | 1-800-251-1269 |

Required Annual Notices– Medicare Part D

Medicare Part D – Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lincotek 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. Lincotek has determined that the prescription drug coverage offered by the company 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 Lincotek coverage will not be affected. Please see your current plan design(s) for a description of current coverage. Your current coverage pays for other medical expenses, in addition to prescription drugs. You will still be eligible to receive all of your current medical and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. However, your prescription benefits will not coordinate with the Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Lincotek coverage, be aware that you and any covered dependents will not be able to get this medical/prescription coverage back until the next annual open enrollment period for the following January effective date of coverage, and/or if a qualifying event or HIPAA special enrollment event occurs.

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 Lincotek 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 Health Plan administrator for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lincotek changes. You also may request a copy of this notice at any time.

Required Annual Notices— Medicare Part D

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: January 1, 2023

Name of Entity/Sender: Lincotek Medical

Contact: Human Resources Department—Lisa Sharp (Memphis and Molalla Plants)

Phone: 901-500-7655

Or

Name of Entity/Sender: Lincotek Medical

Contact: Human Resources Department—Jennifer Hodge (Dayton, Logan, Providence Plants)

Phone: 937-387-0300

Required Annual Notices– HIPAA SERs

HIPAA 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 towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 after the marriage, birth, adoption, or placement for adoption.

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

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

To request special enrollment or obtain more information, contact Human Resources Department.

Lincotek