



ETHOS GROUP

2026

YOUR BENEFITS

A guide to understanding your Ethos Group employee benefits program





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Changes for 2026

TELEMEDICINE NETWORK:

Telemedicine benefits will now be available with the Dr. On Demand provider network if you enroll in one of the Medical plan options with HealthEZ. Details on page 8.

NEW DENTAL PLAN & NETWORK:

Moving from MetLife to Guardian DentalGuard Preferred PPO network.

NEW Buy-Up Dental plan option with a \$3,000 annual maximum. Details on page 14.

VISION NETWORK & COST:

Moving from MetLife with Superior Vision Network and Cost to Guardian with Davis Vision.

Cost per-paycheck decreasing. Details on page 15.



Questions about your benefits?

Send an email to:
hrdepartment@ethosgroup.com

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

BENEFIT CONTACTS

COVERAGE	Provider	Group #	Phone	Website/Email
Health + Well-being				
Medical Benefits	Aetna HealthEZ	ETHG351	844-804-8120	service@healthez.com www.ethosgroupbenefits.com
Prescriptions	Prime Therapeutics	PRXHEZ	800-424-0472	www.primetherapeutics.com/member
Healthcare Advocacy	HealthEZ	—	800-668-3893	medical.management@healthez.com
Telehealth	Dr. On Demand	ETHG351	800-997-6196	www.doctorondemand.com
Dental Benefits	Guardian	00088455	800-541-7846	www.guardiananytime.com
Vision Benefits	Guardian	00088455	877-393-7363	www.guardiananytime.com
Health Savings Account	Fidelity	—	800-544-3716	www.netbenefits.com
Flexible Spending Accounts	HealthEquity EZ Receipts	31737	877-924-3967	www.wageworks.com
Additional Protection				
Basic Life and AD&D Insurance	Unum	880473	866-679-3054	www.unum.com
Voluntary Life and AD&D Insurance	Unum	880474	866-679-3054	www.unum.com
Short Term Disability Insurance	Unum	957689	866-679-3054	www.unum.com
Long Term Disability Insurance	Unum	880473	866-679-3054	www.unum.com
Critical Illness, Accident, and Hospital Indemnity Insurance	Unum	Critical Illness: 920504 Accident: 991098 Hospital Indemnity: 991099	866-679-3054	www.unum.com
Employee Assistance Program	Unum	880473	800-854-1446	www.unum.com/lifebalance
Emergency Travel Assistance	Unum	880473	800-872-1414	medservices@assistamerica.com
Legal/ID Theft	LegalShield/IDShield	0119379	800-654-7757	www.legalshield.com solutionservices@pplsi.com
Pet Insurance	Nationwide	8101	877-738-7874	www.petinsurance.com/ethosgroup
Investing in Yourself				
401(k)	Fidelity	79941	800-343-3548	www.netbenefits.com
Benefits Assistance				
Human Resources	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, including 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

Questions about your benefits?

Send an email to:

hrdepartment@ethosgroup.com



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 2026, elect your benefits during Open Enrollment

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 of your spouse's coverage
- Becoming eligible for Medicare, Medicaid, or TRICARE
- Receiving a Qualified Medical Child Support Order
- FMLA event, COBRA event, judgment, or decree



How to Enroll

1. Log in to **Paylocity** (<https://access.paylocity.com>).
2. Select *Action Needed* in the sidebar menu.
3. Select *Start*.
4. Edit family information, if needed.
5. Enter your benefits elections by selecting the checkmark next to the appropriate *Plan* or *Waive* option.
6. Continue until completion – when “Your enrollment has been submitted” appears.

MEDICAL BENEFITS

PLAN DIFFERENCES



PPO Plan

The Preferred Provider Organization (PPO) plan 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



HDHP Plan

The High Deductible Health Plan (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). An HSA will allow you to receive tax advantages not available with the PPO.

This plan is  HSA-eligible



Total Care Option Plan

The Total Care Option (TCO) plan is a health plan for employees who have spouses with health insurance available through their employer. Enrollment in the TCO is free. There are no payroll deductions from Ethos Group. You enroll in Ethos Group's TCO plan and opt into your spouse's health plan.

This plan is  HRA-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 \$680 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 12.



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 12.



Health Reimbursement Arrangement (HRA)

The TCO HRA will cover up to \$8,000 of your family's health costs if you enroll in your spouse's plan. This covers copays, deductibles, and coinsurance expenses for you, your spouse, and eligible dependents. Reimbursements are not taxed. See details on page 9.



MEDICAL BENEFITS

PLAN COMPARISON

MEDICAL	FSA-Eligible	HSA-Eligible	
	PPO	HDHP	
	In-Network Only	In-Network	Out-of-Network
Network	Aetna PPO	Aetna PPO	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
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	\$10,000	\$10,000	\$20,000
Preventive Care	\$0	\$0	30% after deductible
Primary Care Visit	\$20 copay	10% after deductible	30% after deductible
Specialty Care Visit	\$50 copay	10% after deductible	30% after deductible
Urgent Care Visit	\$75 copay	10% after deductible	30% after deductible
Emergency Room (True Emergency)	\$150 copay	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

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
Employee Only	\$80.00	\$111.10	\$163.00	\$60.00	\$83.60	\$129.00
Employee + Spouse	\$172.00	\$228.80	\$292.00	\$129.00	\$171.60	\$225.00
Employee + Child(ren)	\$150.00	\$200.20	\$253.00	\$113.00	\$156.20	\$196.00
Employee + Family	\$198.00	\$255.20	\$352.00	\$149.00	\$191.40	\$271.00

MEDICAL BENEFITS

PRESCRIPTION DRUG COVERAGE

Your medical plan includes prescription drug coverage through **Prime Therapeutics**, a pharmacy benefit manager. When you use Prime Therapeutics, it will reduce your prescription drug costs and be easier for you to get the medicine you need.



Generic Drugs

Ask your doctor if there is a generic equivalent for a brand-name drug you may be taking. Generic drugs are the same in dosage, safety, strength, quality, and intended use as brand-name drugs. Although they are chemically the same as brand name counterparts, generic drugs will save you a lot of money.

Register Today

Visit [primetherapeutics.com](https://www.primetherapeutics.com) and select Member Portal to register for an account. Once registered, you can schedule refills, access your prescription history, and more.



Specialty Medications

If you need specialty drugs to treat complex or chronic conditions, you must use the Specialty Cost Containment Solution from **Payer Matrix**. All plan participants who use or need a specialty drug are required to meet prior authorization criteria and administrative review under the Payer Matrix program. **You must enroll in the program to avoid paying the full cost of your medication or 100% coinsurance.** If you are currently taking a specialty drug, call **800-668-3893** or email medical.management@healthez.com to speak to a care coordinator.

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

DR. ON DEMAND

TELEMEDICINE

Your medical coverage offers confidential telemedicine services through **Dr. On Demand**. Connect anytime day or night with a board-certified doctor via your mobile device or computer for **Everyday and Urgent Care** services or **Behavioral Health** services.



When to Use Telemedicine

While telemedicine 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 an after-hours health care clinic, urgent care clinic, or emergency room for treatment
- Are on a business trip, vacation, or away from home
- Are unable to see your primary care physician for acute care



24/7 Health Care Services

EVERYDAY AND URGENT CARE SERVICES

- Support for common conditions, urgent care, dermatology, mental health, and geriatric medicine
- Virtual care available for kids, teens, and adults
- Care coordination
- Second opinions
- Billing advocacy
- 24/7/365 care

BEHAVIORAL HEALTH SERVICES

- Support ranges from everyday stress to serious mental health needs
- Access care in 3-4 days for first available therapy or psychiatry
- Flexible access to therapy and psychiatry visits via video 7 days a week
- Prescription services available, if needed
- 24/7/365 care

Registration is Easy

Register for an account so you are ready to use this valuable service when and where you need it.

- Visit www.doctorondemand.com.
- Download the **Dr. On Demand** app.
- Call **800-997-6196**.



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



HEALTH REIMBURSEMENT ARRANGEMENT

Healia Health offers a free **Plan Selection Tool** to help you compare and choose the best health plan for your needs. If you have a working spouse, you may also qualify for our **Total Care Option**, which provides up to \$8,000 in reimbursements for out-of-pocket health costs when enrolled in a spouse's health plan.

Total Care Option

If your working spouse has medical insurance, you can upload her/his benefits information into the Total Care Option portal via the QR code on this page. Healia Health will assess your options and provide a personalized summary of your and your spouse's coverage costs, making your decision easier!

