

ETHOS GROUP

2024



# YOUR BENEFITS

A guide to understanding  
your **2024** Ethos Group  
employee benefits program



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Ethos Group is pleased to offer you a comprehensive employee benefits program to help support your wellbeing and financial health.

## Highlights for 2024

- Medical, Dental and Vision benefits remain the same.
- A preventive wellness option is now available with the Pet Insurance program.



### Clickable PDF

Your employee benefits guide is interactive. Click on buttons, videos and links throughout the guide for easier navigation, and click on QR codes for additional details about your benefits program offerings.

Click the  icon at the top of each page to return to the Table of Contents.



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

See page 27 for important information regarding Medicare Part D prescription drug coverage.

# BENEFIT CONTACTS

COVERAGE	Provider	Group #	Phone	Website/Email
<b>Health + Wellbeing</b>				
<b>Medical Benefits</b>	Cigna / HealthEZ	ETHG351	844-804-8120	service@healthez.com www.ethosgroupbenefits.com
<b>Prescriptions</b>	EHIM	50002039-01	800-311-3446	www.ehimrx.com
<b>Virtual Health Care</b>	HealthiestYou by Teladoc	—	866-703-1259	www.healthiestyou.com
<b>Dental Benefits</b>	MetLife	5398598	800-438-6388	www.metlife.com/mybenefits
<b>Vision Benefits</b>	MetLife / Superior Vision	5398598	833-393-5433	www.metlife.com/mybenefits
<b>Health Savings Account (HSA)</b>	Bend HSA	—	877-248-9309	www.bendhsa.com/login
<b>Flexible Spending Accounts</b>	Health Equity / WageWorks	31737	877-924-3967	www.wageworks.com
<b>Additional Protection</b>				
<b>Life and AD&amp;D Insurance</b>	Unum	880473	866-679-3054	www.unum.com
<b>Disability Insurance</b>	Unum	880473	866-679-3054	www.unum.com
<b>Critical Illness Insurance</b>	Unum	880473	866-679-3054	www.unum.com
<b>Employee Assistance Program</b>	Unum	880473	866-679-3054	www.unum.com/lifebalance
<b>Emergency Travel Assistance</b>	Unum	880473	866-679-3054	www.unum.com
<b>Legal/ID Theft</b>	Legal Shield/ID Shield	0119379	972-492-9781	www.legalshield.com familyinsuranceassociates@gmail.com
<b>Supplemental Insurance</b>	Aflac	JKV99	972-492-9781	www.aflac.com familyinsuranceassociates@gmail.com
<b>Pet Insurance</b>	Nationwide	8101	877-738-7874	www.petinsurance.com/ethosgroup
<b>Investing in Yourself</b>				
<b>401(k)</b>	Fidelity	79941	800-343-3548	www.netbenefits.com
<b>Benefits Assistance</b>				
<b>Human Resources</b>	Tina Torres	—	214-550-4768	hrdepartment@ethosgroup.com

# ELIGIBILITY + ENROLLMENT

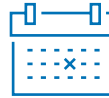
You are eligible for benefits if you are a regular, full-time employee working at least 30 hours per week.



## Eligible Dependents

You may enroll eligible dependents which includes your:

- Legal spouse or domestic partner
- Children up to age 26
- Children of any age with a mental or physical disability and who are indicated as fully dependent on you on your federal tax return



## When to Enroll

**Within 30 Days of Your Eligibility Date:** Your benefits will take effect the first of the month following your date of hire.

**During Open Enrollment:** In order to have benefits in 2024, elect your benefits during Open Enrollment held November 25 through December 1, 2023.

**Within 30 days of a Qualifying Life Event:** You may make changes to your elections during the year if you experience a Qualifying Life Event, including:

- Change in your marital status
- Birth, adoption or death of a child
- Gaining legal guardianship of a child
- Gaining or losing other coverage
- Change in your child's eligibility for coverage
- Significant change in cost with your spouse's coverage
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order
- FMLA, COBRA event, court judgment or decree



## How to Enroll

Log in to **ADP** at [www.workforcenow.adp.com](http://www.workforcenow.adp.com) and make your elections.



