AON BENEFIT EXPERIENCE

# A Guide to Your 2025 Union Benefits

January 1 – December 31, 2025

*make it yours*

GAF GAF ENERGY SGI SIPLAST standard logistics

AON

Union employees (10/25)

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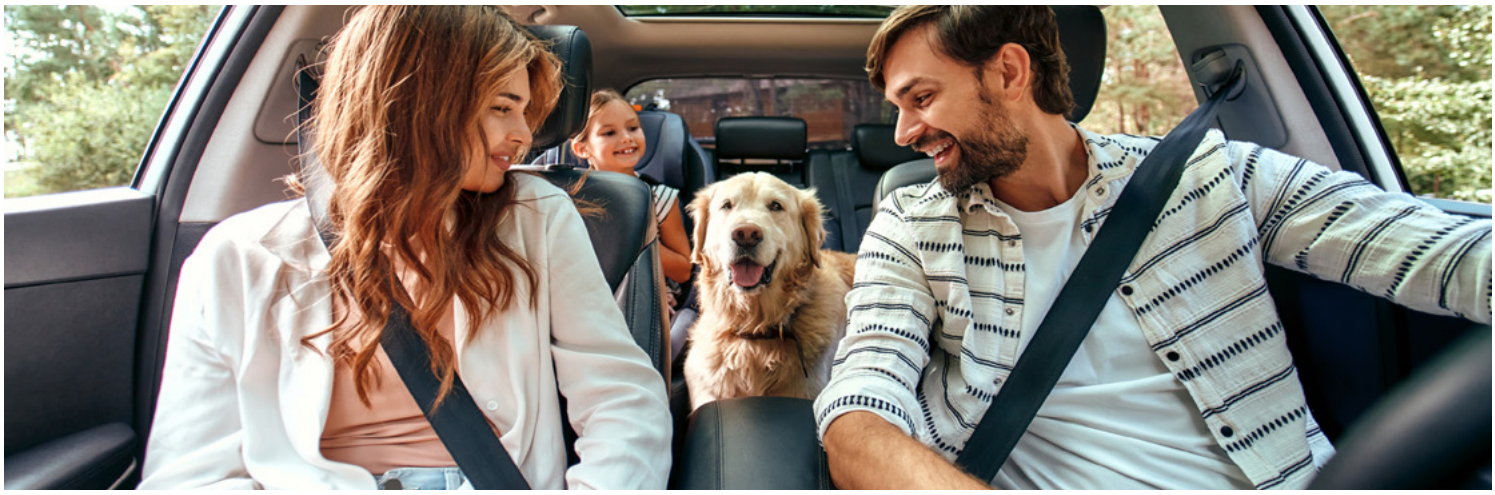


Colleagues,

We are pleased to share this overview of our 2025 benefits program. Whether you're a new hire or an active employee, we have robust options to meet our employees' specific and diverse needs.

In 2025, we will continue to offer your medical, dental, vision and voluntary benefits through the Aon Benefit Experience (BenX). This is a private, large-employer, multi-insurance carrier program through which you are empowered to make health care decisions that work for you. Our enrollment platform is Your Benefits Resources™ (YBR) and is powered by Alight Solutions.

As you consider the benefits coverage you and your eligible family members will need in 2025, we encourage you to use the tools and resources available to you, such as this guide, the **Your Benefits Resources** website and our benefits microsite, **Make It Yours**. You'll learn more about the many available resources and tools throughout this guide.

As you prepare to enroll, you should ask yourself some questions, like:

- Are you comfortable paying less out of your pocket per paycheck but more when you utilize health care cost-sharing to meet a deductible? Or, would you rather pay more from your paycheck if it means you pay less for health care cost-sharing?
- Does your doctor, dentist and/or optometrist/ophthalmologist belong to the carrier networks so you can be sure to pay the lowest costs?
- Who do you want to cover and for which plans?
- Are you expecting any elective surgeries or planning to have a baby in 2025?
- Will you set aside money in the available savings/spending accounts so you can pay health care and dependent care expenses tax-free?

The answers to these questions and others may help you prepare to make the best decisions for you and your family when it comes to health care costs, coverage and carriers. When electing a medical plan, you'll choose your plan, medical carrier and coverage enrollment tier. All of our medical plans cover preventive care at 100%; plus, you have the ability to save on expenses like deductibles, coinsurance and copays when you use in-network providers. See the Why Should I Consider the Lowest Cost Carrier? PDF for more information on carrier premiums, why the lowest cost carrier may be changing in your plan option and region and why this information could be important to you.

Take the time to think about your options carefully. Then, enroll yourself and your eligible family members for the coverage you choose by visiting **Your Benefits Resources**. If you have questions about your benefit options or need help enrolling, Alight representatives are available by calling 855-564-6155, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET.

Visit Your Benefits Resources at **myhranywhere.com/benefits** or access via **single sign-on** while on your company network.

# Introduction

## Eligibility

Be sure to review the information below **before** you enroll in coverage. You are eligible to participate in your company's Benefits Program if you are a **full-time U.S. based union employee of GAF or SGI**. Coverage is effective on your date of hire, but please keep in mind that time is needed for administrative processing. Once you are able to register on the benefits website (Your Benefits Resources), the carrier(s) will update eligibility and your coverage retroactively to your effective date.

Your **eligible dependents** include:

- Your legally married spouse (see working spouse/domestic partner information on this page);
- Your or your spouse's child or children who are under age 26, including natural children, stepchildren, legally adopted children, children placed for adoption or children for whom you or your spouse are the legal guardian; keep in mind, dependent children can be covered up to the end of the month of their 26th birthday;
- Unmarried children age 26 or over who are or become disabled and dependent on you;
- Your common-law spouse under the laws of the state in which you were married. Eligibility may change if any of the states that currently recognize common-law marriages removes the law[1]; or
- A domestic partner (same or opposite gender) (see below for eligibility criteria and tax implications).

  **Domestic Partner Eligibility and Imputed Income**
  The domestic partner benefit is federally taxable because the federal tax code does not recognize a domestic partner in the same manner as a spouse. Because domestic partnerships are not recognized by the IRS and health coverage is paid for on a pre-tax basis, the IRS requires that the value of health coverage extended to a domestic partner be treated as imputed income and included in the employee's gross income, unless you attest that your domestic partner is a tax dependent as defined by the IRS (whereas the employee provides over 50% of the domestic partner's financial support, and the employee claims the domestic partner as a dependent on tax forms). Imputed income is the fair market value of the additional benefit coverage for domestic partners and, under IRS regulations, is generally treated as taxable income to the employee. Imputed income is separate from, and in addition to, your weekly or semi-monthly plan cost and is subject to both federal and FICA taxes.

  Imputed income implications will be waived only if employees attest that their domestic partner meets the definition of an IRS tax dependent.

**Note:** If you enroll or re-enroll a domestic partner and/or the domestic partner's children in a company health plan, you will need to complete and submit a Part E-Attestation of Tax Status to confirm that your domestic partner meets the IRS definition of a tax dependent. This notification will be sent to you after your enrollment and you will need to complete this attestation each year you enroll a domestic partner and/or the domestic partner's children. To qualify as an eligible domestic partner (same or opposite gender), your partner must satisfy the following criteria:

- Must not be currently married to, or a domestic partner of, another person under either statutory or common law;
- Must not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which they reside;
- Must share joint responsibilities for common welfare and financial obligations;
- Must be at least 18 years old;
- Must share your same permanent residence for a period of 12 months prior to enrolling in coverage;
- Must be mentally competent to enter into a contract; and
- Must be financially interdependent.

