ALLREDI BENEFITS GUIDE 2026

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IMPORTANT BENEFITS INFORMATION

Welcome to Allredi's Annual Open Enrollment. Allredi is proud to offer a competitive and comprehensive benefits program for our full-time employees.

We encourage you to take the opportunity to review all that our Benefits Program has to offer in detail. It is important that you carefully consider each benefit, its cost and value to you, and whether it is appropriate for you and your family members. By taking the time to examine all of your options, you will ensure that your benefits meet your needs throughout the plan year.

We are pleased to introduce several enhancements to our benefits program for the 2026 plan year. For a complete overview of the benefits available, please see Page 4 of this guide

Benefit	Enrollment: Optional Election or Auto Enrolled	Coverage
Medical/Pharmacy	**Optional Election** You and *Allredi* share the cost	*Allredi* offers three plans through UMR. You will be automatically enrolled in the pharmacy plan when electing medical coverage.
Dental	**Optional Election** You and *Allredi* share the cost	*Allredi* offers a comprehensive dental plan through MetLife.
Vision	**Optional Election** You pay the cost	*Allredi* offers vision coverage through MetLife.
Health Savings Account (HSA)	**Optional Election** You pay the cost *Allredi will also deposit funds into your HSA account*	If you elect to participate in an HDHP, you can contribute pre-tax dollars to use for eligible health care expenses. The HSA account is offered through Inspira Financial.
Flexible Spending Accounts (FSA)	**Optional Election** You pay the cost	Electing an FSA allows you to set aside money from your paycheck on a pre-tax basis for healthcare expenses. Electing a DCA allows you to set aside money from your paycheck on a pre-tax basis for dependent care expenses.
Basic Life and AD&D	**Auto Enrolled** *Allredi* pays the cost	*Allredi* pays for Basic Life and AD&D in the amount of 1x Base Annual Salary for all full-time employees *up to a maximum of $450,000.*
Voluntary Life and AD&D	**Optional Election** You pay the cost	You may elect life insurance in $10,000 increments to a maximum of the lesser of *5x your annual salary or $250,000*. You can also purchase life insurance for your spouse and child(ren).
Short-Term Disability (STD)	**Optional Election** You pay the cost	You may elect short-term disability coverage in the amount of 60% of your annual base salary to a weekly maximum of $1,000.
Long-Term Disability (LTD)	**Optional Election** You pay the cost	You may elect long-term disability coverage in the amount of 60% of your annual base salary to a monthly maximum of $5,000.
Accident, Hospital Indemnity & Critical Illness	**Optional Election** You pay the cost	You have the option to elect these coverages through MetLife that can help safeguard your finances by providing payment when you or your family needs it most.
Hauser Access Perks	**Optional Election**	Offers employees free access to thousands of exclusive discounts on everyday essentials, travel, entertainment and more.
Employee Assistance Program	**Auto Enrolled** *Allredi* pays the cost	*Allredi* provides you and your household members with access to free, confidential support to help with personal or professional problems through MetLife.

The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

YOUR BENEFIT CHOICES

Your benefit choices are binding through the end of the plan year per IRS regulations. You may only change your benefits if you experience a qualifying life event. Here are some examples:

- Marriage
- Birth & Adoption
- Divorce
- Change in coverage through a spouse's plan
- Death of spouse or dependent
- Loss of dependent status
- Gain/loss of eligibility for Medicare or Medicaid
- Gain/loss of eligibility for a Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

Please review the enclosed materials carefully. Please be aware that outside of your enrollment period, you will not be able to change your benefit elections until the next open enrollment period unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event, you will have 31 days to make or change your benefit election(s).

ELIGIBILITY

Employees working a minimum of 30 hours per week become eligible to participate in Allredi's benefits program. *Benefits are effective on the first of the month following 30 days of full-time enrollment.*

DEPENDENT COVERAGE

In addition to electing coverage for yourself, you may elect to cover your:

- ✓ Legal Spouse
- ✓ Domestic Partners
- ✓ Children up to age 26
- ✓ Unmarried children over age 26 who are incapable of self-care because of a disability and who rely on you for support

ENROLLMENT

Enrolling for Coverage

Your enrollment period is an important time to review your benefits and choose the best options for you and your family. Review the 2026 Employee Benefits Guide to understand the coverage available and changes to the *Allredi* Benefit Program. **You can enroll in coverage within 31 days of your hire date or during the annual open enrollment period.**

As a newly hired eligible employee or during annual open enrollment, you will make your benefit selections via the Paycom Self-Service Portal. Your benefit elections can be viewed in Paycom at any time during the year.