Upload any of these items from your spouse's health plan:

- Benefits Booklet or Benefits Summary
- Summary Plan Description (SPD)
- Summary of Benefits and Coverage (SBC)

If you elect to enroll in your spouse's health plan, Ethos Group will provide you with a fully funded Health Reimbursement Arrangement (HRA) administered by Healia Health.

HOW TO ENROLL IN THE TOTAL CARE OPTION

Enroll in your spouse's health plan through her/his employer. Medicare, Medicaid, TRICARE coverage, or a plan on the ACA marketplace is not eligible.

Choose the "Total Care Option" during your enrollment through Ethos Group.

HOW TO RECEIVE REIMBURSEMENT FOR EXPENSES

Present your insurance card from your spouse's health plan to the provider or pharmacy.

Once you receive the Explanation of Benefits (EOB), doctor's bill, or pharmacy receipt, upload it to the Healia's online portal or app.

Healia will review the claim and reimburse you for the expense.



Plan Selection Tool

Your Ethos Group health plans are already uploaded to Healia Health. Enter your expected medical expenses for the year and the tool will provide you with the approximate cost for enrolling in Ethos Group's health plans. All employees can also use Healia Health's plan selection tool to determine which medical plan is best for them.

SCAN THE QR CODE TO VIEW THE TOTAL CARE OPTION PORTAL





WELL-BEING 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**, the third-party administrator for our medical benefits. Additional information is available at 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 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 directly to their own devices.



Pay Your Medical Bills

EZpay allows you to pay bills with your payment of choice, including a credit or debit card, or an HSA account. Once you set up your account, **HealthEZ** will process the bill according to your plan benefits and contact you to approve the payment before paying your health care provider. You must provide authorization to pay your bills under \$250 within two business days and bills over \$250 within five business days.



Get the HealthEZ App

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

[App Store](#)



Questions about your benefits?

Send an email to:
hrdepartment@ethosgroup.com

WELL-BEING 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 the postpartum period. Expectant parents receive:

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

www.ethosgroupbenefits.com
800-808-4848



Care Advocacy

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

You will be connected with a specially trained nurse who can help answer questions or find the answers for you. The nurse will 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
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, you can receive a free blood glucose meter, blood pressure monitor, and/or smart scale (depending on your health goals).

<https://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](#)





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 **Fidelity**.



HSA Advantages

- Paycheck contributions are tax-free.
- Withdrawals to pay for qualified expenses are tax-free.
- Balances can be invested and earnings are tax-free.
- Your account balance is always yours even if you change medical plans, leave Ethos Group, or retire.
- Your balance rolls forward each year and does not expire.
- You will receive a debit card to pay for eligible expenses. You can also pay with your HSA through EZpay (page 10).
- Ethos Group will contribute a dollar-for-dollar match up to \$600 annually for individual coverage and \$1,200 annually for family coverage, so do not forget to open your HSA at www.netbenefits.com.

Eligibility

You must be enrolled in the HDHP medical plan to contribute to an HSA. If you enroll in the HDHP, you cannot participate in our Health Care Flexible Spending Account. However, 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, Medicaid, or TRICARE, or receive Veterans Administration benefits.
- Your covered spouse cannot participate in a Health Care Flexible Spending Account.

AGE	2026 HSA Contribution Limits
Under age 55	\$4,400 (individual) or \$8,750 (family). These limits include the contribution from Ethos Group.
Age 55 or older	You can contribute an additional \$1,000.

Get the Fidelity App

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

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



Questions about your benefits?

Send an email to:
hrdepartment@ethosgroup.com

FLEXIBLE SPENDING ACCOUNTS

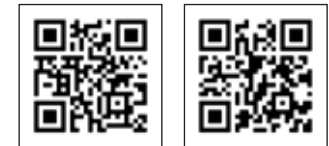
Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for eligible expenses. The Health Care FSA gives you the opportunity to pay for medical, prescription drug, dental, and vision care expenses. The Dependent Care FSA allows you to reimburse yourself for child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



Get the HealthEquity EZ Receipts App

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

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



Questions about your benefits?

Send an email to:
hrdepartment@ethosgroup.com

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	2026 FSA Contribution Limits
Health Care FSA	\$3,400
Dependent Care FSA	\$7,500 (\$3,750 if married, filing separately)

Important Information

- Paycheck contributions are tax-free.
- Withdrawals to pay for qualified expenses are tax-free.
- With the exception of a \$680 carryover amount, any unused money left in an FSA at year's end will be forfeited.
- You have until December 31, 2026 to incur an eligible expense and until January 31, 2027 to submit the expense for reimbursement from your FSA.
- 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, 2026, even though you have not saved the full amount yet. For a list of eligible expenses, view *IRS Publication 502, Medical and Dental Expenses*.
- Dependent care expenses are reimbursed based on the availability of funds in your account.



DENTAL BENEFITS

Ethos Group offers two dental plans through **Guardian**. You may seek care from any dental provider, but your level of coverage may be better if you stay in-network.

DENTAL BENEFITS SUMMARY	Base Plan		Buy-Up Plan	
	In-Network		In-Network	
Calendar Year Deductible				
Individual		\$25		\$25
Family Maximum		\$75		\$75
Calendar Year Maximum Benefit				
Per individual		\$1,500		\$3,000
Orthodontia Lifetime Maximum		\$1,000		\$1,000
		You Pay		You Pay
Preventive Services				
Cleanings, complete series X-rays, exams, sealants, space maintainers		\$0		\$0
Basic Services				
Extractions, fillings, oral surgery, periodontics, root canals, anesthesia, endodontics		10%		10%
Major Services				
Bridges, crowns, dentures, inlays, onlays, implants		40%		40%
Orthodontia				
Covered individuals		50% Children (to age 26) and adults		50% Children (to age 26) and adults

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	
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan
Employee Only	\$11.00	\$13.97	\$12.38	\$15.35	\$16.50	\$19.47
Employee + Spouse	\$16.50	\$22.76	\$17.88	\$24.14	\$22.00	\$28.26
Employee + Child(ren)	\$13.75	\$20.82	\$17.88	\$24.95	\$19.25	\$26.32
Employee + Family	\$16.50	\$27.89	\$17.88	\$29.27	\$27.50	\$38.89

¹Out-of-network benefits are based on the 95th percentile of Usual and Customary (R&C) charge.

²Rollover benefits are included with both Base and Buy-Up Plans



Find an In-Network Provider

Visit www.guardiananytime.com or call **800-541-7846** to find an in-network provider.



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



VISION BENEFITS

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

VISION BENEFITS SUMMARY	Guardian/Davis Vision	
	In-Network	Out-of-Network
	You Pay	Reimbursement
Exam	\$20 copay	Up to \$50
Lenses		
Single vision	\$20 copay	Up to \$48
Lined bifocals	\$20 copay	Up to \$67
Lined trifocals	\$20 copay	Up to \$86
Lenticular	\$20 copay	Up to \$126
Frames	20% off balance over \$130 allowance	Up to \$48
Contacts		
In lieu of lenses and frames	Included in the Davis Vision Contact Lense Collection when contacts are purchased	Not included
Fitting and evaluation		
Elective	15% off balance over \$130 allowance	Up to \$105
Medically necessary	Covered in full	Up to \$210
Benefit Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts	Once every 12 months	

VISION RATES	Semimonthly Employee Cost
Employee Only	\$2.97
Employee + Spouse	\$5.94
Employee + Child(ren)	\$6.53
Employee + Family	\$9.50



Find an In-Network Provider

Visit www.guardiananytime.com or call **877-393-7363** to find an in-network provider.






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





LIFE AND AD&D INSURANCE

Life and Accidental Death & Dismemberment (AD&D) Insurance can help protect your family's financial well-being. 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
 Employee	Two times your basic annual earnings \$500,000 maximum	Five times your basic annual earnings in \$1,000 increments; \$500,000 maximum Elect up to \$250,000 during Open Enrollment without proof of good health if you already have coverage
 Spouse	N/A	Elect up to 100% of your elected Voluntary Life amount in \$1,000 increments; \$500,000 maximum Elect up to \$50,000 during Open Enrollment without proof of good health if you already have coverage
 Child(ren)	N/A	Live birth to six months: \$1,000 Six months to 26 years: \$10,000 in \$1,000 increments
Age Reduction	Coverage is reduced to 67% of the original amount at age 65, and reduced to 50% of the original amount at age 70.	Coverage is reduced to 67% of the original amount at age 70, and reduced to 50% 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 anytime in Paylocity. You are the automatic beneficiary of any voluntary dependent life purchased.



Scan the QR Code

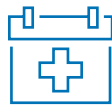
Learn about your Unum benefits, manage claims, and upload documents by scanning the QR code or visiting <https://flimp.live/EthosGroupResourcesUnumBenefits>.

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
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

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



Pre-existing Condition Limitation

- **STD** – None
- **LTD** – Benefits may not be paid for any condition treated within six months prior to your effective date until you have been covered under this plan for 12 months.

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>.



Questions about your benefits?

Send an email to:
hrdepartment@ethosgroup.com

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**.

800-872-1414 (U.S.)




609-986-1234
(outside the U.S.)

Email medservices@assistamerica.com.

CRITICAL ILLNESS INSURANCE

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 nonmedical expense. Coverage is provided through **Unum**.

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 No medical underwriting if you apply during 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. Coverage is 50% of the elected employee coverage amount. Children are covered for the same illnesses, plus 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. Reoccurrence benefits can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart. The conditions cannot be related to each other.



Pre-existing Condition Limitation

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



Questions about your benefits?

Send an email to:
hrdepartment@ethosgroup.com

ACCIDENT AND HOSPITAL INDEMNITY INSURANCE

Accident insurance provides affordable protection against a sudden, unforeseen accident. The Accident plan helps offset the direct and indirect expenses resulting from an accident such as copayments, deductibles, ambulance, physical therapy, and other costs not covered by traditional health plans. Coverage is provided through [Unum](#).

ACCIDENT BENEFITS SUMMARY	Coverage
Ambulance	
Ground	\$300
Air	\$1,000
Emergency Room	\$100
Hospital Admission	\$1,000
Hospital Confinement	\$300 per day up to 365 days
Intensive Care Unit	\$300 per day combined with hospital
Specific Sum Injuries	
Concussions, dislocations, eye injuries, fractures, lacerations, ruptured discs, and more	\$50-\$4,500
Accidental Death & Dismemberment*	
Employee	\$50,000
Spouse	\$25,000
Child(ren)	\$12,500

ACCIDENT INSURANCE	Semimonthly Employee Cost
Employee Only	\$2.79
Employee + Spouse	\$4.94
Employee + Child(ren)	\$6.24
Employee + Family	\$8.39

*Percentage of benefit paid for dismemberment is dependent on type of loss.

Hospital Indemnity insurance helps you with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance, which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment that you receive. These costs may include meals and transportation, childcare, or time away from work due to a medical issue that requires hospitalization. Coverage is provided through [Unum](#).

HOSPITAL INDEMNITY BENEFITS SUMMARY	Coverage
Hospital Admission	\$1,000
Hospital Confinement	\$200 per day up to 365 days
Intensive Care Unit Admission	\$1,000
Intensive Care Unit Confinement	\$200 per day up to 15 days

HOSPITAL INDEMNITY INSURANCE	Semimonthly Employee Cost
Employee Only	\$6.50
Employee + Spouse	\$14.66
Employee + Child(ren)	\$9.87
Employee + Family	\$18.03

EMPLOYEE ASSISTANCE PROGRAM

Our Employee Assistance Program (EAP) 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/depression
- Relationship/marital issues
- Grief and loss
- Depression
- Family concerns
- Financial concerns
- Work-related issues



Online Support

- *Balanced Life* quarterly newsletter
- eDirections 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)



Contact the EAP

To contact the EAP, visit www.unum.com/lifebalance or call **800-854-1446**.

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/EthosGroupResources/UnumBenefits>.



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 exotic animals. You can visit any veterinary clinic to receive a 50-80% reimbursement on your bills after a \$250 deductible (\$15,800 maximum annual benefit). Coverage includes the following benefits as well:



Pet Rx Express

Pet Rx Express can save you time and money at Walmart or Sam's Club pharmacies. Download a digital pet insurance card at www.mypetinsurance.com and show the card at checkout. The pharmacy will submit the claim to Nationwide and you will be reimbursed for eligible expenses.



Optional Wellness Coverage

Preventive wellness coverage for dogs and cats includes vaccinations, flea protection, deworming, and more, as well as the additional option of spay and neuter services or teeth cleaning. Wellness coverage for birds is also available.



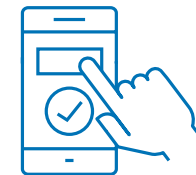
Flexible Pricing for Different Budgets and Pet Needs

- Wellness coverage for dogs and cats is based on a benefit schedule.
- Coverage can be dialed up or down by category (accident, illness, hereditary and congenital, and wellness).
- Accident-only coverage is available.



How to Enroll

To obtain preferred rates, enroll for coverage at www.petinsurance.com/ethosgroup or call **877-738-7874**. Nationwide will bill you directly.



Get the Nationwide App

Upload claims and receive reimbursements by check or direct deposit.

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





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, 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/Sale 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, visit:
www.legalshield.com

or email:
solutionservices@pplsi.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 such as:

- 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 <https://legalshield.perkspot.com>. You will need your LegalShield membership number.



Questions about your benefits?

Send an email to: hrdepartment@ethosgroup.com

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 18 years of age, you are eligible to participate beginning the first of the month following your date of hire. You may enter the plan on the next quarterly date.

AGE	2026 IRS Contribution Limits
Under Age 50	\$24,500
Age 50-59 and 64+	\$32,500
Age 60-63	\$36,000

Your Contributions

You may contribute 1% to 100% of your eligible compensation through payroll deduction up to the IRS maximum limits. 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, following death or disability, or if you have maintained the Roth account for at least five taxable years.

Matching Contributions

Ethos Group will provide a dollar-for-dollar match up to **\$3,000** with quarterly payouts for 2026.

Online Account Management

Visit www.netbenefits.com to manage your contributions and investment options, as well as view your statements, 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 maximizing your 401(k) benefits. Call the Ethos Group 401(k) Hotline at **855-550-7226**.



Get the Fidelity Net Benefits App

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

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



Questions about your benefits?

Send an email to:
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 well-being through educational opportunities, wellness activities, and self-improvement.



Sleep Program

Implement a good sleep program to keep your mind and body healthy.



Nutrition Program

Healthy nutrition can help you live a longer and healthier life.



Fitness Reimbursement

Receive up to \$30 a month for gym membership fees 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. You must visit the gym at least eight times per month to receive the \$30 reimbursement.

Fitness reimbursement forms are available in the Ethos Portal.



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



TIME OFF



Holidays

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

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
0-4	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. Employees may use sick leave 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
10 years or more	56	7



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.



Paternity Leave

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



Bereavement Leave

Full-time employees will receive pay to attend funeral services:

For a spouse or child: Receive up to 10 days leave with pay.

For a parent, parent of a spouse, sister, brother, or grandparent: Receive up to three days leave with pay.



Questions about your benefits?

Send an email to:
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 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.

IMPORTANT NOTICES

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, 2026
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 Company, 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.

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

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

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2025. 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 (855-692-7447)

IMPORTANT NOTICES

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

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.flmedicaidprecovery.com/flmedicaidprecovery.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

Health Insurance Premium Payment Program
 All other Medicaid
 Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
 Family and Social Services Administration
 Phone: 1-800-403-0864
 Member Services Phone: 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
 Medicaid Phone: 1-800-338-8366
 Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
 Hawki Phone: 1-800-257-8563
 HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/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: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kynect.ky.gov>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

Louisiana – Medicaid

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

Maine – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
 Phone: 1-800-442-6003
 TTY: Maine relay 711
 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
 Phone: 1-800-977-6740
 TTY: Maine Relay 711

Massachusetts – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
 Phone: 1-800-862-4840
 TTY: 711
 Email: masspremassistance@accenture.com

Minnesota – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
 Phone: 1-800-657-3672

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: HSHIPPProgram@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://dhcfnv.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. 15218
 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Phone: 1-800-356-1561
 CHIP Premium Assistance Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710 (TTY: 711)

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: <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.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 Phone: 1-800-692-7462
 CHIP Website: <https://www.dhs.pa.gov/chip/pages/chip.aspx>
 CHIP Phone: 1-800-986-KIDS (5437)



IMPORTANT NOTICES

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

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>

Vermont– Medicaid

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, 2025**, or for more information on special enrollment rights, 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

IMPORTANT NOTICES

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 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 Aetna/HealthEZ at the number on your ID card.

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



Questions about your benefits?

Send an email to:
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 anytime.