

Benefit Enrollment Guide 2025



Table of Contents

| A Message from the CEO | 3 |
|---------------------------------|----|
| Eligibility | 5 |
| Teladoc | 8 |
| Quantum | 9 |
| Medical Insurance | 10 |
| Prescription (Rx) Insurance | 11 |
| Health Savings Account (HSA) | 12 |
| Flexible Spending Account (FSA) | 13 |
| Dental Plan | 14 |
| Vision Plan | 15 |
| Life and AD&D Insurance | 16 |
| Support for Expecting Parents | 17 |
| Disability Insurance | 17 |
| Voluntary Benefits | 18 |
| 401(k) Retirement Plan | 21 |
| Educational Benefits | 22 |
| Wellness Benefits | 23 |
| Employee Contributions | 25 |
| Contact Information | 26 |





A Message from the CEO

Dear Pyramid Team,

I am pleased to share our 2025 Open Enrollment benefit options — carefully selected to support the health, well-being, and financial peace of mind of you and your family in the year ahead. We know our people are our greatest strength and that is why we have focused on building a benefits package that reflects our commitment to you—offering flexibility, value, and access to high-quality care.

Here is what you need to know:

- Passive Enrollment: This year, Open Enrollment will be passive. That means your current benefit
 elections will carry over into the new plan year unless you are enrolled in the Flexible Spending
 Account (FSA), Dependent Care Account (DCA), or Health Savings Account (HSA), which do
 require new elections annually.
- **Open Enrollment Dates:** The enrollment window opens **June 9** and closes **June 20, 2025**. Please ensure any updates or changes are made during this time.

What is New and Continuing in 2025:

- We realize that changing carriers creates an additional burden on you to coordinate care with new providers. We are pleased to announce that we are maintaining all of our core partnerships in 2025.
 - Our ongoing partnership with **United Healthcare** provides access to the nation's largest network of providers, ensuring you get the care you need, wherever you are.
 - **Quantum Health** continues to offer personalized support through dedicated nurses, benefit specialists, and claims advocates.
 - EmpiRx Health now includes a Variable Co-Pay Assistance Program, delivering significant savings on high-cost medications.
 - Through **Lincoln Financial Group**, you will continue to receive valuable coverage for life, disability, accident, critical illness, and hospital indemnity.

The cost to provide Health Care Benefits continues to rapidly increase. Unfortunately, this year we are facing a projected 9%+ increase in our overall cost to provide health benefits. We remain committed to providing competitive, high-quality coverage and will be **increasing the employer contribution toward benefits**, **covering approximately 70% of the 2025 projected increases**.

You can help, too. Thoughtful decisions—like using telemedicine or urgent care for non-emergency needs and participating in prescription savings programs—make a real difference in containing overall healthcare expenses.

Please remember: If you do not log into UKG and make elections for FSA, DCA, or HSA, those benefits will not carry over into the next plan year. Even in a passive enrollment year, it is important to review your options.

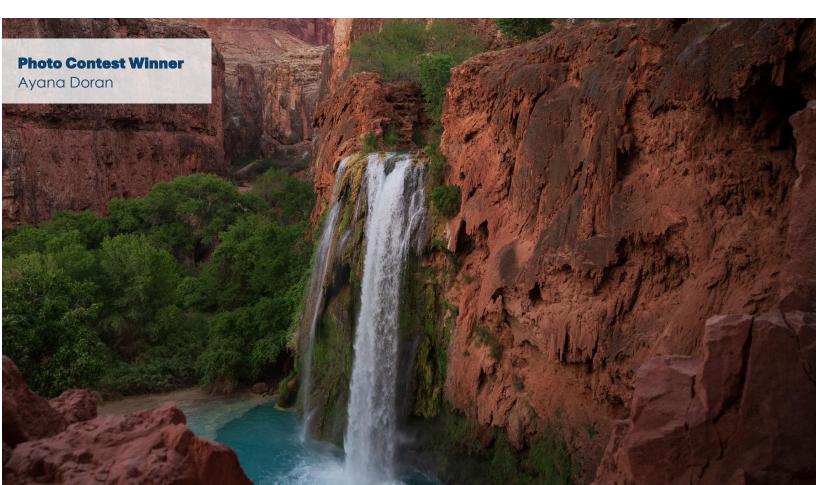
Thank you for everything you do to support our mission, our clients, and each other. We are proud to offer benefits that reflect your dedication and the value you bring to Pyramid.

For more details, please reach out to your local HR Representative, the HR Care Advisory Team, or attend one of our upcoming Open Enrollment meetings. You can also visit our benefits site anytime at https://pyramidhcbenefits.com, or by scanning the QR code.

Warm regards,

Jasón Hendricks Chief Executive Officer Pyramid Healthcare





Eligibility

Eligible Employees:

You may enroll in the Pyramid Healthcare Benefits Program if you are an employee working at least 30 hours per week. If you are new to Pyramid Healthcare, you will be eligible for benefits on the first day of the month following 60 days of employment.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and dependent children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

When Can I Enroll?

Open Enrollment will be held **June 9**, 2025, through **June 20**, 2025. This year's Open Enrollment will be a <u>PASSIVE</u> enrollment. Passive enrollment means if you do not make any benefit elections for the 2025 plan year, you will automatically be defaulted to your prior years elections, except for FSA and HSA contributions which must be re-elected every year.

When Coverage Begins:

The effective date for your benefits is August 1, 2025. Newly hired employees and dependents will be effective in Pyramid Healthcare's benefits programs. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.



Life Event Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



At the Doctor's Office

It's recommended that you choose an innetwork primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

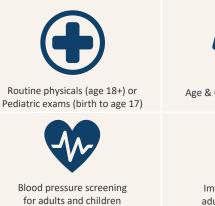
If you are newly enrolling in medical benefits, make an appointment with your PCP - even if you're NOT sick once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using innetwork providers. For more details about the covered services please visit:

www.healthcare.gov/coverage/preventivecare-benefits.