Please visit Paycom to access your account profile. Your personal benefit elections will be housed in Paycom.

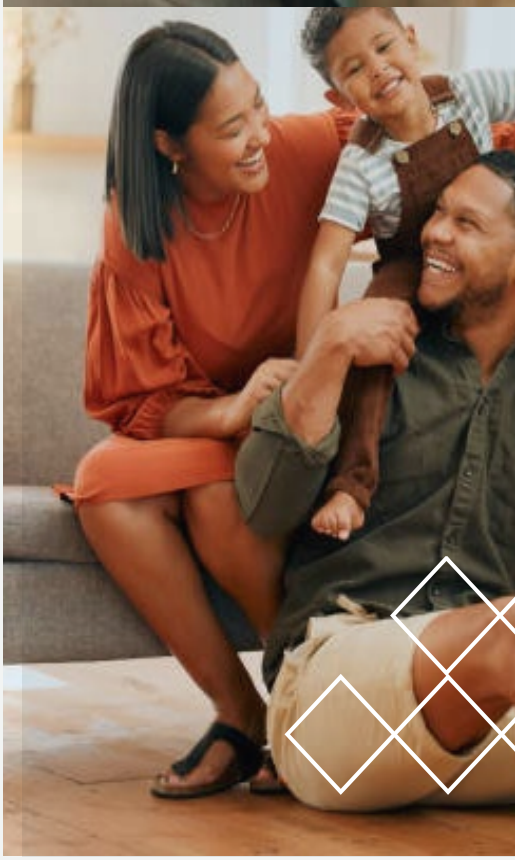
2025 Open Enrollment

December 1st – December 5th, 2025

Passive Open Enrollment

If you would like to make changes to your benefit elections for 2026, you will need to access Paycom to make your benefit elections during open enrollment.
If you do not want to make changes to your current benefit elections, no action is needed, and all current benefit elections will roll-over to the 2025 plan year at the new rates. The only exception is HSA, FSA and Dependent Care enrollment, which will require an active election.

All elections will be made through Paycom.



MEDICAL BENEFITS

MEDICAL PLAN OPTIONS

Medical benefits help to ensure good health. They also help protect you and your family from costly and unexpected medical expenses. Allredi offers you three medical plans to choose from through UMR utilizing the United Healthcare Choice Plus network.

While the plans cover the same types of services, they differ in how their deductibles and out-of-pocket maximums are applied as well as at what level of coverage they offer.

UMR HDHP

Network: UnitedHealthcare Choice Plus

- **Budget Plan:** High-Deductible Health Plan (HDHP) with $5,000 individual deductible & 100% coinsurance
- $5,000 Individual Out-of-Pocket Maximum
- Abundant member tools and resources:
  Phone: 800-207-3172
  Website: umr.com
  App: UMR

UMR PPO PLANS

Network: UnitedHealthcare Choice Plus

- **Standard & Enhanced Plans**: Preferred Provider Organization (PPO) Plans with $1,500 or $3,500 individual deductible & 80% coinsurance
- $3,000 or $7,000 Individual Out-of-Pocket Maximum
- Abundant member tools and resources:
  Phone: 800-207-3172
  Website: umr.com
  App: UMR

MEDICAL BENEFITS | UMR

Below is a summary of the in-network benefits offered under the UMR plan options. The chart below is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD). Please note that all plan options utilize the same UnitedHealthcare Choice Plus network. If you'd like to check coverage under your current providers, you can do so on the UMR website or by contacting your healthcare provider and asking if they accept UMR coverage.

	Budget Plan | $5,000 HDHP	Standard Plan | $3,500 PPO	Enhanced Plan | $1,500 PPO
Services	YOUR COST In-Network*	YOUR COST In-Network*	YOUR COST In-Network*
Deductible - Individual - Family	 $5,000 $10,000	 $3,500 $7,000	 $1,500 $3,000
Coinsurance	100%/0%	80%/20%	80%/20%
Max. Out-of-Pocket - Individual - Family	 $5,000 $10,000	 $7,000 $14,000	 $3,000 $6,000
Physician Office Visit *(Primary/Specialist)*	$0 After Deductible	$35/$60 Copay	$25/$70 Copay
Preventive Care *(Adult/Well-Child)*	NO COST	NO COST	NO COST
Teladoc (24/7 Care)	NO COST	NO COST	NO COST
Emergency Room	$0 After Deductible	$200 Copay + 20% Coinsurance	$500 Copay + 20% Coinsurance
Urgent Care	$0 After Deductible	$75 Copay	$75 Copay
Inpatient Service	$0 After Deductible	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Outpatient Services	$0 After Deductible	20% Coinsurance After Deductible	20% Coinsurance After Deductible

Out-of-network coverage available on all plan options. Please refer to plan documents for specific benefits.

