Pyramid Healthcare
AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM

2026 Benefit Enrollment Guide

Effective August 2026 – July 2027

Table of Contents

A Message from the CEO 3
Open Enrollment Checklist 4
Eligibility 4
About Your Medical Care 6
Quantum 8
Medical Insurance 10
Prescription (Rx) Insurance 11
Luna Health 12
Health Savings Account (HSA) 14
Health Care Flexible Spending Account (FSA) 15
Dependent Care Flexible Spending Account (FSA) 15
Dental Plan 17
Vision Plan 18
Life and AD&D Insurance 20
Support for Expecting Parents 21
Disability Insurance 21
Voluntary Benefits 22
    Accidental Injury Insurance (100% paid by the Employee) 22
    Critical Illness (100% paid by the Employee) 23
    Hospital Indemnity Insurance (100% paid by the Employee) 24
401(k) Retirement Plan 26
Educational Benefits 27
Mental Wellness Benefits 28
    Employee Assistance Program (EAP) 28
    Kindly Human 28
    Gym Membership Discount Program 29
First Stop Health 30
FEDLogic 30
Pyramid Perks 31
Employee Contributions 32
Contact Information 34

Photo Contest Winner
Brenton Poyser

A Message from the CEO

Dear Pyramid Team,

I'm happy to share our 2026-2027 Open Enrollment benefit options, designed to support the health, well-being, and financial peace of mind of you and your family in the year ahead.

At Pyramid Healthcare, our people are at the heart of everything we do. We want our benefits to give you flexibility, value, and access to quality care and support when you need it most.

Our Commitment to Affordable, High-Quality Benefits

The cost of healthcare continues to rise nationwide, and this year we are once again experiencing significant increases in healthcare expenses. Despite these challenges, Pyramid Healthcare remains committed to providing competitive, high-quality benefits while continuing to absorb a substantial portion of rising costs on behalf of our employees.

You can help make a difference as well. Thoughtful healthcare decisions — such as using telemedicine, choosing urgent care for non-emergency situations, and participating in prescription savings opportunities — all contribute to help manage healthcare costs for everyone.

Thank you for all you do every day for our clients, our teams, and each other. The care, compassion, and commitment you bring to Pyramid reflect who we are and the values we live out together. We're proud to invest in benefits that support you and your family, just as you support our mission every day.

If you have questions or need help along the way, we're here for you. Please reach out to your HR Representative, the Benefits Team, or the HR Care Advisory Team, or join one of our upcoming Open Enrollment meetings. You can also visit our benefits website at **https://pyramidhcbenefits.com** or scan the QR code in your enrollment materials.

Thank you!

Jason Hendricks
Chief Executive Officer
Pyramid Healthcare

Enrollment Checklist

If you are a new employee or experience a qualifying life event & are eligible to enroll or waive coverage:

1 Review 2026-2027 Benefits

- [ ] Review this **Benefit Guide** or the **Pyramid Benefit Website** to inform yourself on the benefits available to you and your family.

2 Enroll or Waive Coverage

- [ ] **Enroll** or waive coverage via **UKG**

- [ ] This is your time to enroll and make changes to:
  - **Medical & Prescription Benefits**
  - **Health Savings Account (HSA)**
  - **Flexible Spending Accounts (FSA)**
  - **Dental Benefits**
  - **Vision Benefits**
  - **Voluntary Life Insurance Benefits**
  - **Voluntary Disability Insurance Benefits**
  - **Accidental Injury, Critical Illness, and Hospital Indemnity Insurances**

3 Other Valuable Benefits

- [ ] You can also view other valuable benefits offered by Pyramid Healthcare!
  - Retirement Plans
  - Educational Benefits
  - Wellness Benefits…and more!

Photo Contest Winner
Amanda Blaine

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 newly hired by 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 benefits, you may also enroll your eligible dependents. In general, eligible dependents include:

- Your spouse
- Your dependent children up to age 26
- A child with a mental or physical disability whose coverage may continue beyond age 26, provided the child meets the plan's requirements and proof of the ongoing disability is provided.

Proof of dependent eligibility or disability may be required.

2026-2027 Plan Year:

For the 2026–2027 plan year, your benefits are effective August 1, 2026 – July 31,2027.

For newly hired employees who meet the eligibility requirements, coverage begins on the first day of the month following 60 days of employment.

Important: Benefit elections must be completed before your coverage effective date. If you do not complete your benefit elections by the required deadline, you may not have coverage in place when you become eligible.