Common preventive services include:



Age & Gender Appropriate Screenings



Immunizations for adults and children

Finding In-Network Care

Make sure that your provider or facility is innetwork. To locate a network provider, follow the steps below:

- Log in to pyramid.quantum-health.com
- Select Find a Doctor or Pharmacy
- Search by Specialty, location, and more
- Or Call 844-460-2782 and speak with a Quantum Healthcare Coordinator

Download the Quantum App – for on the Go Access!

Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search for Quantum Health in your app store or scan the QR Code.

Quantum Member Service Portal

Quantum's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access your Quantum's portal at <u>pyramid.quantum-health.com</u>. Quantum can assist you with questions such as:

- How do I check to see if my doctor/dentist is in-network?
- How can I find a medical or dental provider?
- I have a surgery scheduled, what should I do?
- How does my new plan work?
- Getting coverage and cost details
- And more!



What Are My Options For Care?

You have many options for how and where you can receive care through your medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

| Care Center | Know the Cost | What is it? | What can they treat? |
|----------------------------------|------------------|---|---|
| Telemedicine / Virtual Visits | \$ | Convenient, low-cost option for treating common, non-urgent health concerns A doctor will diagnose the issue over the phone and write a prescription, if necessary. Teladoc is available 24/7/365 days a year! Teladoc.com 1-800-Teladoc | Minor illnesses Minor infections Cold and flu symptoms Bronchitis Allergies Mental health Headaches/migraines And more |
| Doctor's Office | \$\$ | Routine care or treatment for a current health issues Your primary doctor knows you and your health history To manage your medications To refer you to a specialist Normally available Monday-Friday. Check with your provider for actual office hours. | Routine checkups and preventive services Immunizations Minor injuries, such as sprains Illnesses Manage your general health and chronic conditions |
| Urgent Care Clinic | \$\$\$ | Treatment of non-life-threatening injuries or illnesses Staffed by qualified physicians Generally open night and weekends; some open 24/7 | Cold and flu symptoms Minor accidents or falls Minor sprains or fractures Minor cuts and burns Vomiting, diarrhea |
| Emergency Room | \$ \$ \$ \$ | Immediate treatment for serious, life- threating conditions. Ready to treat any critical situation Can be hospital-based or freestanding Available 24/7/365 days a year | Chest pain Difficulty breathing Severe abdominal pain Broken bones Head injuries Uncontrolled bleeding Seizures Coughing or vomiting blood |

Unsure where to seek Treatment?

Scan the QR code to watch a quick 5-minute video that guides you through your care options and helps you make an informed decision about where to go for care.

This video is for educational purposes only - if you are experiencing an emergency, seek immediate medical attention.



Teladoc

Available to Employees who participate in our UMR Medical Insurance Plan **Telemedicine / Virtual Visits**

24/7 doctor visits via phone or mobile app! Teladoc gives you round-the-clock access to U.S. board certified doctors, from home or on the go. Call or connect online or use the Teladoc mobile app for affordable medical care, when you need it.



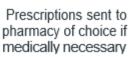
Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



A network of doctors that can treat every member of the family





Prompt treatment, median call back, in 10 minutes



Teladoc is less expensive than the ER or urgent care



Get the care you need:

Teladoc doctors can treat many medical conditions, including:

- Cold & fu symptoms
- Sinus problems
- Allergies
- Skin problems
- Pink eye
- Respiratory infections
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Teladoc.com | 1-800-Teladoc (1-800-835-2362)

\$ Teladoc is less expensive than the ER or urgent care



Quantum

Quantum Health Care Coordinators

Available to Employees who participate in our UMR Medical Insurance Plan

Pyramid Healthcare team members who are enrolled in benefits have access to a dedicated team of nurses, benefit experts, and claims specialists to assist them in making the most of their benefits.

Quantum Health Care Coordinators can help you get the most out of your benefits by:

- Reviewing your care options and helping you choose the plan best for you.
- Find In-Network Providers
- Help You Save on Out-Of-Pocket Costs
- Answer Claims, Billing, and Any Benefits Related Questions
- Contact Providers and Coordinate Your Treatment

How to Contact Quantum:

Call 844-460-2782 to speak with a Benefits Specialist 8:30 am to 10 pm (EST), Log in to **pyramid.quantum-health.com** or download the app at your Apple App Store or Google Play.

- Download the Quantum Health app or scan the QR code
- Click on **Register**
- Provide the information requested
- Set up **two-factor authentication** and follow the authentication steps to complete your registration.



Scan to Download the App



New this year:

If you visit an **Urgent Care** facility and are referred to the **Emergency Room**, your Urgent Care copay will be waived. Contact Quantum to coordinate if this occurs.

Medical Insurance

Administered by UMR Health, a United Healthcare Company

Medical Benefits

Pyramid Healthcare offers medical coverage. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

| | UMR | | |
|---|----------------------|----------------------|--|
| | Value HSA Plan | Base HSA Plan | Premium PPO Plan |
| Annual Deductible | | | |
| Individual | \$5,000 | \$2,500 | \$2,000 |
| Family | \$10,000 | \$5,000 | \$4,000 |
| Coinsurance | You pay 30% | You pay 20% | You pay 10% |
| Maximum Out-of-Pocket* | | | · |
| Individual | \$6,900 | \$6,900 | \$6,600 |
| Family | \$13,800 | \$13,800 | \$13,200 |
| Physician Office Visit | | | |
| Primary Care | 30% after deductible | 20% after deductible | \$30 copay |
| Specialty Care | 30% after deductible | 20% after deductible | \$45 copay |
| Preventive Care | | | · |
| Adult Periodic Exams | Covered 100% | Covered 100% | Covered 100% |
| Well-Child Care | Covered 100% | Covered 100% | Covered 100% |
| Diagnostic Services | | | |
| X-ray and Lab Tests | 30% after deductible | 20% after deductible | 10% after deductible |
| Complex Radiology | 30% after deductible | 20% after deductible | 10% after deductible |
| Urgent Care Facility | 30% after deductible | 20% after deductible | \$55.00 copay |
| Emergency Room Facility Charges | 30% after deductible | 20% after deductible | 100% after \$200.00 copay (waived if admitted) |
| Inpatient Facility Charges | 30% after deductible | 20% after deductible | 10% after deductible |
| Outpatient Facility and Surgical Charges | 30% after deductible | 20% after deductible | 10% after deductible |
| Mental Health | | | |
| Inpatient | 30% after deductible | 20% after deductible | 10% after deductible |
| Outpatient | 30% after deductible | 20% after deductible | 10% after deductible |
| Substance Abuse | | | |
| Inpatient | 30% after deductible | 20% after deductible | 10% after deductible |
| Outpatient | 30% after deductible | 20% after deductible | 10% after deductible |