PRESCRIPTIONS | UMR

Below is a summary of the Prescription benefits offered and the copays associated with each tier. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Benefits Description	UMR $3,500 PPO Plan	UMR $1,500 PPO Plan	UMR HDHP Plan
Retail Pharmacy Program (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3/ Specialty	$15 / $50/ $90 $200	$10 / $35/ $95 $200	$0 after deductible
Mail Order Prescription Program (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	2.5X Retail Copay	2.5X Retail Copay	$0 after deductible

There are several categories of drugs under the plans. The differences between these categories are described below:

- **Tier 1 – Mostly Generics**: Lower cost medications. Highest overall value.
- **Tier 2 – Mix of brands and generics**: Mid-range cost. Good overall value.
- **Tier 3 – Mostly brands**: Higher-cost medications. Lowest overall value.
- **Tier 4 – Specialty**: Highest cost drugs.

Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to **umr.com**.

Ways to Save

Start with generics, which are usually the lowest-cost options and have the same active ingredients as brand-name versions. And remember, if the generic price is lower than the co-pay, you receive the better price.

If your medication is intended for short-term use, such as antibiotic therapies for an illness, go to one of more than 68,000 network pharmacies to get it filled. Find a network pharmacy at **umr.com**.

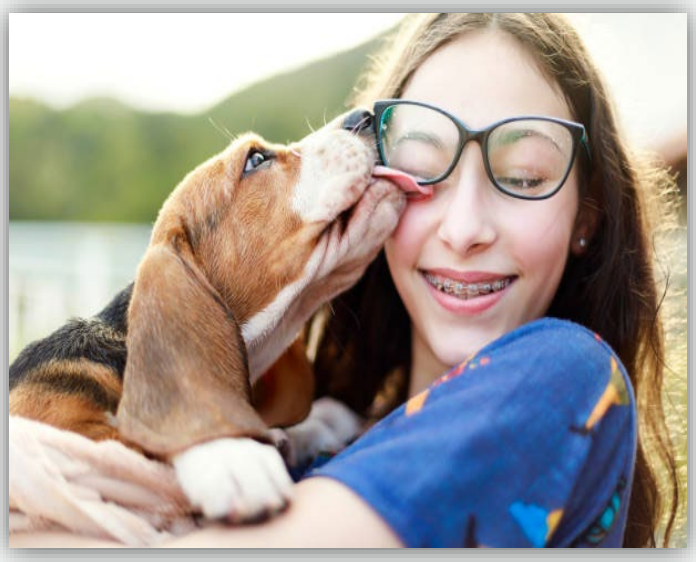
If you take a maintenance medication (a drug you take until further notice) you can get 90-day supplies by using home delivery service. Get up to 90-day supply delivered to your home and save. You also can sign up for automatic refills.

DENTAL BENEFITS | METLIFE

Allredi offers you a comprehensive dental plan through MetLife. This plan provides coverage for services including Preventive, Basic, Major and Restorative, and Orthodontia. You may use any dental provider you choose, in-network or out-of-network, but you will pay more for out-of-network care because in-network providers have agreed to discounted rates for plan members. When you use out-of-network providers, coverage is based on usual and customary charges which could result in you paying more than the percentage shown below. Below is a summary of your Dental benefits. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Services	MetLife Dental	
	YOUR COST In-Network	YOUR COST Out-of-Network
Deductible *(Applies to Basic & Major)*	$25 individual $75 family	$25 individual $75 family
Preventive Services *(Deductible waived for Preventive)*	No Cost	No Cost
Basic Services	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible
Annual Maximum	$2,250	$2,250
Orthodontia *(Dependent Children to age 19)*	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum	$2,000	$2,000
Out-of-Network Reimbursement	N/A	90th Percentile of Usual & Customary

VISION BENEFITS | METLIFE



Our vision coverage is provided through MetLife. The MetLife Vision Plan specializes in providing choice, value and quality products and services. This plan allows you to receive a complete eye examination and materials (if needed). Below is a summary of the Vision benefits offered to you. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

