



2025 Benefits Guide

Full Time Employee



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Welcome to Your 2025 Benefits

You are North Highland's greatest asset. Our goal is to provide a comprehensive, market-competitive benefits program for all employees that offers choice and value. We review our health and wellness options annually to ensure that they meet that goal. Your health is important and vital to your overall wellbeing and success. We are modernizing your North Highland benefits to help you rebalance, recharge, and reconnect.

Our benefits plan builds upon the North Highland promise and commitment to always put people first. With that in mind, we provide health and wellness benefits that help you and your family thrive, allowing you to live your best life. Our culture relies on people who love being part of our team - which means your health and wellbeing are key.

In this guide, you will discover benefits, programs and resources designed to support you and your family through all of life's biggest moments.

We encourage you to read through this booklet in its entirety so you can make an informed decision about which plans meet the needs of you and your family. Included you will find details about:

- Who is eligible to participate in the North Highland plan(s).
- How to enroll and, if applicable, how to make changes during the year.
- Each benefit offered and a summary of what is covered under the plan.
- The Insurance Companies who administer our benefits and how to contact them if you need assistance.
- And much more!

We appreciate the hard work and dedication you bring to our company, and we offer these benefits to support your physical, emotional, and financial wellbeing. After all, it's our employees who make North Highland such an incredible place to work, and we recognize all you do for the clients we serve.

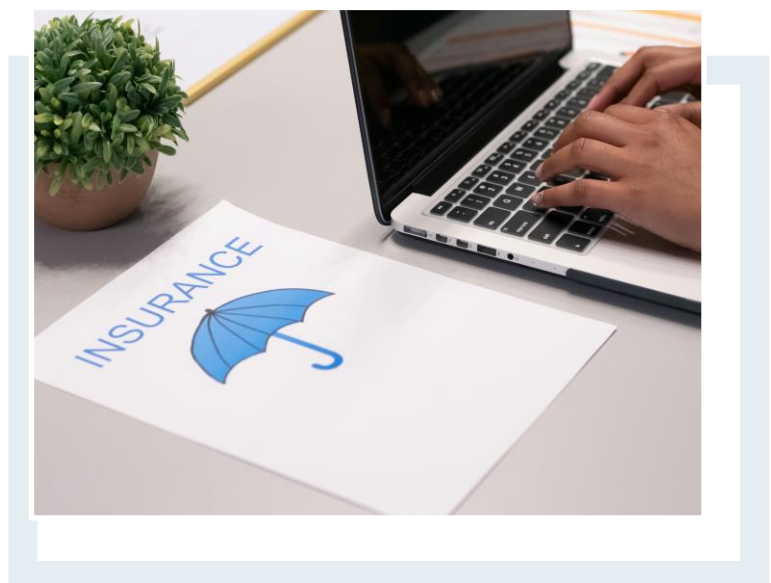
We want to ensure you select the right benefits for you and your family. If you have any questions or would like more information, please contact the North Highland Benefits Manager or the Employee Benefits Service team at Marsh McLennan. Contact information can be found within this guide.

Thank you for choosing to be part of the North Highland family. We'll take great care of you!

In good health,

Alex Bombeck

CEO





Eligibility

If your employment status is regular full-time employee (working 30 or more hours per week) you are eligible to participate in the benefits described in this guide.

You also have the ability to cover eligible dependents through North Highland. Eligible dependents include:

- Your legal spouse.
- Your same or opposite sex domestic partner.
- Your natural/step and adopted children up to the age 26.
- Your spouse's or domestic partner's natural and adopted children up to the age 26.
- Dependent children of any age who are handicapped.

Note: Coverage for dependent children will end on the last day of the month in which the child reaches age 26.

Coverage

Benefits become effective on the first day of the month following your date of hire.

Example: If you were hired on July 31st – benefits would be effective August 1st.

Cost

See plan details for associated cost and which plan is right for you and your family.

Tobacco Surcharge: If you, your covered spouse and/or dependents use tobacco in any form, you will pay a health premium surcharge of **\$50 per month, up to a maximum yearly surcharge of \$600**. Employees who quit using tobacco products by participating in a tobacco cessation program and become tobacco-free will be able to eliminate the surcharge during the next Open Enrollment.

Note: When covering a domestic partner, your per payroll deductions for various benefits will reflect a different amount than what is listed in this benefit guide due to IRS rules regarding imputed income.

Pre-existing Conditions

Once you have enrolled in your health plan and it becomes effective, you and your dependents are eligible to receive benefits right away. **There are no pre-existing conditions requirements.**

Enrolling in Workday

After you've had the chance to review your benefits options and have determined the plans that best suit your needs, you can enroll through **Workday**.

Note: You will receive a task in your **Workday inbox** with benefit enrollment instructions.



How to Make Changes

Because you pay for your benefits on a pre-tax basis, the IRS will not allow you to change your elections during the year unless you experience a qualifying life event, which includes:

- Marriage, divorce, or legal separation.
- Birth or adoption of a child.
- Gain or loss of spouse's job.
- Gain or loss of coverage through your spouse's employer.
- Death of a dependent spouse or child.
- Gain or loss of eligibility status of your child.

Keep in mind, you have **31 days** from the date of the event to change your coverage. Additionally, the change in coverage must be consistent with the qualifying event. For example, if you get married, you have **31 days** to enroll your new spouse or drop your coverage if you will be added to your spouse's plan.

See the images below on how to make these **changes in Workday**.

Step 1: Benefits Application (Workday Dashboard)



Benefits

Step 2: Change Section

Change

Benefits

Beneficiaries

Dependents

Designed with You in Mind

By understanding the available benefits options — from medical coverage and vision plans to life insurance and flexible spending accounts — you ensure that the benefits package you select meets your needs. Remember, what works for someone else might not necessarily be the best fit for you. That's why North Highland's benefit plans have options to help you choose. Effective planning will help you make the most of your benefits.

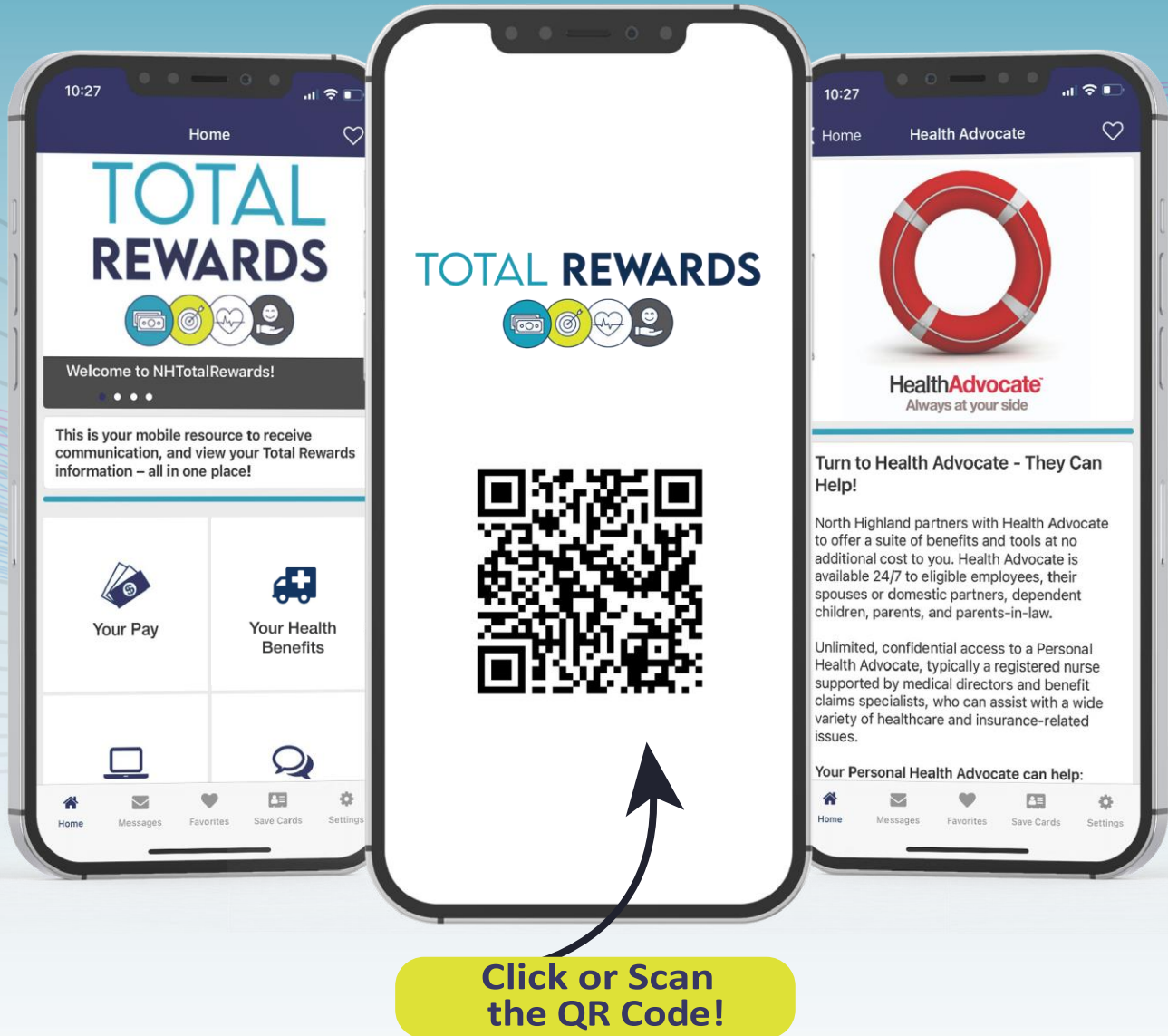
The Right Choice is Up to You

Follow these steps to make sure you get the coverage you need for 2025.

1. Review your current coverage.
2. Use this guide to evaluate the options available.
3. Compare your coverage with your spouse's.
4. Review the United Healthcare networks.
5. Choose your benefits carefully.
6. Keep your information up to date.
7. Re-enroll every year.



Download The NHTotalRewards App Now!



EVERYTHING YOU NEED IN ONE PLACE!

- Step 1:** From the camera on your smartphone scan the above QR code.
- Step 2:** Follow the steps to complete the registration and create a username and password.
- Step 3:** Choose your app store.
- Step 4:** Apple users - once code has been redeemed locate the app on your home screen.
- Step 5:** Open your app and sign in with your newly created username and password. **Enjoy!**

If you have any questions, please email: app-support@ingaged.me

Available for Apple & Android Devices

Medical Benefits



Medical

North Highland offers **two medical plans** administered by **UMR**: a High Deductible Health Plan with Health Savings Account (HSA) and a Preferred Provider Organization (PPO) (with optional FSA). Under both plans, savings are maximized when you stay within the network of doctors and hospitals. Additionally, these plans offer out-of-network benefits to keep you covered if you travel, have dependents living in other areas or simply prefer a doctor outside the network. However, using providers that are out-of-network will result in higher out-of-pocket costs.



These plans will continue utilize United Healthcare's national Choice Plus provider network. Find a full list of in-network providers here: [UHC providers](#)

	UMR Medical Plans			
Services	HSA Plan		PPO Plan	
Deductible <ul style="list-style-type: none">IndividualFamily	\$3,500 \$7,000		\$2,500 \$5,000	
Coinsurance <ul style="list-style-type: none">Plan PaysYou Pay	90% 10%		80% 20%	
Out-of-Pocket Max <ul style="list-style-type: none">IndividualFamily	\$5,000 \$10,000		\$5,000 \$10,000	
	The Out-of-Pocket Max includes the deductible, coinsurance & copays.			
Preventive Services	Plan pays 100%, no cost to you			
Primary Care	Plan pays 90% after deductible		\$35 copay	
Specialist Visit	Plan pays 90% after deductible		\$75 copay	
Virtual Care Options: minor, acute care behavioral health primary care	Up to \$54 consult fee Same as in-person visit (deductible) Same as in-person visit (deductible)		\$0 copay Same as in-person visit (\$35 copay) Same as in-person visit (\$35 copay)	
Urgent Care Emergency Room	Plan pays 90% after deductible		\$100 copay \$500 copay	
Prescriptions*	Retail (30 days)	Mail Order (90 days)	Retail (30 days)	Mail Order (90 days)
<ul style="list-style-type: none">Tier 1Tier 2Tier 3Tier 4	\$10 \$35 \$60 \$100	\$25 \$87.50 \$150 \$250	\$10 \$50 \$80 30%	\$25 \$125 \$200 30%

***On the HSA plan, plan members will pay the full cost of prescription drugs until the deductible has been met. Once the deductible has been met, the applicable copay amount will be paid until the Out-of-Pocket Maximum is reached.**



Your Cost

Bi-weekly Employee Deductions				
	Employee Only	Employee & Spouse / Domestic Partner	Employee & Child(ren)	Employee & Family
HSA Plan	\$59.72	\$194.02	\$153.73	\$301.51
PPO Plan	\$93.58	\$271.00	\$218.05	\$413.53

*Note: Tobacco users pay an additional cost of \$23 per pay period or \$600 per year. This surcharge is **not included** in the bi-weekly deductions above.*

Accessing the UMR portal and finding providers

Get all your answers quick and easy at umr.com



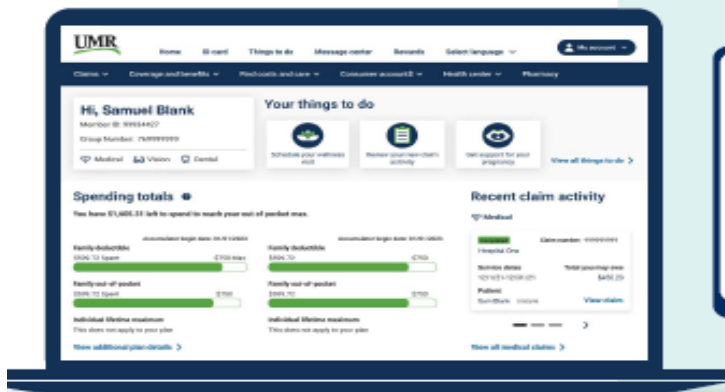
Make umr.com your first stop

You want managing your health care to be fast and easy, right? You got it. At umr.com, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

The UMR app is another way we're reimagining health care to work for you.

We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.



(Fictionalized data)



Download the UMR app today! Scan the QR code to the left or visit your app store to get started.



Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand – anytime, anywhere
- Find out if there is a copay for your upcoming appointment
- Chat, call or message UMR's member support team

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

Medical Benefits

Telemedicine

Get quick care from anywhere with **Teladoc** telemedicine visits! A telemedicine visit lets you see and talk to a doctor from your laptop or mobile device 24/7.



Telemedicine doctors can treat cold and flu symptoms, bronchitis and other respiratory infections, sinus and ear infections, pinkeye, allergies, migraines, rashes and other skin irritations, urinary tract infections and much more!

Consult fees:

- *General Medicine - \$54*
- *Dermatology - \$85*
- *Behavioral health Initial psychiatrist visit - \$235, Subsequent psychiatrist visit - \$105, or Therapy (psychologist and master level) visits - \$95*

How to Get Started



1

Online:

Go to [Teladoc.com](https://teladoc.com) and click "**set up account**".

Mobile app:

Download the app and click "**Activate account**". Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone (toll-free) web, mobile app or by texting "**Get Started**" to **469-844-5637**.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Call 1-800-835-2362

Visit TeladocHealth.com | Download the app  



Pharmacy Benefits

Pharmacy Information

Enrolling in medical coverage provides prescription drug coverage through **DisclosedRX**.

DisclosedRX is a separate entity from your health insurance, but they are a component of your overall healthcare program.



Registration

Follow these steps to register:

- Visit www.disclosedrx.com
- Select "**Members Portal**"
- Login by entering your email and password in the portal login page. If you have not registered for a member account, select "**Don't have an account? Create one here**"

If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary.

Agile Channel Management Program – High cost RX sourcing

This program consists of state-of-the-art systems that helps you get the high-cost specialty and brand medicines you need, **at the lowest possible cost to you**. High-cost medications like specialty medications, injectables, and most name brand medications can now be accessed through the Agile Channel Management program; usually at zero cost to you.

Examples of Agile Channel Management eligible drugs include:

- | | | |
|------------|------------|-------------|
| • Stelara | • Dupixent | • Kesimpta |
| • Enbrel | • Tremfya | • Vraylar |
| • Cosentyx | • Verzenio | • Ozempic |
| • Xeljanz | • Biktarvy | • Trulicity |
| • Taltz | • Triumeq | • Jardiance |
| • Otezla | • Descovy | • Ibrance |
| • Vemlidy | • Lumigan | |

Discount Program

Disclosed RX has partnered with GoodRX to help you get better prices on your prescriptions. They have integrated the GoodRX discount program into your benefits to help ensure you don't miss out on potential cost savings.

How it works:

1. Present your plan card at the pharmacy. The pharmacy will submit the claim.
2. A price comparison will be made between your insurance price and the price using GoodRX.
3. You pay whichever price is lower: the price using your member plan or the price using GoodRX.

Benefits to you:

- Automatic GoodRx price comparison on your behalf
- Credit towards your deductibles and/or out-of-pocket maximums
- Medication information is shared back with plan, allowing for increased health and safety checks
- Seamless process — no additional steps required from you

Healthy Resources

Know Where to Go

If you need immediate medical attention, your first thought may be to go to the Emergency Room. However, if your condition is not serious or life threatening, you may have a less expensive choice. Use the chart below to identify where you should go for care.

Plan	Cost	When to Use
Primary Care	\$	Routine, Primary, Preventive Care Regular Health Screenings Non-urgent treatment Chronic disease management
Virtual Visits	\$	Cold, flu, fever, sore throat, diarrhea, rash, pink eye, sinus infections, cough, headache, stomachache, or earache
Convenience Care	\$\$	Common infections (ear, pink eye, strep, bronchitis), flu shots, vaccines, rashes, screenings
Urgent Care	\$\$\$	Sprains, small cuts, strains, sore throats, minor infections, mild asthma, back pain or strain, vomiting, flu, fever, sports injuries <i>After hours care & no appointments necessary</i>
Emergency Room	\$\$\$\$	Heavy bleeding, large open wounds, chest pain, spinal injuries, difficulty breathing, major burns, severe head injuries, seizures, unconsciousness, poisoning <i>Life threatening emergency</i>

If you believe you are experiencing a medical emergency, go to your nearest emergency room or call 911, even if your symptoms are not as described here.



[Click here to watch a video about Knowing Where to Go.](#)



Dental Benefits



Dental

North Highland's dental plan, provided to you by United Healthcare, is designed to encourage regular preventive care that may help you avoid extensive and costly care later.

The chart below provides an overview of your dental plan through United Healthcare. Please refer to your plan document for specific details. Using a dental provider that participates in the United Healthcare National PPO 30 network will offer you the lowest service pricing.

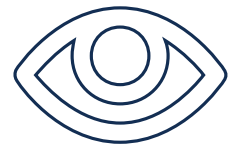
Find a full list of in-network providers here: [UHC Dental Providers \(PPO 30\)](#)

United Healthcare Dental Plan	
Benefits	In-Network
Annual Deductible <ul style="list-style-type: none"> Individual Family 	\$50 \$150
Preventive Services routine exams, x-rays, cleanings	100%, two cleanings per calendar year
Basic Services extractions, periodontics, endodontics	80% coinsurance
Major Services oral surgery, crowns, veneers, dentures	50% coinsurance
Annual Maximum	\$2,000 per person
Orthodontic Services adults & children to age 26	50% coinsurance
Orthodontia Lifetime Maximum	\$2,000

Your Cost

Bi-weekly Employee Deductions				
	Employee Only	Employee & Spouse / Domestic Partner	Employee & Child(ren)	Employee & Family
Dental Plan	\$5.95	\$17.53	\$26.22	\$39.75

Vision Benefits



Vision

North Highland's vision plan, provided to you by **Spectra by United Healthcare**, provides coverage for routine eye exams and a generous allowance for eyeglasses (frames/lenses), as well as contacts.

The chart below provides an overview of your available vision plan through United Healthcare. Please refer to your plan document for specific details. Using an in-network provider will offer you the lowest service pricing.

Find a full list of in-network providers here: [UHC Vision Providers](#)

United Healthcare Vision Plan	
Benefits	In-Network*
Co-pays	
Exam	\$10
Eye glasses (lenses & frames)	\$25
Contact Lenses (instead of eyeglasses)	\$25
Retinal Screening	\$39
Frame Benefit	\$130 retail allowance
Elective Contacts	\$125 allowance
Lens fitting & evaluation	\$30 copay
Frequency of Services	Exam: Twice every 12 months Eye glass Lenses: Once every 12 months Frames: Once every 24 months Contact Lenses instead of Eyeglasses: Once every 12 months

** Using a provider that is out of the network will result in higher costs.*

Your Cost

Bi-weekly Employee Deductions				
	Employee Only	Employee & Spouse / Domestic Partner	Employee & Child(ren)	Employee & Family
Vision Plan	\$1.11	\$2.86	\$3.08	\$5.53

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 questions about your benefits, contact Human Resources.



Health Savings Account (HSA)

An HSA is a tax-advantaged account that can be funded by you and/or your employer to save for future medical expenses. With an HSA, you and your family gain the freedom and flexibility to decide how you want to spend your health care dollars and therefore, become more involved in all aspects of your health. **You must enroll in an HSA every year to be eligible to contribute.**



HSA Eligibility Requirements:

- You must be enrolled in a High Deductible Health Plan (HDHP).
- You cannot have any other coverage, including:
 - Spouses medical or pharmacy plan that is not an HDHP.
 - Medicare Part A or Part B.
 - A standard Flexible Spending Account (FSA) through North Highland or a spouse.
 - May not be claimed as a dependent on another individual taxes.
 - May not have used VA benefits within the past 90 days.

Your HSA is always yours, no matter what. Even if you leave the company, change health plans, or retire. Unused money grows tax-free and can be invested with a minimum balance.

Qualified Medical Expenses

The IRS maintains a list of all HSA-eligible expenses with common qualified expenses including acupuncture, ambulance services, dental treatment, contact lenses, doctor's fees, and hearing aids.

View the complete list of qualified expenses at [IRS publication 502](#).

HSA Contributions

The IRS imposes a maximum contribution limit to the HSA on a calendar year basis.

Coverage Tier	2025 IRS Limits	North Highland's 2025 Contribution	You can contribute up to
Employee Only	\$4,300	\$1,000	\$3,300
Employee + Spouse or DP	\$8,550	\$1,500	\$7,050
Employee +Child(ren)	\$8,550	\$1,500	\$7,050
Employee +Family	\$8,550	\$2,000	\$6,550
Catch up contribution – over 55	\$1,000	-	\$1,000

Helpful Tips

- To receive the company HSA contribution, you are required to have an active and open account with Optum Bank.
- To begin this process, you must elect the HSA within your benefits enrollment task in Workday.
- This account will be opened for you once your eligibility information has been received by Optum Bank. **Please note that Optum Bank may contact you for additional information to verify your identity.**
- Company contributions are processed bi-weekly through payroll. The annual contribution from North Highland is prorated based on your benefits effective date.
- You must be enrolled in the North Highland HDHP to have an HSA account with North Highland.



Flexible Spending Accounts (FSA)

When you enroll in the Flexible Spending Account, you will have the convenience of contributing pre-tax dollars that can be used to cover prescriptions and medical, vision and dental expenses. By anticipating your family's costs for the next year, you can actually lower your taxable income. There are two ways to utilize your Flexible Spending Account: You may pay for your medically necessary expenses out of pocket and submit your receipt for reimbursement, or you may use a Flexible Spending Account debit card. If you use the Flexible Spending Account debit card, you should keep all your receipts to substantiate your purchases. **You must enroll in your FSA every year to be eligible to contribute.**

Dependent Care FSA

- Allows employees to use pre-tax dollars toward qualified dependent care expenses such as caring for children under age 13 or caring for elders. High Deductible Health Plan (HDHP) members are allowed to participate in the dependent care FSA.
- **2025 annual contribution maximum is \$5,000** (or \$2,500 if married and filing separately).

Healthcare FSA

- Allows employees who are not enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- **2025 annual maximum contribution of \$3,300 can be used for eligible health care related expenses, including medical, dental and vision expenses.**

Limited Purpose FSA

- Allows employees participating in the HDHP to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- **2025 annual maximum contribution of \$3,300 can be used for eligible dental and vision expenses only.**

Helpful Tips

- If you elect the HSA plan, you may contribute to the HSA, the Limited Purpose FSA & the Dependent Care FSA.
- If you elect the PPO plan, you may contribute to the Healthcare FSA & the Dependent Care FSA.
- If you waive the medical plans, you may contribute to the Healthcare FSA & the Dependent Care FSA.
- FSA has a grace period that allows employees to incur claims **75 days** after the plan year ends. *(Plan year ends 12.31.24, but claims can be incurred until March 15, 2025.)*

Total Well-Being Programs

Omada Digital Well-Being Program



Based on behavioral medicine and scientifically tested practices, Omada is designed to build healthy habits that last. Omada participants get the support and tools they need **for chronic conditions like pre-diabetes, diabetes, and hypertension**, including a **health coach, connected devices, interactive lessons and more**. Each accepted participant will receive a personalized program based on their unique health goals and care plan (including identifying gaps in care and medication management). **Omada is provided at no cost to employees and their dependents** (18 and older), who are currently enrolled in the 2025 North Highland medical plan. Visit <https://www.omadahealth.com/>.

A Whole Person Approach

Omada uses a collaborative model by offering members care that approaches both mental and physical health equally to help remove barriers and lead to better outcomes. They provide tools to address specific behavioral challenges based on cognitive behavioral therapy and mindfulness, including stress management and sleep lessons.

Omada for Hypertension

While enrolled in this curated program, you can receive personalized guidance on how to best manage and respond to your health concerns surrounding hypertension. Through Omada for Hypertension, you will have:

- A dedicated, professional health coach.
- Weekly cardiovascular curriculum to assist with self-managing your hypertension.
- Remote blood pressure monitoring.
- Medication adherence support.
- Health maintenance reminders to ensure you are receiving all relevant diagnostic tests.

Omada for Type 2 Diabetes

This program is available for participants diagnosed with type 2 diabetes. Learn to manage, monitor, and make proactive lifestyle changes in relation to your diabetes. You will have access to:

- A dedicated, professional health coach.
- Weekly lessons surrounding type 2 diabetes with relevant, engaging content.
- Remote blood glucose monitoring.
- Medication adherence support.
- Health maintenance reminders to ensure you are receiving all critical screening services.

Omada for Prevention

During the span of this program, participants will learn the fundamentals of making smarter food choices, how to incorporate healthy activities into your daily life, techniques to better manage your stress and how to make healthy habits stick. With support from your dedicated health coach and peer group, you learn to choose healthy behaviors for life. You'll have access to:

- A dedicated, professional health coach.
- Learn how to eat healthier, increase activity levels, and overcome challenges through fun. games and interactive lessons.
- Connected scale, web, and mobile apps to track weight, activity, and food.

NORTH HIGHLAND

WELCOME TO GOPIVOT



Welcome to GoPivot! As an employee of North Highland you have the GoPivot Wellness and Rewards program available to you! This program is a helpful guide to support and reward your health and wellness goals! As you complete the activities and challenges, you'll get rewarded with points you can redeem in our online mall which has hundreds of gift cards and millions of merchandise options. This makes being healthy fun and rewarding!

Let's get started. Register for an account!

Register for your account by downloading the GoPivot Mobile App on your IOS or Android smart phone.

- 01 Open the GoPivot App and select Register. Enter the promo code: **NOHI**
- 02 Enter your User ID, which is the first letter of your first name and your full last name.
- 03 Enter your Passcode, which is your eight digit date of birth as MMDDYYYY.
- 04 You will then be prompted to select a new username and password you will use to log in through the mobile app. Toggle on face or fingerprint recognition and allow for notifications.

*You can also access your account using Single Sign-On (SSO) from the intranet.



888.949.1001



support@gopivotsolutions.com



Healthy Resources

Health Advocate

At North Highland, we understand that stress or problems in your personal life can drain your time and energy and may even affect your health. The Employee Assistance Program (EAP) offers you and your immediate household free, confidential assistance with any issues you or your family may be facing. Help and information are available to you by phone, website, and face-to-face counseling.

North Highland partners with Health Advocate to offer employees a suite of benefits and tools at no additional cost to you. Health Advocate is available 24/7 to eligible employees, their spouses or domestic partners, dependent children, parents, and parents-in-law.

To contact Health Advocate, please call **866-799-2728** or visit healthadvocate.com/members.

Employee Assistance Program (EAP)

Your employee assistance program provides confidential access (**up to six sessions** in person or through secure video, unlimited brief phone support) to Licensed Professional Counselors, for help with a wide range of personal issues. You also have access to Work / Life Specialists to help achieve a better work / life balance. Get help 24/7 with personal, family and work issues, including:

- Grief, loss, depression, relationship issues, divorce, new baby, adoption, eldercare, addiction, eating disorders, mental illness.
- Financial and legal issues, retirement, identity theft.
- Medical Bill Saver™ service for help negotiating non-covered medical and dental bills over \$400.

Health Advocacy

Unlimited, confidential access to a Personal Health Advocate, typically a registered nurse supported by medical directors and benefit claims specialists, who can assist with a wide variety of healthcare and insurance-related issues. Your Personal Health Advocate can help:

- Find the right doctors and hospitals.
- Schedule tests, appointments; secure second opinions.
- Explain benefits coverage and health conditions, research the latest treatments.
- Resolve billing and claims issues.
- Locate eldercare services.

Health Cost Estimator (HCE)

Save money on your healthcare expenses by comparing prices for medical procedures right in your area. With Health Cost Estimator you can:

- Get pricing estimates for doctors, hospitals, and other facilities nationwide.
- Compare cost and quality for hundreds of medical services by zip code.
- View provider quality and safety scores; read patient reviews.

Download Health Advocate's free, easy-to-access pricing app by using the QR code so that you have this tool at your fingertips.



Emotional Support

Emotional support is an intentional verbal and nonverbal way to show care for one another. As we rebalance from a challenging year, many of us could use additional help in managing our work or personal issues. These emotional support programs are included in the North Highland medical plan.

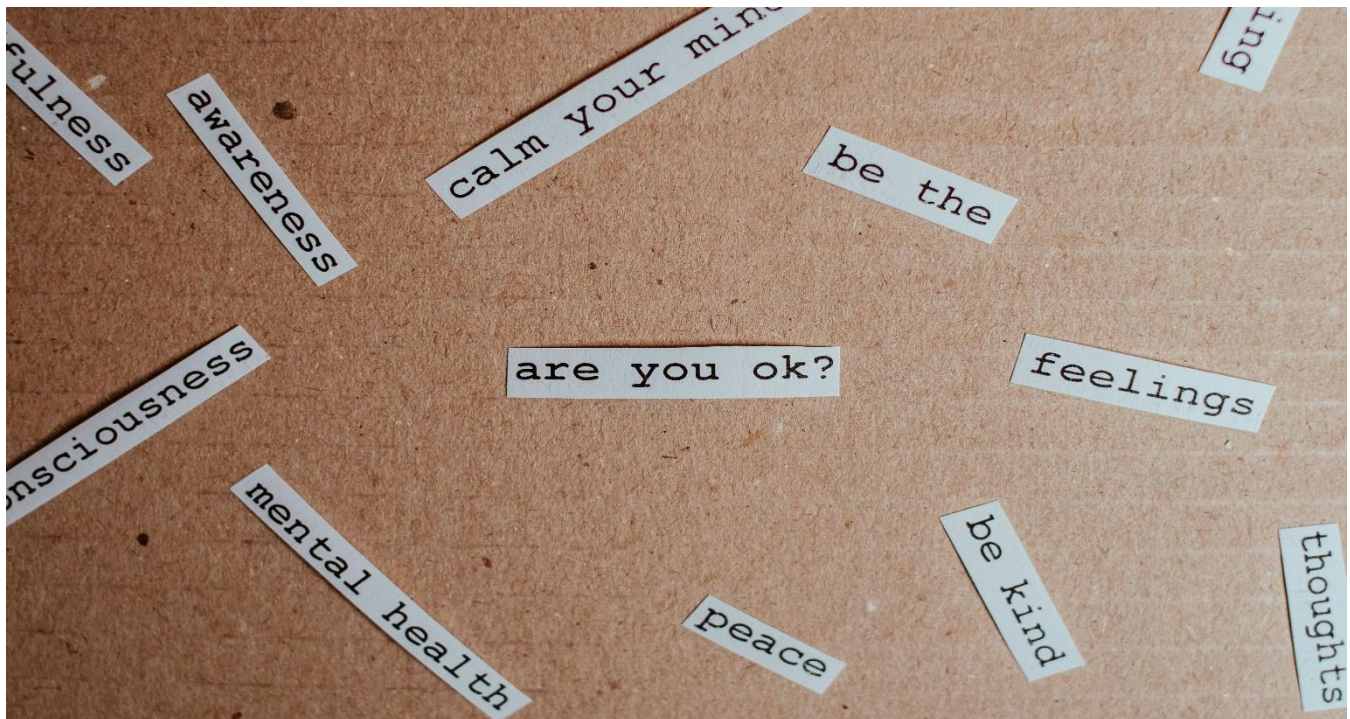
988 LIFELINE

At the 988 Suicide & Crisis Lifeline, they understand that life's challenges can sometimes be difficult. Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, their caring counselors are here for you.

The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States.

Call or text **988** to chat with a counselor.

To online chat with a counselor, please visit
[988 Lifeline](https://www.988lifeline.org).



Life and AD&D Benefits



Life and AD&D Insurance

Part of the reason you work is to provide security and protection for yourself and your family members. North Highland provides Full-Time employees with Basic Life Insurance of **\$115,000**, to help you maintain that security and protection. For added protection, you can purchase additional Employee Life Insurance, Dependent Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at a premium.

Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase voluntary life insurance in the increments listed below.

Please note:

- If you have joined North Highland in the last 30 days, you are eligible for the guaranteed issue amounts below.
- If you apply for coverage after the first 30 days of employment, EOI (Evidence of Insurability) will be required.
- If you have at least \$10,000 of coverage, you may elect up to the guaranteed issue amount at annual open enrollment.
- Life insurance amounts will decrease 55% when you or your spouse reach age 70.
- Don't forget to keep your beneficiaries up to date in Workday.

Voluntary Life Insurance	
Guaranteed Issue for New Hires	Employee: \$300,000 Spouse: \$50,000 Child(ren): \$10,000
Employee Coverage	You may elect life coverage in \$10,000 increments up to a maximum of \$1,000,000
Spouse Coverage	You may elect coverage in \$5,000 increments up to a maximum of \$250,000
Child Coverage	Coverage is available in the amount of \$10,000

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Disability

Disability benefits replace a portion of your pay when you can't work as a result of an illness, injury, or pregnancy due to a serious health condition listed under the FMLA guidelines. North Highland pays the cost of basic Short-Term Disability and Long-Term Disability coverage. **Employees have the option to elect an additional Long-Term Disability buy-up plan at a premium.**

Note: You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Benefits	Disability		
	Short-Term Disability	Long-Term Disability Base Plan	Long-Term Disability Buy-Up Plan
Paid For By	Provided by NH	Provided by NH	Optional Employee Paid Coverage
Benefit Amount	70% of weekly earnings	50% of monthly earnings	60% of monthly earnings
Maximum Benefit	Up to \$2,000 per week	Up to \$10,000 per month	Up to \$15,000 per month
Benefit Duration	Up to 90 days (13 weeks)	Up to Social Security retirement age (SSNRA)	Up to Social Security retirement age (SSNRA)
Benefits Begin	<ul style="list-style-type: none"> Disabled due to injury = Day 1 Disabled due to illness = 7 business day 	90 days	90 days



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Supplemental Health Benefits

In our continuing efforts to bring the best plans at the best cost, North Highland offers Accident and Critical illness as well as Hospital Indemnity plans. These additional health benefit options can be used to customize your coverage to complement your medical plan options. **If you elect any of the voluntary options below, you will be responsible for 100% of the cost of the benefit.**

Voluntary Accident Plan

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events. It can help you with out-of-pocket costs that your medical plan does not cover, like co-pays and deductibles.

Be Well Benefit - The plan also includes a health screening benefit, which pays each covered person **\$50 per year** simply for having a preventive screening with their physician.

Benefits	Unum Accident Plan	
	Low Plan Plan Pays You	High Plan Plan Pays You
Initial Accident Care Benefits		
Ambulance / Air Ambulance	\$300 / \$1,000	\$400 / \$1,250
Emergency Room Treatment	\$100	\$125
Admission – Hospital / ICU	\$1,000 (+\$1,000 ICU admission)	\$1,500 (+\$1,500 ICU admission)
Hospital Confinement	\$200 per day up to 365 days	\$300 per day up to 365 days
Hospital Intensive Care <i>*(In addition to Confinement Benefit)</i>	*\$200 per day up to 15 days	*\$300 per day up to 15 days
Initial Physician Office Visit	\$75	\$100
Burns	Schedule up to \$10,000	Schedule up to \$15,000
Coma	\$5,000	\$10,000
Lodging	\$150 per night	\$200 per night
Transportation	\$100 per trip	\$150 per trip
Dental Crown or Filling Repair	\$350	\$450
Dental Extraction	\$115	\$150
Surgery	Up to \$1,500	Up to \$2,000
Diagnostic Services (X-ray, exam)	\$50	\$75
Therapy Services	\$35	\$50
Portability Option	Included	Included
Basic Accidental Death	Employee: \$25,000 Spouse: \$12,500 Child: \$6,250	Employee: \$50,000 Spouse: \$25,000 Child: \$12,500

Bi-weekly Employee Deductions

	Employee Only	Employee & Spouse / Domestic Partner	Employee & Child(ren)	Employee & Family
Low Plan	\$3.89	\$7.68	\$9.06	\$12.85
High Plan	\$5.25	\$10.35	\$12.13	\$17.22

Supplemental Health Benefits

Voluntary Critical Illness Insurance

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money to pay your out-of-pocket expenses like co-pays and deductibles. If you elect coverage for yourself, you may elect coverage for your spouse and child(ren). Employees may elect \$10,000, \$20,000 or \$30,000 of coverage. Spouses & child(ren) can get 50% of the employee's elected amount.

Be Well Benefit - The plan also includes a health screening benefit, which pays each covered person **\$50 per year** simply for having a preventive screening with their physician.

\$10,000 benefit = \$50 Be Well benefit
\$20,000 benefit = \$75 Be Well benefit
\$30,000 benefit = \$100 Be Well benefit

Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spinal bifida. The diagnosis must occur after the child's coverage effective date.

	Unum Critical Illness Plan
Covered Conditions	Initial Benefit Pays You
Invasive Cancer (includes all breast cancer)	100% of benefit
Non-Invasive Cancer	25% of benefit
Skin Cancer	\$500 benefit
Heart Attack	100% of benefit
Stroke	100% of benefit
End-stage kidney failure	100% of benefit
ALS	100% of benefit
Multiple Sclerosis	100% of benefit
Parkinson's Disease	100% of benefit
Alzheimer's Disease	100% of benefit
Major Organ Transplant	100% of benefit
Benign Brain Tumor	100% of benefit

Note: The rates associated with this plan are based on the employee's age. Please refer to your benefit enrollment process in Workday for the bi-weekly cost of coverage based on your election.

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Supplemental Health Benefits

Voluntary Hospital Indemnity Insurance

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization.

You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays, and deductibles. Employees who elect coverage for themselves, may also elect coverage for their spouse and child(ren).

Be Well Benefit - The plan also includes a health screening benefit, which pays each covered person **\$50 per year** simply for having a preventive screening with their physician.

	Unum Hospital Indemnity Plan	
Benefits	Low Plan Plan Pays You	High Plan Plan Pays You
Hospital Admission: <ul style="list-style-type: none">• Non-ICU• ICU	\$750 (1 day per year) Plus \$750 (1 day per year)	\$1,000 (1 day per year) Plus \$1,000 (1 day per year)
Hospital Daily Stay: <ul style="list-style-type: none">• Non-ICU• ICU	\$100 (per day up to 365 days) \$100 (per day up to 30 days)	\$200 (per day up to 365 days) \$200 (per day up to 30 days)

Bi-weekly Employee Deductions				
	Employee Only	Employee & Spouse / Domestic Partner	Employee & Child(ren)	Employee & Family
Low Plan	\$4.52	\$9.21	\$6.62	\$11.31
High Plan	\$7.49	\$15.23	\$11.01	\$18.75



Transportation Benefits

Transportation / Commuter Benefit

We understand that there are costs associated with commuting to work. A transportation reimbursement account (more commonly known as commuter benefits) allows you to pay for a portion of qualified parking or transit passes using pretax dollars through payroll deductions. **You must enroll in your Commuter benefits every year to be eligible to contribute.**

Transit and parking funds are only available as they are deposited into your account through payroll deductions. Please keep copies of all your receipts as you may be asked to substantiate your claims as qualified expenses under the IRS guidelines. **Balances are not subject to “use it or lose it” rule.**

Mass Transit

Qualified Transit funds can only be accessed and used through debit card transactions. Transit funds are not available for reimbursement through paper claim forms. Qualified expenses include costs associated with a pass, token, fare card, voucher or similar item allowing you to ride on a publicly or privately operated bus, rail, van, or ferry service that seats at least six adults. Under this benefit, you can set aside **up to \$325 per month.**

Parking

You may use your debit card to pay for qualified parking expenses at the time those services are incurred, or you may receive reimbursement through paper or online claim submissions. Qualified expenses include costs associated with parking provided at or near the workplace. Also included is parking provided on or near the location from where you commute to work using mass transit or vanpools. Parking near your home is excluded. Parking funds are only available as they are deposited into your account through payroll deductions. Please keep copies of all your receipts as you may be asked to substantiate your claims as qualified expenses under the IRS guidelines. Under this benefit, you can set aside **up to \$325 per month.**

If you have any questions about Commuter Benefits, contact Medcom at 800-523-7542

Travel Assistance - Unum

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number.

Use Travel Assistance to Access:

- Hospital admission assistance
- Prescription replacement assistance
- Emergency trauma counseling & Critical care monitoring
- Legal & interpreter referrals
- Passport replacement assistance
- And more!

Unum’s travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America’s medically certified personnel are ready to **help 24 hours a day, 365 days a year**, and can connect you with pre-qualified, English-speaking, and Western-trained medical providers anywhere in the world.

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Ready..Set..Retire Benefits

401(k) Plan

North Highland is focused on helping employees plan for the future, which is why the company has a competitive 401(k) plan to assist employees as they plan for retirement in the way that best meets their needs. Here's how North Highland's 401(k) plan works:

- **Choose your Contribution Type – Traditional or Roth** - Traditional pre-tax contributions will come out of your paycheck on a pre-taxed basis, which provides you with some tax shelter on your income now. You will then pay taxes on the distributions from the plan after you reach retirement age. Roth contributions come out of your paycheck after taxes, which allows you to avoid paying taxes on qualified distributions during retirement.
- **Company Match** –North Highland will make a discretionary match of 50% of the first 6% of your contribution amount. Because these contributions are discretionary, they may vary from year to year. Matches are generally made in the 1st quarter of the following year. To receive the discretionary match, employees must participate in the plan and be employed by North Highland on the last day of the calendar year.
- **Automatically Enrolled** – As a new team member, you are automatically enrolled at 3% pre-tax. You are always 100% vested in your contributions and become vested in company contributions based on your years of service.
- **Vesting** – You are always 100% vested in your contributions and become vested in company contributions based on years of service.
- **Flexibility** - The 401(k) plan allows you to determine how much risk you can comfortably assume by offering you a variety of choices in which to invest. You may change your investment strategy as you see fit by altering your investment choices.

Benefits and Contributions	2025 IRS Limits
Elective Deferrals	\$23,500
Catch-up Contributions (Age 50 or will be at year end)	\$7,500
Maximum defined contribution plan annual contribution	\$69,000

Note: Participation in the 401(k) plan does involve risks. The value of investments may increase or decrease depending on the type of investment. You can learn more about North Highland's 401(k) plan, eligibility requirements and how to enroll on the Hub.

IMPORTANT: You can access your Principal account after you have received your first paycheck. To update your 401(k) contribution options, log in to your Principal account at www.principal.com. For questions, contact a Principal Retirement Specialist at: **800-547-7754**.

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Ready...Set...Retire Benefits

Transitions – Medicare

Transitions specializes in helping you plan for tomorrow and the service is available to you and your loved ones! These consultations are available to you, with a focus on planning for life after retirement through Social Security Planning and understanding how to protect your finances after retirement. They work to assist with a retirement readiness strategy.

If you are working past Medicare eligibility, we encourage scheduling a call to confirm proper Medicare enrollment and coordination to avoid penalties or other delays in coverage. They will be able to discuss your own unique situation as well as help you learn the best way to cover your needs.

This benefit has been provided to you at no charge. Please utilize Transitions Benefit Group as a trusted resource. If you receive an email, text, or call from them, it has been approved by our team.

Schedule a Personal Consultation

Please feel free to reach out to them directly at:

- 1-800-936-1405

[Transitions Benefit Group website](#) to learn more.



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Additional Benefits

MetLife Legal Plan

Lawyers are expensive—and rightly so. To have an expert in your back pocket who will advocate for your best interests feels like a luxury. But it doesn't have to be. MetLife Legal Plans makes access to qualified and experienced attorneys a reality for everyone.

Just a few times in life you might need legal help:

- **Getting married** – Prenuptial agreement, Name change, Updating or creating estate planning documents.
- **Buying, renting, or selling a home** – Reviewing contracts and lease agreements, preparing deeds, Attending the closing.
- **Dealing with Identity Theft** – Attorney consultations regarding potential creditor actions, Assistance with contacting banks and creditors, Attorney defense for issues related to identity theft.
- **Starting a family** – Creating wills and estate planning documents, School and administrative hearings, Adoption.
- **Caring for aging parents** – Attorney consultations on Medicaid/Medicare questions, reviewing nursing home agreements, Reviewing estate planning documents.
- **Sending kids off to college** – Security deposit assistance, Reviewing leases, Student loan assistance.

To learn more, visit www.info.legalplans.com and use the access code **9900663**.

A promotional image for MetLife Legal Plans. On the left, a list of scenarios is presented with a bracket pointing to the main text. The scenarios are: 'Have an old home under contract', 'Spend hours at the hardware store', and 'Prefer blueprints to fine print'. The main text reads: 'Confident with the purchase with MetLife Legal Plans.*'. On the right, a man and a woman are smiling and looking at a document together. The woman is wearing a red headband and a plaid shirt, and the man is wearing a grey t-shirt. The background is a solid blue color.

Have an old home under contract

Spend hours at the hardware store

Prefer blueprints to fine print

Confident with the purchase with MetLife Legal Plans.*

*This is a fictional dramatization using actors. The video does not represent actual MetLife customers or their views. Your actual experiences may differ.

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Additional Benefits

Flexible Time Off

Flexible Time Off (FTO) allows employees the opportunity to take paid time off as needed to balance their work and personal life. Flexible Time Off can be used for any type of leave including vacation, personal, sick, bereavement, and family leaves. In combination with this policy, unpaid leaves of absence and disability leave benefit programs will help ensure that each employee's specific work and life needs are met and balanced for their circumstances. All Exempt and Non-Exempt employees are eligible for FTO immediately upon starting employment provided the employee is on active status and is meeting their role expectations.

Note: FTO requests require advance notice, which varies based on the amount of time requested. **Please refer to the HUB for details on the approval process.**

Paid Parental Leave

North Highland understands and appreciates the importance of giving new parents the flexibility and time to bond with their new child as well as to adjust to a new family dynamic. As a result, a Paid Parental Leave (PPL) Benefit is provided to employees who have **completed 12 months of full-time employment at the time of birth or placement of an adopted or foster child within an employee's home**. If the requirements are met, employees are eligible to **receive six weeks of leave at 100% of their base salary**. If the employee gives birth to a child, you would qualify for leave under the STD Policy which must be taken in advance of PPL. Additionally, the birth parent's PPL must be taken immediately following the end of your STD leave. For employees who are not the birth parent, PPL must be taken immediately following the birth and / or adoption or foster placement of the child.

Note: Employees must give at least **60 days' advanced notice** of the expected leave. **Please refer to the HUB for additional program eligibility requirements.**

Adoption, Foster, Fertility Treatment Assistance Policy

North Highland will provide financial assistance for those who choose to expand their family through adoption, fostering or through fertility treatment. Employees must be employed by North Highland for a **minimum of 12 months** to qualify for this benefit.

Financial assistance allowances include:

- Adoption of Child (under the age of 18): up to \$10,000.
- Adoption of Child with Special Needs (under the age of 18): up to \$13,000.
- Fostering of a Child (under the age of 18): up to \$3,000; additional \$7,000 benefit if child is adopted within 48 months of foster placement (\$10,000 maximum benefit total).
- Fertility Treatment: up to \$10,000 and includes treatments, procedures, and prescriptions.

Payment will be provided once the employee successfully completes the adoption, foster or fertility treatment process and documentation is provided showing that costs were already paid by the employee. If the employee terminates for any reason within 12 months of receipt of the payment, the employee will be required to repay the prorated amount to North Highland upon termination. **Please refer to the HUB for additional program eligibility requirements.**

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Additional Benefits

Tuition Assistance Program

North Highland provides a Tuition Assistance Program to assist eligible employees in securing job-related degrees at accredited educational institutions. Active full-time employees (regularly scheduled to work at least 30 hours per week) are eligible for this program. All courses taken must be for credit towards a degree from an accredited college, university, or institution and directly related to the employee's current job and / or career path with the Company. **The field of study must be pre-approved.**

Note: Tax liability is subject to the tax year in which the reimbursement occurs.

Courses in the following programs will qualify for **50% reimbursement** of covered expense per course, up to the maximums noted below:

- Degree program –required courses for an associate or undergraduate degree; **maximum reimbursement of \$7,000.**
- Advanced degree program –required courses for a postgraduate degree, such as a master's degree; **maximum reimbursement of \$10,000.**
- Post graduate doctoral and Executive MBA programs will be considered on a case-by-case basis.



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Welcome to North Highland's Employee Discount Marketplace!



It's easy to access and start saving!



Go to: northhighland.benefithub.com



Create an account using Referral Code: ZN86ZK



Complete Registration

Enjoy discounts, rewards, and perks on thousands of brands you love in a variety of categories!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Outdoor sports

Lenovo

Hertz

COSTCO
WHOLESALE

Office
DEPOT

UNIVERSAL
ORLANDO RESORT

AVIS

Important Terms

Use the terms below to understand your benefits better!

Coinsurance	A percentage of a health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor's visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits for individual and other coverage tiers.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. FSAs, HSAs and HRAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	A record of a person's past and current health events. It is used by insurance companies to verify whether a person meets the definition of good health.
Guaranteed Issue (GI)	A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, GI doesn't limit how much you can be charged if you enroll.
In-Network	Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than in-network providers.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services – like shots and screening tests – at no cost to you. Visit https://www.healthcare.gov/coverage/preventive-care-benefits/ to view free preventive services for all adults, women, and children.
Premium	The amount the employee pays for your health insurance.

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact AskBenefits@NorthHighland.com.

Benefit	Whom To Call	Phone Number	Website
Medical	UMR Group Number:76417440	1-800-826-9781	www.umar.com
Medicare Support	Transitions Benefit Group	1-800-936-1405	www.transitionsrbg.com
Dental	UnitedHealthcare Group Number:0709219	1-800-445-9090	www.myuhc.com
Vision	UnitedHealthcare Group Number:0709219	1-800-638-3120	www.myuhcvision.com
Health Savings Account (HSA)	Optum Bank	1-800-791-9361	www.myuhc.com
Flexible Spending Accounts (FSA)	Medcom	1-800-523-7542	www.medcombenefits.com
Commuter Benefits	Medcom	1-800-523-7542	www.medcombenefits.com
Accident, Hospital Indemnity & Critical Illness	Unum	1-866-752-7432	www.unum.com
Well-Being Program	GoPivot	1-888-949-1001	support@gopivotsolutions.com https://www1.gopivotsolutions.com
EAP, Advocacy & Health Cost Estimator	Health Advocate	1-866-799-2728	www.healthadvocate.com
Life / AD&D	Unum Policy No. 837283	1-866-752-7432	www.unum.com
Short & Long-Term Disability	Unum Policy No. 837282	1-866-752-7432	www.unum.com
401(k) and Retirement Savings	Principal	1-800-547-7754	www.principal.com
Legal Services	MetLife Legal Plans	1-800-821-6400	members.legalplans.com
Worldwide Travel Assistance	Assist America (Unum)	1-800-872-1414	Email Support: medservices@assistamerica.com

Employee Benefits Service Team

Your dedicated Employee Benefits Services Team is your benefits resource throughout the year. You can contact the Employee Benefits Services when you need personal assistance with our group benefit plans.

- Sharon Askew at sharon.askew@northhighland.com
- Meg Spears at meg.spears@marshmma.com
- Parker Young at parker.young@marshmma.com

Employee Resources

ALEX – Benefits Counselor

The ALEX benefits counselor tool walks you through the process of picking your best benefits and provides easy-to-understand explanations for any questions you might have along the way. You'll receive personalized, confidential benefits guidance, which you can access on any computer, tablet, or smartphone.

Visit Alex here: [MyAlex](#)

Educational Videos

Click on the videos below to learn more about how the benefit works.



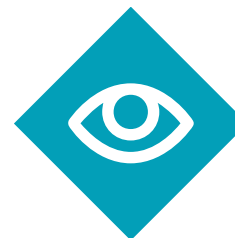
PPOs & HDHPs



In & Out-of-Network



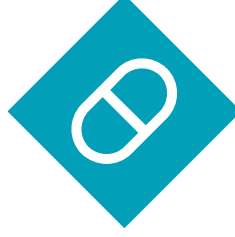
Dental



Vision



Health FSA



Health Savings Account



Dependent Care
FSA



EAP

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North Highland Health and Welfare Benefits Annual Notice Packet

For the 2024 Plan Year

Dear Valued Employee,

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law.

Enclosures:

- ☐ Medicare Part D Creditable Coverage Notice
- ☐ HIPAA Special Enrollment Rights Notice
- ☐ HIPAA Notice of Privacy Practices
- ☐ Children's Health Insurance Program (CHIP) Notice
- ☐ Women's Health and Cancer Rights Act (WHCRA) Notice
- ☐ Newborns' Mothers Health Protection Act (NMHPA) Notice
- ☐ General Notice of COBRA Continuation Rights

Should you have any questions regarding the content of the notices, please contact Sharon Askew @ Sharon.Askew@northhighland.com

**Medicare Part D
Creditable Coverage Notice
Important Notice from North Highland
About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with North Highland 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. North Highland has determined that the prescription drug coverage offered by the health 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.**
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When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while enrolled in North Highland coverage as an active employee, please note that your North Highland coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in North Highland coverage as a former employee.

You may also choose to drop your North Highland coverage. If you do decide to join a Medicare drug plan and drop your current North Highland coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with North Highland and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through North Highland changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Contact--Position/Office:
Email:

Sharon Askew, Benefits, Global Services
Sharon.Askew@northhighland.com

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in North Highland group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Sharon Askew @ Sharon.Askew@northhighland.com.

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

North Highland sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Honey Baked Ham, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by North Highland you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the North Highland HIPAA Privacy Officer or:

North Highland
Attention: HIPAA Privacy Officer
Sharon Askew
Sharon.Askew@northhighland.com

Effective Date

This Notice as revised is effective October 8, 2024.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;

- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet at [insert intranet address]. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach.

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures**Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see [Your Rights Under HIPAA](#).

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html> .

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. 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

<p>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.mychohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
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GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremiumassistance@accenture.com</p>

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	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: HSHIPPProgram@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. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	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
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.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 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 Rlte 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	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, 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

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a 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. If you would like more information on WHCRA benefits, contact your plan administrator at Sharon Askew at Sharon.Askew@northhighland.com.

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Model General Notice of

COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to North Highland cobra administrator:

UHC Services

1-866-747-0048

<https://login.uhcservices.com>

Sharon Askew, Benefits, Global Services
North Highland

Email: Sharon.Askew@northhighland.com

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>. These rules are different for people with End Stage Renal Disease (ESRD).

may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Sharon Askew, Benefits, Global Services
Sharon.Askew@northhighland.com



Marsh McLennan
Agency