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# MEDICAL BENEFITS

Ethos Group offers two medical plan options: a PPO and a HDHP, administered by **HealthEZ** with the **Cigna** network. Each plan covers the same medical services and prescription drugs. The differences are in your payroll deduction and how you pay for care.



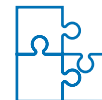
## Choosing a Plan

Consider any medical needs you foresee for the upcoming year, your overall health and any medication you currently take before choosing your plan. Keep in mind your choice will be effective for the entire 2024 plan year unless you experience a Qualifying Life Event.



## Per Paycheck Cost

The amount you pay for coverage is based on the plan you select, your coverage level (you only or plus dependents) and your annual salary.



## How the Plans Work

You pay for care up to the deductible before insurance begins paying its portion/coinsurance. In-network preventive care is covered at 100%.

Once you have met your deductible, you and the plan share the costs for services until your out-of-pocket maximum is met.

Once you reach your out-of-pocket maximum, the plan will pay 100% of eligible covered costs for services for the rest of the plan year.



## Get the HealthEZ App

View your benefits, track your deductible and out-of-pocket costs, find answers to healthcare questions, locate providers and access your digital insurance card.

[App Store](#)



## Find an In-Network Provider

To find an in-network provider, go to [www.ethosgroupbenefits.com](http://www.ethosgroupbenefits.com) or call **844-804-8120** for assistance.

### Availability of Summary Health Information

Your plan offers two health coverage options. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available summarizing important information about your health coverage options in a standard format. The SBC is available online at [www.ethosgroupbenefits.com/formlibrary](http://www.ethosgroupbenefits.com/formlibrary).

# MEDICAL BENEFITS

## PLAN DIFFERENCES

What is an HDHP?



### PPO Plan

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

This plan is  FSA-Eligible



### Health Care Flexible Spending Account (FSA)

An FSA is a tax-free account that is owned by Ethos Group and governed by the IRS. You will lose any money left over in your account at the end of the year (with the exception of a \$640 carryover amount). The money in your Health Care FSA spends tax-free if used to pay for qualified health, dental or vision expenses. See details on page 15.



### HDHP Plan

The HDHP allows you to seek care from any provider or facility; however, plan benefits are better when you stay in-network. If you enroll in the HDHP, you may be eligible to open a Health Savings Account (HSA). The HSA will allow you to receive tax-advantages not available with the PPO.

This plan is  HSA-Eligible



### Health Savings Account (HSA)

An HSA is a type of personal savings account that is always yours even if you change health plans or jobs. The money in your HSA grows tax-free and spends tax-free if used to pay for qualified health, dental or vision expenses. See details on page 9.

# MEDICAL BENEFITS

## PLAN COMPARISON

MEDICAL	FSA-Eligible	HSA-Eligible	
	PPO	HDHP	
	In-Network Only	In-Network	Out-of-Network
<b>Network</b>	Cigna PPO	Cigna	N/A
<b>General Level of Coverage - What the Plan Pays (Coinsurance)</b>	100% after deductible	90% after deductible	70% after deductible
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Calendar Year Deductible – Individual</b>	\$2,000	\$3,000	\$6,000
<b>Calendar Year Deductible – Family Maximum</b>	\$6,000	\$6,000	\$12,000
<b>Out-of-Pocket Maximum (includes deductible) – Individual</b>	\$5,000	\$5,000	\$10,000
<b>Out-of-Pocket Maximum (includes deductible) – Family Maximum</b>	\$10,000	\$10,000	\$20,000
<b>Preventive Care</b>	\$0	\$0	30% after deductible
<b>Primary Care Visit</b>	\$0	10% after deductible	30% after deductible
<b>Specialty Care Visit</b>	\$40 copay	10% after deductible	30% after deductible
<b>Urgent Care Visit</b>	\$75 copay	10% after deductible	30% after deductible
<b>Emergency Room (true emergency)</b>	\$150 copay	10% after deductible	30% after deductible
<b>Diagnostic Lab and X-ray</b>	\$0 after deductible	10% after deductible	30% after deductible
<b>Complex Imaging – CT Scan / PET Scan / MRI / Ultrasound</b>	\$100 copay	10% after deductible	30% after deductible

PER PAYCHECK COSTS BY ANNUAL BASE SALARY	PPO			HDHP		
	\$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
<b>Employee Only</b>	\$80	\$101	\$138	\$60	\$76	\$104
<b>Employee + Spouse</b>	\$172	\$208	\$267	\$129	\$156	\$200
<b>Employee + Child(ren)</b>	\$150	\$182	\$228	\$113	\$137	\$171
<b>Employee + Family</b>	\$198	\$232	\$327	\$149	\$174	\$245

# MEDICAL BENEFITS

## PRESCRIPTION DRUG COMPARISON



### Retail 30-Day Supply Prescriptions

Fill short term prescription through **EHIM** network pharmacies. View your cost and coverage in advance at [www.ehimrx.com](http://www.ehimrx.com).



### Mail Order 90-Day Supply Prescriptions

Mail order service is provided through **Alliance Rx Walgreens**. Register at [www.walgreens.com/mailservice](http://www.walgreens.com/mailservice).

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



### Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)



# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) allows you to set aside money on a pretax basis from your paycheck to pay for eligible medical, prescription drug, dental and vision care expenses. Our HSA is administered by **Bend HSA** through **Avidia Bank**.

What is an HSA?



## HSA Advantages

1. Paycheck contributions are tax-free.
2. Withdrawals to pay for qualified expenses are tax-free.
3. Balances can be invested and earnings are tax-free.
4. Your account balance is always yours, even if you change medical plans, leave Ethos Group or retire.
5. Your balance rolls forward each year and does not expire.
6. You will receive a debit card to pay for eligible expenses. You can also pay with your HSA through **EZpay** (page 11).
7. Ethos Group will contribute a dollar for dollar match up to \$600 annually for individual coverage and \$1,200 annually for family coverage, so don't forget to open your HSA at [www.bendhsa.com/login](http://www.bendhsa.com/login).

## Eligibility

You must be enrolled in the HDHP option to contribute to an HSA. If you enroll in the HDHP, you cannot participate in our Health Care Flexible Spending Account. You may participate in the Dependent Care Flexible Spending Account. In addition,

- 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 Flexible Spending Account.



## Get the Bend HSA App

Check your balance and transaction history, request reimbursements, take pictures of receipts and EOBs.

[Google Play](#) | [App Store](#)



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

AGE	2024 HSA Contribution Limits
Under age 55	\$4,150 (individual) or \$8,300 (family). These limits include the contribution from Ethos Group.
Age 55 or older	You can contribute an additional \$1,000.

# WELLBEING PROGRAMS

## HEALTHIESTYOU BY TELADOC

If you are enrolled in an Ethos Group medical plan, you have access to virtual health care.



### HealthiestYou

**See a Doctor or Therapist Anytime, Anywhere**

With **HealthiestYou**, provided by **Teladoc**, you can get non-emergency medical, mental health, dermatology and behavioral health care from doctors, therapists and psychiatrists without leaving your home.



### General Consultations

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



### Additional Services

- **Mental Health Services**, such as anxiety, depression, stress/PTSD, panic disorder, family & marriage issues
- **Dermatology Services**
- **Behavioral Health Services**



### Get the HealthiestYou App

You have access to virtual health care via phone, mobile device or computer. Call **866-703-1259**, visit [www.healthiestyou.com](http://www.healthiestyou.com) or download the app.

[Google Play](#) | [App Store](#)



### Questions about your benefits?

Send an email to: [hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

#### HEALTHIESTYOU SERVICES COST

	PPO	HDHP
	You Pay	You Pay
<b>General Consultations</b>	\$0	\$55 copay until deductible is met, then covered 100%
<b>Dermatology</b>	\$40 copay	\$85 copay until deductible is met, then covered 100%
<b>Behavioral Health - Therapist</b>	\$0	\$55 copay until deductible is met, then covered 100%
<b>Behavioral Health - Psychiatrist, initial evaluation</b>	\$0	\$55 copay until deductible is met, then covered 100%
<b>Behavioral Health - Psychiatrist, ongoing session</b>	\$0	\$55 copay until deductible is met, then covered 100%

# WELLBEING PROGRAMS

ETHOS GROUP + HEALTHEZ

If you are enrolled in an Ethos Group medical plan, you have access to these support tools and resources **at no cost** provided by **HealthEZ**, our third-party administrator for our medical benefits. Additional information is available at [www.ethosgroupbenefits.com](http://www.ethosgroupbenefits.com).



## Manage Your Health Benefits

Manage your **HealthEZ** account via the app or access your account via a web browser by going to [www.ethosgroupbenefits.com](http://www.ethosgroupbenefits.com) and clicking **Login**. Member support is also available at **844-804-8120**. Dependent children over the age of 19 can create their own account to manage their plan and download their ID card direct to their own devices.



## Pay Your Medical Bills

**EZpay** allows you to pay bills with your payment of choice, including credit and debit cards, and an HSA account. Once you set up your account, **HealthEZ** will process the bill according to your plan benefits and send you an email asking you to approve the payment due so they can pay your healthcare provider. You must provide authorization to pay your bills under \$250 within two business days and within five business days if the bill is over \$250.



## Get the HealthEZ App

View your benefits, track your deductible and out-of-pocket costs, find answers to healthcare questions, locate providers and access your digital insurance card.

[App Store](#)



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# WELLBEING PROGRAMS

## HEALTHEZ



### Maternity Support

**HealthEZ** offers **free** maternity support to members of the plan by providing education and resources to promote a healthy pregnancy through post-partum. Expectant parents receive:

- Dedicated single point of contact throughout the pregnancy journey
- Free breast pump
- Referrals to programs for additional support
- Tips to stay happy and healthy during and up to six months after pregnancy.
- Access to a nurse 24/7

[www.ethosgroupbenefits.com](http://www.ethosgroupbenefits.com)  
800-808-4848



### Care Advocacy

If you need help understanding a medical bill, finding a doctor, needing surgery or you are diagnosed with a medical condition, you can contact one of the **HealthEZ** Care Management Nurses. This service is provided **free** to members of our plan.

You will be connected with a specially trained nurse who can help answer questions or find the answers for you. They have access to a team of professionals skilled in clinical care, mental health, pharmacy, special needs and health care costs. They will help connect you with the resources you need.

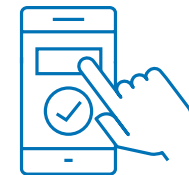
[medical.management@healthez.com](mailto:medical.management@healthez.com)  
800-668-3893



### Diabetes, Hypertension and Weight Management

**Livongo** is **free** to members who are living with pre-diabetes, diabetes, and/or hypertension. It is a health platform combining technology, coaching and behavioral support for members of the plan. When you join Livongo depending on your health goals you could receive a free blood glucose meter, blood pressure monitor and/or smart scale.

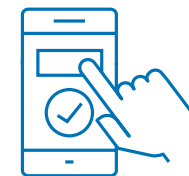
[be.livongo.com/HEALTHEZ/register](http://be.livongo.com/HEALTHEZ/register)  
800-945-4355



### Get the HealthEZ App

View your benefits, manage and pay bills, get 24/7 support, locate providers and access your digital insurance card.

[App Store](#)



### Get the Livongo App

Talk with health coaches and receive support for diabetes prevention, diabetes, hypertension and weight management.

[Google Play](#) | [App Store](#)

# DENTAL BENEFITS

Ethos Group offers a dental plan through [MetLife](#). You may seek care from any dental provider, but your level of coverage may be better if you stay in-network.

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

DENTAL RATES	Dental Plan per Paycheck Costs by Annual Base Salary		
	\$59,999 and Under Salary	\$60,000-\$89,999 Salary	\$90,000+ Salary and Reps
<b>Employee Only</b>	\$11.00	\$12.38	\$16.50
<b>Employee + Spouse</b>	\$16.50	\$17.88	\$22.00
<b>Employee + Child(ren)</b>	\$13.75	\$17.88	\$19.25
<b>Employee + Family</b>	\$16.50	\$17.88	\$27.50



## Find an In-Network Provider

Visit [www.metlife.com/dental](http://www.metlife.com/dental) and select the **PDP Plus** network or call **800-438-6388** to find an in-network provider.