Services	In-Network Member Cost	Out-of-Network Reimbursement
Eye Exam *(Every 12 months)*	$10 copay	Up to $45
Materials	$10 copay	Varies
Standard Frame *(Every 24 months)*	Covered under Materials Copay Up to $150 allowance *20% discount applied to any amount over allowance*	Up to $70
Standard Plastic Lenses *(Every 12 months in lieu of contact lenses)* Single Vision Bifocal Trifocal Lenticular	 Covered under Materials Copay Covered under Materials Copay Covered under Materials Copay Covered under Materials Copay	 Up to $30 Up to $50 Up to $65 Up to $100
Contact Lenses Elective Medically Necessary *(Every 12 months in lieu of frames and lenses)*	Covered under Materials Copay *Up to $150 allowance* Covered under Materials Copay	 Up to $150 Up to $210

COST OF COVERAGE (per 26 pay periods)

Allredi pays a portion of your health care premiums; however, we do require employees to contribute toward their health care costs as well. Employees pay a dollar amount based on the level of coverage they select. The following employee payroll deductions will be effective for this plan year and will be reflected on your first paycheck after your effective date.

The Medical, Dental and Vision benefits offered by Allredi are covered under the IRS Section 125 plan. This plan allows your premium contributions to be taken out of your paycheck before taxes are applied. This results in a greater take-home pay for you.

MEDICAL PLANS CONTRIBUTIONS (Non-Wellness)			
	Budget Plan | $5,000 HDHP	Standard Plan | $3,500 PPO	Enhanced Plan | $1,500 PPO
Employee	$29.28	$47.54	$96.52
Employee + Spouse	$137.59	$212.22	$303.31
Employee + Child(ren)	$140.95	$174.30	$199.20
Employee + Family	$253.47	$318.14	$365.21
MEDICAL PLANS CONTRIBUTIONS (Wellness*)			
Employee	$26.35	$42.78	$86.87
Employee + Spouse	$123.83	$191.00	$272.99
Employee + Child(ren)	$126.86	$156.87	$179.28
Employee + Family	$228.12	$286.32	$328.68

DENTAL AND VISION PLANS CONTRIBUTIONS		
	METLIFE DENTAL	METLIFE VISION
Employee	$9.09	$3.54
Employee + Spouse	$20.43	$6.74
Employee + Child(ren)	$20.43	$7.10
Employee + Family	$27.24	$10.44

*Wellness rates apply to employees who completed the required annual physical and submitted the required documentation to Wellworks by November 1, 2025.

TAX-ADVANTAGED BENEFITS

Pre-tax benefits allow users to deduct the cost of their benefit from their paycheck before taxes are applied, which reduces your taxable income and may save you money over time.

HEALTH SAVINGS ACCOUNT | INSPIRA

If you enroll in our Budget Plan | $5,000 HDHP medical insurance coverage you have the option to enroll in a Healthcare Savings Account (HSA). You can use your HSA funds to cover qualified medical expenses including amounts paid toward your deductible for office visits and/or prescriptions, dental care, vision care, and more. Expenses are considered eligible for reimbursement from an HSA if the medical care expense includes amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons generally are not considered expenses for medical care. Also, expenses that are merely beneficial to one's general health are not considered expenses for medical care.

www.inspirafinancial.com

For the 2026 plan year, you can contribute:

Up to
$4,400
(Single coverage)

Up to
$8,750
(Family coverage)

Additionally, if you are age 55 or older but not enrolled in Medicare, you can contribute an additional $1,000 catchup contribution to your HSA.

Allredi contributes to your HSA in the amount of $1,000 Annually ($38.46/pay period).

Note: Allredi's contributions apply towards the IRS plan year maximums.

FLEXIBLE SPENDING ACCOUNTS | HEALTH EQUITY

FSAs allow you to save for eligible expenses on a pre-tax basis. You can redirect a portion of your pay into a Flexible Spending Account (FSA). Because you do not pay Federal and Social Security taxes on money that goes into your FSA, you decrease your taxable income and potentially increase your spendable income. You can save approximately 25% of each dollar spent on these expenses when you participate in the FSA.

GENERAL PURPOSE HEALTHCARE FSA

The Health Care FSA provides you with the ability to save money for any IRS-allowed health expenses not covered by your group benefit plans (medical, dental & vision). These expenses include deductibles, copayments and coinsurance payments, routine physicals, uninsured dental expenses and orthodontia, vision care expenses e.g., eyeglasses or contact lenses), and hearing care expenses (e.g., a hearing exam and hearing aids).