If you cover your domestic partner and their children, the IRS considers both your contribution and the company's contribution towards the cost of this coverage as taxable to you. If you are considering adding domestic partner benefits, it is recommended you consult your tax advisor to understand the tax implications.

## Working Spouse/Domestic Partner Surcharge

All employees can select health care coverage for a spouse/domestic partner who has access to group medical coverage with their employer. But if you do, you will pay a spousal surcharge of $100 per month as part of your medical contributions. The spousal surcharge does not apply if both you and your spouse/domestic partner work at your company. If a spouse/domestic partner does not have access to group medical coverage, there is no associated fee. The spousal surcharge does not apply to dental or vision coverage.

[1]The following states currently recognize common-law marriages: Colorado, Iowa, Kansas, Montana, New Hampshire, South Carolina, Texas and Utah (judicial recognition only). The following states no longer recognize common-law marriage, but if you entered into a common-law marriage when it was still "legal," your common-law spouse is still eligible for coverage: Pennsylvania (2005), Ohio (1991), Indiana (1958), Georgia (1997), Florida (1968) and Alabama (2017).

## Dependent Verification

To manage health care costs for you and your family, your company audits the eligibility of dependents added to the medical/prescription, dental, vision and life insurance plans to ensure benefit plans only cover **eligible** dependents.

If you add a dependent to your coverage, you will need to submit documentation confirming the eligibility of the dependents you cover in your company's medical/prescription, dental, vision and life insurance plans. Sending documentation is mandatory. **If you do not respond by the deadline (typically 45 calendar days), your dependent(s) will be removed from coverage and will not be eligible for COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) coverage.** Individuals found to be ineligible for coverage under the company's plans will be dropped from coverage retroactive to the application effective date.

The dependent verification process is managed by a third party, Alight Solutions. If you add dependents to your company's plans, you will receive a letter in the mail from the Alight Solutions Dependent Verification Center asking you to prove that your dependents meet the eligibility criteria. The letter will include a list of acceptable verification documents, the submission instructions and the submission deadline.

**Tip:** You will be able to submit documents to the Dependent Verification Center online, via fax or USPS mail. For fastest results, upload your documents to the Your Benefits Resources website. **If you plan to submit documents through the mail, be sure to only send copies—never provide original documents.** All paper documents submitted will be destroyed once the dependent verification process is complete. Remember to keep copies of what you submit as well.

### Ready to get started?

Your company offers a comprehensive benefits package that promotes good health and total wellbeing. Each of the programs highlighted in this guide is designed to help you live your best life! Carefully review your options and take action before your enrollment period ends so you don't miss out.

### Start with the Make It Yours website

Your company's benefits microsite—Make It Yours—can help you choose your benefits with confidence. Before you enroll, visit Make It Yours to review coverage comparison charts, browse Frequently Asked Questions and get to know the national and regional carriers for your company's benefit plans. You can also watch quick videos with practical tips to get the most from your benefits. Since no login is required, you and your family members can visit the Make It Yours microsite.

# Enrolling in Your Health and Welfare Benefits

## New Hires

You have 30 days from your hire date to enroll in benefits for the rest of the calendar year. The only time you can make changes after your first 30 days is during Annual Enrollment (for coverage effective January 1 of next year) or when you experience a qualifying life event (birth, adoption, marriage, loss of other coverage, etc.).

## Annual Enrollment

Annual Enrollment typically takes place in November. The choices you make during Annual Enrollment are effective January 1 through December 31 of each plan year. Any benefits changes that you make in November 2024 will be effective January 1, 2025. You cannot add or drop coverage until the next Annual Enrollment unless you experience a qualifying life event.

You must enroll through Your Benefits Resources or you will not have medical, dental or vision coverage in 2025. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. Additionally, to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA), if eligible, you must actively elect to do so on an annual basis.

## Qualifying Life Events—Mid-Year Changes

You must make changes to your coverage within 31 days of a qualifying life event. To update your coverage, visit the Your Benefits Resources website. The following are examples of events that allow you to make changes to your current benefits during the plan year:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage

Please note that administrative time for carriers and payroll to catch up and process event can take a week to two weeks.

### Access your benefits on the go

Enroll from anywhere and get connected with your benefits anytime, anywhere with the Alight Mobile app. You'll be able to enroll in benefits, check your current coverage, and much more.

Download on the App Store | GET IT ON Google Play

Visit Your Benefits Resources (YBR) at myhranywhere.com/benefits or access via single sign-on while on your company network. You can also call 855-564-6155.

## Connect with Your Benefits Resources (YBR)

You can access Your Benefits Resources directly from any computer, mobile device, or access via single sign-on while on your company network. You can also call Your Benefits Resources at 855-564-6155, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET.

**Through Your Benefits Resources you can:**

- Use the **Help Me Choose** tool to get a personalized plan score to identify which option best fits your needs.
- Enroll in coverage as a new hire or during Annual Enrollment.
- See how others have evaluated your health care carriers by looking at carrier ratings.
- Review current coverage.
- Make changes due to a qualifying life event (e.g., marriage, divorce, birth of a child).
- Find a doctor, hospital or other health care provider in the plan's network.
- Use the secure mailbox to get answers to questions.
- Connect with a Your Benefits Resources representative through web chat or schedule an appointment.

## Benefits Enrollment Confirmation Statement

After you successfully enroll in coverage, you must review your confirmation statement carefully to ensure accuracy.

When you enroll in coverage through Your Benefits Resources, you can print your confirmation of enrollment after you have completed the enrollment process. You will also receive a confirmation statement mailed to your home upon the close of the enrollment period. You should check this against the printed confirmation. Any error, question or concern regarding your confirmation statement can be directed to Your Benefits Resources and must be communicated by December 31.


Visit Your Benefits Resources (YBR) at myhranywhere.com/benefits or access via single sign-on while on your company network.

### Need Assistance?

Once you are logged on to Your Benefits Resources website, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have.

Lisa can also connect you with a web chat representative and other helpful resources.

### The Help Me Choose tool

When you enroll, you should be prepared with a list of your (and your family's) preferred providers and the prescription drugs you (and your family) take on a regular basis so you can input them in the **Help Me Choose** tool for personalized coverage recommendations.

# Medical Plan Options

You can choose from four medical coverage plan designs (Bronze, Bronze Plus, Silver or Gold), offered by national health insurance carriers (Aetna, Anthem, Cigna and UnitedHealthcare) and regional health insurance carriers (Health Net, Dean/Prevea360, Kaiser Permanente, Geisinger Health Plan, UPMC Health Plan, Medical Mutual and Priority Health), if available in your area. The carriers available to you are based on the ZIP code in which you live. Learn about each of the carriers on the Make It Yours website.

Each plan design features different coverage levels, so you can choose the option that best suits your needs. The main difference between each coverage level (Bronze, Bronze Plus, Silver or Gold) is the amount you will pay out of your paycheck (premiums) and for services. The plan design for these coverage levels does not differ across carriers. For example, a Bronze plan with Aetna is the same as a Bronze plan with Cigna. When you enroll, you'll find plenty of tools and resources to help you choose a coverage level.

## Medical Benefits Comparison

| | BRONZE | BRONZE PLUS | SILVER | GOLD |
|---|---|---|---|---|
| **Option type** | **High-deductible option with HSA** | **PPO** | **High-deductible option with HSA** | **PPO** |
| **Paycheck contributions** | **$** | **$$** | **$$** | **$$$** |
| **Annual Deductible – You Pay** | | | | |
| **In-network (individual / family)** | $3,300 / $6,600 | $2,300 / $4,600 | $1,700 / $3,400 | $800 / $1,600 |
| **Out-of-network (individual / family)** | $3,300 / $6,600 | $4,600 / $9,200 | $1,700 / $3,400 | $1,600 / $3,200 |
| **Traditional or true family?** | Traditional | Traditional | True family | Traditional |
| **Annual Out-of-Pocket Maximum – You Pay** | | | | |
| **In-network (individual / family)** | $6,400 / $12,800 | $6,700 / $13,400 | $4,250 / $8,500 | $3,600 / $7,200 |
| **Out-of-network (individual / family)** | $12,800 / $25,600 | $13,400 / $26,800 | $8,000 / $16,000 | $7,200 / $14,400 |
| **Traditional or true family?** | Traditional | Traditional | True family | Traditional |
| **In-Network Benefits – You Pay** | | | | |
| **Preventive care** | $0<br>Covered 100%, no deductible | $0<br>Covered 100%, no deductible | $0<br>Covered 100%, no deductible | $0<br>Covered 100%, no deductible |
| **Doctor's office visit** | 25% after deductible | $30 for PCP visit and $50 for specialist visit, no deductible | 25% after deductible | $25 for PCP visit and $40 for specialist visit, no deductible |
| **Emergency room** | 25% after deductible | $150, then 30% after deductible | 25% after deductible | You pay $150, then 20% after deductible |
| **Urgent care** | 25% after deductible | You pay $50 | 25% after deductible | You pay $40 |
| **Inpatient care** | 25% after deductible | 30% after deductible | 25% after deductible | 20% after deductible |
| **Outpatient care** | 25% after deductible | 30% after deductible, if not an office visit | 25% after deductible | 20% after deductible, if not an office visit |

For a more detailed look at these plans and additional coverages, visit Your Benefits Resources.

## More on Medical Plan Deductibles

Bronze, Bronze Plus and Gold plans have a **"traditional deductible,"** meaning once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

Silver has a **"true family deductible."** This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in the Silver coverage level when you have family coverage. So even if one person in your family has a lot of expenses, you'll have to pay for those expenses on your own until the full family deductible is met.

**NOTE:** The annual deductible doesn't include amounts taken out of your paycheck for health coverage.

## Expert Second Opinions With 2nd.MD

New for 2025, all GAF medical plans will include expert second opinions on more serious medical conditions through 2nd.MD. 2nd.MD makes it easy to get a virtual second opinion from nationally recognized doctors at no additional cost if you're enrolled in a GAF medical plan. You and your family members covered under a GAF medical plan can connect with board-certified doctors via phone or video.

By connecting with 2nd.MD, you can get an expert second opinion within days for questions **like:**

- Do I have the correct diagnosis?
- Am I on the best treatment plan?
- Am I taking the right medications?
- Is this surgery or procedure the best option for me?

And you don't need a referral for a second opinion. To get started, visit 2nd.MD/gaf.com or call 866-887-0712.

## Looking to Save More Money?

### Why Should I Consider the Lowest Cost Carrier?

See the **Why Should I Consider the Lowest Cost Carrier** PDF available on Make It Yours to see why some carriers cost less than others for the same coverage level.

Learn which carriers cost you the least per paycheck in your area and whether it's a good idea for you to switch to a lower-cost carrier. Since one carrier may offer more competitive pricing in an area than others, it will be the lowest cost carrier in that region, while a different carrier will be the lowest cost carrier in another region.

If you have the lowest cost carrier in 2024, it may be different in 2025 as the lowest cost carrier in your area can change from year to year. Find out if you and your family's providers are in the new lowest cost carrier's network. If they aren't, you'll need to choose between keeping the same providers or paying less in pre-tax paycheck deductions.

### Where to Go for Care?

See the **Where to Go for Care** PDF available on Make It Yours when you're not sure if you should visit your primary care physician (PCP), the emergency room (ER), urgent care or telehealth.

Using the ER inappropriately or for non-emergent issues for health care can cost you money and/or time. People with injuries or illnesses often go to the wrong facility. For example, if you have an upset stomach, the ER may provide the most thorough care, but it's more expensive than getting care through telehealth or a visit to your PCP or urgent care center. **Where to Go for Care** explains where to go depending on the injury or illness you have.

## Prescription Benefits Comparison

When you enroll in medical coverage, you automatically have prescription drug coverage. Your prescription drug coverage depends on the medical coverage level you choose **and** your medical insurance carrier. Each pharmacy benefits manager has its own rules about how prescription drugs are covered. That's why you should do your homework to find out how your medications will be covered—**before** choosing an insurance carrier.

- If you enroll under Aetna, Anthem, Cigna or UnitedHealthcare, your pharmacy benefits will be managed by Express Scripts. Make sure you register on the Express Scripts website at express-scripts.com to price medications, manage your mail-order prescriptions, compare medications and more.
- If you enroll in a plan managed by another carrier, your pharmacy benefits will be managed by that carrier.

| | BRONZE | BRONZE PLUS | SILVER | GOLD |
|---|---|---|---|---|
| **Preventive drugs** | **$0*** | **$0*** | **$0*** | **$0*** |
| 30-Day Retail Supply – You Pay | | | | |
| **Tier 1 (generally lowest cost options)** | 100% until you've met the deductible, then you pay 25% | $12 | 100% until you've met the deductible, then you pay 25% | $10 |
| **Tier 2 (generally medium cost options)** | 100% until you've met the deductible, then you pay 25% | $60 | 100% until you've met the deductible, then you pay 25% | $40 |
| **Tier 3 (generally highest cost options)** | 100% until you've met the deductible, then you pay 25% | $80 | 100% until you've met the deductible, then you pay 25% | $60 |
| 90-Day Mail-Order Supply – You Pay | | | | |
| **Tier 1 (generally lowest cost options)** | 100% until you've met the deductible, then you pay 25% | $30 | 100% until you've met the deductible, then you pay 25% | $25 |
| **Tier 2 (generally medium cost options)** | 100% until you've met the deductible, then you pay 25% | $150 | 100% until you've met the deductible, then you pay 25% | $100 |
| **Tier 3 (generally highest cost options)** | 100% until you've met the deductible, then you pay 25% | $200 | 100% until you've met the deductible, then you pay 25% | $150 |

* Preventive drugs are determined by Express Scripts or the regional insurance carrier. You must have a doctor's prescription for the medication — even for products sold over the counter (OTC) — and you must use an in-network retail pharmacy or mail-order service.

For a more detailed look at these plans and additional coverages, visit Your Benefits Resources.

Don't assume that your generic or brand-name medication will be covered the same way by each carrier. Visit Make It Yours for a list of questions to ask Express Scripts (if you're considering coverage under Aetna, Anthem, Cigna or UnitedHealthcare) or the medical insurance carrier (if you're considering other coverage). Also, if you are prescribed a specialty-level medication, please contact your medical insurance carrier as there may be a different process to follow to get your prescription filled.

If you are currently in treatment for a specific condition, you may want to consider remaining with your current carrier, if available, to avoid disruption. If you decide to change carriers, it is recommended that you contact your new carrier and provider to address your transition of care.

## Express Scripts Smart90 Program

### For employees who enroll under Aetna, Anthem, Cigna or UnitedHealthcare only

Your company and Express Scripts are helping you and your covered dependents avoid paying higher costs for daily medication by switching from a 30-day supply to a 90-day supply. You and your covered dependents will receive 30-day supply courtesy fills twice at ANY retail pharmacy. Thereafter—for maintenance medications only—you or your covered dependent must fill a 90-day supply at CVS, Walgreens or through Express Scripts home delivery. A third refill of a maintenance medication at a retail pharmacy will result in a penalty. If CVS or Walgreens accepts coupons and copay assistance, they can be used with the Smart90 program.

The Smart90 program allows you to make fewer trips to the pharmacy, make fewer payments and makes it less likely that you miss a dose, since you won't be refilling as often with a 90-day supply. To take advantage of Smart90, review your options by visiting express-scripts.com or calling 800-711-0917.

Visit express-scripts.com or call 800-711-0917.

### Need Further Assistance?

**Contact the Alight Advocacy Team to speak with a Health Pro**

Alight is helping employees maximize their health care benefits by providing a Health Pro consultant as an extension of your HR or benefits team. Count on your Health Pro to help you:

- Understand your health plan
- Save money on medical services and prescriptions
- Find great doctors and schedule appointments
- Resolve billing issues

Contact your Health Pro at AlightHealthPro@alight.com or call 866-300-6530.

## Kindbody Family-Building Benefits

There is no one way to define a family—families and household arrangements are diverse. To recognize and support the many paths to grow your family, your company proudly offers best-in-class fertility services through Kindbody, a leader in the family-planning industry.

### Fertility Path KindCyles

Kindbody's fertility and family planning services are available to you and your spouse or domestic partner enrolled in the company's medical plan.[1] The comprehensive suite of available services includes a lifetime limit of up to two KindCycles. A KindCycle is how Kindbody defines different service packages allotted within your coverage amount. Services that apply to the KindCycle include:

- In vitro fertilization (IVF) fresh—1 full KindCycle
- IVF frozen—1 full KindCycle
- Frozen embryo transfer (FET)—¼ KindCycle
- Egg thaw, fertilization and transfer—½ KindCycle
- Egg freezing—½ KindCycle
- Sperm freezing—¼ KindCycle
- Intrauterine insemination (IUI)—¼ KindCycle
- Embryo freezing—¾ KindCycle
- Egg thaw, fertilization and refreeze—¼ KindCycle
- Fertility medications through Express Scripts (if you are enrolled under Aetna, Anthem, Cigna or UnitedHealthcare). If you are enrolled under any other carrier, your fertility medications will be managed by that carrier.
- Preimplantation genetic testing (PGT) included as part of any applicable cycle

The applicable deductible, coinsurance and/or copayment are based on the company's medical plan you elect. If you are covered under a high-deductible health plan (HDHP), you must satisfy a $1,650 deductible for employee only coverage (or $3,300 for family coverage), which is separate from your medical plan deductible, as mandated by the IRS.

Fertility services are covered in-network only at Kindbody Signature Clinics or Kindbody's Centers of Excellence network of partner clinics.

Regardless of which path you choose, Kindbody is ready to support you through your family-building journey. You will have access to a dedicated Care Navigation Team to guide you. Your Care Navigation Team will coordinate the full spectrum of benefits available to you and your covered spouse/domestic partner to give you peace of mind, every step of the way.

### Menopause Assistance

Menopause can be a very trying time for women; symptoms can be both physical and psychological. Kindbody supports women by combining both medical and psychological interventions led by Kindbody's board-certified OB/GYNs and specialized holistic health providers.

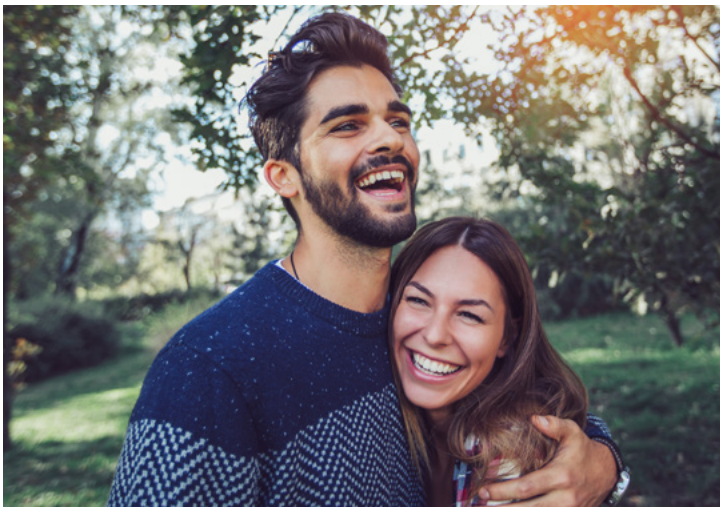
Kindbody menopause benefits include programs to support gynecological, nutrition, fitness, mental, emotional and sexual health. With this service, you will have access to a care navigator, medical doctors and nurses, and, if necessary, at-home hormone testing and therapy is also available. All medical plan enrollees automatically have access to Kindbody menopause support.

### Getting Started with Kindbody

**Step 1:** Call 855-747-1630 or visit kindbody.com/activate-kindbody-benefit.

**Step 2:** Enter your access code **KINDFAMILY** and your Unique ID (this is your employee ID; for your spouse/domestic partner, the Unique ID is your employee ID + an "S" at the end).

**Step 3:** Create your Kindbody account and enjoy the benefits of the patient portal, which is full of fertility resources, and 24/7 access to results, messaging and additional features.



**Need more help?**
For questions related to your benefit, contact Kindbody at employeebenefits@kindbody.com or 855-747-1630. Patient Care Navigators are available to explain the details of coverage, assist with finding a provider and guide you through the process.

[1]An infertility diagnosis is not required.

# Pre-Tax Savings/Spending Accounts

Life is filled with unexpected expenses. To help make your health, childcare and commuting expenses more affordable, your company offers a variety of tax savings and reimbursement accounts, administered by WEX. If you elect to participate in one or more of these programs, you'll be able to take your benefits on the go with the Benefits by WEX mobile app. Download the Benefits by WEX app to your smartphone or tablet to view your statements, receive notifications, upload documentation and verify eligible program expenses.

## Health Savings Account (HSA)

A Health Savings Account is a smart way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover qualified health care expenses that come up. Plus, it's tax-free, so you're getting a great deal!

If you enroll in a Bronze or Silver coverage level, you'll be eligible to enroll in the HSA to set aside tax-free money to pay for expenses like medical, dental and vision copays, deductibles and insurance. To be eligible, you cannot be covered by any non-high-deductible medical plan or enrolled in Medicare.

### 2025 HSA Contribution Limits

| Coverage Tier | 2025 IRS Limit |
|---|---|
| **Employee Only** | $4,300 |
| **Employee + Child** | $8,550 |
| **Employee + Spouse/ Domestic Partner** | $8,550 |
| **Employee + Family** | $8,550 |
| **Catch-Up Contributions (55 or older)** | $1,000 |

Your employee contribution is funded every pay period. If you're age 55 or older, you can contribute catch-up contributions up to $1,000 each plan year. Additional benefits of the HSA:

- **It's tax-free when it goes in.** You put money into your HSA on a before-tax basis through convenient paycheck contributions. You save money to spend on qualified health care expenses and your taxable income is lowered.
- **It's tax-free as it grows.** You earn tax-free interest on your money.
- **It's tax-free when you spend it.** When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental and vision copays, coinsurance and deductibles.
- **It's always your money.** You can carry over your unused funds from year to year. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical options, leave the company or retire.
- **You determine your deduction.** Changes can be made to your HSA deductions year-round without a qualifying life event.

Click here to learn more about the benefits of contributing to an HSA. The Make It Yours website features an HSA User's Guide, which includes details about how to grow your HSA, pay with an HSA, access your funds online and more. Access it by visiting the Make It Yours website.

**Need to submit a claim?**
The deadline to submit claims for eligible HSA expenses incurred in 2024 is December 31, 2024. For 2025 expenses, submit your claims for reimbursement by December 31, 2025.

## Flexible Spending Accounts (FSAs)

Your company offers two tax-advantaged FSAs: Health Care FSA and Dependent Care FSA. Both are administered by WEX.

### Health Care FSA

The Health Care FSA allows you to set aside dollars from your paycheck on a pre-tax basis to reimburse yourself for qualified medical, dental and vision expenses. When you participate in an FSA, you contribute part of your pay, through the convenience of payroll deductions. These contributions are before federal and Social Security taxes are deducted, so you pay less in taxes.

If you enroll in the Bronze Plus or Gold coverage level, you can contribute to a Health Care FSA to pay for qualified health care expenses. The maximum amount you can contribute for 2025 is $3,300.

Changes can be made to your Health Care FSA for the following qualifying life events: Birth, Qualified Medical Child Support Orders (QMCSOs), marriage or divorce, start or loss of a domestic partnership, death of a spouse or child, gain or loss of other coverage, and gain or loss of Medicaid/CHIP status.

### Dependent Care FSA

The Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses. A Dependent Care FSA can be used to cover expenses for a qualified dependent who is under 13 years old. You may use this account without being enrolled in medical coverage. The maximum annual amount you can contribute is $5,000.

Changes can be made to your Dependent Care FSA for the following qualifying life events: Birth, marriage or divorce, start or loss of a domestic partnership, death of a spouse or child, changes in day care, gain or loss of dependent coverage elsewhere, gain or loss of other coverage, and gain or loss of Medicare/CHIP status.

**Important Note:** Plan Carefully! Unlike an HSA, money left in an FSA at the end of the year is not returned to you, so it's important that you carefully estimate your anticipated eligible expenses for the coming year. Click here for an overview of the FSA plans.

### Need to submit a claim?

FSA claims for expenses incurred in 2024 must be submitted by March 31, 2025.

## Commuter Benefits

The Commuter Benefits program allows you to set aside pre-tax and post-tax dollars in a savings account to pay for expenses related to commuting to and from work for mass transit, vanpooling and work-related parking costs.

When you enroll in the Commuter Benefits program, you pay for your commuting costs with pre-tax money, up to the 2025 IRS tax limit of $325 per month. Here is how Commuter Benefits are funded:

- **You make an election on or before the 15th of the month.** Elections received by the 15th calendar day of the month go into effect the first day of the following month (e.g., elections made by March 15, 2025 take effect April 1, 2025).
- **You make an election after the 15th of the month.** Elections received on the 16th calendar day of the month or later go into effect the first day of the month following a 30-day waiting period (e.g., elections made between March 16 and 31, 2025 take effect May 1, 2025).
- **Deductions** are withheld from your paycheck and deposited into your Commuter Benefits Account at WEX every pay period until your full monthly benefits election amount has been deducted and deposited.

Commuter Benefits plans operate on a month-to-month basis and changes can be made at any time. If you find you are spending more or less than expected at any point in the year, simply change your election amount.

Commuter Benefits elections can be made or modified at any time throughout the year on Your Benefits Resources.

### Use your WEX debit card for your HSA, FSA or Commuter Benefits!

The WEX debit card can be used to pay for eligible HSA, FSA or commuter expenses, so you'll reduce your out-of-pocket costs.

The Benefits by WEX mobile app provides a fast and secure way to check your balance, track expenses and move funds between your HSA and your bank account.

The total amount of your annual contribution is available immediately in the Health Care FSA. But you may be required to provide proof of an expense and supporting documentation so keep your receipts. Dependent care spending is limited to the amount contributed from each paycheck and the balance in your account.

Visit the WEX website for an interactive list of eligible HSA, FSA and commuter expenses, or contact Participant Services at 866-451-3399.

# Dental Plan Options

Keep your smile healthy! Just like your medical coverage, you get to choose the dental coverage level, cost and insurance carrier that are right for you. You can choose from three options (Bronze, Silver or Gold) that feature different coverage levels. The coverage level determines how much you pay out of your paycheck (premiums) and how much you pay out of pocket when you receive care (deductibles, coinsurance, copays). Make sure you take total costs into consideration when choosing a coverage level. You can enroll any combination of you, your eligible spouse/domestic partner and your children in the option you choose. Each national dental insurance carrier (Aetna, Cigna, Delta Dental, MetLife and UnitedHealthcare) has its own insurance provider networks that can vary by the plan you choose. Learn more about each carrier on the **Make It Yours** website.

## Dental Benefits Comparison

| | BRONZE | SILVER | GOLD |
|---|---|---|---|
| **Annual Deductible and Plan Limits** | | | |
| **Annual deductible (individual / family)** | $100 / $300 | $100 / $300 | $50 / $150 |
| **Annual maximum (individual / family)** | $1,000 per person | $1,500 per person | $2,500 per person |
| **Orthodontia lifetime maximum*** | Not covered | $1,500 per child | $2,000 per person |
| **In-Network Benefits – You Pay** | | | |
| **Preventive care** | $0<br>100% covered, no deductible | $0<br>100% covered, no deductible | $0<br>100% covered, no deductible |
| **Minor restorative care (e.g., fillings, root canal treatment, gum disease treatment and oral surgery)** | 20% after deductible | 20% after deductible | 20% after deductible |
| **Major restorative care (e.g., implants, dentures)** | 100%; not covered | 40% after deductible | 20% after deductible |
| **Orthodontia** | 100%; not covered | 50%, no deductible; children up to age 19 only | 50%, no deductible; for children and adults |

*If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

For a more detailed look at these plans and additional coverages, visit **Your Benefits Resources**.

# Vision Plan Coverage

You have several vision options available that offer a range of coverage—from exams only to coverage for lenses, frames and contacts. You can choose from three coverage levels (Bronze, Silver and Gold), offered by national and regional insurance carriers. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense, based on your family's needs. Each vision national insurance carrier (EyeMed, MetLife, UnitedHealthcare and VSP Vision Care) has its own provider network. If it's important that you continue to use the same eye doctor or retail store, make sure to check whether your doctor or store is in the network before you choose a carrier. Visit the Make It Yours website to learn more about each of the carriers.

## Vision Benefits Comparison

| | BRONZE | SILVER | GOLD |
|---|---|---|---|
| **In-Network Benefits – You Pay** | | | |
| **Routine vision exam (one per plan year)** | $0; covered 100% | $20 | $10 |
| **Frames (once per plan year)** | Discount may apply | All costs above $130 allowance* | All costs above $200 allowance* |
| **Lenses** (once per plan year; premium lenses may cost more) **– You Pay** | | | |
| **Single vision** | Discount may apply | $20 | $10 |
| **Bifocal** | Discount may apply | $20 | $10 |
| **Trifocal** | Discount may apply | $20 | $10 |
| **Standard progressive**** | Discount may apply | $20 | $10 |
| **Lenticular** | Discount may apply | $20 | $10 |
| **Lens Enhancements – You Pay** | | | |
| **UV treatment** | Discount may apply | Varies by carrier | Varies by carrier |
| **Tint (solid and gradient)** | Discount may apply | Varies by carrier | Varies by carrier |
| **Standard plastic scratch-resistant coating** | Discount may apply | Varies by carrier | Varies by carrier |
| **Standard anti-reflective coating** | Discount may apply | Varies by carrier | Varies by carrier |
| **Standard polycarbonate (adults)** | Discount may apply | Varies by carrier | Varies by carrier |
| **Standard polycarbonate (children)** | Discount may apply | $0 | $0 |
| **Other add-ons** | Discount may apply | Discount only | Discount only |
| **Contact Lenses – You Pay** | | | |
| **Medically necessary** | 100%; not covered | $20 | $10 |
| **Elective** | 100%; not covered | All costs above $130 allowance* | All costs above $200 allowance* |
| **Fit and evaluation** | Discount may apply | $20 | $10 |
| **Laser Surgery – You Pay** | | | |
| **Elective** | 15% off regular price or 5% off promotional price | 15% off regular price or 5% off promotional price | 15% off regular price or 5% off promotional price |

*Allowance can be used for frames or elective contact lenses, but not both.
**Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

For a more detailed look at these plans and additional coverages, visit Your Benefits Resources.

# Income Protection Benefits

## Income Protection Benefits Overview

### Life Insurance

Your company provides basic life insurance coverage through Securian Financial at no cost to you. If eligible, consider electing optional life insurance coverage for yourself and your covered dependents to protect your family's income against the unexpected. For a more detailed look at your life insurance benefits, visit Your Benefits Resources.

**Accident and Sickness (STD) Benefits**—STD benefits replace a portion of your income if you're unable to work due to a pregnancy, illness or non-work-related injury. Your company automatically provides STD coverage at no cost to you. Benefits may be paid up to 26 weeks in the event of disability provided you are under a doctor's care. Human Resources can provide details regarding eligibility and coverage amounts.

### Age Reduction

From age 65 until age 70, your life benefit is reduced to 67%. From age 70 and after, the benefit is reduced to 50%. This reduction in benefit (at age 65 and 70) does not apply to supplemental coverage you elect for your spouse.

### Beneficiary Designation

Don't leave your loved ones behind! Be sure to designate someone to be your beneficiary. If you do not designate a beneficiary, any investment earnings or retirement savings may not go to your loved ones.

To set up a beneficiary, log on to your account at Your Benefits Resources and choose **Beneficiaries** from the Quick Actions menu. If you wish to change or add a beneficiary, click **Choose Beneficiaries**. From here, follow the screen prompts to make any additions or changes.

You can update your beneficiary information at any time during the year by visiting Your Benefits Resources to review and designate your life insurance beneficiaries.

# Your Total Wellbeing Benefits

## Employee Assistance Program (EAP)

Life can be stressful at times, and you may need help. That's why all benefits-eligible employees can use the EAP at no cost even if you are not enrolled in health coverage. Through the EAP, you can access counseling and referrals to help with personal issues including, but not limited to:

- Anxiety, sadness, depression, grief and loss
- Family and parenting issues and relationship problems
- Stress related to work or personal issues
- Alcohol and drug misuse

The EAP also provides resources for navigating financial and legal questions, caregiving, parenting, school and education options for all ages and stages of education, home and work relationships in addition to addiction and substance abuse, and mental health services.

They can assist with issues such as finding child or elder care solutions, bullying or testing for developmental problems. This includes tips for those who are planning a family or grandparents raising a grandchild, plus on connecting with LGBTQ+ youth.

Legal consultation is available, along with estate planning and budgeting tips, as are assistance for creating an advance directive.

Services include eight free face-to-face or virtual visits per issue, per year. Confidential support is available 24/7 by phone or online. Contact Optum at 888-224-5672 or visit liveandworkwell.com, access code GAF.

## Quotient Wealth Partners

Quotient Wealth Partners is a financial advisory benefit offered to all employees, which helps you maximize the value of your benefits while also supporting your financial goals. Quotient can help you navigate everyday decisions that impact your finances—whether that's creating investment strategies, minimizing your taxes or planning for retirement.

Quotient Wealth Partners can simplify complex financial decisions and prepare you for retirement. They ensure that your investment strategy is based on your interests, goals and unique financial situation. Quotient Wealth Partners can help you:

- **Comprehensive wealth management:** Achieve financial security by creating a personalized investment portfolio for your current and future financial needs to optimize your investments, taxes and income.
- **Retirement planning:** Develop a timeline, household budget, savings requirements, a plan for Social Security as well as a Retirement Readiness plan.
- **Tax optimization and planning:** Save what you earned by making tax-efficient decisions on your income, investments, retirement savings and preparation/filing.
- **Tax-smart distribution planning:** Maximize retirement income by minimizing the tax implications of withdrawals.
- **Estate planning and wealth transfer:** Leave an inheritance to people or causes that matter to you most by reviewing your will, power of attorney, trust or other documents.

There is no cost to you for using Quotient unless you choose to partner with them for financial investment management services. For more information call **888-895-4797** or email **info@quotientwealth.com.**

# Other Benefits

## BenefitHub

Enjoy access to national and local discounts, rewards and perks on thousands of the brands you love in a variety of categories, such as travel, auto, beauty and spa, restaurants and more. To register, log on to gaf.benefithub.com and use referral code JXJVCC.

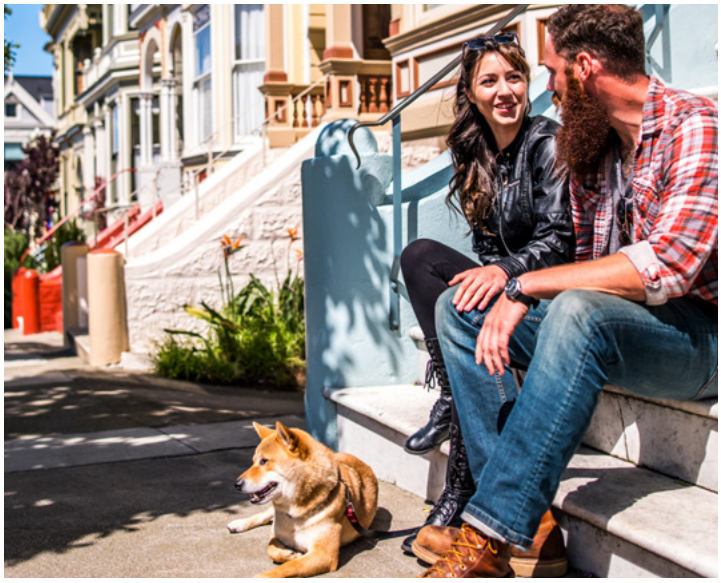
## Inside Rx Pets

Inside Rx Pets offers a **free** prescription savings card that delivers savings on the human medications your pet needs, including those to treat conditions such as anxiety, arthritis, heart disease and diabetes.

When you use the Inside Rx Pets card, you'll receive:

- Discounts for brand-name and generic medications (excludes controlled substances, parasiticides or pet-only vaccines).
- Convenient access at 40,000 retail pharmacies including CVS, the Kroger family of pharmacies and Walgreens.
- No membership fees or registration required so you can begin using the card right away!
- Access to online pricing tools and a pharmacy locator.
- Easy access by printing the card or using it electronically through Google Pay or Apple Wallet.

Log on to insiderxpets.com to access your Inside Rx Pets prescription savings card.



## Mortgage Services

American Federal Mortgage, one of the largest privately held mortgage bankers in the nation, has implemented a unique discount program, which is available to you. Whether you are thinking of buying a new home, refinancing your current home or just want to investigate financing options, American Federal is here to help.

As an approved enrollee with the American Federal Mortgage Discount Network, you have access to a variety of options such as:

- Discounted interest rates
- $2,000 closing cost credit
- No application fees
- Refunded appraisal fee
- In-house title solutions
- In-house homeowner's insurance solutions
- Closing date guarantee
- Free through pre-approvals
- Access to preferred attorney network
- State-of-the-art application and processing technology
- Designated processing
- On-site financial planning
- On-site real estate analysis
- On-site home buying and refinance seminars

Visit American Federal Mortgage to learn more.

# 401(k) Retirement Savings Plan

## Eligibility

Once you become eligible for the plan, you will receive a welcome package from Vanguard, our 401(k) plan administrator.

## Employee Contributions

You can elect and make changes to your deferral contributions at any time throughout the year once you are eligible for the plan by logging on to your account at ownyourfuture.vanguard.com or by calling Vanguard at 800-523-1188. You can contribute to the plan with pre-tax, Roth and/or after-tax contributions for your regular eligible compensation. You may also elect to defer a percentage of your bonus earnings. These elections are made separately from your regular earnings elections. All elections and election changes take approximately one to two payroll cycles to take effect.

**Employee Catch-up Contributions (For Individuals Age 50 or Older)**
New for 2025, catch-up limits are separated based on age. Those age 50 – 59 and 64 and older can contribute one amount and those age 60 – 63 can contribute a higher amount (see chart on next page).

Employees who meet the age requirements for catch-up contributions will be automatically eligible for the additional catch-up contributions and the contributions will be capped accordingly (based on your age).

## Company Contributions

The company provides matching contributions on your pre-tax and Roth contributions only, and you must have an active pre-tax and/or Roth deferral election (greater than 0%) to receive company matching contributions. The company does not match after-tax contributions. Please refer to your Collective Bargaining Agreement (CBA) for further details.

## Vesting

Please refer to your CBA and/or Summary Plan Description (SPD) Booklet for more details. The SPD is located on your online account at ownyourfuture.vanguard.com. Under the "Explore" tab, choose "Plan Communication." All appendixes and Summary of Material Modifications (updates to the SPD) can be requested from your local HR Business Partner or the HRServices Team.

## Investment Options

Contributions are invested in the Vanguard Target Retirement Trust Funds, as a qualified default investment alternative (QDIA). You have the option to select different investment fund options at any time.

**Rollovers**
You may be eligible to roll over funds from another qualified plan into your 401(k) account under this plan. Moving money into your current 401(k) allows you to better manage and see your funds all in one place. To initiate a rollover, log on to your account at ownyourfuture.vanguard.com. As always, it is best to obtain financial advice to ensure that the funds being rolled over will not have unintended tax implications and penalties.

## Beneficiary Designations

Don't leave your loved ones behind! Log on to your account at ownyourfuture.vanguard.com to designate beneficiaries for your 401(k) plan. Note: If you are married, your spouse is automatically your primary beneficiary unless you obtain spousal consent.

| 401(k) Account Contribution and Compensation Limits | | 2025 Annual Contribution Limits |
|---|---|---|
| **Employee Contributions** | | |
| **Pre-Tax and Roth After-Tax** | Choose from 0% to 75% of your regular pay and/or bonus pay | **$23,500** |
| **Catch-Up Contributions: Ages 50 – 59 and 64+*** | Pre-tax and Roth | **$7,500** |
| **Catch-Up Contributions: Ages 60 – 63*** | Pre-tax and/or Roth After-Tax | **$11,250** |
| **After-Tax** | Choose from 1% to 100% of your regular pay and/or bonus pay. | **$22,000** |
| **Company Contributions** | | |
| **Annual Compensation Limit** | Maximum amount of compensation used to calculate company basic contribution and company matching contribution | **$355,000** |

*IRS defines your age for purposes of eligibility for catch-up contributions as your age as of December 31 of the same year (for 2025 plan year, your age as of December 31, 2025). For example, for the 2025 plan year, if you will be age 64 as of December 31, 2025 then your catch-up contribution limit will be the age 50 – 59 and 64+ limit.

## Changes to Your Deferral Elections, Investments and Beneficiary Designations

You must contact Vanguard to elect your deferral election percentage(s); select funds to invest your deferrals and company contributions, if desired; opt into the annual automatic increase; and designate your 401(k) plan beneficiary(ies).

Register at ownyourfuture.vanguard.com for account access to your 401(k) plan. You will need to have the following information the first time you log on:

- First and last name
- Social Security number
- Birth date
- ZIP code
- Plan number (GAF: 097379, SGI: 095764)

### Vanguard registration instructions:

1. Go to ownyourfuture.vanguard.com
2. Click on “Let’s get started”
3. Complete the remaining registration steps
4. Make sure to designate a 401(k) plan beneficiary!

**Need help?** You can contact Vanguard at 800-523-1188 or visit ownyourfuture.vanguard.com to make this change.

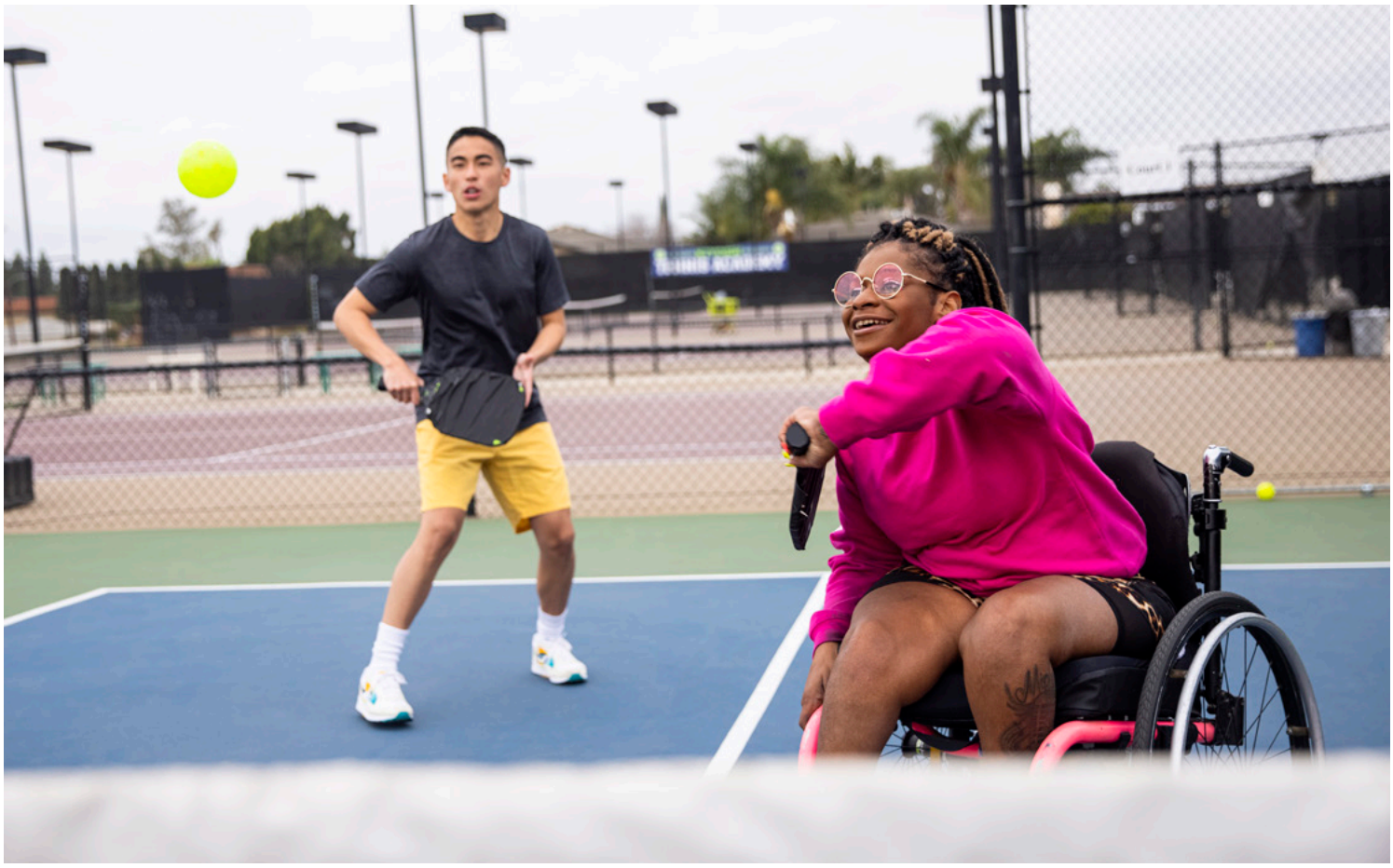
# Benefit Resources and Contacts

| If you have a question about... | Contact/ Resource | Group/Policy # | Member Services Phone Number | Member Portal/Website |
|---|---|---|---|---|
| • Benefits enrollment and changes<br>• Plan information<br>• Coverage questions<br>• Advocacy services | **Your Benefits Resources** | n/a | 855-564-6155<br>8:00 a.m. to 8:00 p.m. ET<br>Monday through Friday | Access via single sign-on while on your company network.<br>Outside of your company network, log on directly at: www.myhranywhere.com/benefits |
| • Health care options<br>• FAQs<br>• Side-by-side comparisons<br>• Helpful videos and articles | **Make It Yours benefits microsite** | n/a | n/a | https://gaf.makeityoursource.com |
| Medical second opinions | **2nd.MD** | n/a | 866-887-0712 | 2nd.MD/gaf.com |
| Prescription drugs | **Express Scripts** | GAFMCRX | 800-711-0917 | https://www.express-scripts.com |
| HSA, FSA and Commuter Benefits | **WEX** | n/a | 866-451-3399 | https://benefitslogin.wexhealth.com |
| Disability insurance | **Lincoln Financial** | PSA3-880-054466<br>Company code: Leave | 888-408-7300 | https://www.mylincolnportal.com |
| Life insurance | **Securian Financial** | 70688 | 888-408-7300 | https://www.mylincolnportal.com |
| Employee assistance program (EAP) | **Optum** | Web access code: GAF | 888-224-5672 | https://www.liveandworkwell.com |
| Family-building benefits and menopause support | **Kindbody** | KINDFAMILY | 855-747-1630 | https://kindbody.com/activate-kindbody-benefit |
| Employee discounts | **BenefitHub** | JXJVCC | n/a | https://gaf.benefithub.com |
| Pet prescription discount program | **Inside Rx Pets** | Click on "Get Savings Card" to download discount card | n/a | https://insiderxpets.com |

| If you have a question about... | Contact/Resource | Group/Policy # | Member Services Phone Number | Member Portal/Website |
|---|---|---|---|---|
| Mortgage services | **American Federal Mortgage** | Licensed in NY, NJ, CT, PA, MA, DE, MD, NC, SC, FL | 862-259-3138<br>Ask for Carl Casperson | https://www.americanfedmortgage.com/corporateincentive-program<br>Email: ccasperson@amfedmtg.com |
| Financial counseling | **Quotient** | n/a | 888-895-4797 | https://quotientwealth.com<br>Email: info@quotientwealth.com |
| 401(k) retirement savings plan | **Vanguard** | Plan number: (GAF Union: 091409, SGI ALL: 095764) | 800-523-1188 | https://ownyourfuture.vanguard.com/home/login |
| HR Services | **HR Connect** | n/a | 833-HRXPERT<br>833-479-7378 | |

## HRX Assist is also here to help!

Simply log on to Your Benefits Resources and select **Your Help Requests** from the **Quick Actions** menu to start a request. Just fill out the topic and details of concern sections and attach any pertinent files. The HRX Assist tool will then align you with the right person to help resolve the issue.



# General Notices

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. 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 your health plan.

## Notice of HIPAA 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 dependent's other coverage). However, you must request enrollment 31 days after your or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days (or any longer period that applies under the plan) after the marriage, birth, adoption or placement for adoption.

## HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Also, this is to remind plan participants and beneficiaries that the group health plans have issued a Health Plan Privacy Notice that describes how the group health plans use and disclose protected health information (PHI). Please read the full notice carefully, available on Your Benefits Resources.

## Important Notice From Standard Industries About Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Standard Industries (GAF) 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.

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. GAF has determined that the prescription drug coverage offered by the GAF Health & Welfare 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.

## No Surprise Billing Disclosure

### Your rights and protections against surprise medical bills

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

## 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. Contact HR Services at (833) HRXPERT, and 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 Continuation Coverage Rights

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." 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. For more information and to see a list of qualifying events for this notice visit Your Benefits Resources.

## Transparency in Coverage Public Disclosure

Stay informed. Learn important information about allowed amounts, cost-sharing, covered items and services, and out-of-network providers so there are no surprises. You can find out more about cost estimate and the amount you may ultimately be required to pay by viewing the Transparency in Coverage Notice at Your Benefits Resources.

## 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, 2023. Contact your state for more information on eligibility.

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

## GEORGIA – 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

## INDIANA – Medicaid

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)

Medicaid Website: https://dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366

Hawki Website: http://dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website:
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: https://www.kancare.ks.gov/

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

## KENTUCKY – 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://kidshealth.ky.gov/Pages/index.aspx

Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

## LOUISIANA – Medicaid

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

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

## MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

## MINNESOTA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp

Phone: 1-800-657-3739

## MISSOURI – Medicaid

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<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-071 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|---|---|
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>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<br>Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

| | |
|---|---|
| **U.S. Department of Labor Employee Benefits Security Administration**<br>www.dol.gov/agencies/ebsa<br>1-866-444-EBSA (3272) | **U.S. Department of Health and Human Services Centers or Medicare & Medicaid**<br>www.cms.hhs.gov<br>1-877-267-2323, Menu Option 4, EXT. 61565 |

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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)