## Incentive Benefit

If you receive a preventive cleaning this year and remain covered next year, you will receive a 10% discount after deductible on Basic and Major Restorative services.

**Just for getting your teeth cleaned!**

# VISION BENEFITS

Ethos Group offers a vision plan through **MetLife** and the **Superior Vision** network. You may seek care from any vision provider, but plan benefits are better if you stay in-network.



## Find an In-Network Provider

Visit [www.metlife.com/vision](http://www.metlife.com/vision) and select the **Superior Vision** network or call **833-393-5433** to find an in-network provider.

For general questions, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).



## Get the MetLife App

Get a personalized, integrated and secure view of your benefits, find a provider and manage your claims.

[Google Play](#) | [App Store](#)



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

VISION RATES	Semimonthly Employee Cost
Employee Only	\$3.50
Employee + Spouse	\$6.99
Employee + Child(ren)	\$7.68
Employee + Family	\$11.17

# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for eligible expenses. The Health Care FSA gives you the opportunity to pay for medical, prescription drug, dental and vision care expenses. The Dependent Care FSA allows you the opportunity to reimburse yourself for child or adult dependent care expenses in order for you or your spouse to work or attend school full-time. Our FSAs are administered by [HealthEquity / WageWorks](#).



## Get the HealthEquity / WageWorks App

View transaction history, take a receipt photo to initiate a claim, receive reimbursements and check the status of claims.

[Google Play](#) | [App Store](#)

## Eligibility

**If you enrolled in the HDHP option, you may not participate in the Health Care FSA.** You may participate in the Dependent Care FSA.

ACCOUNT TYPE	2024 FSA Contribution Limits
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000 (\$2,500 if married, filing separately)

## Important Information

1. Paycheck contributions are tax-free.
2. Withdrawals to pay for qualified expenses are tax-free.
3. Any unused money left in an FSA at year-end will be forfeited.
4. You have until December 31, 2024 to incur an eligible expense and until January 31, 2025 to submit the expense for reimbursement from your FSA.
5. You will receive a Health Care FSA debit card to pay for eligible expenses at the time of service. Your annual contribution election is available on January 1, 2024, even though you have not saved the full amount yet. For a list of eligible expenses, view the IRS Publication 502.
6. Dependent care expenses are reimbursed based on the availability of funds in your account.






## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# LIFE AND AD&D INSURANCE

Life and Accidental Death & Dismemberment (AD&D) Insurance can help protect your family's financial wellbeing. Coverage is provided through **Unum**.

	Basic Life and AD&D	Voluntary Life and AD&D
	Provided to eligible employees at no cost	Available to purchase for additional coverage
 <b>Employee</b>	<b>2 times your basic annual earnings</b> \$500,000 maximum	<b>5 x your basic annual earnings</b> in \$1,000 increments, \$500,000 maximum  <b>Elect up to \$150,000 during Open Enrollment</b> without proof of good health, if you already have coverage
 <b>Spouse</b>	N/A	<b>Elect up to 100% of your elected Voluntary Life amount</b> in \$1,000 increments, \$500,000 maximum  <b>Elect up to \$25,000 during Open Enrollment</b> without proof of good health, if you already have coverage
 <b>Child(ren)</b>	N/A	<b>Live birth to six months: \$1,000</b>  <b>Six months to 26 years: \$10,000</b> in \$1,000 increments
<b>Age Reduction</b>	<b>Coverage amount is reduced to 67%</b> of the original amount at age 65 <b>and reduced to 50%</b> of the original amount at age 70.	<b>Coverage amount is reduced to 67%</b> of the original amount at age 70 <b>and reduced to 50%</b> of the original amount at age 75.



## Name Your Beneficiaries

Be sure your life insurance benefits are paid according to your wishes. You can update them at any time. You are automatically the beneficiary for any voluntary dependent life purchased.

## Scan the QR Code



Learn about your Unum benefits, manage claims and upload documents by scanning the QR code or visiting <https://flimp.live/EthosGroupResourcesUnumBenefits>.

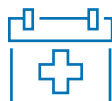


# DISABILITY INSURANCE

Disability insurance replaces a portion of your income when you cannot work due to an illness or non-occupational injury. Coverage is provided through **Unum**.

DISABILITY	Short Term Disability (STD)	Long Term Disability (LTD)
	Provided to eligible employees at no cost	Provided to eligible employees at no cost
<b>Percent of Your Salary You Will Receive</b>	60% of weekly earnings	60% of monthly earnings
<b>Maximum Benefit</b>	\$2,000 per week	\$7,500 per month
<b>Benefits Begin After (Elimination Period)</b>	7 days due to an injury 7 days due to a sickness	90 days
<b>Maximum Benefit Duration</b>	12 continuous weeks	Social Security normal retirement age

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



## 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.

## Scan the QR Code

Learn about your Unum benefits, manage claims and upload documents by scanning the QR code or by visiting <https://flimp.live/EthosGroupResourcesUnumBenefits>.



## Emergency Travel Assistance

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

Coverage is provided through **Unum**.

For a list of services, visit [www.unum.com](http://www.unum.com) or call **866-679-3054**.






## Questions about your benefits?

Send an email to: [hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

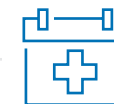
# CRITICAL ILLNESS

Critical Illness insurance pays a cash benefit if you are diagnosed with a covered condition. You can use the money to pay your deductible, coinsurance, loss of income or any non-related expense. Coverage is provided through **Unum**.

COVERED ILLNESSES / CONDITIONS	Coverage
<b>Critical Illnesses</b>	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
<b>Cancer</b>	Invasive cancer (all breast cancer is considered invasive) Non-invasive cancer (25%) Skin cancer (\$500)
<b>Progressive Diseases</b>	Amyotrophic Lateral Sclerosis (ALS), dementia (including Alzheimer's disease), Multiple Sclerosis (MS), Parkinson's disease, functional loss

CRITICAL ILLNESS	Coverage
 <b>Employee</b>	<b>Choose \$15,000 or \$30,000 of coverage</b> with no medical underwriting, if you apply during this Open Enrollment
 <b>Spouse</b>	<b>Receive 100% of the elected employee coverage amount</b>
 <b>Child(ren)</b>	<b>Children from live birth to age 26 are automatically covered at no extra cost.</b> 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.

**Note:** You are also covered for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefits can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart of the conditions cannot be related to each other.



## 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).



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# EMPLOYEE ASSISTANCE PROGRAM

Our Employee Assistance Program is a free, confidential service designed to help you and your family with issues that can impact health, relationships, finances and job effectiveness. Coverage is provided through **Unum** and is available to you 24/7.



## 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



## Online Support

- 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)

## Scan the QR Code

Learn about your Unum benefits, manage claims and upload documents by scanning the QR code or by visiting <https://flimp.live/EthosGroupResourcesUnumBenefits>.



## Contact the EAP

To contact the EAP, visit [www.unum.com/lifebalance](http://www.unum.com/lifebalance) or call **800-854-1446**.

# LEGAL + ID THEFT SERVICES

**LegalShield** provides coverage if you need assistance with legal consultation, family matters or small claims court assistance. **IDShield** provides coverage if you need identity theft protection or restoration. You may purchase coverage for yourself only or for you and your family.

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	✓	✓

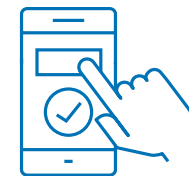


## More Information

For additional details, go online:  
[www.legalshield.com](http://www.legalshield.com)

or email:  
[familyinsuranceassociates@gmail.com](mailto:familyinsuranceassociates@gmail.com)

As a Legal or ID Theft Services member, you have access to the **MEMBERPERKS** on the following page.



## Get the LegalShield App

Answers to legal questions, help with estate planning and will preparation.

[Google Play](#) | [App Store](#)



## Get the IDShield App

Credit monitoring, credit score tracker, alerts for fraudulent activity and other support.

[Google Play](#) | [App Store](#)

# LEGAL + ID THEFT SERVICES

## MEMBERPERKS



### Member Discounts

As a Legal or ID Theft services member, you can receive **discounts** from categories such as:

- Apparel
- Automotive
- Books, Movies + Music
- Cell Phones
- Electronics
- Finance
- Flowers + Gifts
- Food
- Health + Wellness
- Home Services
- Insurance + Protection Services
- Office + Business
- Real Estate + Moving Services
- Sports + Outdoors
- Tickets + Entertainment
- Travel



### Preferred Member Pricing

You will also enjoy **preferred member pricing** on many popular brands and services.

- Office Depot/OfficeMax
- Harry & David
- Skechers Direct
- Chewy.com
- Verizon
- Sam's Club
- AMC Theatres
- Holiday Inn Club Vacations
- Lenovo
- Major League Baseball
- And many more!



### Get Started

To get started, sign up at [legalshield.perkspot.com](https://legalshield.perkspot.com). You will need your LegalShield membership number.



### Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# SUPPLEMENTAL INSURANCE

Your primary insurance may not cover all of your expenses. Ethos Group offers you and your eligible family members the opportunity to enroll in additional coverage. Coverage for these programs are provided through [Aflac](#).



## Critical Care

Pays a cash benefit if you are diagnosed with a covered condition such as stroke, heart attack, coronary artery bypass surgery, coma paralysis and more. You can spend the money as you wish.



## Hospital Advantage

Helps you pay daily hospital charges, major diagnostic testing or surgical procedures up to \$3,000. Coverage is provided if you have surgery or are admitted to the hospital.



## Life Solutions

Life insurance options with permanent, portable and renewable features. Proof of good health is not required.



## Short Term Disability

Short Term Disability offers you additional protection if you are unable to work due to a non-occupational accident, illness or pregnancy.



## Cancer Care

Pays a cash benefit if you are diagnosed with cancer. You can spend the money as you wish.



## Accident Advantage

Protection for sudden, unforeseen accidents on or off the job.



## Contact Aflac

Contact [Aflac](#) for more information by email at: [familyinsuranceassociates@gmail.com](mailto:familyinsuranceassociates@gmail.com)  
or call our Aflac representative, **Denise Martin**, at **972-492-9781**.



## Questions about your benefits?

Send an email to: [hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# PET INSURANCE

Ethos Group offers the opportunity for you to purchase medical and preventive wellness insurance for your pets. Coverage is provided through **Nationwide**.

Coverage is available for cats, dogs, birds, rabbits, reptiles and other certain exotic animals. You can visit any veterinarian clinic and receive 50% or 70% reimbursement on your bills after a \$250 deductible (\$7,500 maximum annual benefit). Additional benefits are included.



## PetRxExpress

PetRxExpress can save you time and money at Walmart or Sam's Club pharmacies. Download a digital pet insurance card at [mypetinsurance.com](https://mypetinsurance.com) and show the card at checkout. The pharmacy will submit the claim to Nationwide and you will be reimbursed for eligible expenses.



## My Pet Protection Wellness500

My Pet Protection Wellness500 covers preventive care and is a separate option available for purchase. Coverage includes eligible exams, vaccinations, flea protection, spay or neuter, teeth cleaning and more.



## How to Enroll

To obtain preferred rates, enroll for coverage at [www.petinsurance.com/ethosgroup](https://www.petinsurance.com/ethosgroup) or call **877-738-7874**. Nationwide will bill you direct.



## Get the Nationwide App

Upload claims and receive reimbursement by check or direct deposit.

[Google Play](#) | [App Store](#)

# 401(K) PLAN

Ethos Group offers a 401(k) Plan to help you prepare for a financially healthy retirement. The plan is administered through **Fidelity**.

## Eligibility and Enrollment

If you are at least 21 years of age, you are eligible to participate the first of the month following date of hire. You may enter the plan on the next quarterly date.

AGE	2024 IRS Contribution Limits
Under Age 50	\$23,000
Age 50 or Older	\$30,500

## Your Contributions

You may contribute from 1% to 100% of your eligible compensation through payroll deduction, up to the IRS maximum limit. You can contribute in two ways:

- **Before-tax:** Your contributions are made tax-free. Withdrawals will be taxed.
- **After-Tax (Roth Salary Deferral):** 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.

## Matching Contribution

Ethos Group will provide a dollar for dollar match up to \$3,000 with quarterly payouts for 2024.

## Online Account Management

Visit [www.netbenefits.com](http://www.netbenefits.com) to manage your contributions and investment options, to view your statement, loan options and update your beneficiaries. You can also call **800-835-5097**.

## Create an Investment Strategy

Ethos Group provides a **free** service to ensure you are maxing out your 401(k) benefits. Call the Ethos Group 401(k) Hotline at **855-550-7226**.



## Get the Fidelity Net Benefits App

Access your account, view your balance, activity and performance.

[Google Play](#) | [App Store](#)



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)



# WELLNESS PROGRAM

Ethos Group strives to provide a work environment that promotes healthy lifestyles and enhances the quality of your life. Our **Wellness Program** encourages you and your family to strengthen your health and wellbeing 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.



## 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.



## Self-Improvement Program

Implement positive lifestyle habits, set smart goals and work toward professional and personal improvement.



## Reading Program

Books are an important tool to learn leadership principles.



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# TIME OFF



## Holidays

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



## Maternity Leave

Receive six weeks of 100% leave for the birth of a child. Eligibility begins the first of the month after completing six months of service.



## Bereavement Leave

Full-time employees will receive pay for the purpose of attending funeral services:

### For a spouse or child:

Receive up to ten days leave with pay

### For a parent, parent of a spouse, sister, brother or grandparent:

Receive up to three days leave with pay

## Vacation Leave

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

Accrual Rate			
Years	Semimonthly Hours / 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.

Accrual Rate		
Years	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



## Paternity Leave

Our employees who are non-birth parents will receive one week of paid leave immediately following the birth of their child.



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)

# 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

# IMPORTANT NOTICES

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](http://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](http://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'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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you

# IMPORTANT NOTICES

live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2023. Contact your State for more information on eligibility.**

## Alabama – Medicaid

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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

## Arkansas – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

## California – Medicaid

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](mailto:hipp@dhcs.ca.gov)

## Colorado – Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+)

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

## Florida – Medicaid

Website: <https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.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  
HIPP Phone: 1-800-967-4660

## Kentucky – Medicaid

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

## Louisiana – Medicaid

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

## Maine – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](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/ofa/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine Relay 711

# IMPORTANT NOTICES

## Massachusetts – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
 Phone: 1-800-862-4840  
 TTY: 617-886-8102  
 Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## Minnesota – Medicaid

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

## Missouri – Medicaid

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

## Montana – Medicaid

Website: <https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
 Phone: 1-800-694-3084  
 Email: [HSHIPPPProgram@mt.gov](mailto:HSHIPPPProgram@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

Medicaid Website: <http://dhcfp.nv.gov>  
 Medicaid 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 for the 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/](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: <https://www.hhs.nd.gov/healthcare>  
 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>  
 Phone: 1-800-699-9075

## Pennsylvania – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
 Phone: 1-800-692-7462  
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
 CHIP Phone: 1-800-986-KIDS (5437)

## Rhode Island – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-855-697-4347 or 401-462-0311 (Direct RlTe Share Line)

## 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
 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: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
 Phone: 1-800-250-8427

## Virginia – Medicaid and CHIP

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

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, 2023**, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
 Employee Benefits Security  
 Administration



# IMPORTANT NOTICES

[www.dol.gov/agencies/ebsa](http://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](http://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.

# IMPORTANT NOTICES

“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 balance 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](http://www.CMS.gov/nosurprises) for more information about your rights under federal law.



## Questions about your benefits?

Send an email to:  
[hrdepartment@ethosgroup.com](mailto:hrdepartment@ethosgroup.com)





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.