For the 2026 plan year, you can contribute: **Up to $3,400**

Unused healthcare FSA amounts in excess of $680 will be forfeited, so plan carefully before making your elections.

DEPENDENT CARE (CHILDCARE) FSA

A Dependent Care FSA allows you to save for daycare expenses for your child, disabled parent, or disabled spouse that enable you and your spouse (if applicable) to work full-time and/or attend school on a full-time basis. Generally, expenses are eligible if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

The annual amount you choose to deposit will be divided evenly over the pay periods in the plan year. It is important to note that you can only be reimbursed for dependent care services up to the balance you have in your account.

For the 2026 plan year, you can contribute: **Up to $7,500**
(If single or if married and filing jointly. $3,750 if married and filing separately.)

Unused dependent care FSA amounts will be forfeited, so plan carefully before making your elections.

www.healthequity.com

GROUP LIFE AND AD&D INSURANCE | METLIFE

Basic life coverage is available through *MetLife*. Life and Accidental Death & Dismemberment (AD&D) insurance is an important benefit, as it provides your beneficiaries financial protection in the event of a tragic loss.

Allredi provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance and **pays for 100% of the coverage**.

The amount provided by *Allredi* is **1X Base Annual Salary, from a minimum of $10,000 to a maximum of $450,000**. Please refer to your certificate of coverage for applicable age reductions. Benefit terminates upon termination of employment or upon retirement.

VOLUNTARY LIFE AND AD&D INSURANCE | METLIFE

If you need additional Life insurance to meet your financial needs, you can purchase **Voluntary Life and AD&D** insurance through after-tax payroll deductions for yourself, your spouse, and your child(ren). Life insurance is about more than paying for memorial services—it's about making sure your family can maintain its standard of living if something happens to you. How much your family needs depends on your personal situation (other income, monthly expenses, short and long-term debt such as credit card or mortgage expenses, etc.). **This benefit is 100% the employee's responsibility and is offered through MetLife**. Should you leave the company, you can elect to continue this coverage directly with *MetLife.*

Employee Benefit Amount: Life/AD&D	• Increments of $10,000 up to a maximum $250,000, not to exceed 5x annual salary. • New Entrants: Guarantee Issue (GI) Amount $150,000, not to exceed 5x annual salary.
Spouse Benefit Amount: Life/AD&D	• Increments of $5,000 to a maximum of $50,000. Not to exceed 50% of the employee election. • New Entrants: GI Amount $25,000, up to 100% of employee election.
Child(ren) Benefit Amount: Life/AD&D	• Options of $1,000, $2,000, $4,000, $5,000 or $10,000. • New Entrants: GI Amount $10,000.

EVIDENCE OF INSURABILITY (EOI)

- **New entrant:** If you elect coverage when you are initially eligible, EOI is required only for any amount over the guaranteed issue.
- **New entrant:** If you elect coverage for your spouse when you are initially eligible, EOI is required only for any amount over the guaranteed issue.
- **Late entrant**: Employees who previously declined coverage during their initial enrollment (as new entrant) can elect coverage for themselves and their spouse but must complete the required EOI form.
- Coverage for your dependent child(ren) ends on his or her 26th birthday.
- **Annual Enrollment:** If you wish to increase your coverage by any amount, you must complete the required EOI form.

Evidence of Insurability (EOI) is required if you did not apply for coverage when you were initially eligible (as a new entrant) or if you are requesting an amount of coverage that exceeds the maximum guaranteed issue amount in your plan.

401K PLAN | Voya

Invest in Your Future

Allredi offers employees a 401(k) retirement plan. Team Members are eligible for the 401(k) plan beginning the first quarter after their date of hire and must be at least 18 years of age.

Employees can contribute up to a maximum of $23,000 per year into the 401(k). Team members 50 & older can contribute "catch up contributions" of an additional $7,500 per year. Catch-up contributions will begin automatically once an eligible team member reaches the $23,000 contribution threshold.

You may make salary deferral changes at any time, which will be processed with the closest corresponding payroll date. You may contact Voya for assistance with Rollover funds from other accounts.

Once you have satisfied eligibility requirements, in an effort to help you get closer to your retirement savings goals, you will automatically be enrolled in the Allredi, LLC Retirement Plan. If you do not want to be automatically enrolled as outlined above, you should make your contribution election (and choose investment elections) or decline enrollment before the date indicated in your plan's automatic enrollment notice. You can make a contribution election (and choose investments) or decline enrollment by accessing enroll.voya.com.