Once elected, your benefit elections generally remain in effect for the entire plan year. You may change your elections during the next Open Enrollment period or if you experience a qualifying life event that permits a change under the plan.

Photo Contest Winner
Giulia Colbacchini

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.

About Your Medical Care

At the Doctor's Office:

It's recommended that you choose an in-network 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.

Finding In-Network Care

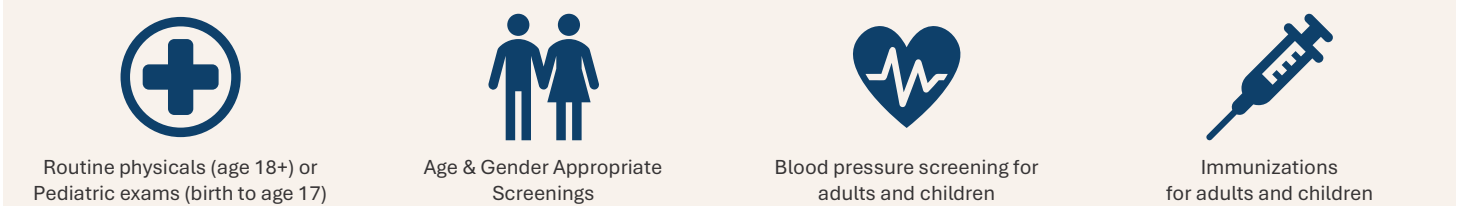
Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below:

- 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

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 in-network providers. For more details about the covered services please visit: www.healthcare.gov/coverage/preventive-care-benefits.

Common Preventive Services Include:



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 pyramid.quantum-health.com. 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!

QuantumHealth

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.

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  With First Stop Health *See page 30 for more information*	No Cost*	• 24/7 Virtual Urgent Care • Virtual Primary Care, Health Coaching, Therapy, & Mental Healthcare by appointment **Virtual visits through First Stop Health are available at no cost. If a provider recommends prescriptions, labs, imaging, devices, or in-person care, those third-party costs may still apply and may be handled through your medical plan or paid directly, depending on the service.*	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • Annual wellness visits • Preventive care • 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.

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:

- 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

QuantumHealth

As a reminder:

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.

Photo Contest Winner
Vivienne Migene Calabitin

Medical & Prescription

Benefits

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	Value PPO Plan	Premium PPO Plan
Annual Deductible				
Individual	$5,000	$2,500	$5,000	$2,000
Family	$10,000	$5,000	$10,000	$4,000
Coinsurance	You pay 30%	You pay 20%	You pay 30%	You pay 10%
Maximum Out-of-Pocket*				
Individual	$6,900	$6,900	$6,900	$6,600
Family	$13,800	$13,800	$13,800	$13,200
Physician Office Visit				
Primary Care	30% after deductible	20% after deductible	$50 copay	$30 copay
Specialty Care	30% after deductible	20% after deductible	$100 copay	$45 copay
Preventive Care				
Adult Periodic Exams	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Well-Child Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Diagnostic Services				
X-ray and Lab Tests	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Complex Radiology	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Urgent Care Facility	30% after deductible	20% after deductible	30% after deductible	$55.00 copay
Emergency Room Facility Charges	30% after deductible	20% after deductible	100% after $500 copay (waived if admitted)	100% after $200.00 copay (waived if admitted)
Inpatient Facility Charges	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Outpatient Facility and Surgical Charges	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Mental Health				
Inpatient	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Outpatient	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Substance Abuse				
Inpatient	30% after deductible	20% after deductible	30% after deductible	10% after deductible
Outpatient	30% after deductible	20% after deductible	30% after deductible	10% after deductible

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	Value PPO Plan	Premium PPO Plan
Generic (Tier 1)	$10 after deductible	$10 after deductible	$10	$10
Preferred (Tier 2)	$80 after deductible	$80 after deductible	$80	$80
Non-Preferred (Tier 3)	$130 after deductible	$130 after deductible	$130	$130
Preferred Specialty (Tier 4)	$180 after deductible	$180 after deductible	$180	$180
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	$20 after deductible	$20 after deductible	$20	$20
Preferred (Tier 2)	$160 after deductible	$160 after deductible	$160	$160
Non-Preferred (Tier 3)	$260 after deductible	$260 after deductible	$260	$260
Preferred Specialty (Tier 4)	N/A	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 in the pre-addressed envelope.

How Do I Find Participating Pharmacy or Drug Information?

Log in to www.myempirxhealth.com 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**

Luna Health

Partnered with EmpiRx Health

Prescription Savings Program

You may be eligible to pay as little as $0 for your pharmacy copay through the Patient Saver Program.

EmpiRx has partnered with Luna Health to manage their Patient Saver Complete prescription drug program. The Patient Saver Complete program helps eligible individuals reduce their out-of-pocket costs for certain medications by assisting them in securing manufacturers' assistance or copay assistance cards.

How do I take advantage of this program?

- All members and dependents age 18 and over need to visit **www.myempirxhealth.com** and register for an account. This step will confirm that Luna has all your current contact information for outreach.
- A Luna coordinator will contact you directly and walk you through every step of the process. The outreach will be via phone and will come from their main phone number 866-906-4854.

Taking a medication and wondering if you qualify for manufacturers or copay assistance with it?

Call Luna Health 866-906-4854.

Photo Contest Winner
Tracy Turpin

Saving & Spending Account

Benefits

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 your 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 2026 IRS MAX
Individual	$400*	$3,900	$4,400
Family	$750*	$7,800	$8,750

*** 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 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 https://www.wexinc.com/insights/benefits-toolkit/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 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 Accounts (FSA)

Administered by WEX

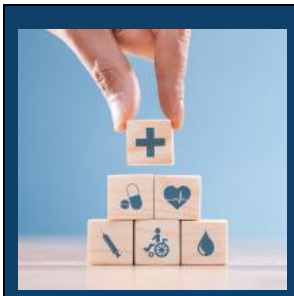
Pyramid offers **two** Flexible Spending Account options, a Healthcare Flexible Spending Account, and a Dependent Care Flexible Spending Account.

Health Care Flexible Spending Account (FSA)

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

A Health Care FSA allows you to set aside pre-tax money to pay for eligible **medical, dental, vision, and prescription expenses**. You'll receive an FSA debit card that can be used like a regular debit card, with funds coming directly from your FSA account.

You can use your FSA to pay for eligible expenses such as **doctor copays, prescriptions, and other qualified healthcare expenses**, including eligible healthcare products purchased at participating retailers.

	ELIGIBLE IF…	2026 MAXIMUM CONTRIBUTION	SAMPLE ELIGIBLE EXPENSES
 **Health Care FSA**	You are not enrolled in the Base or Value Health Savings Plan	Up to $3,400 **	• 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 all full-time employees with dependents 12 years of age or younger.

	ELIGIBLE IF…	2026 MAXIMUM CONTRIBUTION	SAMPLE ELIGIBLE EXPENSES
 **Dependent Care FSA**	You have dependents age 12 or younger	Up to $7,500**	• Preschool • Summer Day Camp • Before or after school programs

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

Photo Contest Winner
Nancy Webb

Dental & Vision

Benefits

Dental Plan

Administered by Delta Dental

Pyramid offers two (2) Dental plans through Delta Dental

Services	Delta Dental High Plan	Delta Dental Low Plan
Annual Deductible (Basic & Major Services) • Individual • Family	 $50 $150	 $75 $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 - to age 26)	50%	50%
Orthodontic Lifetime Maximum	$1,000	$1,000

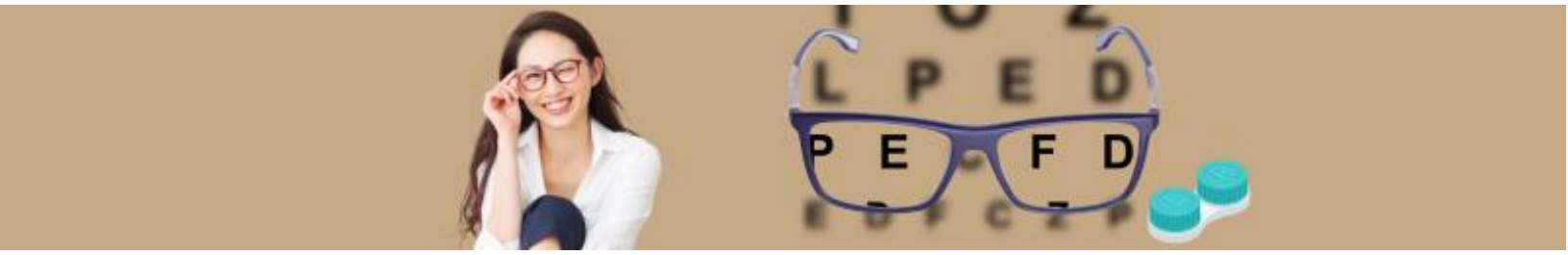
NEW THIS YEAR: Children are now eligible to remain on their parent's dental plan until age 26.

Finding an In-Network Provider

To locate an In-Network dentist you will need to:

- Log into www.deltadentalins.com and
- Select "Find a Dentist" and then enter your location.
- Choose the "Delta Dental PPO" or "Delta Dental Premier" network from the options provided
- Th en select "Find a Dentist" - you can then review the provider options and select a dentist from the list.

DELTA DENTAL®



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

NVA's Member Mobile App: Vision Benefits On-The-Go!

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 www.e-nva.com and click "Find a Provider" and enter "Search location". Have your group number handy – the group number can be found on your ID card.

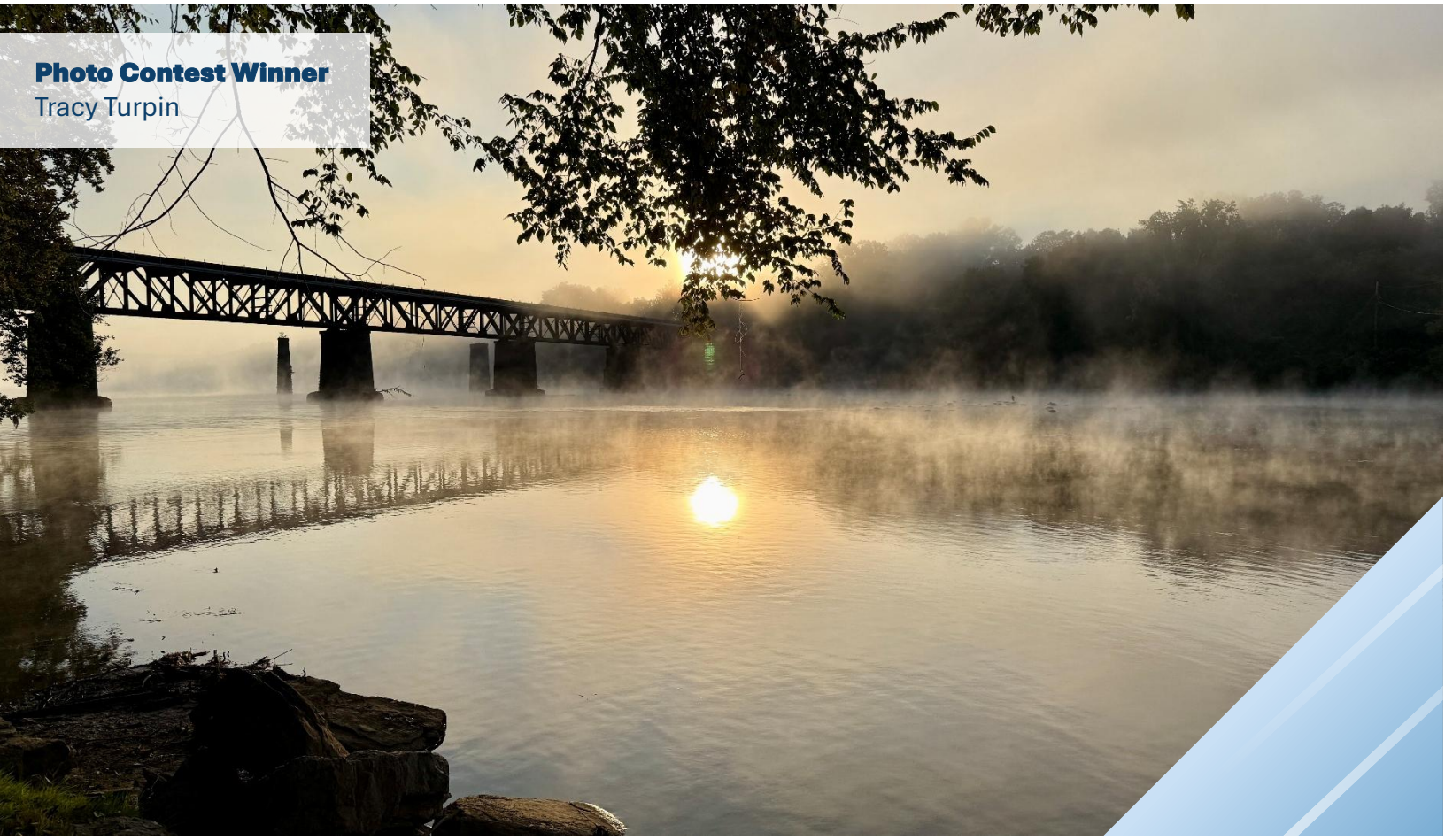


Photo Contest Winner
Tracy Turpin

Life, AD&D, and Disability

Benefits

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: $10,000; AD&D benefit is equal to the life benefit.

Class 2: $25,000; AD&D benefit is equal to the life benefit.

Class 1: 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 the lesser of 3 times your salary or $100,000

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

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

NOTE: Any increase in coverage after your initial enrollment is subject to Evidence of Insurability (EOI). *If you choose to discontinue your Optional Life or Spouse Life coverage with Lincoln and decide to enroll again at a later date, any new coverage amount will require medical approval (also called evidence of insurability). This applies even if you were previously enrolled or had been approved for coverage in the past.*

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: lfg.perkyleave.com/pyramid-healthcare

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

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*: 65% of pre-disability earnings to a maximum of $6,000 per month

Class 2*: 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*: 60% of pre-disability earnings to a maximum of $3,000 per month

Locate your Class by navigating to UKG > Myself > Employee Summary > Employee type

Photo Contest Winner
Scott Anderson

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 incur 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 an Accident Insurance Plan. She would receive a lump sum of $2,100.

Covered Accident	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 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.

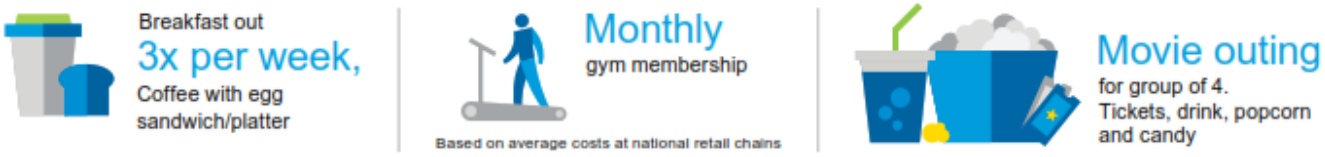
With Lincoln's Critical Illness Insurance:

- 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:



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 of $4,400.

Covered Hospitalization	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

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

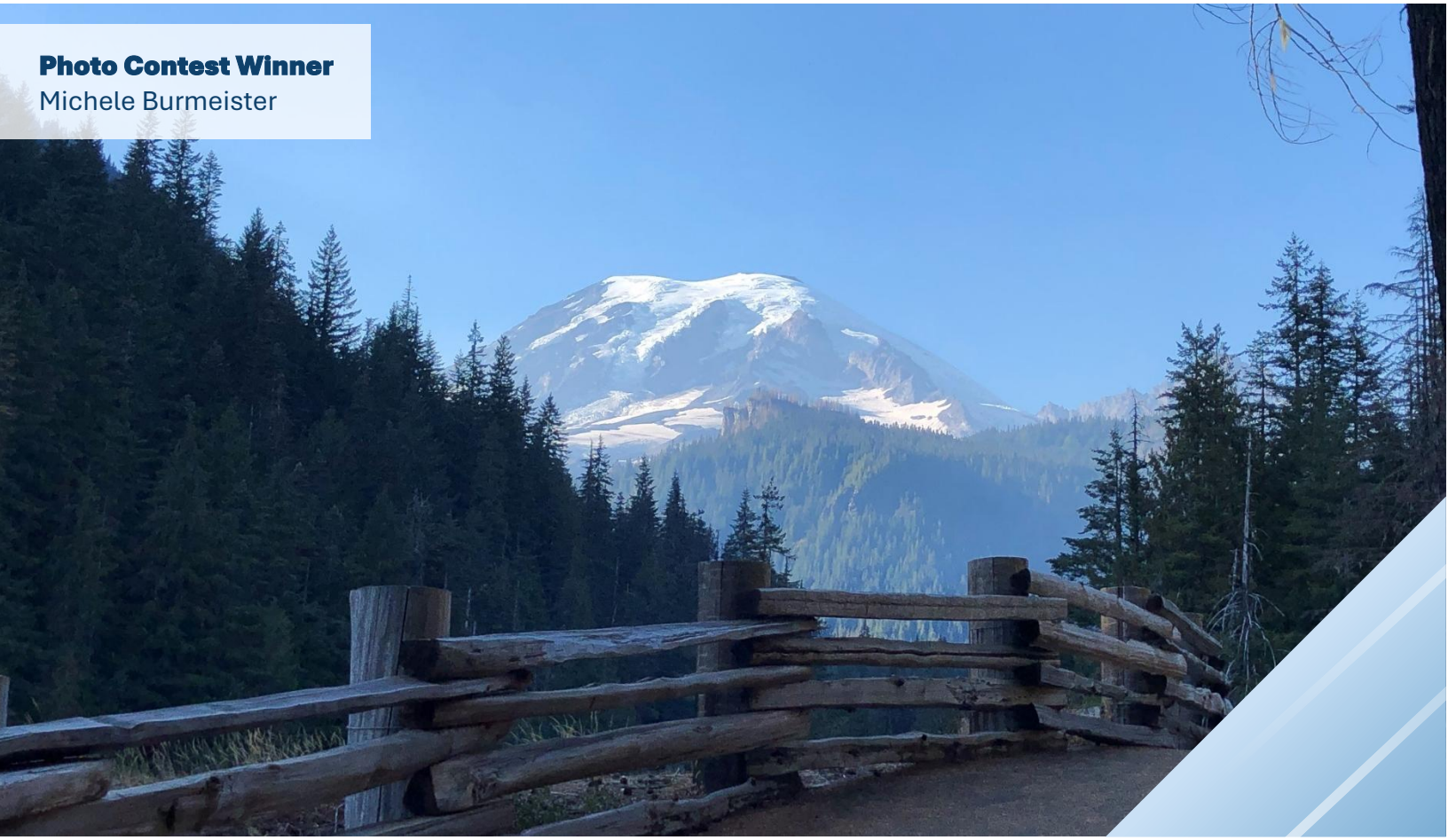


Photo Contest Winner
Michele Burmeister

Other Valuable

Benefits

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- or post-tax dollars. You decide which option 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 be until 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 2026, you can contribute up to $24,000 annually in combined pre-tax and/or post-tax (AKA Roth) contributions, plus an additional $8,000 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 **auto-enrolled** 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
- Walden University
- Widener University

Tuition Reimbursement

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.

Mental Wellness Benefits

Employee Assistance Program (EAP)

Administered by M&S EAP

Available to ALL Employees

EAP 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 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

M&S EAP employee assistance program

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**

Kindly Human

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. **Sign up to get started!**

Physical 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 with 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	✗	✓	✓	✓	✓

*A one-time enrollment fee will apply.

Learn more and enroll today at **OnePassSelect.com**

On-Demand Virtual Care at No Cost

First Stop Health

Available to all Full-Time & Part Time Employees*

First Stop Health delivers convenient, safe, and high-quality care that people love. They help members save time and money with virtual care solutions – **Urgent Care, Primary Care, and Mental Health**.

ABOUT FIRST STOP HEALTH

- Virtual visits are provided at **no cost***
- Available to all eligible full-time and part-time employees and eligible dependents
- Enrollment in a Pyramid medical plan is not required
- Visits are completely confidential. Pyramid Healthcare does not receive information about why you use First Stop Health.
- Services are accessible from your phone, tablet, or computer

Important: First Stop Health is a supplemental benefit and does not replace your medical insurance.

**Virtual visits through First Stop Health are available at no cost. If a provider recommends prescriptions, labs, imaging, devices, or in-person care, those third-party costs may still apply and may be handled through your medical plan or paid directly, depending on the service*.

GETTING STARTED

Call **888-691-7867**, download the First Stop Health mobile app, or visit firststophealth.com. When logging in for the first time, select **"Claim My Account"** to activate your account.

Expert Help with State & Federal Benefits

FEDlogic

Available to all Full-Time & Part Time Employees*

FEDlogic is a **no-cost** advocacy service designed to help you better understand and navigate federal and state benefit programs.

WHAT THIS MEANS FOR YOU:

- FEDlogic experts provide support for employees facing challenging situations such as terminal illness, premature birth, disability, and more.
- Support for those employees who are approaching retirement age.
- FEDlogic is the only provider in the country that offers unlimited education and advocacy for all federal and state programs such as: *Medicare, Medicaid, Social Security Disability, Healthcare.gov, Alternative Healthcare Options.*

To connect with FEDlogic, call **877-837-4196**, email services@fedlogicgroup.com, or submit a request at employees.fedlogicgroup.com with Pyramid employee access code: **pyra26**.

**Please note: PRN's, contractors and interns are not eligible for First Stop Health and FEDlogic*

Choose How You Want to Get Your Pay!

UKG Wallet

Administered by PayActiv

Available to ALL Employees

WHAT IS UKG WALLET

- UKG Wallet is an optional benefit that will give you access to up to 50% of your earned pay before payday—**up to $750 with direct deposit or up to $1,500 with the UKG prepaid debit card***.
- It will allow you to access money you have already earned - this is not a loan, and you are **not borrowing money** – you are simply accessing it before payday.

HOW DOES IT WORK

- Work your normal hours.
- Access a portion of your earned wages (EWA)* before payday through UKG Wallet, if needed.
- Receive your regular paycheck on payday.
- Any amount accessed early is automatically deducted from that paycheck
- Nothing changes with your paycheck unless you choose to enroll & access your wages before payday.

You can access UKG Wallet using the UKG Wallet desktop version, or by downloading the **app**. If you have questions or need support call **(855) 854-0485**, email **ukgwalletsupport@payactiv.com**, or Visit **UKG Wallet Help** for 24/7 live chat support or to submit a support ticket

**A small transaction fee may apply when accessing earned wages. Any applicable fees are displayed before completing a transaction.*

Exclusive Discounts

Pyramid Perks

Administered by BenefitHub

Available to ALL Employees

Pyramid offers a wide range of exclusive discounts to every employee. It is **free to join** and you can save on everything from everyday essentials to dream vacations, home insurance to can't miss experiences - unlock our exclusive discounts by activating your account!

Discounts include:

- » Shopping
- » Cell phone
- » Gym Memberships
- » E-Gift Cards
- » Home Insurance
- » Car Insurance
- » Travel
- » …and much more!

You can access the Pyramid Perks discount site powered by BenefitHub by scanning the QR Code, downloading the app, or visiting **pyramidperks.benefithub.com** | **using referral code: EX1JXA.**

Photo Contest Winner
Brooke Johnson

Contributions & Contacts

Benefits

Employee Contributions**

UMR Medical Plans

	Value Health Savings (HSA) Plan	Base Health Savings (HSA) Plan	Value PPO Plan	Premium PPO Plan
Employee Only	$48.50	$108.54	$71.48	$150.12
Employee + Spouse	$212.50	$289.44	$260.75	$428.22
Employee + Child(ren)	$142.50	$180.90	$183.86	$341.28
Family	$280.50	$354.24	$354.03	$559.44

Delta Dental Plans

	High Plan	Low Plan
Employee Only	$15.46	$3.37
Employee + Spouse	$29.51	$7.13
Employee + Child(ren)	$40.88	$6.72
Family	$55.88	$10.48

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	umr.com
Prescription	**EmpiRx Health**	877-241-7123	myexpirxhealth.com
Vision	**National Vision Administrators (NVA)**	800-672-7723	e-nva.com
Dental	**Delta Dental**	800-932-0783	www.deltadentalins.com
Saving & Spending Accounts • Flexible Spending Accounts (FSA) • Health Savings Account (HSA)	**WEX**	866-451-3399	wexinc.com
Disability Insurance • Short Term (STD) • Long Term (LTD)	**Lincoln Financial Group**	888-408-7300	mylincolnportal.com
Voluntary Benefits • Critical Illness • Hospitalization Only • Accident	**Lincoln Financial Group**	800-423-2765	lfg.com
Perky - Support for Expecting Parents	**Perky** via **Lincoln Financial Group**	N/A	lfg.perkyleave.com/pyramid-healthcare
401(k)	**Empower**	800-338-4015	empowermyretirement.com
Employee Assistance Program (EAP)	**M&S EAP**	800-543-5080	mseap.personaladvantage.com (access code **PYRHC**)
Kindly Human	**Kindly Human** via **M&S EAP**	N/A	kindlyhuman.io/PYRAMIDHC (access code **PYRAMIDHC**)
Telemedicine / Virtual Visits	**First Stop Health**	888-691-7867	firststophealth.com
Federal Benefit Support	**FEDlogic**	877-837-4196	employees.fedlogicgroup.com (access code **pyra26**)
Earned Wage Access	**UKG Wallet**	855-854-0485	UKG Wallet Help Desk Email: ukgwalletsupport@payactiv.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

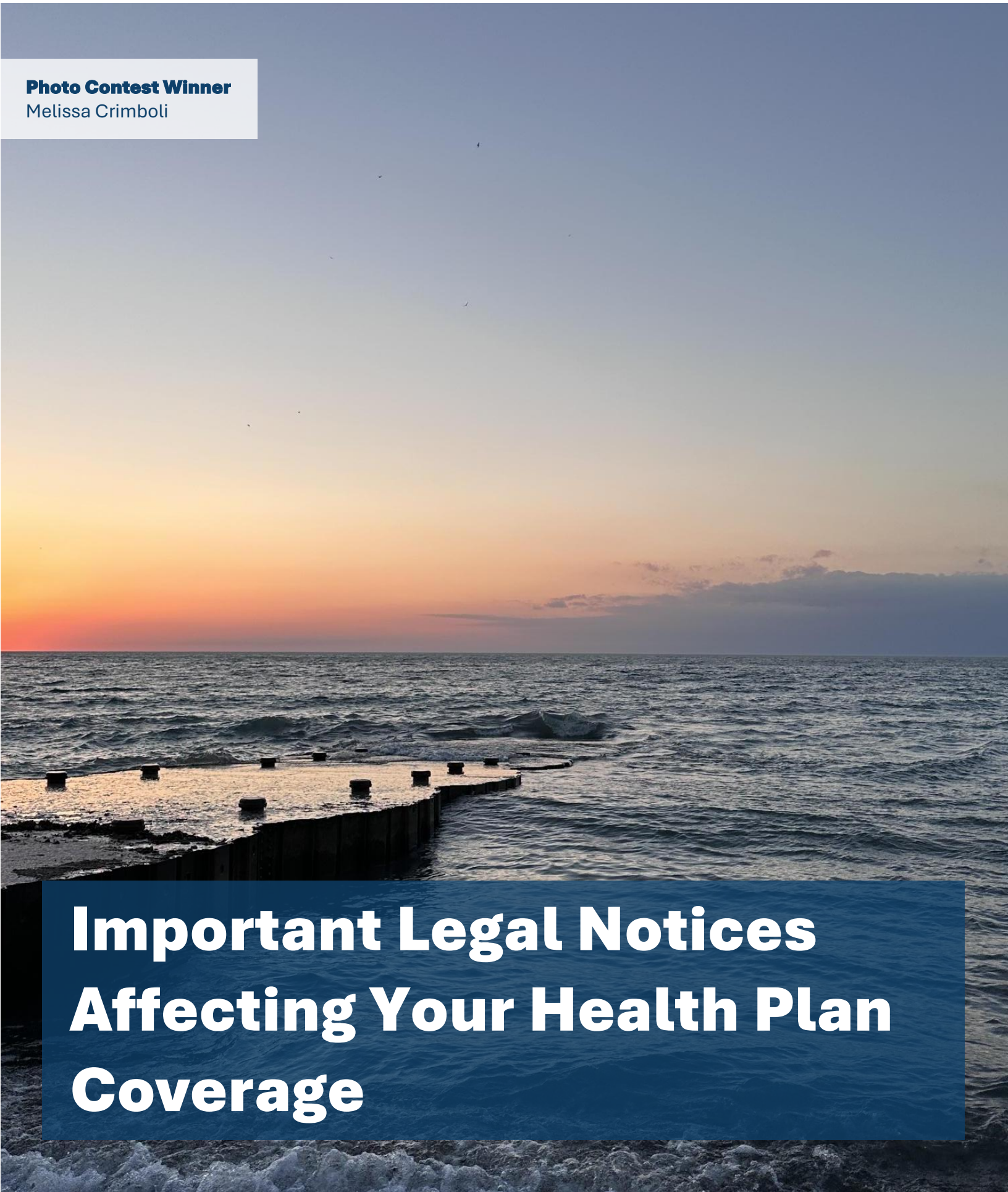


Photo Contest Winner
Melissa Crimboli

Important Legal Notices Affecting Your Health Plan Coverage

Pyramid Healthcare, Inc.

Important Legal Notices

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 42 for more details.

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

USI®

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:

Stephen Kushman
774-622-1126
skushman@pyramidhc.com

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:

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. Pyramid Healthcare has determined that the prescription drug coverage offered by the UMR medical plan for the plan year 2026 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:
    - 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 Pyramid Healthcare 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 Pyramid Healthcare medical plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Pyramid Healthcare 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 may also request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	August 1, 2026
Name/Entity of Sender:	Pyramid Healthcare
Contact Position/Office:	Human Resources
Address:	271 Lakemont Park Blvd. Altoona, PA 16602
Phone Number:	814-940-0407

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 January 31, 2026. Contact your State for more information on eligibility –

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

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

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

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

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

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

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.

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

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 of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated 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. State: PA	7. City: Altoona
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' and 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.