New this year: Physical, Speech, and Occupational Therapy visits increased to 25 visits per year!

Prescription (Rx) Insurance

Administered by EmpiRx Health

Prescription Benefits

Pyramid Healthcare offers prescription coverage. If you elect to participate in any of the medical plans, you are automatically enrolled in the prescription drug plan. To see how your prescriptions are covered, call Member Services at **877-241-7123**.

| | EmpiRx | | |
|-------------------------------------|------------------------|------------------------|------------------|
| | Value HSA Plan | Base HSA Plan | Premium PPO Plan |
| Generic (Tier 1) | \$10 after deductible | \$10 after deductible | \$10 |
| Preferred (Tier 2) | \$80 after deductible | \$80 after deductible | \$80 |
| Non-Preferred (Tier 3) | \$130 after deductible | \$130 after deductible | \$130 |
| Preferred Specialty (Tier 4) | \$180 after deductible | \$180 after deductible | \$180 |
| Mail Order Pharmacy (90 Day Supply) | | | |
| Generic (Tier 1) | \$20 after deductible | \$20 after deductible | \$20 |
| Preferred (Tier 2) | \$160 after deductible | \$160 after deductible | \$160 |
| Non-Preferred (Tier 3) | \$260 after deductible | \$260 after deductible | \$260 |
| Preferred Specialty (Tier 4) | N/A | N/A | N/A |

Your prescriber can submit the prescription electronically to our *mail order pharmacy* (BeneCard Central Fill) or by fax to **888-907-0040** or complete the mail order form included with your Welcome Packet. Attach your prescription and submit it in the pre-addressed envelope.

How Do I Find a Participating Pharmacy or Drug Information?

Log in to <u>www.myempirxhealth.com</u> where you can:

- Find a participating pharmacy
- Order a new ID card
- Locate drug information and pricing
- And so much more!!

How Can I Save Money on My Prescriptions?

You can save **\$\$** by ordering your prescriptions through the mail-order program.

| EXAMPLE | RETAIL Up to a 30-day supply | MAIL ORDER Up to a 90-day supply | ANNUAL SAVINGS |
|-----------------|--|---|----------------|
| Formulary Brand | \$80 for a 30-day supply \$80 x 12 refills= \$960 | \$160 for a 90-day supply \$160 x 4 refills= \$640 | \$320 |

Health Savings Account (HSA)

Administered by WEX

Available to Employees enrolled in the Value or Base Health Savings Plan

Health Savings Accounts allow eligible employees to set aside money in a tax-free account to pay for eligible out-of-pocket medical, dental, vision and prescriptions. Any funds left over in the HSA each year will remain in the account and are yours to keep.

| ANNUAL CONTRIBUTIONS | PYRAMID CONTRIBUTES | YOU CAN CONTRIBUTE UP TO** | TOTAL 2025 IRS MAX |
|-------------------------|------------------------|-------------------------------|-----------------------|
| Individual | \$400* | \$3,900 | \$4,300 |
| Family | \$750* | \$7,800 | \$8,550 |

** If you are age 55 or older you can make an additional \$1,000 catch-up contribution. *Pyramid Healthcare will make their contributions each pay period in the amounts of \$16.67 for an individual and \$31.25 for a family.

How do Health Savings Medical Plans work with an HSA?

- **DEDUCTIBLE:** You pay 100% of the medical and prescription expenses until your deductible is met. (Remember Preventive Care is covered at 100%)
- **COINSURANCE:** After you meet your deductible, you move on to the coinsurance portion of your plan which is a cost-sharing level of coverage. You pay a certain percentage of the eligible medical expenses, and the insurance carrier will pay the rest.
- **OUT-OF-POCKET MAXIMUM:** Your coinsurance will continue until you hit your out-of-pocket maximum. Once you meet your out-of-pocket maximum your plan pays 100% of your eligible medical expenses.

What is Covered?

There are 1,000's of eligible items. Here is a list of a few:

- Copays, coinsurance, premiums
- Doctor visits & Surgery
- Prescription Drugs
- Dental expenses
- Vision Expenses

To view a complete list of eligible expenses visit <u>https://www.wexinc.com/</u> insights/benefitstoolkit/eligible-expenses

It's Yours To Keep: Any unspent funds in your account remain yours, allowing you to grow a balance over time. When you reach age 65 you can withdraw the money (without penalty) and use it for anything, including non-healthcare expenses.



Flexibility: Save for a rainy day. Invest in your future retirement, or spend your funds on qualified expenses, penalty free.



Easy To Use: Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.



Smart Savings: The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.

**For a full list of eligible expenses contact WEX at 866-451-3399 or www.wexinc.com

Flexible Spending Account (FSA)

Administered by WEX

Pyramid offers **two** Flexible Spending Account options, a Healthcare Flexible Spending Account, and a Dependent Care Flexible Spending Account.