Vesting schedule for Allredi Matching Contributions:

Years of Service*	Percentage Vested
Less than 1	0%
1	30%
2	60%
3	100%

*Based on Allredi years of service, not plan participation years of service.

For technical support, such as account set up or password resets, contact Voya's Service Center at 800.584.6001. They are available for support needs Monday-Friday, 8am-9pm EST.

ADDITIONAL VOLUNTARY BENEFITS

These benefits are 100% the employees' responsibility. For costs, please refer to the enrollment module in Paycom.

SHORT-TERM DISABILITY (STD) | METLIFE

Short-Term Disability coverage is available to all active employees working at least 30 hours per week.
If you become unable to work because of a non-work-related illness or injury, short-term disability benefits can replace some of your income. After a 7-day waiting period for an illness, you will receive 60% of your weekly pre-disability earnings to a maximum of $1,000 per week, for up to 13 weeks. If you have an accidental injury, benefits begin the day of the accident.

LONG-TERM DISABILITY (LTD) | METLIFE

Long-Term Disability coverage is available to all active employees working at least 30 hours per week.
The Long-Term Disability plan provides income during an extended period of disability if you are unable to return to work after 90 consecutive days. The plan pays a monthly benefit of 60% of your monthly pre-disability earnings, up to a maximum monthly benefit of $5,000.

ACCIDENT | METLIFE

Nobody plans to have an accident, and most people do not budget for one! Accident insurance helps you pay for out-of-pocket expenses medical insurance will not cover. It is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you might owe out of pocket if you or a family member were to get injured. It's protection that's also convenient: Your premium payments are deducted directly from your paycheck.

CRITICAL ILLNESS | METLIFE

You may have medical insurance, but that doesn't mean you're covered for all the expenses resulting from a serious illness that you probably haven't budgeted for—things like copays, deductibles, loss of income, childcare and travel expenses. Critical illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family. **Employees may elect coverage of $10,000, $20,000, or $30,000**. You may also enroll your spouse and child(ren) (lesser maximums apply). Tobacco and non-tobacco rates apply.

HOSPITAL INDEMNITY | METLIFE

A trip to the hospital can be very costly, and most people are surprised to learn that they are responsible for a good portion of the bill. Hospital indemnity insurance provides a direct $200/day benefit for a maximum of 30 days in the event of hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to protect themselves in the event of hospital admission, expected or unexpected

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides a network of experienced professionals who can offer counseling for you and your dependents facing difficult legal, emotional, or financial issues. Counselors and qualified professionals are available 24 hours a day, 365 days a year, and all calls are completely confidential – nothing is reported back to your employer. Services include online resources and 5 virtual counseling sessions per issue per year. **The EAP is available at NO COST to all employees who are enrolled in the Basic Life benefit.**

Topics Include:

