assembly

2025 Benefits Guide

Provided By:

HAUSER

Pick the best benefits for you and your family

Assembly Health strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits **Assembly Health** offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **January 1, 2025.** If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the Human Resources department.

Table of Contents

Who Is Eligible?

If you are a full-time employee at **Assembly Health**, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible to enroll in any benefit that offers dependent coverage:

- Legal spouse
- Domestic partner
- Children up to age 26, and
- Child of any age who is medically certified as disabled and dependent on you for support and continuous care

How to Enroll

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes in **Paylocity's Self Service Portal.**

Once all your information is up to date, it's time to make your benefit elections.

Log in to **Paylocity**, and select **2025 Benefits Enrollment** from the main menu, Click Start Enrollment, and follow the prompts.

The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to Enroll

Open enrollment begins December 4th, 2024 and runs through December 18th, 2024. The benefits you choose during open enrollment will become effective on **January 1, 2025**.

When You Can Make Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

Medical Insurance

Assembly Health offers comprehensive medical options to help you and your family protect your health. A traditional PPO plan with copays, and an HSA-qualified High Deductible Health Plan are offered through **Benefit Plan Administrators (BPA).** This provides employees the flexibility to choose a medical plan that best fits your family needs.

All plans provide access to In-Network and Out-of-Network providers. You will receive the lowest costs by using In-Network benefits. The following chart outlines our medical benefits that will take effect **January 1, 2025**.

	Cigna Health Savings (HSA)	Cigna Premium PPO
Services	**In-Network**	**In-Network**
Network	**Cigna PPO**	**Cigna PPO**
Deductible (Individual/Family)	$3,000* / $6,000	$2,000 / $4,000
Member Coinsurance	20%	0%
Out-of-pocket Maximum (Individual/Family)	$5,000** or $7,550 / $10,000	$4,500 / $9,000
Preventive Care	Covered at 100%	Covered at 100%
Physician Visit	20% after deductible	PCP: $30 copay Specialist: $60 copay
Emergency Room	20% after deductible	$300 copay after deductible
Virtual Visits for General & Mental Health	20% after deductible	$30 copay
Urgent Care	20% after deductible	$100 copay
Hospitalization	20% after deductible	Covered after deductible
Prescription Drugs **- Retail** **- Mail Order** **- Specialty**	20% after medical deductible 20% after medical deductible **Not covered – See Point C Rx Solutions on page 5**	$15/$35/$75 $38/$88/$188 **Not covered – See Point C Rx Solutions on page 5**

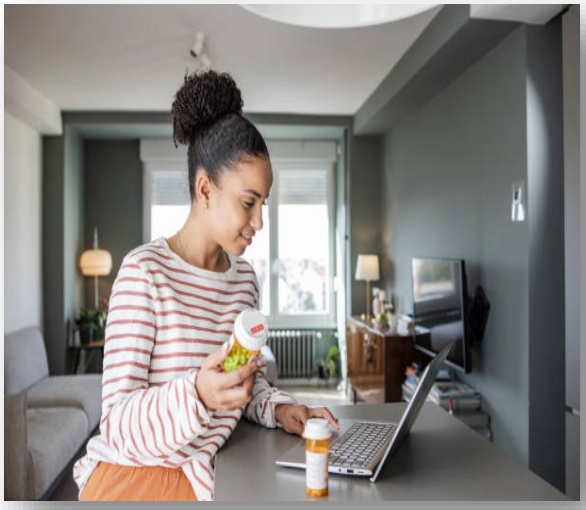
*Deductible is non-embedded and there is **not** an individual deductible limit within the family deductible
**Only applies to Employee Only coverage

Prescription Drug Benefits

We know prescription drug coverage is important to you and your family, so when you elect medical coverage, you are automatically covered under the prescription drug plan. You may fill your prescriptions at participating retail pharmacies. Under the prescription drug coverage, the mail order option allows you to buy qualified prescriptions in larger 90-day quantities for a slightly higher copay amount as a 30-day supply at the retail pharmacy. Mail order saves you time in trips to the pharmacy because prescriptions are delivered right to your door.

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

- ✓ **Tier 1 –** Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.
- ✓ **Tier 2 –** Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.
- ✓ **Tier 3 –** Highest-cost Medications that provide the lowest overall value.
- ✓ **Tier 4 –** Specialty Medications that treat complex conditions and may require special storage and handling



Ways to Save

Start with generics, which are usually the lowest-cost options and have the same active ingredients as brand-name versions. And remember, if the generic price is lower than the co-pay, you receive the better price. If you currently take a Tier 3 drug, ask your provider if a Tier 1 or Tier 2 option could work for you.

If your medication is intended for short-term use, such as antibiotic therapies for an illness, go to one of the many network pharmacies to get it filled. Find a network pharmacy at www.primetherapeutics.com.

If you take a maintenance medication (a drug you take until further notice) you can get 90-day supplies by setting up home delivery under your member account at www.primetherapeutics.com.

Point C Rx Solutions

Certain trends in the health care industry are resulting in dramatic increases in the cost of coverage for group health plans. One such trend is an increase in the use of specialty medications. Specialty medications are high-cost medications that are often used to treat complex, chronic conditions and may require special handling and administration.

We have found an alternative method for providing specialty medications. The medical plan is excluding Specialty Pharmaceutical Drugs. **Assembly Health** will be utilizing **Point C Rx Solutions** to help you obtain specialty medications that are no longer covered under your health plan.

Point C Rx services are designed to result in substantial savings and help avoid increases in medical costs for both you and **Assembly Health**.

If you are prescribed a specialty medication, a **Point C Rx Care Management** team member will contact you with more information about the program and to gather additional information. You can proactively reach out to the Care Management team at (872) 265–4700 to get the process started sooner. We have included a transition form to fill out for you or your covered dependent, which can be sent back to our Care Management team.

This new program is designed to result in substantial savings and help avoid increases in medical costs for both you and your employer.

What to expect?

If you are currently taking a specialty medication.

- You will receive a call from a member of our Care Management Team
- These are Registered Nurses who specialize in Care Management.
- Your Care Management Nurse will gather information from you such as….
    - Prescriptions, treatment plans, diagnosis, prescribing physicians.
    - Medication day-supply on hand, number of refills.
- The Care Manager will review the program details with you and may require some additional personal information to get you started.
- It can take 3 to 8 weeks to receive your medication through our program.
    - During this time your Care Manager will ensure that you receive your medication with no disruption.
    - You will not go without your medication once you are engaged in this program.
    - You will not miss any doses moving to this program.
    - You will receive your medication at $0 cost to you once you are participating in this program.

It is very important that you respond timely to all calls, mail, and email from your Care Manager.

If you are prescribed a new specialty medication

If you are prescribed a new medication and you know it's a specialty medication, you can reach out to the Care Managers at the number or email below.

If you go to the pharmacy to fill a new prescription and it is denied as "Specialty Drugs are Not Covered" don't be alarmed. Our Care Managers receive daily reports for all pharmacy specialty medication rejections, they will be reaching out to you, or you can reach out to the Care Managers at the number or email below.

Program Contact Information
Point C Care Management
Call: 872-265-4700
Email: caremanagement@pointchealth.com

Specialty Medication Transition Form

COVERED EMPLOYEE OR COVERED DEPENDENT TRANSITION FORM

Please complete, sign, and return to: Point C Care Management
Ph: (872) 265-4700|Fax: (872) 265-4719| Email:
caremanagement@pointchealth.com

SECTION 1: COVERED EMPLOYEE OR COVERED DEPENDENT INFORMATION

First Name:	MI:	Last Name:	
Address:	City:	State:	Zip Code
SSN:	DOB:	Gender: _____Male _____Female	
Email:	Home Phone:	Cell Phone:	
Household Size:	Annual Household Income:		

SECTION 2: PHYSICIAN OR PRESCRIBER INFORMATION – SPECIALTY MEDICATION

Physician Name:			
Address:	City:	State:	Zip Code
Phone:	Fax:		
Physician Office Point of Contact Name:	Point of Contact Phone:		

SECTION 3: SPECIALTY MEDICATION INFORMATION

Prescription Name:	Dose:	Frequency:
Prescription Name:	Dose:	Frequency:

Maximizing Your Medical Benefits

Assembly Health's goal is to ensure that our employees are well informed on their medical plan options. In addition to this, we also want to ensure that our members are educated consumers and understand how to maximize your benefits to obtain lower out-of-pocket costs, while still receiving quality care. Below is a list of options that employees can take to help minimize their out-of-pocket costs. If you have any questions, please contact the Human Resources department.

- Assembly Health will provide 8 paid hours for preventive care visits in 2025 with appropriate documentation. We want to encourage employees and family members to obtain annual preventive care and want to minimize barriers to assist in obtaining this necessary care.

- Utilization of In-Network providers limits your out-of-pocket expenses due to the contracts that these providers and facilities have with the **Cigna PPO Network**. You will also receive the highest level of coverage under your In-Network benefits. Search for In-Network providers and facilities by visiting www.cigna.com, click on "Find A Doctor" and select "Employer or School" regarding how your insurance is provided. Next utilize the appropriate zip code search by and then search by a provider type or name. Select "Continue as Guest" and when asked to select a plan choose "PPO, Choice Fund PPO."

- Utilization of virtual visits are not only convenient for you and your family, but they cost less than a visit to your provider's office. Virtual visits can be utilized for common illnesses and conditions such as the flu, sinus infections, skin irritations/rashes, earaches, and bronchitis. Please note that virtual visits should ***not*** be utilized for emergency and life-threatening conditions. If you or a family member experience an emergency or life-threatening condition you should visit the nearest ER.

- Using a freestanding imaging center for an MRI, CT scan, or X-Ray is less expensive than seeking these services in a hospital setting. The average national cost of hospital-based imaging services is almost three times the cost of receiving the same services at freestanding imaging centers or a physician's office. You receive the same service at a lower cost!

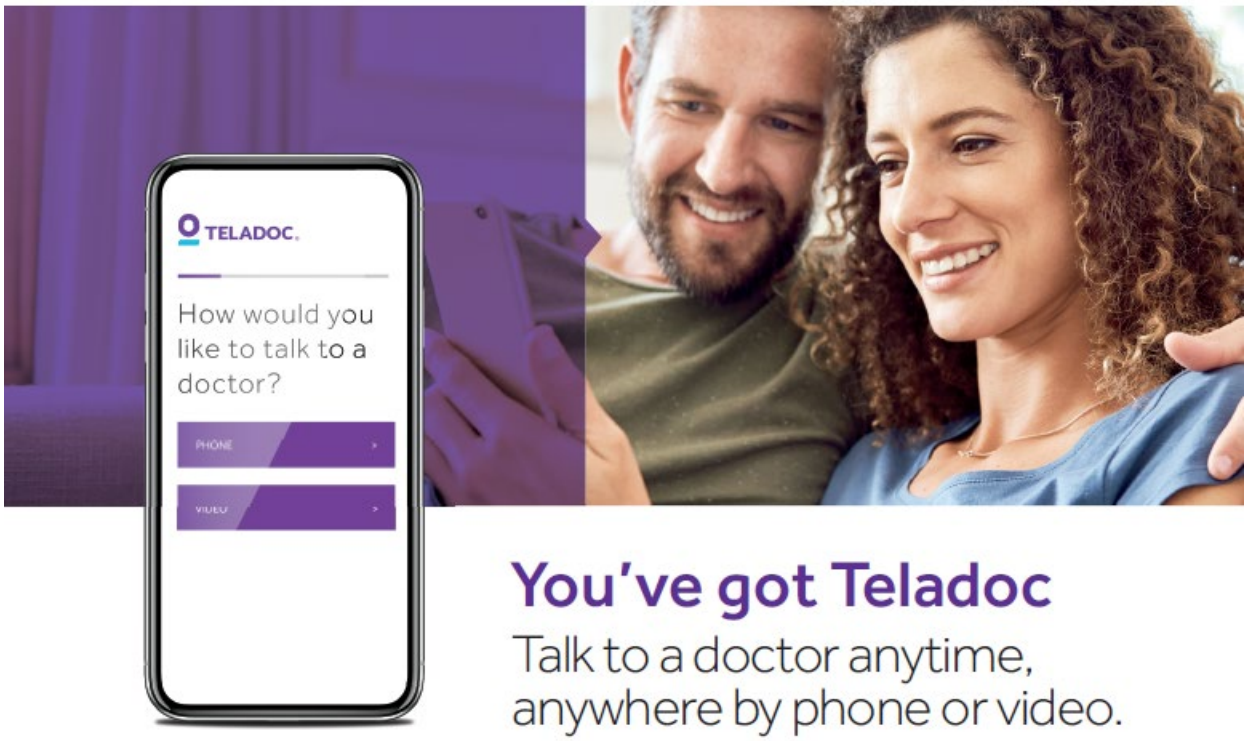
- Utilization of mail order pharmacy is not only convenient but can save you money versus filling your prescription at a retail pharmacy. Your prescriptions will be delivered safely to your home and cost less! Call the pharmacy customer service number on the back of your ID card for assistance regarding how to begin or transfer a current prescription to mail order

- Utilization of generic medications instead of name-brand medications will cost less under your plan. If your doctor prescribes you a name-brand medication inquire if a generic is available.

- Visit manufacturer sites for high-cost and specialty drugs to research if they offer a Savings Card program. These programs can significantly lower your cost if you qualify for the program.

Virtual Visits

TELADOC.



You've got Teladoc

Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.

Create account
Use your phone, the app, or the website to create an account and complete your medical history

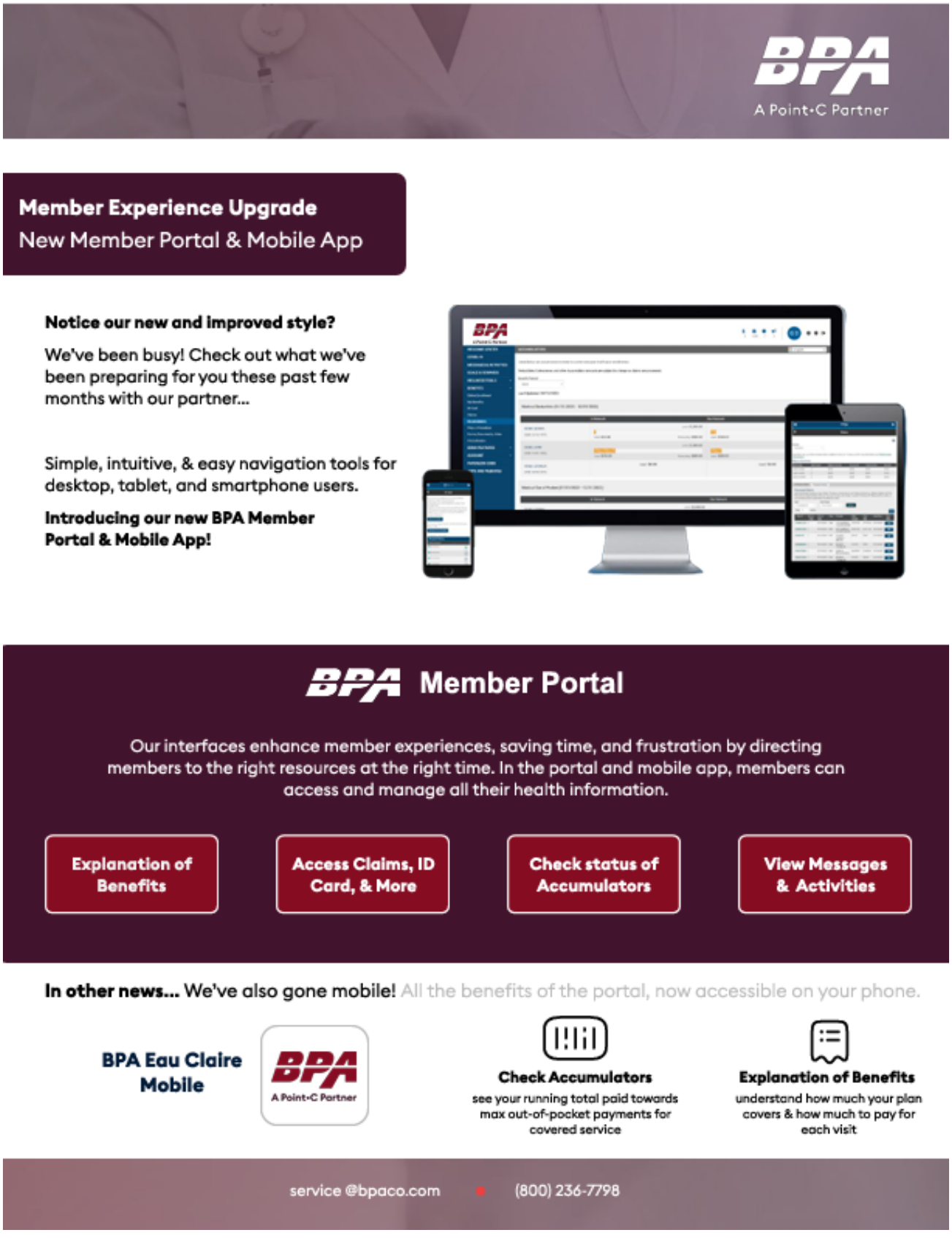
Talk to a doctor
Request a time and a Teladoc doctor will contact you

Feel better
The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for free

MyDrConsult.com 1-800-DOC-CONSULT (362-2667) | Download the app

BPA Website and Mobile App



Health Savings Accounts

What are the advantages of an HSA?

If you're enrolled in the **Cigna Health Savings (HSA)** you're eligible to contribute on a pretax basis to a Health Savings Account (HSA). Other plan options are **not** eligible for the HSA.

If you've had a traditional co-payment plan, you may wonder how it is different from an HDHP with an HSA.

A Higher Deductible and a Lower Premium: Traditional co-payment plans typically have a lower deductible and higher premiums, so you pay more up front and less when you need care. HDHPs have the opposite—a higher deductible but lower premiums.

A Health Savings Account (HSA): You open an HSA which is a personal bank account that you own. **Assembly Health** utilizes Paylocity for opening an HSA. Here are some advantages of an HSA:

- **Get triple tax advantages**: **(1)** Contribute pre-tax dollars **(2)** Grow your account tax-free **(3)** Use your HSA to pay for eligible health care expenses tax-free.
- **Use it today or save for tomorrow.** Your HSA is an account in your name; you own it, and you decide how to get the most from it. Lose the worry of having to spend it all before the end of the year. With the HSA, the balance rolls over year after year so you can let it grow over time.
- **You own the money in the HSA**. There is no "use it or lose it" rule. If you choose to leave the company or switch health care plans, you keep the money.
- **It's convenient.** Contributions are automatically deducted from your paycheck. You can change or stop contributions at any time.

2025 Maximums:

- $4,300 for individuals
- $8,550 for family

$1,000 additional "catch-up" contributions for individuals who are 55 or older

Health Savings Accounts

You can use your HSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free. HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. You must save your bills and receipts for tax purposes.

Examples of IRS-Qualified Medical Expenses:

- Acupuncture
- Ambulance
- Annual Physical Examination
- Bandages
- Birth Control Pills, contraceptive devices
- Body Scan
- Breast Pumps and Supplies
- Breast Reconstruction Surgery
- Chiropractor
- Contact Lenses
- Crutches
- Dental Treatment
- Diagnostic Devices
- Disabled Dependent Care Expenses
- Eye Exam
- Eyeglasses
- Eye Surgery
- Hearing Aids
- Home Care
- Hospital Services
- Insurance Premiums
- Laboratory Fees
- Lactation Expenses
- Learning Disability
- Long-Term Care
- Medicines
- Nursing Home
- Nursing Services
- Optometrist
- Oxygen
- Physical Examination
- Pregnancy Test Kit
- Prosthesis
- Psychiatric Care
- Special Education
- Sterilization
- Stop-Smoking Programs
- Surgery
- Transplants
- Vasectomy
- Vision Correction Surgery
- Weight-Loss Program
- Wheelchair
- Wig
- X-Ray Fees

***Ineligible* medical expenses may include:**

- ✘ Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby
- ✘ Controlled Substances
- ✘ Cosmetic Surgery
- ✘ Dancing Lessons
- ✘ Diaper Service
- ✘ Electrolysis or Hair Removal
- ✘ Flexible Spending Account
- ✘ Funeral Expenses
- ✘ Future Medical Care
- ✘ Hair Transplant
- ✘ Health Club Dues
- ✘ Health Coverage Tax Credit
- ✘ Household Help
- ✘ Illegal Operations and Treatments
- ✘ Maternity Clothes
- ✘ Medicines and Drugs from Other Countries
- ✘ Nonprescription Drugs and Medicines
- ✘ Nutritional Supplements
- ✘ Personal Use Items
- ✘ Swimming Lessons
- ✘ Teeth Whitening
- ✘ Veterinary Fees

This list is not all-inclusive; additional expenses may qualify, and the items listed above are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to Publication 502 or consult a tax professional.

HSA State Taxation: There are currently three states that, unlike the federal government, subject your HSA contributions (employee and employer) to state income taxes. The three states are New Jersey, California and Alabama. Similarly, these three states also subject earnings (interest and capital gains) on your HSA to state taxation. There are currently two other states, New Hampshire and Tennessee, that subject earnings on the account (but not the contributions) to state taxes. Tax laws are subject to change. Please contact your state tax authority or consult with a tax advisor to confirm the details for your state.

Dental Insurance

Dental coverage is important to your overall health and wellness. You can enroll in dental benefits offered by **Guardian** for yourself and your family. The dental plan features a network of dentists and specialists who have agreed to provide services at a discounted price. If you choose to see a dentist out of the network, you may be balance billed for any charges over what is considered "reasonable and customary". The best way to maximize the benefit is by visiting an In-Network dentist.

Please note ID cards are *not* required for you to receive services.

The following chart shows the features of the dental benefit option.

	Low Dental Plan	High Dental Plan
Services	**In-Network**	**In-Network**
Preventive Services	Cleanings, Exams, Sealants, X-rays Covered at 100%	Cleanings, Exams, Sealants, X-rays Covered at 100%
Deductible	Applies to Basic & Major services only: $50 Individual $150 Family	Applies to Basic & Major services only: $50 Individual $150 Family
Basic Services	Fillings, Oral Surgery, Periodontics, Root Canals 20%	Fillings, Oral Surgery, Periodontics, Root Canals 20%
Major Services	Bridges, Crowns, Dentures, General Anesthesia 50%	Bridges, Crowns, Dentures, General Anesthesia 50%
Annual Maximum Per Individual	$1,000	$3,000
Orthodontia	50% for children up to age 19	50% for children up to age 19
Orthodontia Lifetime Maximum Per Individual	$1,000	$1,000

Vision Insurance

Your vision health is an important part of complete wellness. **Guardian** is pleased to present your vision benefits which are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

Please note ID cards are *not* required for you to receive services.

The following chart shows the features of the vision benefit option. The vision plan utilizes the VSP Choice Network.

	Guardian Vision	
Services	**In-Network VSP Choice Network**	**Out-of-Network Reimbursement**
Annual Eye Exam (Once every calendar year)	$10 copay	Up to $39 before $10 copay
Standard Lenses: Single Vision Bifocal Trifocal Lenticular (Once every other calendar year)	 $25 copay $25 copay $25 copay $25 copay	 Up to $23 before $25 copay Up to $37 before $25 copay Up to $49 before $25 copay Up to $64 before $25 copay
Standard Frames (Once every other calendar year)	$25 copay + $130 retail maximum* + 20% off balance	Up to $46 before $25 copay
Contact Lenses: Conventional Medically Necessary (Once every calendar year)	 $130 allowance (in lieu of frames) $25 copay	 Up to $100 Up to $210

*Benefit for frames obtained from Costco, Sam's Club, and Walmart is $25 copay + $70 retail maximum

Disability Income Benefits

Company Paid Short-Term Disability (STD)

If you become disabled and cannot work, no benefit becomes more important to your financial security than disability income protection. Disability coverage provides income protection in the event you experience a non-occupational injury or illness that prevents you from working. You have access to Short-Term Disability (STD) insurance through **Guardian**. If you are unable to work after 7 consecutive days of disability due to an eligible accident or illness, **this benefit will pay 60% of your weekly pay up to a maximum benefit of $1,000 per week**, for a maximum of 12 weeks. **Assembly Health** pays 100% of this coverage.

Voluntary Long-Term Disability (LTD)

Long-Term Disability insurance is available if you are unable to work for a much longer period of time, 90 consecutive days, and is available through **Guardian**. **This benefit pays 60% of your monthly pay up to a maximum benefit of $10,000 per month**, up until your **Social Security Normal Retirement**. Employees who could receive a benefit in excess of $7,500 will be required to complete an Evidence of Insurability (EOI) form, which is a medical questionnaire. The LTD policy also includes a pre-existing clause. Any illness or injury in the 12 months prior to your effective date will not be approved for payment for the first 12 months you are covered under the policy. You are responsible for 100% of the cost of this coverage.

	Short-Term Disability	Long-Term Disability
Benefits Begin	8th day for accident or illness	91st day
Percentage of Income Replaced	60% of pre-disability income, up to $1,000 per week	60% of pre-disability income, up to $10,000 per month
Benefits Payable	12 weeks	Social Security Normal Retirement Age
Guarantee Issue	Not applicable	$7,500
Pre-Existing Condition Limitation	Not applicable	12 months prior/12 months insured

Premiums for long-term disability are based on age and income.
*To view your monthly premium, please enter your election via **Paylocity**.*

Helpful Terms

Elimination Period: The period of time you have to wait before benefits begin, starting the day you become ill or injured.

Maximum Benefit: This is the highest dollar amount a disabled employee can receive under the disability plans.

Pre-Existing Limitations: Anything that you have been diagnosed with or treated for within 12 months prior to the effective date will not be covered for the first 12 months.

Life Insurance

Basic Life

Life insurance can help provide for your loved ones if something were to happen to you. **Assembly Health** provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance. **Assembly Health** pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

Full-Time Employees: 1 times your annual salary, up to a maximum $100,000

Benefit Reduction Schedule:

- 65% of benefit remains at age 65
- 50% of benefit remains at age 70

Voluntary Life Insurance

While **Assembly Health** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can also purchase coverage for your spouse and your children, but you must be enrolled in coverage yourself to elect coverage for your spouse or child.

Employee

- Benefits must be elected in $10,000 increments to a maximum of $500,000
- **Guarantee Issue:** Newly eligible employees can elect up to $200,000 without the need to complete a medical questionnaire (EOI)

Spouse

- Benefits must be elected in $5,000 increments
- Maximum benefit is $100,000, not to exceed employee's benefit
- **Guarantee Issue:** Newly eligible spouses can elect up to $30,000 without the need to complete an EOI
- Spouse cost is based on employee's age
- Spouse coverage terminates when employee turns 70

Child

- **Benefit election amounts:** <14 Days: $1,000; 14 days-26 years: $10,000, not to exceed employee's benefit

Benefit reduction schedule:

- 65% of benefit remains at age 65
- 50% of benefit remains at age 70

Premiums for Voluntary Life are based on age. To view your per pay period premium, please enter your election via Paylocity.

Accident Coverage

Accidents can happen when you least expect them. And while you can't always prevent them, you can get help to make your recovery less expensive and stressful.

Accident insurance provides a financial cushion for life's unexpected events by helping you pay for costs that aren't covered by your medical plan. It provides you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track, without worrying about finding the money to help cover the costs of treatment.

And best of all, the payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for you or your family's everyday living expenses. Below is a summary of common occurrences and their coverage. Please refer to the benefit summary for a full list of covered accidents and injuries and more detailed benefit information.

Accident	
Occurrence	**Benefit**
Coma	$15,000
Concussion	$500
Dental Injury	Crown - $500 Extraction - $125
Emergency Room Treatment	$200
Dislocations	Up to $8,000*
Fracture	Up to $10,000*
Wellness Benefit	$50 benefit per calendar year when providing documentation of an approved routine wellness screening or procedure being completed

*Benefit is dependent upon body part that is injured and if surgery is required for treatment

Critical Illness Coverage

If you're diagnosed with a serious illness, one of the last things you want to worry about is your finances. A critical illness policy can provide you a lump-sum cash benefit upon diagnosis of a critical illness. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

Offered by **Guardian**, a Critical Illness insurance policy helps provide protection from a variety of covered conditions, so you can focus on getting well.

- ✓ Pays a benefit to you if you are diagnosed with a major illness such as cancer, heart attack, or stroke
- ✓ Pays $50 each year for Health Screening
- ✓ There is no benefit waiting period
- ✓ You can choose a benefit amount that is right for you as the member
  - $5,000 increments up to a maximum $50,000
  - Guarantee issue is $30,000
- ✓ You can also choose a benefit amount that is right for your spouse and/or child(ren). You must elect coverage for yourself to cover your spouse and dependents
  - Spouse coverage - 50% of employee's benefit
  - Guarantee issue is $15,000
  - Child coverage – automatically covered for 25% of employee's benefit

Employees electing over the guarantee issue amount will need to complete an EOI.

Premiums for Critical Illness are based on age and election. To view your per pay period premium, please enter your election via Paylocity.

Guardian Website

Guardian Anytime

Guardian

Convenient access to your workplace benefits

Guardian Anytime makes it easy and convenient to access your benefits online, anytime, anywhere. Services available include:

1 Access your benefit details

- View, download, and print materials
  - Member dental and vision ID cards
  - Benefit summaries
  - Forms
  - Certificate booklets

2 Submit and view claims details

- Submit a new claim and check claim status
- Receive email alerts when claims are paid or view information
- Estimate the cost of dental care (if applicable)

3 Dental and vision provider search

- Find a dental or vision provider

4 Enroll and make changes to benefits*

- Update contact information
- Update dependent information

Real-time assistance

Chat with our virtual assistant 24/7 or speak to a live representative about your benefits, claims inquiries, or for help using Guardian Anytime.

Registering is easy!

1 Go to guardianlife.com and click on "Log in".

2 To register, choose "Register now" and select "Guardian Anytime".

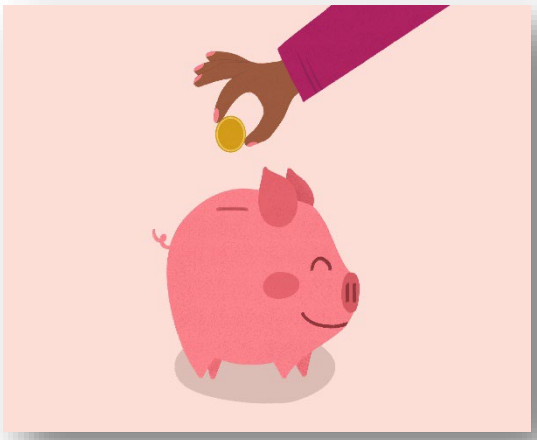
3 Select "employee" for yourself or "child, spouse, or partner" for your dependents.

4 Complete the self registration process, click "Submit" and you're done.

*Website is available for dental, vision, life, disability, critical illness, and accident benefits

401 (K)

If you have not already done so, why not take advantage of **Assembly Health 401(k)** Plan with **Principal Financial Group**? This qualified retirement plan is a powerful savings tool that Assembly Health is making available to you as a value-added benefit. Seize the opportunity to lay the foundation quickly and easily for a secure financial future.



Eligible employees, 21 and over, may start contributing their own dollars to the plan immediately. Participants can contribute up to 100% of pay on a pre-tax or Roth basis, to the IRS annual maximum ($23,500 if under 50 or $31,000 if age 50 or older in 2025). See Human Resources for specifics on eligibility.

Participants who have obtained 1 year of service with Assembly Health will also receive a company match contribution as well. This contribution is a 10% match on the first 10% you contribute. Your matching contributions are subject to a 3-year graded vesting schedule while your personal contributions are always immediately 100% vested. Make sure you are taking full advantage of the employer match by contributing at least 10% to the Plan!

You can obtain additional information about the Plan and enroll by contacting the **Principal** customer call center, logging onto their website, or downloading their app. Please see the next page for instructions.

Ways Enroll

- Visit www.principal.com/welcome
- Use the Guardian mobile app
- Text ENROLL to 78259

Enrollment Webinar available at www.principal.com/matchenrollmentwebinar

Pet Insurance

Assembly Health offers employees the ability to obtain financial protection related to unexpected expenses associated with your pets. You have the option to enroll in the **Pets Best Pet Health Insurance** plan, or the **Total Pet Plan Pet Care Bundle** which provides discounts on veterinary care and pet prescriptions and products.

Pets Best Pet Health Insurance reimburses you on new and unexpected accidents and illnesses. You can also choose to add on routine care coverage that covers routine annual exams, blood work, vaccines and more. **Pets Best Pet Health Insurance** can be used at any licensed veterinarian in the US or Canada, including specialty and emergency clinics. Plus, get a 24/7 pet helpline for all of your enrolled pets!

Employees electing this coverage will pay **Pets Best** directly and will not have coverage payroll deducted. Please visit www.petbenefits.com/land/assemblyhealth to obtain a quote and enroll in coverage.

Assembly Health is offering pet insurance to employees at exclusive group rates!

Pets Best offers a pet health insurance plan that offers reimbursement on eligible accidents and illnesses. You can also choose to add on routine care coverage.

With Pets Best, members enjoy:

- Low Deductibles
- Optional Vet Direct Pay
- No Annual Limit
- Easy Claims Processing and Payment
- Online or App Claims Submission
- 4.7 out of 5 stars for customer service*
- Coverage on Eligible Accidents, Illnesses, Surgeries, Exam Fees, Cancer and More

Pets Best can be used at any veterinarian in the US or Canada, including specialty and emergency clinics. You also have the option to choose between two wellness plans that cover routine annual exams, bloodwork, vaccines and more with no deductible.

Pets Best also includes a 24/7 Pet Help Line.

Comprehensive Coverage Includes

- Accidents
- Illnesses
- Cancer
- Hereditary Conditions
- Emergency Surgeries
- Prescriptions
- Exam Fees
- Diagnostics (MRI, X-Ray, CAT)

Visit petbenefits.com/land/assemblyhealth to generate your pet's custom quote and enroll.

*Source: https://www.reviews.io/company-reviews/store/pets-best-insurance

Pet insurance coverage offered and administered by Pets Best Insurance Services, LLC is underwritten by American Pet Insurance Company, a New York insurance company headquartered at 6100 4th Ave. S. Suite 200 Seattle, WA 98108, or Independence American Insurance Company, a Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254. Pets Best Insurance Services, LLC (CA agency #0F37530) is a licensed insurance agency located at 10840 Ballantyne Commons Parkway, Charlotte, NC 28277. Each insurer has sole financial responsibility for its own products. Please refer to your declarations page to determine the underwriter for your policy. Terms and conditions apply. See your policy for details.

Pet Benefit Solutions | (800) 891-2565 | customercare@petbenefits.com | www.petbenefits.com

Pet Care Discount Program

TOTAL PET PLAN
Pet Care Bundle

Total Pet Plan Pet Care Bundle is a plan that offers discounts on pet prescriptions, products, and veterinary care. Members also receive real-time live support from a US-based licensed veterinarian, and access to ThePetTag service to assist with returning lost pets home safe and sound with a durable ID tag. This coverage is provided through payroll deductions.

Employees interested in coverage should visit www.petbenefits.com/land/assemblyhealth to enroll in the program.

assembly

Assembly Health is offering Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$5.43/pay period for one pet or
$8.54/pay period for a family plan

For more details and how to enroll, visit petbenefits.com/land/assemblyhealth .

TOTAL PET PLAN INCLUDES:

PETplus
DISCOUNTS ON PRODUCTS & RX
- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

PetAssure
DISCOUNTS ON VETERINARY CARE
- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

AskVet
24/7 PET TELEHEALTH
- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

PetTag
LOST PET RECOVERY SERVICE
- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Pet Benefit Solutions | petbenefits.com | customercare@petbenefits.com | (800) 891-2565

Employee Assistance Program

Assembly Health offers an Employee Assistance Program (EAP) through **ComPsych**. EAPs offer emotional assistance to Employees and family members 24 hours a day, 365 days a year. Employees and their family members have access to 3 face-to face or virtual counseling sessions per member per issue per year. Sessions are completely confidential, so nothing is reported back to your employer.

Guardian

GuidanceResources® - Employee Assistance Program

Sometimes life can feel overwhelming.
It doesn't have to.

Guardian's Employee Assistance Program provides confidential counseling, expert guidance, and valuable resources to help you handle any of life's challenges, big or small.

How it can help

Confidential emotional support

- Anxiety, depression, stress

Work and lifestyle support

- Child, elder and pet care

Financial resources and legal guidance

- Retirement planning, taxes
- Wills, trusts and estate planning

How to access
24/7 live assistance

Call
1 855 239 0743
TRS: Dial 711

Visit
guidanceresources.com

App: GuidanceNow℠
Organization web ID: Guardian
Note: First-time users will need to register first with the organization web ID: Guardian.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

Legal/financial assistance and resources services are not available in the state of New York.

The Employee Assistance Program is a suite of services solely created and offered by ComPsych. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program. This information is for informational purposes only. It is not a contract. Only the plan service agreement can provide the actual terms, services, limitations and exclusions. Guardian and ComPsych reserve the right to discontinue the Employee Assistance Program at any time without notice. Legal services provided through the Employee Assistance Program will not be provided in connection with or any action against Guardian, ComPsych, or your employer. The Employee Assistance Program, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.

2023-159687 (8/25)

Hauser Perks Discount Program

As an employee of **Assembly Health**, we are proud to offer you the following benefits at no cost to you through our partnership with our broker Hauser. Hauser Perks is a website that allows you to obtain a discount on a variety of travel services such as hotels, rental cars, flights, and theme parks. See details below regarding accessing the Hauser Perks website.

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

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

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

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

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

Hertz · AVIS · Budget · enterprise · National

How to Get Started

WEB:

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

access perks

Carrier Contacts

Health Insurance **BPA (Medical)**	Phone: (800) 236-7789 Website: www.bpaco.com
Prime Therapeutics **Pharmacy**	Phone: (855) 457-0007 Website: www.primetherapeutics.com
Health Savings Account **Paylocity**	Phone: (800) 631-3539 Email: batinfo@paylocity.com
Dental Insurance Guardian	Phone: (800) 627-4200 Website: www.guardianlife.com
Vision Insurance Guardian	Phone: (877) 814-8970 Website: www.guardianlife.com
Disability Insurance Guardian	Phone: (800) 268-2525 (Short-Term Disability) Phone: (800) 538-4583 (Long-Term Disability) Website: www.guardianlife.com
Life Insurance Guardian	Phone: (800) 525-4542 Website: www.guardianlife.com
Accident Insurance Guardian	Phone: (800) 627-4200 Website: www.guardianlife.com
Critical Illness Insurance Guardian	Phone: (800) 541-7846 Website: www.guardianlife.com

Your Human Resources Contact

Contact Name	Email
Human Resources	benefits@assembly.health

Your Hauser Contacts

Contact Name	Title	Phone Number	Email
Krista Westfall	Benefit Analyst	(513) 936-7344	kwestfall@thehausergroup.com
Sara Miller	Client Executive	(513) 936-7348	smiller@thehausergroup.com

This guide gives a brief overview of the benefits available to you. For plan details, including covered expenses, exclusions, and limitations, please refer to the applicable Summary Plan Description (SPD), Certificate of Coverage, or plan document for each plan. These documents can be found on the Benefits Website. If any information in this benefits guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. Assembly Health reserves the right to amend, modify or terminate these plans at any time. This Benefits Guide does not constitute a contract of employment.

Important Notices

Notice of Patient Protections & Prior Authorization Procedures

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

Women's Health and Cancer Rights Act of 1998

Patients who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including Lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to Coinsurance and Deductibles consistent with those established for other benefits. For more information, please refer to your Evidence of Coverage document located online at wwww.bpaco.com .

Newborns' and Mothers' Health Protection Act

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

Notice of Special Enrollment Rights

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

Notice of Privacy Practices

BPA is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at www.bpaco.com.

All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting Benefit Plan Administrators (BPA).

Uniformed Services Employment and Reemployment Rights Act of 1994

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 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**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

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

To see if any other states have added a premium assistance program since July 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

Paperwork Reduction Act Statement

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

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

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

Important Notice from *Assembly Health* About Your Prescription Drug Coverage and Medicare for plans:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Assembly Health** 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. Certain plans may also offer more coverage for a higher monthly premium.
2. **Assembly Health** has determined that the prescription drug coverage offered by the Cigna Health Savings (HSA) and Cigna Premium PPO are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current **Assembly Health plan** coverage will not be affected. You can keep this coverage if you elect part D, and this plan will coordinate with Part D coverage.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date:	11/01/2024
Name of Entity/Sender:	**Assembly RCM, LLC dba Assembly Health**
Office Contact/Position:	Elisabeth Daniel, VP of People and Culture
Phone:	(630) 702-9468
Address:	168 N Clinton Rd, 3rd Floor Chicago, IL 60661

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

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

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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

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

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

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

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

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

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

_____.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)
Assembly RCM, LLC dba Assembly Health	85-1386454
5. Employer address	**6. Employer phone number**
168 N Clinton Rd, 3rd Floor	847-504-5000

7. City	8. State	9. ZIP code
Chicago	IL	60661

10. Who can we contact about employee health coverage at this job?	
Elisabeth Daniel	
11. Phone number (if different from above)	**12. Email address**
(630) 702-9468	benefits@assembly.health

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

- As your employer, we offer a health plan to:
  - ☑ All employees. Eligible employees are:

    Full-time employees who work 30 hours or more per week

  - ☐ Some employees. Eligible employees are:

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Legal spouse, domestic partner, and dependents up to age 26

  - ☐ We do not offer coverage.

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

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

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

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

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

☑ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

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

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $85.74
b. How often? ☐ Weekly ☑ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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