Health Care Flexible Spending Account (FSA)

This account is available to employees NOT enrolled in the Base or Value Health Savings Plan

The Health Care FSA allows you to budget and save for qualified medical, dental, vision and prescription expenses. You will receive a debit card to use to pay for your eligible expenses which works just like a regular bank debit card except the funds you are using are from your FSA. This can be used to pay for expenses such as doctor copays, prescriptions, any eligible healthcare expense as well as health care items from eligible retail stores.

| | | ELIGIBLE IF | 2025 MAXIMUM CONTRIBUTIONS | SAMPLE ELIGIBLE EXPENSES |
|---|--------------------|--|-------------------------------|--|
| + | Health Care FSA | You are not enrolled in the Base or Value Health Savings Plan | Up to \$3,300 ** | Medical Copays and deductibles Dental expenses Prescription Copays Eyeglasses |

FSA funds do **NOT rollover each year, it is a Use it or Lose It account, so be certain you budget accurately otherwise any funds not spent will be lost.

Dependent Care Flexible Spending Account (FSA)

This account is available to <u>all full-time employees</u> with dependents 12 years of age or younger.

| 29.9.2 | | ELIGIBLE IF | 2025 MAXIMUM CONTRIBUTION | SAMPLE ELIGIBLE EXPENSES |
|--------|-----------------------|--|------------------------------|---|
| | Dependent Care FSA | You have dependents age 12 or younger | Up to \$5,000** | Preschool Summer Day Camp Before or after school programs |

**For a full list of eligible expenses visit: <u>www.wexinc.com/insights/benefits-toolkit/eligible-expenses</u>

Dental Plan

Administered by United Healthcare

Pyramid offers two (2) Dental plans through United Healthcare.

| Services | United Healthcare High Plan | United Healthcare Low Plan |
|-----------------------------------|--------------------------------|-------------------------------|
| Annual Deductible | | |
| (Basic & Major Services) | | |
| Individual | \$50 | \$75 |
| • Family | \$150 | \$225 |
| Preventive Services | 100% | 80% |
| Basic Services | Plan pays 80% | Plan pays 80% |
| Major Services | Plan pays 50% | Plan pays 50% |
| Annual Benefit Maximum | \$2,000 | \$1,500 |
| Orthodontic Services (child only) | 50% | 50% |
| Orthodontic Deductible | \$O | \$0 |
| Orthodontic Lifetime Maximum | \$1,000 | \$1,000 |

United Healthcare's secure member website, <u>myuhc.com</u> allows easy access to your dental benefits along with tools and information that will help you to make the best decisions in regard to your dental care. Some of the tools available are:

- Out-Of-Pocket cost estimates based on your plan and network
- Participating Provider Search
- Plan Dashboard with summary of benefits, claims, and plan balances
- Provider profiles that include ratings, reviews of the provider as well as an online scheduling tool which allows you to schedule appointments with participating providers





Vision Plan

Administered by National Vision Administrators (NVA)

Pyramid provides a vision plan for both you and your family. While you have the option of using any provider for your vision care costs will be lower using an in-network provider.

| Services | In-Network | Out-Of-Network |
|--|---|--|
| Exams | \$10 copay | Up to \$30 reimbursement |
| Frames | Up to \$150 retail allowance, then 20% discount off the remaining balance | Up to \$30 reimbursement |
| Lenses Single Lined Bifocal Lined Trifocal Lenticular | \$10 copay | Up to \$25 reimbursement Up to \$35 reimbursement Up to \$45 reimbursement Up to \$60 reimbursement |
| Contacts: Elective | Up to \$150 retail allowance | Up to \$75 retail allowance |
| Evaluation/Fitting | Daily Wear: 100% covered Extended Wear: 100% Covered Specialty: 100% after \$20 copay | Daily Wear: \$20 Extended Wear: \$30 Covered Specialty: \$30 |

Vision Benefits On-The-Go – with NVA's Member Mobile App Download NVA's mobile app from your app store.

Once you log in to the app you will be able to:

- Find Vision Care Providers: search for network providers by location
- View Benefits: Gain quick access to eligibility and plan coverage information
- Access Your ID card: Pull up your ID card whenever you need it
- **Discover the NVA Smart Buyer**: Get information you need to help make smarter buying decisions on your eye care needs

Need Assistance Finding a Participating Vision Provider?

Go to <u>www.e-nva.com</u> and click "Find a Provider". Enter "Search location". Be sure and have your group number handy which can be found on your ID card.

Life and AD&D Insurance

Administered by Lincoln Financial Group

Basic Life and AD&D (100% Paid by Pyramid)

Pyramid Healthcare is partnering with Lincoln Financial Group for your basic life insurance and accidental death and dismemberment coverage at **no cost to you** to protect you and your family.

Class 3: (Associates) - \$10,000; AD&D benefit is equal to the life benefit.

Class 2: (Managers/Supervisors) - \$25,000; AD&D benefit is equal to the life benefit.

Class 1: (Executives and Employed Physicians) – 1 times salary to a maximum of \$150,000; AD&D benefit is equal to the life benefit.



Voluntary Life Insurance Options (100% Paid by the Employee)

Pyramid Healthcare also offers enrollment in a variety of voluntary life insurance options for you and your family which are paid by you through payroll deduction.

Supplemental Life:

- Purchase additional coverage in increments of \$10,000 up to the lesser 5 times your salary or \$500,000
- Guarantee Issue Amount is \$250,000 for new hires if you are increasing coverage or electing after your first eligibility period, Evidence of Insurability will be required.

Supplemental Spousal Life:

- Purchase coverage for your spouse in increments of \$5,000 up to \$250,000, not to exceed 50% of the employee's supplemental election
- Guarantee Issue Amount is \$25,000 for new hires if you are increasing coverage or electing after your first eligibility period, Evidence of Insurability will be required.

Supplemental Child Life:

- Purchase coverage for your dependent child age 6 months to 1 year up to \$1,000
- Purchase coverage for your dependent child over 1 year of age up to \$10,000
- Guarantee Issue Amount is \$10,000

Support for Expecting Parents

Administered by Lincoln Financial Group

To make your parental leave planning as smooth and stress-free as possible, we're excited to offer PERKY Leave, a helpful & FREE self-serve digital tool provided by Lincoln Financial to every Pyramid Employee. The PERKY Leave digital tool allows you to:

- Visualize your leave options
- Estimate your income during leave
- Enjoy self-service access

To begin using PERKY Leave, visit: https://lfg.perkyleave.com/pyramid-health

Disability Insurance

Administered by Lincoln Financial Group

For most people a disabling injury or illness could strongly impact their financial health. Pyramid Healthcare offers disability insurance to protect your income in the event of one of these events.

Voluntary Short- Term Disability (100% Paid by the Employee)

- Paid through payroll deductions by you the employee
- Available to all employees
- Benefits are payable after you have been sick or disabled for 14 days and will continue for up to 13 weeks
- All employees will receive 60% of earnings to a maximum of \$1,500 per week

NOTE: Lincoln will offer a 1-time open enrollment up to the guarantee issue amount for the initial enrollment.

Long Term Disability (100% paid by Pyramid)

Pyramid Healthcare provides Long-Term Disability (LTD) at no cost to class 1 and 2 employees.

Class 1: (Executive and Employed Physicians)- 65% of pre-disability earnings to a maximum of \$6,000 per month

Class 2: (Managers and Supervisors) – 65% of pre-disability earnings to a maximum of \$3,000 per month

Long Term Disability (100% paid by the Employee)

Pyramid offers Long-Term Disability to Class 3 employees paid for through payroll deductions.

Class 3: (Associates) – 60% of pre-disability earnings to a maximum of \$3,000 per month



Voluntary Benefits

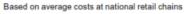
Administered by Lincoln Financial Group

Accidental Injury Insurance (100% paid by the Employee)

Pyramid offers Voluntary Accident Insurance to help offset expenses you occur in the event of an accident. Accident insurance provides cash benefits that you can use to meet any needs.

The cost of the Accident Insurance High Plan is very affordable. This coverage for this is less than:







How Does The Accident Insurance Plan Work?

Example Scenario: Kathy's daughter, Anna, plays soccer. During a recent soccer game, she had a collision with another player and was knocked unconscious. She was taken by ambulance to the local emergency room. Whilst in the ER she was diagnosed with a concussion, and she had also broken a tooth. The doctor ordered a CT scan. After she was released, she was advised to follow up with her primary care doctor and also see her dentist. Her dentist repaired her broken tooth with a crown.

Kathy has the Accident Insurance Plan. She would receive a lump sum in the amount of \$2,100.

| Covered Illness | Benefit Amount |
|--|----------------|
| Ambulance | \$400 |
| Emergency Care | \$200 |
| Primary Care Doctor Follow up (2 visits) | \$200 |
| Medical Testing | \$300 |
| Concussion | \$600 |
| Broken Tooth (crown) | \$400 |
| Total | \$2,100 |

With Lincoln's Accident Insurance:

- Over 150 covered events and services (see your plan certificate for a complete listing)
- You and your eligible family members are guaranteed coverage
- Lump-sum payments help to cover the unexpected costs in the event of an accident
- Premiums are automatically deducted from your paycheck

Critical Illness (100% paid by the Employee)

Pyramid also offers Critical Illness Insurance so in the event of a covered illness such as a heart attack or stroke you will receive a lump-sum cash amount to help offset these expenses.

The cost of the Critical Illness Insurance Plan is very affordable. This coverage for this is less than:









How Does The Critical Illness Insurance Plan Work?

Example Scenario: David is enrolled in the \$30,000 Critical Illness Insurance benefit plan. In his first year on the plan, he suffers a heart attack. The following year he had a stroke and then 2 years after that he was diagnosed with renal failure.

David has the Critical Illness Insurance Plan. He would receive a lump sum in the amount of \$30,000 per illness for a total of \$90,000.

| Covered Illness | Payment |
|--------------------|----------|
| Heart Attack | \$30,000 |
| Stroke | \$30,000 |
| Renal Failure | \$30,000 |
| Total | \$90,000 |

There is no lifetime maximum benefit as long as the separation period (3 months per separation) is met.

With Lincoln's Critical Illness Insurance:

- Over 20 covered critical illnesses, such as heart attack, stroke, and kidney failure (for a complete listing of covered illnesses see your plan certificate)
- You and your eligible family members are guaranteed coverage. No medical exam required=no hassles
- Lump-sum payment to help offset the added expenses from the critical illness
- Premiums are automatically deducted from your paycheck

Hospital Indemnity Insurance (100% paid by the Employee)

Pyramid also offers Hospital Indemnity Insurance as a way to provide financial assistance in the event of a hospitalization. The daily cash payment can be used to help pay for daily living expenses such as rent, gas, utilities, and other necessities.

The cost of the Hospital Indemnity Insurance Plan is very affordable. This coverage for this is less than:







Movie outing for group of 4. Tickets, drink, popcorn and candy

How Does The Hospital Indemnity Insurance Plan Work?

Example Scenario: On his way to work Ed has an accident in which his car was hit by a big truck. It was quite a bad accident and Ed's car is totaled, and he is injured. Ed is taken by ambulance to the local hospital. After some testing, Ed is found to have had head trauma and a fractured disk in his neck. Ed ends up spending 2 days in the ICU, and 5 more days in a standard room. He is then transferred to an inpatient rehab facility where he stays for an additional 7 days.

Ed has the Hospital Indemnity Insurance Plan. He would receive a lump sum in the amount of \$4,400.

| Covered Illness | Benefit Amount |
|--|----------------|
| Hospital Admission | \$1,000 |
| ICU Admission | \$2,000 |
| Hospital Confinement (6 days) * | \$1,200 |
| ICU Supplemental Confinement (1 day) * | \$200 |
| Total | \$4,400 |

*When admission is included in the plan, confinement begins on Day 2.

With Lincoln's Hospital Indemnity Insurance:

- You and your eligible family members are guaranteed coverage. No medical exam required=no hassles
- Lump sum payment to help offset added expenses from the hospital confinement
- Premiums are automatically deducted from your paycheck

401(k) Retirement Plan

Administered by Empower

Pyramid offers a 401 (k) Savings Plan that gives you the opportunity to save for your future with pre-tax or post-tax dollars. You choose your contribution type and how much to save through payroll deductions. You may contribute up to 50% of your pay each pay period. If you leave Pyramid, the contributions you made into the account are yours to keep; however, employer contributions to your 401K will not yours to keep unless you are fully vested. Contact Empower at 800-338-4015 or **empowermyretirement.com** for details.

Pyramid will match the first 1% of your contribution at 100% and the next 5% of your contribution will be matched at 50%.



When am I eligible to enroll?

You are eligible to enroll on the 1st day of the following quarter after completion of 3 months service with Pyramid.

How Do I Enroll?

After 3 months of employment, you will be automatically enrolled with a 6% deferral rate in the traditional plan unless you "**Opt-Out**". You can also choose to enroll with a contribution rate of your choice by completing the enrollment process.

Enroll and access your account online at **empowermyretirement.com** or by calling **800-338-4015**.

How Much Can I Contribute?

For 2025, you can contribute up to \$22,500 annually in combined pre-tax and/or post-tax (AKA Roth) contributions, plus an additional \$7,500 in catch-up contribution if you are age 50 or older by the end of the calendar year. Pyramid will match personal contribution, up to 3% of your eligible pay. You are immediately 100% vested in **your own** contributions, including any rollovers you make to your account.

For More Information

For additional details about the 401(k) Retirement Savings Plan or how to change your contribution rates or investment elections, please refer to: **empowermyretirement.com** or call **800-338-4015**.

Every Employee is <u>auto-enrolled</u> with 6% contributions when you first become eligible if you do not call to opt-out. To opt-out call Empower at **800-338-4015**.



Educational Benefits

Navigate to the Pyramid Intranet's Educational Benefit's page for the most up-to-date information, and exciting educational reimbursement opportunities!

Educational Discounts

Available to ALL Employees

We currently have tuition discounts available for the following colleges & universities:

- Capella University
- ECPI University
- Elizabethtown College
 School of Graduate & Professional Studies
- Grand Canyon University
- Mount Aloysius College

- Rider University
- Salem University
- South College New 2025!
- Walden University
- Widener University

Educational Assistance Program

Available to ALL Employees

Eligible employees can receive **up to \$2,500** per fiscal year toward their education! The program reimburses for tuition or the completion of a professional certificate. Learn more about this benefit in the *Educational Assistance Program* Policy located in UKG.

Clinical Licensure Supervision Reimbursement

Available to ALL Employees

For those seeking their professional license and are unable to obtain their supervision hours internally, the cost for licensure supervision can be reimbursed in increments of \$500 every 3 months with a maximum of \$2,000 per year. Eligible staff must be full-time and have completed at least 3 months of continuous service. See the policy in UKG for additional enrollment details.

Wellness Benefits

Employee Assistance Program Administered by M&S EAP

Available to ALL Employees

Employee Assistance Program Benefits

At Pyramid we have a genuine, compelling, and relentless desire to improve lives, which is why we are pleased to offer every employee and all residents of the employees home the benefit of an Employee Assistance Program (EAP) through M&S EAP Services.

You do NOT need to have Pyramid's health insurance in order to access the program.

The EAP program includes and is:

- 100% confidential
- Covers four virtual, face-to-face, or telephonic sessions with a counselor, per person attending
- Services also cover ALL residents of the home

M&S EAP is here to help you through many difficult situations, including but not limited to:

- Marital and Family Related Concerns
- Children & Teens
- Anger and Stress Management
- Time Management
- Grief & Loss

- Alcohol & Substance Abuse
- Elder Care Concerns
- Domestic Abuse
- Addictions
- Job-Related Stress



For more information and other available EAP resources:

Visit www.mseap.com/get-started and use the access code PYRHC or call 800-543-5080

Mental Health App for Pyramid Employees Kindly Human



Kindly Human is a resource available through M&S EAP, providing empathetic peer support for your mental health – including 24/7 access to support from Peers and resources whenever you need it. This anonymous service is there to help you navigate everyday life challenges, no matter if you are facing a family illness, financial uncertainty, feeling overwhelmed or simply needing to vent.



Wellness Benefit

Gym Membership Discount Program

Available to Employees who participate in our UMR Medical Insurance Plan

UMR offers One Pass Select to help you reach your fitness goals. Find a routine that's right for you whether you work out at the gym or at home. Choose a membership tier that fits your lifestyle and provides you everything you need for whole body health. You and your eligible family members can get started today! Learn more and enroll at OnePassSelect.com.



Find your fit with One Pass Select:



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try the workout builder to get routines created just for you, no matter what your fitness level and interests are.



In the kitchen

Get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, nutritious meals.

| Category | Digital | Classic | Standard | Premium | Elite |
|---------------------|---------------------------------|--------------------------|---|---|---|
| Monthly fee* | \$10 | \$29 | \$64 | \$99 | \$144 |
| Gym network size | N/A (online fitness classes) | 11,000+ gym locations | 12,000+ gym and premium locations | 14,000+ gym and premium locations | 16,000+ gym and premium locations |
| Grocery delivery | × | ✓ | Image: A start of the start of | ✓ | ✓ |

*A one-time enrollment fee will apply.



Learn more and enroll today at OnePassSelect.com

FIND MORE WELLNESS RESOURCES ON THE PYRAMID INTRANET & PYRAMID BENEFIT WEBSITE!

Employee Contributions**

UMR Medical Plans

| | Value Health Savings (HSA) Plan | Base Health Savings (HSA) Plan | Premium PPO Plan |
|-----------------------|------------------------------------|-----------------------------------|------------------|
| Employee Only | \$48.38 | \$100.30 | \$139.24 |
| Employee + Spouse | \$212.43 | \$267.77 | \$396.61 |
| Employee + Child(ren) | \$142.73 | \$167.27 | \$316.15 |
| Family | \$280.38 | \$328.12 | \$518.22 |

United Healthcare Dental Plans

| | High Plan | Low Plan |
|-----------------------|-----------|----------|
| Employee Only | \$13.72 | \$2.99 |
| Employee + Spouse | \$26.20 | \$6.31 |
| Employee + Child(ren) | \$36.01 | \$5.89 |
| Family | \$49.31 | \$9.20 |

NVA Vision Plans

| Employee Only | \$3.20 |
|-----------------------|--------|
| Employee + Spouse | \$7.37 |
| Employee + Child(ren) | \$6.22 |
| Family | \$9.26 |

**All Rates are based on 24 pays per benefit year

Contact Information

Carrier Contacts

| | CARRIER | PHONE NUMBER | WEBSITE |
|---|---|-----------------------------------|--|
| Benefit Enrollment | UKG | N/A | Pyramidhc.ultipro.com |
| Health Care Coordinators | Quantum | 844-460-2782 | pyramid.quantum-health.com |
| Medical | UMR | 800-826-9781 | www.umr.com |
| Prescription | EmpiRx Health | 877-241-7123 | www.myexpirxhealth.com |
| Vision | National Vision Administrators (NVA) | 800-672-7723 | www.e-nva.com |
| Dental | United Healthcare | 877-842-3210 | www.uhc.com |
| Telemedicine / Virtual Visits | Teladoc | 1-800-Teladoc (1-800-835-2362) | Teladoc.com |
| Disability Insurance • Short Term (STD) • Long Term (LTD) | Lincoln Financial Group | 888-408-7300 | www.mylincolnportal.com |
| Voluntary Benefits Critical Illness Hospitalization Only Accident | Lincoln Financial Group | 800-423-2765 | www.lfg.com |
| Perky - Support for Expecting Parents | Perky via Lincoln Financial Group | N/A | lfg.perkyleave.com/pyramid- health |
| 401 (k) | Empower | 800-338-4015 | empowermyretirement.com |
| Employee Assistance Program (EAP) | M&S EAP | 800-543-5080 | https://mseap.personal advantage.com (access code PYRHC) |
| Kindly Human | Kindly Human via M&S EAP | N/A | www.kindlyhuman.io/PYRAMIDHC (access code PYRAMIDHC) |
| Spending Accounts Flexible Spending Accounts (FSA) Health Savings Account (HSA) | WEX | 866-451-3399 | www.wexinc.com |
| HR Help: Pyramid's Care Advisory Team | Pyramid Healthcare | (610) 450-1766 | pyramidhc.employee.hrsd.ultipro. com/home |

Visit the Pyramid Benefits Website:

- Navigate to https://pyramidhcbenefits.com
- Or you can scan the QR Code



PYRAMIDHCBENEFITS.COM



Important Legal Notices Affecting Your Health Plan Coverage THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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.

NEWBORNS ACT DISCLOSURE – FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

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

CONTACT INFORMATION

Questions regarding any of this information can be directed to: **Pyramid Healthcare's Care Advisory Team** (610) 450-1766

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 27 for more details.

MODEL INDIVIDUAL **CREDITABLE COVERAGE** DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice from Pyramid Healthcare About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Pyramid Healthcare 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:

- 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. Pyramid Healthcare has determined that the prescription drug coverage offered by the UMR medical plan for the plan year 2025 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

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

- You may stay in the Pyramid Healthcare medical plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - \circ $\;$ During the Medicare prescription drug annual enrollment period, or
 - If you lose Pyramid Healthcare medical plan creditable coverage.

- You may stay in the Pyramid Healthcare medical plan and also enroll in a Medicare prescription drug plan. The UMR medical plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the UMR medical plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the UMR medical plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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

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

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Pyramid Healthcare changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit <u>www.medicare.gov</u>
- 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: Name/Entity of Sender: Contact Position/Office: Address:

Pyramid Healthcare Human Resources 271 Lakemont Park Blvd. Altoona, PA 16602

Phone Number:

814-940-0407

August 1, 2025

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

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

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

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

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

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

| ALABAMA – Medicaid | ALASKA – Medicaid |
|--|--|
| Website: <u>http://myalhipp.com/</u> Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program Website: <u>http://myakhipp.com/</u> Phone: 1-866-251-4861 Email: <u>CustomerService@MyAKHIPP.com</u> Medicaid Eligibility: <u>https://health.alaska.gov/dpa/Pages/default.aspx</u> |
| ARKANSAS – Medicaid | CALIFORNIA – Medicaid |
| Website: <u>http://myarhipp.com/</u> Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website: <u>http://dhcs.ca.gov/hipp</u> Phone: 916-445-8322 Fax: 916-440-5676 Email: <u>hipp@dhcs.ca.gov</u> |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) | FLORIDA – Medicaid |

| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrec overy.com/hipp/index.html Phone: 1-877-357-3268 |
|--|---|
| GEORGIA – Medicaid | INDIANA – Medicaid |
| GA HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program- reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program All other Medicaid Website: <u>https://www.in.gov/medicaid/</u> <u>http://www.in.gov/fssa/dfr/</u> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584 |
| IOWA – Medicaid and CHIP (Hawki) | KANSAS – Medicaid |
| Medicaid Website: <u>Iowa Medicaid Health & Human Services</u> Medicaid Phone: 1-800-338-8366 Hawki Website: <u>Hawki - Healthy and Well Kids in Iowa Health &</u> <u>Human Services</u> Hawki Phone: 1-800-257-8563 HIPP Website: <u>Health Insurance Premium Payment</u> (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562 | Website: <u>https://www.kancare.ks.gov/</u> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660 |
| KENTUCKY – Medicaid | LOUISIANA – Medicaid |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp. aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms | Website: <u>www.medicaid.la.gov</u> or <u>www.ldh.la.gov/lahipp</u> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| | MASSACHUSETTS – Medicaid and CHIP |

| Enrollment Website: <u>https://www.mymaineconnection.gov/benefits/s/?langua</u> <u>ge=en_US</u> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <u>https://www.maine.gov/dhhs/ofi/applications-forms</u> Phone: 1-800-977-6740 TTY: Maine relay 711 | Website: <u>https://www.mass.gov/masshealth/pa</u> Phone: 1-800-862-4840 TTY: 711 Email: <u>masspremassistance@accenture.com</u> |
|--|---|
| MINNESOTA – Medicaid | MISSOURI – Medicaid |
| Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.ht m Phone: 573-751-2005 |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|--|
| Website: <u>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</u> Phone: 1-800-694-3084 Email: <u>HHSHIPPProgram@mt.gov</u> | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |
| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
| Medicaid Website: <u>http://dhcfp.nv.gov</u> Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs- services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| NEW JERSEY – Medicaid and CHIP | NEW YORK – Medicaid |
| | |
| Medicaid Website: <u>http://www.state.nj.us/humanservices/</u> <u>dmahs/clients/Medicaid/</u> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <u>http://www.njfamilycare.org/index.html</u> CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| http://www.state.nj.us/humanservices/ dmahs/clients/Medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html | https://www.health.ny.gov/health_care/medicaid/ |
| http://www.state.nj.us/humanservices/ dmahs/clients/Medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) | https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |

| Website: <u>http://www.insureoklahoma.org</u> Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075 |
|---|--|
| PENNSYLVANIA – Medicaid and CHIP | RHODE ISLAND – Medicaid and CHIP |
| Website: <u>https://www.pa.gov/en/services/dhs/apply-for-</u> medicaid-health-insurance-premium-payment-program- <u>hipp.html</u> Phone: 1-800-692-7462 CHIP Website: <u>Children's Health Insurance Program</u> <u>(CHIP) (pa.gov)</u> CHIP Phone: 1-800-986-KIDS (5437) | Website: <u>http://www.eohhs.ri.gov/</u> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) |
| SOUTH CAROLINA – Medicaid | SOUTH DAKOTA - Medicaid |
| Website: <u>https://www.scdhhs.gov</u> Phone: 1-888-549-0820 | Website: <u>http://dss.sd.gov</u> Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|--|--|
| Website: <u>Health Insurance Premium Payment (HIPP)</u> <u>Program Texas Health and Human Services</u> Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/ |
| VERMONT– Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: <u>Health Insurance Premium Payment (HIPP)</u> <u>Program Department of Vermont Health Access</u> Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium- assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium- assistance/health-insurance-premium-payment-hipp- programs Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid | WEST VIRGINIA – Medicaid and CHIP |
| Website: <u>https://www.hca.wa.gov/</u> Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447) |

| WISCONSIN – Medicaid and CHIP | WYOMING – Medicaid | | |
|---|--|--|--|
| Website: | Website: | | |
| https://www.dhs.wisconsin.gov/badgercareplus/p- | https://health.wyo.gov/healthcarefin/medicaid/programs | | |
| 10095.htm | -and-eligibility/ | | |
| Phone: 1-800-362-3002 | Phone: 1-800-251-1269 | | |

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

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

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

The Health Insurance Premium Payment (HIPP) Program is a program developed to help families, who have at least one person enrolled in Medical Assistance (MA), pay for private health insurance through an employer.

HIPP is administered by Pennsylvania's Department of Human Services (DHS). It was designed as a cost containment program in order to save taxpayers money by purchasing cost-effective employment-related health insurance available to a Medical Assistance recipient.

Pennsylvania's Department of Human Services (DHS) manages the HIPP program that is a federally mandated cost containment program designed to identify Employment Related health insurance benefits available to active Medical Assistance recipients. The HIPP Program's main responsibility is to identify Medical Assistance recipients with access to medical insurance through employment and to evaluate the cost effectiveness of enrolling those recipients into private health insurance. Referrals to the HIPP program primarily generate from County Assistance Office staff identifying the availability of employment-related group health insurance during the application process. Along with the County Assistance Office referrals, HIPP receives referrals from other State agencies and departments.

Who is eligible for HIPP?

 Active Medical Assistance recipients who are eligible for medical insurance through employment are referred to HIPP.

HIPP Enrollment Process

Referrals

HIPP mails approximately 8,000 referral letters each week to potential eligible Medicaid recipients. The completed referral forms are then returned to HIPP Regional Office for review and cost analysis.

Employer Contact

During the cost analysis process, a HIPP Operation Specialist (HOS) contacts the MA recipient's employer to verify the medical insurance cost, included benefits, and deductible amounts. The HOS then follows up the initial phone contact with a FAX or the HIPP Employer Benefit Survey to the Employer requesting written verification of the insurance benefits and costs. *If an employee is found eligible for the HIPP program, the HOS will send the employee and employer an eligibility letter informing them of their enrollment.*

For More Information

https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx



Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

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

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

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

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

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

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset

the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

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

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

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

| Name of Entity/Sender: | Pyramid Healthcare |
|--------------------------|---|
| Contact-Position/Office: | Human Resources |
| Address: | 271 Lakemont Park Blvd. Altoona, PA 16602 |
| Phone Number: | 814-940-0407 |

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

PART B: Information About Health Coverage Offered by Your Employer

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

| 3. Employer Name Pyramid Healthcare | | | 4. Employer Identification Number (EIN) 23- 3006202 | | |
|--|-------------------|------|--|-------------------|--|
| 5. Employer address 271 Lakemont Park Blvd. | | | 6. Employer phone number 814-940-0407 | | |
| 7. City Altoona, | | 8. S | State PA | 9. ZIP code 16602 | |
| 10. Who can we contact about employee health coverage at this job? Human Resources | | | | | |
| 11. Phone number (if different from above) | 12. Email address | | | | |

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

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Full time EEs working a minimum of 30 hours

Some employees. Eligible employees are:

- With respect to dependents:
 - ☑ We do offer coverage. Eligible dependents are:

Spouses dependent children

We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.