- ✓ Family
- ✓ Parenting
- ✓ Addictions
- ✓ Emotional

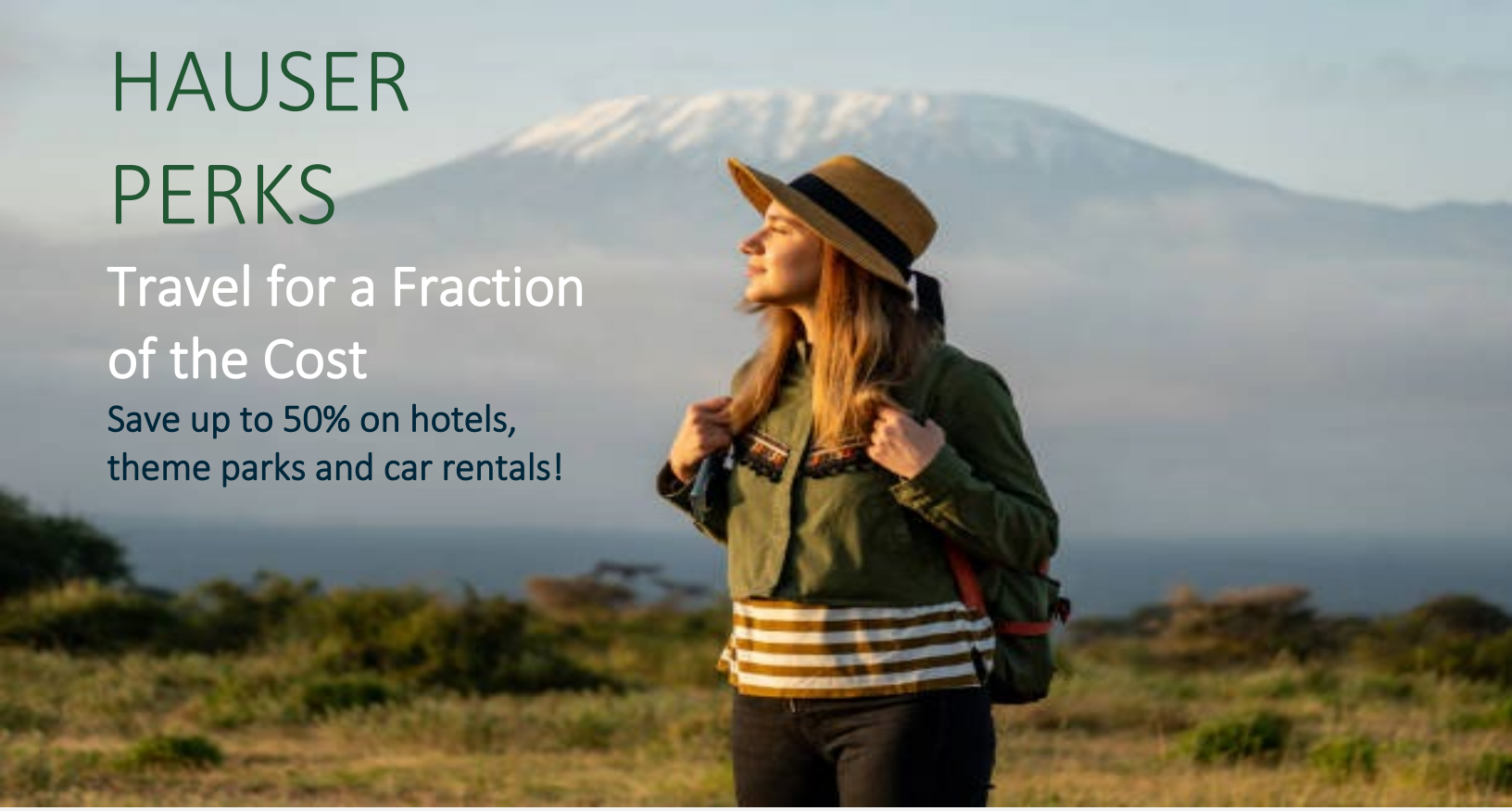
Grief Counseling

The one predictable thing about life is that it's unpredictable. When times get hard, we seek comfort, encouragement, and hope for our loved ones. Grief comes in many forms and affects us in different ways. **That's why grief counseling services are offered at NO COST to all employees who are enrolled in the Basic Life benefit.** Whether it's help coping with a loss or a major life change, the professional counselors and services offered through LifeWorks US Inc. are ready to support you and your family to move forward.

These counseling sessions are tailored to you and your individual needs. You can meet in-person or over the phone with one of LifeWorks' network of licensed counselors.

For more support or information please visit one.telushealth.com (**username:** metlifeeap **password:** eap) or talk with a specialist at 1-888-319-7819.

HAUSER PERKS



Travel for a Fraction of the Cost

Save up to 50% on hotels, theme parks and car rentals!

Enjoy wholesale rates on over 850K HOTELS worldwide you won't find anywhere else!

HYATT HOTELS & RESORTS · Holiday Inn · Hilton HOTELS & RESORTS · MARRIOTT · KIMPTON HOTELS & RESTAURANTS · SHERATON

Experience more for less with fun discounts on popular THEME PARKS and activities!

Disneyland Resort · Walt Disney World · Universal Orlando Resort · SeaWorld · LEGOLAND · Busch Gardens · Universal Studios Hollywood

Get where you need to go for less with CAR RENTAL deals at popular providers!

Hertz · AVIS · Budget · enterprise · National

How to Get Started

WEB:

1. Visit thehausergroup.accessperks.com
2. Click 'Sign Up' and register with code HAUSERPERKS
3. Search your travel deals and save!

