ETHOS GROUP

BENEFITS

2023 EMPLOYEE BENEFITS GUIDE

A guide to understanding your 2023 Ethos Group Employee Benefits Program

IMPORTANT CONTACTS

Medical Coverage
Cigna / HealthEZ
844-804-8120
www.ethosgroupbenefits.com
service@healthez.com
group no. ETHG351

Prescriptions
EHIM
800-311-3446
www.ehimrx.com
group no. 50002039-01

Health Savings Account (HSA)
Bend HSA
877-248-9309
www.bendhsa.com/login

Virtual Health Care
HealthiestYou by Teladoc
866-703-1259
www.healthiestyou.com

Dental Coverage
MetLife
800-438-6388
www.metlife.com/mybenefits
group no. 5398598

Vision Coverage
MetLife / Superior Vision
833-393-5433
www.metlife.com/mybenefits
group no. 5398598

Life and AD&D Insurance
Unum
866-679-3054
www.unum.com
group no. 880473

Disability Insurance
Unum
866-679-3054
www.unum.com
group no. 880473

Critical Illness Insurance
Unum
866-679-3054
www.unum.com
group no. 880473

Employee Assistance Program
Unum
866-679-3054
www.unum.com/lifebalance
group no. 880473

Emergency Travel Assistance
Unum
866-679-3054
www.unum.com
group no. 880473

Flexible Spending Accounts
Health Equity WageWorks
877-924-3967
www.wageworks.com
group no. 31737

Legal/ID Theft
Legal Shield/ID Shield
972-492-9781
www.legalshield.com
familyinsuranceassociates@gmail.com
group no. 0119379

Supplemental Insurance
Aflac
972-492-9781
www.aflac.com
familyinsuranceassociates@gmail.com

Pet Insurance
Nationwide
877-738-7874
petsnationwide.com

401(k)
Fidelity
800-343-3548
www.netbenefits.com
group no. 79941

Benefits Assistance
For enrollment and benefits related questions:

- **Call – 214-550-4768**
- **Email – ttorres@ethosgroup.com** or **kristen.mulvihill@ethosgroup.com**

HELPFUL APPS TO DOWNLOAD

Download these apps to access your benefits anytime, anywhere.

Available on the App Store | GET IT ON Google Play

App	Apple App Store (iPhone/iPad)	Google Play Store (Android)
MetLife A personalized, integrated and secure view of your benefits, find a provider, manage your claims	https://apps.apple.com/us/app/metlife-us-app/id570085487	https://play.google.com/store/apps/details?id=com.metlifeapps. metlifeus&gl=US
HealthEZ View your benefits, track your deductible and out-of-pocket costs, find answers to healthcare questions, locate providers, access your digital insurance card	https://apps.apple.com/us/app/myhealthez/id1571532368	https://play.google.com/store/apps/details?id=healthez.mobile&hl=en_US&gl=US
Bend HSA? View your HSA balance and transaction history, manage your contributions, request reimbursements, take pictures of receipts and EOBs	https://apps.apple.com/us/app/bend-hsa/id1458534168	https://play.google.com/store/apps/details?id=com.bendhsa. mobileapp&hl=en_US&gl=US
HealthiestYou by Teladoc Access to virtual health care via phone, mobile device or computer, general medical consultations, mental health services, dermatology services, behavioral health services, second opinions	https://apps.apple.com/us/app/hy/id968130199	https://play.google.com/store/apps/details?id=com. healthiestyou.app&hl=en_US&gl=US
Livongo (through HealthEZ) Access to health coaches and personalized support for diabetes, diabetes prevention, hypertension and weight management	https://apps.apple.com/us/app/livongo/id991595088	https://play.google.com/store/apps/details?id=com.livongo. lvmobility&hl=en_US&gl=US
Unum Learn more about your Unum benefits, manage your claims and upload documents.	Scan this QR code or visit **https://flimp.live/EthosGroupResourcesUnumBenefits** for more information about your Unum benefits.	
Health Equity WageWorks View transaction history, take a receipt photo to initiate a claim, reimbursements, claims status, notifications	https://apps.apple.com/us/app/healthequity-mobile/id642959434	https://play.google.com/store/apps/details?id=com. healthequity.healthequitymobile
LegalShield Legal support and answers to legal questions, help with estate planning and will preparation.	https://apps.apple.com/us/app/legalshield-law-firms-on-call/id924247236	https://play.google.com/store/search?q=legalshield&c=apps
IDShield Identity theft protection and credit monitoring. Credit score tracker, alerts for fraudulent activity nd support for identity theft restoration.	https://apps.apple.com/us/app/%CE%B9dshield-protect-what-matters/id1444809858	https://play.google.com/store/search?q=idshield&c=apps
Pet Insurance Upload claims and receive reimbursement by check or direct deposit.	https://apps.apple.com/us/app/nationwide-mobile/id311627534	https://play.google.com/store/apps/details?id=com.nationwide. mobile.android.nwmobile&hl=en_US&gl=US
Fidelity Net Benefits Access your 401(k) plan through a secure app, view your balance, account activity and performance, retirement calculators	https://apps.apple.com/us/app/netbenefits/id640179084	https://play.google.com/store/apps/details?id=com.fidelity. wi.activity&hl=en_US&gl=US

WELCOME

We are pleased to offer you a comprehensive benefits package intended to protect your well-being and financial health. This guide is your opportunity to learn more about the benefits available to you and your eligible dependents beginning January 1, 2023.

Each year during Open Enrollment, you have the opportunity to make changes to your benefit plans. The enrollment decisions you make will remain in effect through December 31, 2023. After Open Enrollment, you may make changes to your benefit elections only when you have a Qualifying Life Event.

Highlights for the 2023 Plan Year

- The medical program remains the same in 2023 with two plan options. The PPO is a traditional plan with no out-of-network benefits. The High Deductible Health Plan (HDHP) has a higher deductible and lower semimonthly rates and includes out-of-network benefits. If you enroll in the HDHP, you may open a Health Savings Account (HSA). Ethos Group makes contributions to this account to help you pay your medical expenses and you can make your own contributions. The account is owned by you, not by Ethos Group.
- Our dental and vision insurance programs will be provided by MetLife. The dental plan includes an incentive benefit for next year if you get your teeth cleaned in 2023 and remain covered in 2024.
- We are offering additional coverage for critical illnesses through Unum.
- Employee costs will remain the same in 2023.

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INTRODUCTION

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It's time to make your employee benefit elections and get a fresh start on the new year!

- ☐ **Before enrollment** – Learn about your benefit options. If you have any questions, contact Human Resources.
- ☐ **During enrollment** – Log in to **ADP** at **www.workforcenow.adp.com**. Begin making your elections and review them for accuracy. Note: Some voluntary benefits require you to enroll on the carrier's website.
- ☐ **After enrollment** – Review your paycheck details to make sure there are no enrollment errors. Contact Human Resources at **ttorres@ethosgroup.com** as soon as you become aware of a problem.

Availability of Summary Health Information

Your plan offers one health coverage option. To help you make an informed choice, a Summary of Benefits and Coverage (SBC) is available summarizing important information about your health coverage in a standard format. The SBC is available on the web at **https://ethosgroupbenefits.com/formlibrary**.

ELIGIBILITY AND ENROLLMENT

You are eligible for benefits if you are a regular, full-time employee working at least 30 hours per week. Your coverage is effective the first of the month after your date of hire. You may also enroll eligible dependents for benefits coverage. The cost to you for dependent coverage depends on the number of dependents you enroll and the particular plans you choose.

Eligible Dependents Include

- Your legal spouse or domestic partner
- Children under the age of 26 regardless of student, dependency or marital status
- Children over the age of 26 who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

Qualifying Life Events

Your benefit elections remain in effect for the entire plan year until the following Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event, and you must do so within 30 days of the event.

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of a spouse or child
- Change in your spouse's employment that affects benefits eligibility
- Change in your child's eligibility for benefits (e.g., reaching the age limit)
- Change in residence that affects your eligibility for coverage
- Significant change in coverage or cost in your, your spouse's or child's benefit plans
- FMLA Leave, COBRA event, court judgment or decree
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order

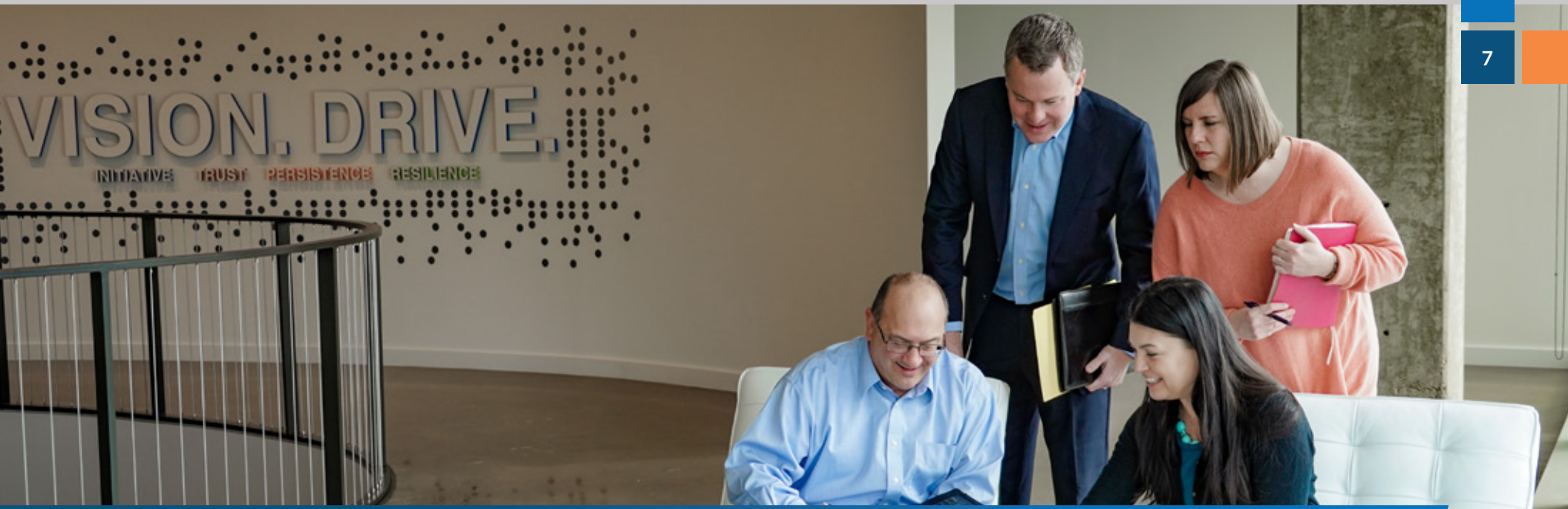
If you have a Qualifying Life Event and want to request a midyear change, you must notify Human Resources and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Open Enrollment

Open Enrollment is your opportunity to choose benefits for the upcoming plan year (January 1 – December 31, 2023). You may make changes to your elections only when you experience a Qualifying Life Event.

New Employees

You must enroll within 30 days of your eligibility date. If you do not enroll during your eligibility period, you will have to wait until the next Open Enrollment to enroll unless you experience a Qualifying Life Event.



HEALTH & WELLBEING

Health & Wellbeing

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Live a healthy life by getting your preventive screenings and utilizing telemedicine.

Our robust employee benefits program helps you make life better!

MEDICAL COVERAGE

Ethos Group partners with HealthEZ, a third party administrator, to provide medical coverage through Cigna.

There are two plans to choose from: a traditional PPO and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) component.

PPO Plan

The PPO plan provides coverage when you seek care from an in-network doctor or facility. **There is no out-of-network coverage.**

HDHP Plan

The HDHP plan allows you to seek care from any doctor or facility; however, plan benefits are better when you use an in-network provider. If you enroll in the HDHP, you may be eligible to open an HSA.

To Find an In-Network Provider

Go to **www.EthosGroupBenefits.com** or call **844-804-8120** for assistance finding an in-network provider.

Comparing the Plans

Evaluating the plan options can help you find the best fit for you and your family and help you feel confident that you have made the most cost-effective choice for your health care.

- Look back at your health care expenses last year to give you an idea what your average annual expenses will be for this year. Factor in your premium cost that you pay semimonthly, as well as any planned expenses you expect for the coming year.
- Review the plan options and focus on four elements while you compare:
  - ☐ Premiums
  - ☐ Deductibles
  - ☐ Copayments/Coinsurance
  - ☐ Out-of-Pocket Maximums
- Consider the big picture - especially when it comes to tax benefits and other advantages. Enrolling in the HDHP and contributing to an HSA will allow you to receive tax-advantages not available if you choose the PPO, as well as other benefits like portability, employer contributions and tax-free investment opportunities. Spend your health care dollars wisely to prepare for financial health in the future

What is an HDHP?

What is an HSA?

An HSA is a tax-advantaged savings account that allows you to put aside pretax money to pay for qualified expenses like prescriptions, visits to the doctor and dental/vision costs when you are enrolled in an HDHP. By allowing you to save pretax money, your taxable income is lower and it can help you save more. You can use the money in your account to pay for qualified medical expenses tax-free or you can save the money for the future. Our HSA is administered through **Bend HSA**.

While your HDHP coverage is tied to Ethos Group, you own the HSA. The entire balance rolls over every year – even if you change health plans, retire or leave the company. There's no "use it or lose it" rule, like with a Flexible Spending Account (FSA). If you already have an HSA with another bank, you can transfer funds to Bend HSA without paying taxes.

Why Should You Put Money in Your HSA?

The Triple Tax Advantage
Your HSA contributions are not taxed!
The funds in your account grow tax-free!
Withdrawals for qualified expenses are tax-free!

Important Information

- The maximum you can contribute to the HSA is set by the IRS ($3,850 for individual coverage and $7,750 for family coverage in 2023). These amounts include the contribution from Ethos Group. If you are age 55 or older, you can contribute an additional $1,000 beyond the IRS limits shown above.
- If you make pretax payroll contributions to your HSA, **Ethos Group will provide a dollar for dollar match up to $600 annually for individual coverage and $1,200 annually for family coverage into your HSA.**
- If you enroll in the HDHP, you cannot participate in the Health Care FSA. You may participate in the Dependent Care FSA.
- Don't forget to open your HSA once you have enrolled in the HDHP. It only takes a few minutes at **www.bendhsa.com/login**. You will also receive an email with a link to open your account. You can link your personal bank account to make contributions or to get reimbursed for qualified medical expenses. Once your HSA is opened, your funds can continue to grow and be used tax-free to pay for qualified healthcare expenses incurred indefinitely. After age 65, you can withdraw funds for non-qualified expenses without penalty.
- Once you open your HSA, you will receive your debit card(s) within 7-10 business days. They will arrive in a plain, white envelope with an Omaha, NE return address.

What is an HSA?

Eligibility for Contributing to an HSA

- You cannot be covered by any other health plan, unless it is also an HDHP
- You cannot be claimed as a dependent on another person's income tax return
- You cannot be enrolled in Medicare, Tricare or receive Veterans Administration benefits
- Your covered spouse cannot participate in a Health Care FSA

MEDICAL COVERAGE

Medical Benefits Summary	PPO	HDHP	
	In-Network Only	In-Network	Out-of-Network
Network	Cigna PPO	Cigna	N/A
General Level of Coverage - What the Plan Pays (Coinsurance)	100% after deductible	90% after deductible	70% after deductible
	You Pay	You Pay	You Pay
Out-of-Pocket Expenses			
Calendar Year Deductible – Individual	$2,000	$3,000	$6,000
Calendar Year Deductible – Family Maximum	$6,000	$6,000	$12,000
Out-of-Pocket Maximum (includes deductible) – Individual	$5,000	$5,000	$10,000
Out-of-Pocket Maximum (includes deductible) – Family Maximum	$10,000	$10,000	$20,000
Physician Services			
Preventive Care	$0	$0	30% after deductible
HealthiestYou Services			
• General Consultations	$0	$55 copay until deductible is met, then covered 100%	
• Dermatology	$40 copay	$85 copay until deductible is met, then covered 100%	
• Behavioral Health - Therapist	$0	$55 copay until deductible is met, then covered 100%	
• Behavioral Health - Psychiatrist, initial evaluation	$0	$55 copay until deductible is met, then covered 100%	
• Behavioral Health - Psychiatrist, ongoing session	$0	$55 copay until deductible is met, then covered 100%	
Primary Care Visit	No charge	10% after deductible	30% after deductible
Specialty Care Visit	$40 copay	10% after deductible	30% after deductible
Hospital Care			
Inpatient Stay	$0 after deductible	10% after deductible	30% after deductible
Emergency Room (true emergency)	$150 copay	10% after deductible	30% after deductible
Ambulance	$0 after deductible	10% after deductible	30% after deductible
Outpatient Services			
Outpatient Surgery	$0 after deductible	10% after deductible	30% after deductible
Diagnostic Lab and X-ray	$0 after deductible	10% after deductible	30% after deductible
Complex Imaging – CT Scan / PET Scan / MRI / Ultrasound	$100 copay	10% after deductible	30% after deductible
Urgent Care Visit	$75 copay	10% after deductible	30% after deductible
Mental Health / Chemical Dependency Benefits			
Inpatient (preauthorization required)	$0 after deductible	10% after deductible	30% after deductible
Outpatient Office Visit	$0	$0	$0

MEDICAL COVERAGE

Prescription Drug Coverage

Prescription drug coverage is included with the Cigna medical plan through **EHIM**. When you need to fill a short term prescription, you can receive up to a 30 day supply at EHIM network pharmacies. Show your prescription and EHIM ID card to any participating pharmacy and, depending on the medication, pay your share of the cost in full at the time of purchase.

Verify your prescription costs and coverage by visiting EHIM online at **www.ehimrx.com**. Mail Order service is provided through Alliance Rx Walgreens Price. Register at **walgreens.com/mailservice**.

Prescription Drug Summary	PPO	HDHP	
	In-Network Only	In-Network	Out-of-Network
Retail 30-Day Supply Drug Tier			
Tier One – Generic Drugs	$0 copay	10% after deductible	N/A
Tier Two – Preferred Brand Name Drugs	$40 copay	10% after deductible	N/A
Tier Three – Non-Preferred Brand Name Drugs	$100 copay	10% after deductible	N/A
Tier Four – Specialty Drugs	$250 copay	10% after deductible	N/A
Mail Order 90-Day Supply Drug Tier			
Tier One – Generic Drugs	$0	10% after deductible	N/A
Tier Two – Preferred Brand Name Drugs	$100 copay	30% after deductible	N/A
Tier Three – Non-Preferred Brand Name Drugs	$250 copay	30% after deductible	N/A
Tier Four – Specialty Drugs	$250 copay (30-day supply only)	N/A	N/A

Medical/RX Rates	PPO Semimonthly Employee Cost			HDHP Semimonthly Employee Cost		
	$59,999 and Under Salary	$60,000–$89,999 Salary	$90,000+ Salary and Reps	$59,999 and Under Salary	$60,000–$89,999 Salary	$90,000+ Salary and Reps
Employee Only	$80.00	$101.00	$138.00	$60.00	$76.00	$104.00
Employee + Spouse	$172.00	$208.00	$267.00	$129.00	$156.00	$200.00
Employee + Child(ren)	$150.00	$182.00	$228.00	$113.00	$137.00	$171.00
Employee + Family	$198.00	$232.00	$327.00	$149.00	$174.00	$245.00

HEALTHIESTYOU

HealthiestYou, provided by Teladoc, is our virtual health care provider and is available if you are enrolled in the medical plan.

Connect with a doctor anytime and anywhere.

HealthiestYou doctors can diagnosis, treat and often prescribe medication for typical non-emergency conditions. HealthiestYou physicians can also provide second opinions on existing diagnoses and treatments.

Virtual Health Care

Connect to HealthiestYou via your mobile device or computer. While HealthiestYou does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Your primary care physician is unavailable

Contact HealthiestYou

- **Call** – **866-703-1259**
- **Online** – **www.healthiestyou.com**
- **App** – download the app to your mobile device (see page 3 for links)

General Consultations

Use virtual health care for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold and flu
- Allergies
- Fever
- Urinary tract infections

Do not use virtual health care for serious or life-threatening emergencies.

Mental Health Services

HealthiestYou therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues

Dermatology Services

HealthiestYou dermatologists can treat:

- Psoriasis
- Acne
- Moles
- Rosacea

Behavioral Health Services

- Therapist
- Psychiatrist

HealthiestYou Cost for Services	PPO	HDHP
	You Pay	You Pay
• General Consultations	$0	$55 copay until deductible is met, then covered 100%
• Dermatology	$40 copay	$85 copay until deductible is met, then covered 100%
• Behavioral Health - Therapist	$0	$55 copay until deductible is met, then covered 100%
• Behavioral Health - Psychiatrist, initial evaluation	$0	$55 copay until deductible is met, then covered 100%
• Behavioral Health - Psychiatrist, ongoing session	$0	$55 copay until deductible is met, then covered 100%

HEALTHEZ PROGRAMS

EZPay

EZPay is a free medical payment service which allows you to pay your medical bills from your own credit card or debit card – simply, easily and safely. You can also add your HSA to your EXPay account to quickly pay medical bills.

Sign up from your custom benefits site:

- Login or create an account by clicking "Activate your account" on the login page.
- Click on "EZpay Accounts" located in the menu
- Add your card of choice by filling in the information then click "Submit" to start enjoying the benefits of Auto-Pay with HealthEZ

You will receive an email once a bill is processed, and will be asked to approve payment if you owe money. EZPay will pay by default if you do not respond in two business days for claims under $250 and five business days for claims over $250. EZPay will combine your payment with any medical plan payments so your provider is paid in full.

BabyEZ

Boost Your Baby offers a light and friendly approach to reach pregnant members. It is a non-clinical support system for future moms.

Moms-to-be are identified, assisted and followed by a Mommy Mentor to support a healthy pregnancy. You will also receive a free breast bump, gifts and nurses available 24/7 for medical advice or high risk care and miscarriage support.

Visit **www.boostyourbaby.com** or call **800-808-4848** to learn more.

Care Management

If you require medical services like a surgery, hospital stay or are diagnosed with a complex medical condition, you may receive a call from a HealthEZ nurse.

The nurse is there to help you understand your treatment options, coordination of services among your doctors, and to make sure you have everything you need for a quick recovery with the right care in the right setting.

Chronic Conditions Management

Livongo is a free digital health platfom for you and your eligible family members that provides personalized support for diabetes, diabetes prevention, hypertension and weight management.

- **Diabetes** – Receive a connected blood glucose meter, unlimited testing strips, personalized insights, 24/7 expert support and custom alerts
- **Hypertention** – Receive a connected blood pressure monitor, personalized insights, shareable resports and access to expert health coaches
- **Weight Management and Diabetes Prevention** – Receive a connected smart scale, automatic weight and steps tracking, food logging, CDC-approved lessons and access to expert health coaches

Visit **be.livongo.com/HEALTHEZ/register** or call **800-945-4355** with code **HEALTHEZ** to learn more. You can also download the mobile app (see page 3 for links).

myHealthEZ Account

Download the free myHealthEZ app to view your benefits and digital insurance card (see page 3 for links). You can also go to **myHealthEZ.com** or **www.EthosGroupBenefits.com** and click "Login." If you have not registered an account with HealthEZ yet, enter in your credentials, choose a password and click "Activate Your Account."

DENTAL COVERAGE

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **MetLife**.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

Dental Benefits Summary	Dental DPPO	
	In-Network	Out-of-Network
Calendar Year Maximum Benefit	$1,500 per person	$1,500 per person
Orthodontia Lifetime Maximum Benefit	$1,000 per person	$1,000 per person
	You Pay	You Pay
Out-of-Pocket Expenses		
Calendar Year Deductible – Individual / Family Maximum	$25 / $75	$25 / $75
Type A – Preventive		
Exams, Cleanings, Complete Series X-rays, Sealants, Space Maintainers	$0	$0
Type B – Basic Restorative		
Fillings, Extractions, Periodontics, Root Canals, Endodontics, Oral Surgery, Anesthesia	20% after deductible **New Incentive! (see box below)**	20% after deductible **New Incentive! (see box below)**
Type C – Major Restorative		
Bridges, Dentures, Crowns, Inlays, Onlays, Implants	50% after deductible **New Incentive! (see box below)**	50% after deductible **New Incentive! (see box below)**
Type D – Orthodontia		
Covered Individuals	Children (to age 26) and adults	Children (to age 26) and adults
Benefit	50%	50%

Dental Rates	Semimonthly Employee Cost		
	$59,999 and Under Salary	$60,000-$89,999 Salary	$90,000+ Salary and Reps
Employee Only	$11.00	$12.38	$16.50
Employee + Spouse	$16.50	$17.88	$22.00
Employee + Child(ren)	$13.75	$17.88	$19.25
Employee + Family	$16.50	$17.88	$27.50

NEW INCENTIVE BENEFIT!

If you get a preventive cleaning in 2023 and remain covered in 2024, you will pay 10% after deductible for Basic Restorative services and 40% after deductible for Major Restorative services.

Just for getting your teeth cleaned!

Find a Dentist

Visit **www.metlife.com/dental** and select the **PDP Plus network** or call **800-GET-MET8 (800-438-6388)** to find an in-network dentist.

VISION COVERAGE

Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol.

You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are better if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **MetLife / Superior Vision**.

Find a Provider

Visit **www.metlife.com/vision** to find an in-network vision care provider. For general questions, visit **www.metlife.com/mybenefits** or call **833-393-5433**.

Vision Benefits Summary	MetLife / Superior Vision	
	In-Network	Out-of-Network
	You Pay	Reimbursement
Exam – Once every 12 months		
Routine Exam	$25 copay	Reimbursed up to $45
Retinal Imaging Exam	Up to $39 copay	Applied to exam allowance
Lenses (standard) – Once every 12 months		
Single Vision	$25 copay, then covered in full	Reimbursed up to $30
Lined Bifocal	$25 copay, then covered in full	Reimbursed up to $50
Lined Trifocal	$25 copay, then covered in full	Reimbursed up to $65
Lenticular	$25 copay, then covered in full	Reimbursed up to $100
Contact Lenses (in lieu of lenses and frames) – Once every 12 months		
Necessary	Covered in full	Reimbursed up to $210
Elective	$25 copay, then receive a $130 allowance and 10-20% savings over the allowance (depending on the type of contacts)	Reimbursed up to $105
Frames – Once every 24 months		
Frames	$130 retail allowance and 20% off amount over the allowance	Reimbursed up to $70

Vision Rates	Semimonthly Employee Cost
Employee Only	$4.00
Employee + Spouse	$8.00
Employee + Child(ren)	$8.80
Employee + Family	$12.82

ADDITIONAL PROTECTION

Additional Protection

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While Ethos Group covers the cost for many additional benefits and resources, you have the opportunity to purchase a variety of voluntary products to cover the additional needs of you and your family.

LIFE AND AD&D

Life and Accidental Death and Dismemberment (AD&D) insurance are important parts of your financial security, especially if others depend on you for support.

Basic Life and AD&D

Ethos Group provides Basic Life and AD&D insurance to eligible employees at no cost through **Unum**. You must complete the Beneficiary Designation section of your enrollment to designate your Basic Life insurance beneficiary(ies). You may change your beneficiary at any time.

Basic Life and AD&D	Coverage
Employee Life	2 times your basic annual earnings to a maximum of $500,000
Employee AD&D	2 times your basic annual earnings to a maximum of $500,000
Age Reduction	To 67% of original amount at age 65 To 50% of original amount at age 70

Voluntary Life and AD&D

If you need more coverage than Basic Life and AD&D, you may purchase Voluntary Life and AD&D insurance for yourself and your dependents. You must elect coverage for yourself in order to purchase coverage for your dependents. You are automatically the beneficiary for any dependent life purchased.

If you already have coverage, you may purchase up to $150,000 in coverage for yourself without proof of good health. If your spouse already has coverage, you may purchase up to $25,000 for your spouse without proof of good health. If you do not currently have coverage, you will need to show proof of good health in order to have coverage.

Voluntary Life and AD&D	Coverage
Employee Voluntary Life and AD&D	• 5 times your basic annual earnings to a maximum of $500,000 (in $1,000 increments) • Elect up to $150,000 during Open Enrollment (without proof of good health if you already have coverage)
Spouse Voluntary Life and AD&D	• Elect up to 100% of your elected Voluntary Life amount to a maximum of $500,000 (in $1,000 increments) • Elect up to $25,000 during Open Enrollment (without proof of good health if you already have coverage)
Child(ren) Voluntary Life and AD&D	• Live birth to six months: $1,000 • Six months to 26 years: $10,000 (in $1,000 increments)
Age Reduction Based on Employee Age	To 67% of original amount at age 70 To 50%of original amount at age 75

DISABILITY

Disability insurance replaces a portion of your income when you cannot work due to an illness or non-occupational injury.

Short Term Disability (STD)

Ethos Group provides STD coverage at no cost to you. Coverage is provided through **Unum**. During the time you are collecting STD benefits, your other benefits will continue as long as you continue to make the appropriate contributions toward the cost of these plans.

Long Term Disability (LTD)

Ethos Group provides LTD coverage at no cost to you. Coverage is provided through **Unum**.

Preexisting Condition Limitation

- **STD** – None
- **LTD** – Benefits may not be paid for conditions for which you have received treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed medications for it in the 6 months prior to your effective date of coverage and the disability begins in the first 12 months after your effective date of coverage.

Disability	STD	LTD
Percent of Your Salary You Will Receive	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	$2,000 per week	$7,500 per month
Benefits Begin After (Elimination Period)	7 days due to an injury 7 days due to a sickness	90 days
Maximum Benefit Duration	12 continuous weeks	Social Security normal retirement age

Benefits will be reduced or offset by the same amount as any Social Security or disability benefits received from other sources.

CRITICAL ILLNESS

Your health insurance covers medical bills, but if you are diagnosed with a critical illness, you may encounter unexpected out-of-pocket costs such as deductible, coinsurance, loss of income and non-medical related expenses.

Ethos Group offers critical illness coverage provided through **Unum**. If you are diagnosed with a covered illness, you can receive a lump sum benefit payment. You can use the money however you wish.

You can use this coverage more than once. If you have received a payout for one illness, you are still covered for the remaining covered conditions and for the reoccurrence of any critical illness (with the exception of skin cancer). The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions cannot be related to each other.

Covered Illnesses / Conditions	Coverage
Critical Illnesses	Heart attack, stroke, major organ failure, end-stage kidney failure Coronary artery disease - Major (50%): Coronary artery bypass graft or valve replacement Coronary artery disease - Minor (10%): Balloon angioplasty or stent placement
Cancer	Invasive cancer (all breast cancer is considered invasive) Non-invasive cancer (25%) Skin cancer ($500)
Progressive Diseases	Amyotrophic Lateral Sclerosis (ALS), dementia (including Alzheimer's disease), Multiple Sclerosis (MS), Parkinson's disease, functional loss

Critical Illness	Coverage
Employee	Choose $15,000 or $30,000 of coverage with no medical underwriting, if you apply during this Open Enrollment
Spouse	Receive 100% of the elected employee coverage amount
Child(ren)	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage is 50% of the elected employee coverage amount. They are covered for all of the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's effective date of coverage.

Preexisting Condition Limitation

- Benefits may not be paid for a preexisting condition which occurs within 12 months prior to the effective date of coverage or from a complication arising from treatment or surgery for a preexisting condition (or medications taken for that preexisting condition).

EMPLOYEE ASSISTANCE PROGRAM

Personal issues, planning for life events or managing daily life can affect your work, health and family.

Our Employee Assistance Program (EAP) offered by **Unum** provides a variety of support programs for you and your family at no cost. The services are confidential and available 24 hours a day, seven days a week. Online self-help is also available.

Counseling

(up to three in-person sessions per issue per year)

- Stress, anxiety and depression
- Relationship/marital issues
- Grief and loss
- Depression
- Family concerns
- Financial concerns
- Work-related issues

Free Online Resources

- Balanced Life quarterly newsletter
- E-Directions email outreach after enrollment
- Personal Directions (online work/life benefit with thousands of resources)
- My Personal EAP (responses to questions from a licensed EAP counselor)

Ways to Contact the EAP

- **Call – 800-854-1446 (toll-free 24/7)**
- **Online – www.unum.com/lifebalance**

EMERGENCY TRAVEL ASSISTANCE

Ethos Group's 24-hour emergency travel services are available when you travel 100 or more miles away from home.

Emergency travel assistance is available at no cost to you. Coverage is provided through **Unum**.

Whether you are traveling for business or pleasure, you will have access to:

- Multilingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

Access Travel Assistance

For a complete list of services:

- **Call – 866-679-3054**
- **Online – www.unum.com**

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars to cover eligible expenses. By spending pretax FSA dollars, you end up with more take-home pay. The FSAs are administered by **Health Equity WageWorks**.

Health Care FSA

You may contribute up to $3,050 to your Health Care FSA in 2023. Your election amount will be deducted from your paycheck throughout the year, but your entire annual contribution is immediately available to pay for eligible health care expenses that are not covered by insurance.

Common eligible health care expenses include:

- Office visit copays
- Prescription drug copays
- Coinsurance and deductibles
- Dental and vision

For a list of eligible expenses, view the IRS Publication 502.

Claims must occur between January 1, 2023 and December 31, 2023 in order to be reimbursable. You have until January 31, 2024 to submit claims for eligible expenses.

If you enroll in the HDHP with HSA, you cannot participate in the Health Care FSA.

Reimbursement Options

- **Claim Submission** – Submit your itemized bill from your provider that includes the provider name, date of service, type of service and amount charged. Download claim forms at **www.wageworks.com**.
- **Direct Deposit** – Visit **www.wageworks.com** to set up direct deposit of your FSA reimbursements to your bank account.
- **Debit Card** – Use your Health Equity WageWorks-issued debit card to pay for eligible health care expenses at the time of service.

Dependent Care Flexible Spending Account

You may set aside up to $5,000 in 2023 ($2,500 if married, filing separately) to reimburse yourself for child or adult dependent care in order for you or your spouse to work or attend school full-time. Qualified dependents include your dependent child under the age of 13 or a disabled dependent of any age who spends at least eight hours a day in your home. Dependent care expenses are reimbursed based on the availability of funds in your account.

Common eligible expenses include:

- Nursery school, child care centers or individual care of pre-school children (a relative providing care cannot also be claimed as a dependent for income tax purposes)
- Day camp programs, excluding overnight camps

LEGAL AND ID THEFT SERVICES

If you need guidance and assistance with legal consultation, family matters or small claims court assistance, you can work with local plan attorneys through **LegalShield**. **IDShield** will help you protect your identity.

Legal and ID Theft Services	LegalShield Plan	IDShield Plan
Legal Consultation and Advice	✓	
Court Representation	✓	
Legal Document Preparation and Review	✓	
Letters and Phone Calls made on your behalf	✓	
Speeding Traffic Violations	✓	
Will Preparation, Estate Planning	✓	
Purchase/Sell of Home Assistance	✓	
Bankruptcy, Foreclosure	✓	
24/7 Emergency Legal Access	✓	
Identity Consultation and Advice		✓
Licensed Private Investigators		✓
Identity and Credit Monitoring		✓
Social Media Monitoring		✓
Child Monitoring (family plan only)		✓
Comprehensive Identity Restoration		✓
Identity and Credit Threat Alerts		✓
24/7 Emergency ID Protection Access		✓
Mobile App	✓	✓

Legal Protection

At Ethos Group, our employee's health and security are paramount. LegalShield provides legal services which include:

- Dedicated law firm
- Neighbor dispute representation
- Guardianship or conservatorship
- Adoption

Identity Theft Protection

Millions of people have their identity stolen each year. IDShield provides identity theft protection and identity restoration services which include:

- $1 million protection policy
- Monthly credit score tracker

Rates	Semimonthly Employee Cost	
	LegalShield	IDShield
Employee Only	$8.48	$4.97
Employee + Family	$9.48	$9.98

Online Access and Mobile App

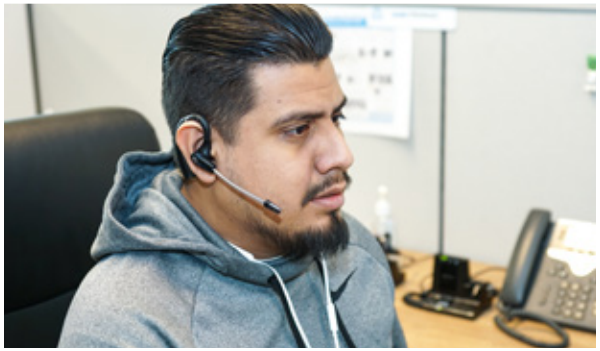
- **Online** – **www.legalshield.com**
- **Email** – **familyinsuranceassociates@gmail.com**
- **App** – download the apps to your mobile device (see page 3 for links)

SUPPLEMENTAL INSURANCE

Ethos Group offers its employees and eligible family members the opportunity to enroll in additional coverage that complements the traditional health care programs. These plans are all offered through Aflac.

Critical Care Protection

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, relation expenses such as lost income, child care, travel to and from treatment, high deductibles and copays may quickly diminish savings. Critical Illness protection pays a fixed benefit if you are diagnosed with a covered critical illness after your coverage effective date. A lump sum payment is payable when you or a covered family member are diagnosed with a covered condition such as stroke, heart attack, coronary artery bypass surgery, coma, paralysis and several other events.



Cancer Care

Treatment for cancer is expensive and can often be lengthy. Although your health insurance pays the medical expense of cancer treatment, the cost of non-medical expenses, such as loss of income, out-of-town treatments, special diets, daily living and household upkeep costs can be significant. In addition to these non-medical expenses, most health plans have deductibles and other cost-sharing arrangements. Aflac's Cancer Care plan supplements the direct and indirect costs of treatment with a cash benefit.

Hospital Advantage

Aflac's Hospital Advantage plan will help pay for some of your deductible, up to $3,000. The plan will pay daily in hospital, major diagnostic testing or surgical benefits when you or a loved one has day surgery or is admitted to the hospital.

Accident Advantage

Accident Advantage provides affordable protection against a sudden, unforeseen accident. Accidents are covered 24/7 for you and your family, on or off the job.

Life Solutions

Aflac offers a variety of Life insurance options to cover you and your family. Permanent, portable and renewable features are available – no proof of good health required.

Short Term Disability

Aflac's Short Term Disability can help you meet financial obligations if you are unable to work due to an off the job accident, illness or pregnancy.

Contact Aflac

For more information about policy benefits, limitations and exclusions, contact your Aflac representative, Denise Martin.

- **Call – 972-492-9781**
- **Email – familyinsuranceassociates@gmail.com**

PET INSURANCE

Ethos Group realizes that pets are family. So, we know how important it is to have medical insurance for your pets. Coverage is available through Nationwide.

How It Works

Visit any veterinarian clinic and receive 50% or 70% reimbursement on your vet bills (depending on your elected plan option) after a $250 deductible ($7,500 maximum annual benefit). Coverage is available for cats and dogs. Birds, rabbits, reptiles and other certain other exotic pets may be covered. Each pet has an individual policy and discounts are available for two or more pets.

To obtain our preferred rates, enroll for coverage at **petsnationwide.com** or call **877-738-7874**. Nationwide will bill you direct.

PetRX*Express*℠

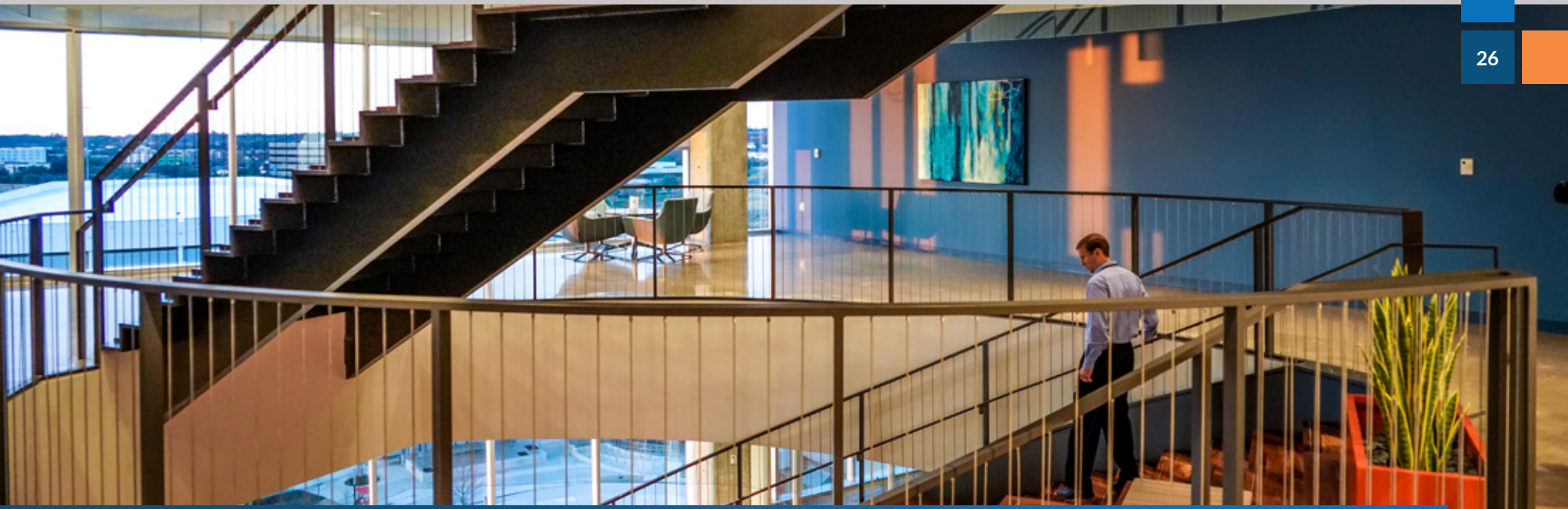
Save time and money through Nationwide **PetRX***Express*.

- Download a digital pet insurance card at **my.petinsurance.com**
- Take your prescription to any in-store Walmart or Sam's Club pharmacy or ask your vet to call it in
- Show the pet insurance card at the checkout and pay the prescription
- The pharmacy will automatically submit a claim to Nationwide for processing and you will be reimbursed for eligible expenses

Additional Features

- One set price, regardless of the pet's age
- Emergency boarding
- $500 for advertising or reward if a pet is lost or stolen
- $500 if a lost or stolen pet is not recovered within 60 days
- $1,000 to cover humane euthanization and burial/cremation
- Unlimited, 24/7 access to a veterinary professional ($150 value)
- Mobile claim filing and 24/7 online account access page
- $500 in kennel fees if you or a family member are hospitalized

	My Pet Protection
Use any vet/Access to 24/7 Vet Helpline	✓
Accidents, including poisonings and allergic reactions	✓
Injuries, including cuts, sprains and broken bones	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓
Serious illnesses, including cancer and diabetes	✓
Hereditary and congenital conditions	✓
Surgeries and hospitalization, including X-rays, MRIs, CT scans	✓
Prescription medications and therapeutic diets	✓
Annual Deductible	$250



INVESTING IN YOURSELF

Investing in Yourself

401(k) Plan 27
Wellness Program 28
Time Off 29

Ways to live a better life:

- Strike a healthy balance between your personal and professional obligations
- Take time off

401(K) PLAN

Ethos Group offers a 401(k) Plan if you are interested in planning for retirement. The plan is administered by Fidelity.

You are eligible to participate the first of the month following date of hire and if you are at least 21 years of age. Once you meet the eligibility requirements, you may enter the plan on the next quarterly date.

Save 1% to 100% of your eligible compensation on a pretax basis through payroll deduction. Your total salary deferral in 2023 may not be more than $22,500, if you are under the age of 50. If you are age 50 or older, you may contribute up to $30,000.

Accessing Your Account

- **Online – www.netbenefits.com**
- **Call – 800-835-5097**

You can change the amount deducted from your paycheck or stop making salary deferral contributions at any time.

- Choose from a variety of investment funds
- Receive detailed statements
- Loan options are available

Company Match

Ethos Group will provide a dollar for dollar match up to $3,000 with quarterly payouts for 2023.

Roth Salary Deferral Contribution Account

You also have the option to deposit funds on an after-tax basis. Distributions from your Roth account are generally tax-free if the distribution meets the qualified distribution requirements, death or disability and if you have maintained the Roth account for at least five taxable years.

Important Beneficiary Information

You must designate a beneficiary for your 401(k). Visit the Retirement Plan website at **www.netbenefits.com** to designate, view or update your beneficiary details.

WELLNESS PROGRAM

At Ethos Group, we strive to establish a work environment that promotes healthy lifestyles and enhances the quality of life. This program encourages employees and their families to strengthen their health and well-being through educational opportunities, wellness activities and self improvement.

- **Sleep Program** – Implementing a good sleep program keeps your mind and body healthy.
- **Nutrition Program** – Healthy nutrition can help you live a longer and healthier life.
- **Reading Program** – Books are an important tool to learn leadership principles.
- **Self-Improvement Program** – Implement positive lifestyle habits, set smart goals and work toward professional and personal improvement.

Fitness Reimbursement

Select any gym and receive up to $30 a month with the Ethos Group Fitness Reimbursement program. The program is available to all benefits eligible employees to support continuous participation in health and wellness programs.

TIME OFF

Holidays

All full-time employees will receive seven paid holidays per year:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Christmas Day
- Memorial Day
- Labor Day
- Christmas Eve

Vacation Leave

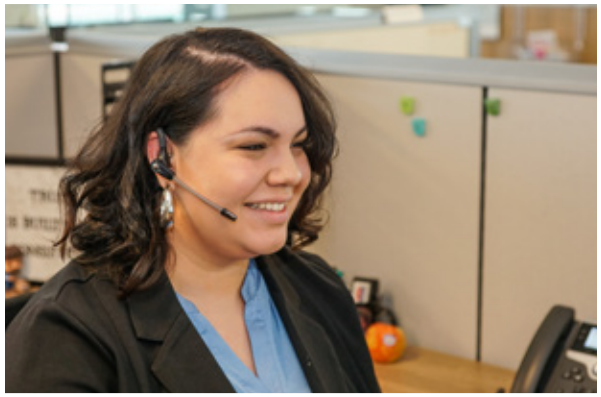
Vacation leave is accrued beginning on your date of hire. Hours are awarded semimonthly.

Vacation Leave	Accrual Rate		
Years of Service	Semimonthly Hours Awarded	Total Hours Awarded	Total Days
0-5	5.00	120	15
5	5.33	128	16
6	5.67	136	17
7	6.00	144	18
8	6.33	152	19
9+	6.67	160	20

Sick Leave

Paid sick leave amounts are determined by the length of employment. Sick time may be used for employees to take care of themselves or their dependents.

Sick Leave	Accrual Rate	
Years of Service	Total Hours Awarded	Total Days
5 years or less	40	5
Over 5 years, but less than 10 years	48	6
Over 10 years	56	7



Maternity Leave

To make sure our mothers get off to a great start, Ethos Group offers paid maternity leave. Eligibility begins the first of the month after completing six months of service and covers up to six weeks of 100% leave for the birth of a child.

Paternity Leave

Ethos Group will provide up to one week of paid paternity leave to our employees who are fathers following the birth of a child.

Bereavement Leave

Up to ten days leave with pay will be given to full-time employees for the purpose of attending funeral services for a spouse or child. Up to three days leave with pay will be given to full-time employees for the purpose of attending funeral services for a parent, parent of a spouse, sister, brother or grandparent.

IMPORTANT NOTICES

Important Notices

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IMPORTANT NOTICES

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later 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 enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Ethos Group
Human Resources
370 W. Las Colinas Blvd.
Irving, TX 75039
214-550-4768

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 Ethos Group and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. Ethos Group has determined that the prescription drug coverage offered by the Ethos Group medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Ethos Group at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Ethos Group prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Human Resources Department at **214-550-4768**.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription 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 **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

January 1, 2023
Ethos Group
Human Resources
370 W. Las Colinas Blvd.
Irving, TX 75039
214-550-4768

Notice of HIPAA Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Ethos Group, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

Ethos Group
Human Resources
370 W. Las Colinas Blvd.
Irving, TX 75039
214-550-4768

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

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 are 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 are not 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, 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 go to **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can 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 are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2022. Contact your State for more information on eligibility.

Alabama – Medicaid
Website: http://www.myalhipp.com/ Phone: 1-855-692-5447
Alaska – Medicaid
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
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)
California– Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
Colorado – Health First Colorado (Medicaid Program) and Child Health Plan Plus (CHP+)
Health First Colorado (Medicaid) website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

IMPORTANT NOTICES

Florida – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

Georgia – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

Indiana – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

Kansas – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

Louisiana – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Maine – Medicaid

Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740
TTY: Maine Relay 711

Massachusetts – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102

Minnesota – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

Missouri – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

Montana – Medicaid

Website: https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

Nebraska – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada – Medicaid

Website: http://dhcfp.nv.gov
Phone: 1-800-992-0900

New Hampshire – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number HIPP program: 1-800-852-3345 ext.5218

New Jersey – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

New York – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

North Carolina – Medicaid

Website: https://medicaid.ncdhhs.gov
Phone: 919-855-4100

North Dakota – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

Oklahoma – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

Oregon – Medicaid

Website: https://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

Pennsylvania – Medicaid

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

Rhode Island – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347 or 401-462-0311 (Direct RIte Share Line)

IMPORTANT NOTICES

South Carolina – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

South Dakota - Medicaid

Website: https://dss.sd.gov
Phone: 1-888-828-0059

Texas – Medicaid

Website: http://gethipptexas.com/
Phone: 1-800-440-0493

Utah – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov
CHIP Website: https://health.utah.gov/chip
Phone: 1-877-543-7669

Vermont– Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

Virginia – Medicaid and CHIP

Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

Washington – Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

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

Website: https://www.dhs.wisconsin.gov/
badgercareplus/p-10095.htm
Phone: 1-800-362-3002

Wyoming – Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/
programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since **July 31, 2022**, or for more information on special enrollment rights, you can 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

Continuation of Coverage Rights Under COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the Ethos Group group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the Ethos Group plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

Plan Contact Information

Ethos Group
Human Resources
370 W. Las Colinas Blvd.
Irving, TX 75039
214-550-4768

Notice Regarding Wellness Program

The employee wellness program is a voluntary program administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which could include a blood test for certain medical conditions such as diabetes, heart disease, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may qualify for an incentive. Although you are not required to complete a HRA or biometric screening, the wellness program may specify that only employees who do so will qualify for the incentive. Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

If you choose to participate in a HRA and/or biometric screening, information from your HRA and results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be

used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

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

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

Balance Billing (Surprise Billing)

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are Protected from Balance Billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Cigna / HealthEZ at the number on your ID card.

Visit **www.CMS.gov/nosurprises** for more information about your rights under federal law.

This brochure highlights the main features of the Ethos Group Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Ethos Group reserves the right to change or discontinue its employee benefits plans at any time.

Higginbotham™