HAUSER

access perks

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2026 BENEFIT PARTNERS

MEDICAL & PHARMACY
Provider: UMR
Network: UnitedHealthcare Choice Plus
Group #: 76418135
Phone: 800.826.9781
Website: umr.com
App: UMR

DENTAL
Provider: MetLife
Phone: 800.638.5433
Website: metlife.com
App: MetLife

VISION
Provider: MetLife
Phone: 833.393.5433
Website: metlife.com
App: MetLife

DISABILITY
Provider: MetLife
Phone: 800.638.5433
Website: metlife.com

CRITICAL ILLNESS | HOSPITAL INDEMNITY | ACCIDENT
Provider: MetLife
Phone: 800.638.5433
Website: metlife.com

LIFE & AD&D
Provider: MetLife
Phone: 800.638.5433
Website: metlife.com

FLEXIBLE SPENDING ACCOUNTS
Provider: HealthEquity
Phone: 877.924.3967
Website: healthequity.com
App: HealthEquity

HEALTH SAVINGS ACCOUNTS
Provider: Inspira Financial
Phone: 800.284.4885
Website: inspirafinancial.com
App: Inspira Mobile

EMPLOYEE ASSISTANCE
Provider: MetLife
Phone: 888.319.7819
Website: one.telushealth.com

401k
Provider: VOYA
Phone: 800.584.6001
Website: voyaretirementplans.com

Allredi HUMAN RESOURCES
Email: hr@allredi-us.com
Phone: 888.772.5573

Paycom Self-Service:
paycomonline.net/v4/ee/web.php/app/login

The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

ALLREDI™

Important Notices

Notice of Patient Protections & Prior Authorization Procedures

Your **United Medical Resources (UMR)** plans allow you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing $500 or more. Contact **UMR** Customer Service using the number on the back of your medical ID card or online at www.UMR.com to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at www.UMR.com.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- **Budget Plan: $5,000 Deductible / $10,000 Family Deductible / 0% Coinsurance**
- **Standard Plan: $3,500 Deductible / $7,000 Family Deductible / 20% Coinsurance**
- **Enhanced Plan: $1,500 Deductible / $3,000 Family Deductible / 20% Coinsurance**

If you would like more information on WHCRA benefits, call your plan administrator **1-800-826-9781**.

Newborns and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

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

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

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

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

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

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

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

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

Notice of Privacy Practices

UMR is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document. All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting **UMR**.

Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

Important Notice from Allredi About Your Prescription Drug Coverage and Medicare for plans:

- **Budget Plan: $5,000 Deductible / $10,000 Family Deductible / 0% Coinsurance**
- **Standard Plan: $3,500 Deductible / $7,000 Family Deductible / 20% Coinsurance**
- **Enhanced Plan: $1,500 Deductible / $3,000 Family Deductible / 20% Coinsurance**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage **Allredi** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Allredi** has determined that the prescription drug coverage offered by the **UMR Plans** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is **therefore considered Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under your **UMR Plans** are creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you decide to join a Medicare drug plan, your current **UMR Plan** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Allredi coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid- year qualifying event.

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For

information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1- 800-772-1213 (TTY 1-800-325-0778).

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

Date:	01/01/2026
Name of Entity/Sender:	Allredi LLC
Office Contact/Position:	Lauren Michael
Phone:	800-252-7848 Ext.1837
Address:	3009 Pasadena Fwy, Suite 100, Pasadena, TX 77503

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149

(expires 12-31-2026)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

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

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

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting

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

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

married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

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

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **YOUR HUMAN RESOURCES DEPARTMENT**

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)	
Allredi LLC	82-1900378	
5. Employer address 3009 Pasadena Fwy, Suite 100	6. Employer phone number 800-252-7848 Ext.1837	
7. City Pasadena	8. State TX	9. ZIP code 77503

10. Who can we contact about employee health coverage at this job? Lauren Michael	
11. Phone number (if different from above)	12. Email address lauren.michael@allredi.com

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

- As your employer, we offer a health plan to:

[X] All employees. Eligible employees are:

Full-time Employees working a minimum of 30 hours per week

[ ] Some employees. Eligible employees are:

- With respect to dependents:

[XI] We do offer coverage. Eligible dependents are:

1. Legal Spouses (same sex marriages/unions)
2. Domestic Partners
3. Dependents up to age 26

[ ] We do not offer coverage.

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

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

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

[X] **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

[ ] **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*? [X] Yes (Go to question 15) [ ] No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $29.28

b. How often? [ ] Weekly [X] Every 2 weeks [ ] Twice a month [ ] Monthly Quarterly [ ] Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?
Employer won't offer health coverage
Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

A. How much would the employee have to pay in premiums for this plan? $
B. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly