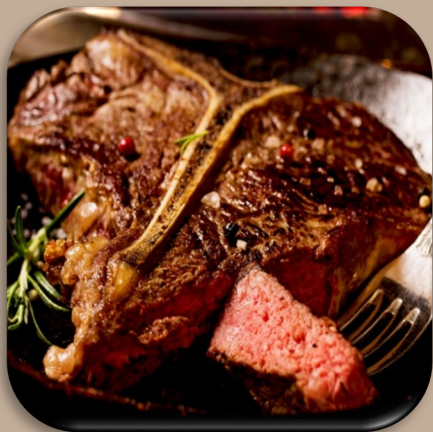




**WHETSTONE**  
DISTRIBUTION

# Employee Benefits Guide

Plan Year: 09/01/2026 – 8/31/2027

Provided to you by:



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*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.*

**Scan to access  
the benefits site!**



## Important Resources

| Contact Name                                                                      | Contact Information                                                                                                              |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical &amp; Prescription Drugs</b><br><b>Blue Cross Blue Shield Illinois</b> | Phone: 1 (800) 810 - 2583<br>Website: <a href="http://www.bcbsil.com">www.bcbsil.com</a>                                         |
| <b>Health Savings Account (H.S.A)</b><br><b>Paylocity</b>                         | Phone: 1 (800) 631-3539<br>Website: <a href="mailto:batinfo@paylocity.com">batinfo@paylocity.com</a>                             |
| <b>Voluntary Vision</b><br><b>Guardian</b>                                        | Phone: 1 (877) 814-8970<br>Website: <a href="http://www.Guardiananytime.com">www.Guardiananytime.com</a>                         |
| <b>Voluntary Dental</b><br><b>Guardian</b>                                        | Phone: 1 (800) 541-7846<br>Website: <a href="http://www.Guardiananytime.com">www.Guardiananytime.com</a>                         |
| <b>Flexible Spending Account (F.S.A)</b><br><b>Paylocity</b>                      | Phone: 1 (800) 631-3539<br>Website: <a href="mailto:batinfo@paylocity.com">batinfo@paylocity.com</a>                             |
| <b>Life and AD&amp;D</b><br><b>Guardian</b>                                       | Phone: 1 (800) 525-4542<br>Website: <a href="http://www.Guardiananytime.com">www.Guardiananytime.com</a>                         |
| <b>Vol. Short Term and Long-Term Disability</b><br><b>Guardian</b>                | Phone: 1 (800) 268-2525<br>Website: <a href="http://www.Guardiananytime.com">www.Guardiananytime.com</a>                         |
| <b>Employee Assistance Program (EAP)</b><br><b>Guardian   ComPsych</b>            | Phone: 1 (855) 239-0743<br>Website: <a href="http://www.Guidanceresources.com">www.Guidanceresources.com</a><br>Web ID: Guardian |
| <b>Benefits Enrollment Site</b><br><b>Paylocity</b>                               | Website: <a href="mailto:batinfo@paylocity.com">batinfo@paylocity.com</a>                                                        |

### Human Resources Team

| Contact Name                                                             | Title            | Company   | Phone          | Email                                                                                      |
|--------------------------------------------------------------------------|------------------|-----------|----------------|--------------------------------------------------------------------------------------------|
| <b>Keli Redinger</b>                                                     | Chief HR Officer | Whetstone | (708) 815-7033 | <a href="mailto:kredinger@whetstonedist.com">kredinger@whetstonedist.com</a>               |
| <b>Anna Rodriguez</b>                                                    | Benefits Manager | Whetstone | (773) 226-5233 | <a href="mailto:arodriguez@whetstonedist.com">arodriguez@whetstonedist.com</a>             |
| <b>Kiomary Carreno</b>                                                   | HR               | Fulton    | (312) 380-6620 | <a href="mailto:kmcarreno@fultonmarket-chicago.com">kmcarreno@fultonmarket-chicago.com</a> |
| <b>Randi Johnson</b>                                                     | HR               | Pritzlaff | (262) 786-1151 | <a href="mailto:rjohnson@pritzlaffmeats.com">rjohnson@pritzlaffmeats.com</a>               |
| <a href="http://www.whetstonebenefits.com">www.whetstonebenefits.com</a> |                  |           |                |                                                                                            |

### Hauser Team

| Contact Name                               | Phone/E-Mail                                                                                   | Description                                                                                                                                    |
|--------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Julie Price</b><br>Client Executive     | (513) 410-2797<br><a href="mailto:jprice@thehausergroup.com">jprice@thehausergroup.com</a>     | The day-to-day point of contact for plan questions, eligibility, and assistance in resolving a claim.                                          |
| <b>Dineka Johnson</b><br>Senior Consultant | (513) 885-0917<br><a href="mailto:djohnson@thehausergroup.com">djohnson@thehausergroup.com</a> | Ensures that your health plan runs smoothly and efficiently. Will handle any question or issue that you wish to elevate to a management level. |

# Eligibility & Enrollment

## When to Enroll?

Open Enrollment runs from **July 30<sup>th</sup> to August 13<sup>th</sup>, 2026**. Benefits elected during Open Enrollment are effective **September 1<sup>st</sup>, 2026- August 31<sup>st</sup>, 2027**. This year's enrollment is **ACTIVE** meaning that if you do not enroll via Paylocity you will not have benefits effective **September 1<sup>st</sup>, 2026**.

If you are a newly hired employee or are enrolling due to a qualifying event you must enroll or waive coverage within 30 days of your date of hire or the date of the event.

## Who is Eligible?

### *Employees*

If you are a full-time employee, you are eligible to enroll in the benefits described in this guide. The effective date of coverage for new employees is the **first of the month following 60 days of continuous employment**.

### *Dependents*

In addition to enrolling yourself, you may also enroll any eligible dependents under the Medical/Prescription, Voluntary Dental, Voluntary Vision, Voluntary Life and AD&D plans.

Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony and common law spouses.
- Dependent Children: you or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminates at the end of the month in which they turn 26.

## How to Enroll?

Review the 2026-2027 Employee Benefits Guide to understand the coverage available and changes to the **Whetstone Distribution** Benefit Program.

**ACTION REQUIRED:** If you wish to enroll in the benefits offered by **Whetstone Distribution**, you **MUST** enroll in Paylocity.

**Your 2025 - 2026 elections will not carry-over if you do not act. If you do not log into Paylocity and elect benefits, you will not have coverage as of September 1, 2026.**

## Making Changes

You will not be able to make changes to your benefits outside of Open Enrollment unless you, your spouse or dependent children experience an IRS defined qualified life event.

Qualified life events include:

- Marriage
- Divorce
- Legal Separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child, or other qualified dependents
- Change in residence due to an employment transfer for you or your spouse
- Change in your spouse's benefits or employment status
- Commencement or termination of adoption proceedings
- Change in employment status or change in coverage under another employer-sponsored plan

If you experience a qualified life event or if you have questions, please contact Human Resources. You have 30 days after a qualifying event to notify HR and request a change to your benefit elections.

# Medical & Prescription Drugs

**Whetstone Distribution** offers a comprehensive benefits program to help you and your family protect your health and financial security. Your benefits are a valuable part of your compensation; we encourage you to learn how your plans work so you can get the most from them. These plans encourage you to seek care from In-Network providers, which provide a higher level of benefit. You may choose to use Out-Of-Network providers, but if you do, your benefits will be reduced, and your out-of-pocket expense will increase.

## Medical Key Reminders:

- ✓ To limit your out-of-pocket expenses, please seek services from a BCBS IL provider. To find a provider, visit: [Find an In-Network Doctor, Specialist or Hospital | Blue Cross and Blue Shield of Illinois](#)
- ✓ If services are provided by a non-BCBS IL provider, the member is responsible for any amounts exceeding the "allowable charges", in which case balance billing may occur.
- ✓ Dependent Child Age Limits: Covered to age 26.



## Prescription Drug Coverage

When you elect medical coverage, you are automatically covered under the prescription drug plan. We know prescription drug coverage is important to you and your family. You may fill your prescriptions at participating retail pharmacies. The mail order option allows you to buy qualified prescriptions in larger 90-day quantities for the same copay amount as a 60-day supply at the retail pharmacy. Mail order saves you time on 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 – Generic Preferred:** Frequently prescribed generic drugs purchased at a preferred pharmacy.
- **Tier 2 – Generic Non- Preferred:** Frequently prescribed generic drugs purchased at an in-network non-preferred pharmacy.
- **Tier 3 – Brand Preferred:** Lowest cost brand name drugs purchased at a preferred pharmacy.
- **Tier 4 – Brand Non-Preferred:** Highest cost brand name drugs purchased at an in-network non-preferred pharmacy.
- **Tier 5 – Specialty Preferred:** Highest cost brand name drugs purchased at a preferred pharmacy.
- **Tier 6 – Specialty Non-Preferred:** Highest cost brand name drugs purchased at an in-network non-preferred pharmacy.

### HELPFUL TIP:

Choose Generics - The member pays the applicable copay only if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between. Be sure to discuss this with your physician when he or she writes your prescription.

# Medical & Prescription Drugs

The following chart provides a summary of the main features of the **medical** benefit options offered by **Blue Cross Blue Shield Illinois (BCBSIL)**. Complete benefit summaries are available on the **Whetstone Distribution benefits website**.

|                                                                                               | BCO \$750                                                                          |                                             | BCO \$5,250                                                     |                                             | PPO BlueEdge H.S.A \$3,500                              |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| Network                                                                                       | Blue Choice Options (BCO)                                                          |                                             |                                                                 |                                             | Participating Provider Organization (PPO)               |
| PCP Required?                                                                                 | Members do NOT need to designate a PCP and no referral is required for Specialist. |                                             |                                                                 |                                             |                                                         |
| Referrals Required for Specialist?                                                            |                                                                                    |                                             |                                                                 |                                             |                                                         |
| Services                                                                                      | In-Network Tier 1                                                                  | In-Network Tier 2                           | In-Network Tier 1                                               | In-Network Tier 2                           | In-Network                                              |
| Deductible                                                                                    | *Embedded                                                                          | *Embedded                                   | *Embedded                                                       | *Embedded                                   | *Embedded                                               |
| - Individual                                                                                  | \$750                                                                              | \$1,750                                     | \$5,250                                                         | \$6,250                                     | \$3,500                                                 |
| - Family                                                                                      | \$2,250                                                                            | \$5,250                                     | \$10,500                                                        | \$12,500                                    | \$7,000                                                 |
| Coinsurance                                                                                   | 10%                                                                                | 30%                                         | 20%                                                             | 40%                                         | 20%                                                     |
| Max. Out-of-Pocket<br>(Includes deductible, coinsurance & copays)<br>- Individual<br>- Family | \$4,500<br>\$9,000                                                                 | \$6,100<br>\$12,200                         | \$7,100<br>\$14,200                                             | \$8,100<br>\$16,200                         | \$7,000<br>\$14,000                                     |
| Physician Office Visit<br>(Primary/Specialist)                                                | \$30<br>\$60                                                                       | \$60<br>\$110                               | \$50<br>\$80                                                    | \$75<br>\$130                               | 20% After Deductible                                    |
| Preventative Care<br>(Adult/Well-Child)                                                       | Covered at 100%                                                                    |                                             |                                                                 |                                             | Covered at 100%                                         |
| Emergency Room                                                                                | \$500 per Occurrence + 10% after Ded.                                              |                                             | \$600 per Occurrence + 20% after Ded.                           |                                             | 20% After Deductible                                    |
| Urgent Care                                                                                   | \$75 Copay                                                                         | \$75 Copay                                  | \$75 Copay                                                      | \$75 Copay                                  | 20% After Deductible                                    |
| Inpatient Services                                                                            | \$350 per occurrence + 10% after deductible                                        | \$600 per occurrence + 30% after deductible | \$350 per occurrence + 20% after deductible                     | \$600 per occurrence + 40% after deductible | 20% After Deductible                                    |
| Outpatient Services                                                                           | \$300 per occurrence + 10% after deductible                                        | \$500 per occurrence + 30% after deductible | \$300 per occurrence + 10% after deductible                     | \$500 per occurrence + 30% after deductible | 0% After Deductible                                     |
| Prescription Drugs<br>- Retail (30-day supply)<br>- Mail Order (90-day supply)                | \$5/\$15/\$45/\$85/\$250/\$350<br>\$15/\$45/\$135/\$255/N/A/N/A                    |                                             | \$5/\$15/\$45/\$85/\$250/\$350<br>\$15/\$45/\$135/\$255/N/A/N/A |                                             | 10%/10%/20%/30%/40%/50%<br>Coinsurance after Deductible |

*\*Embedded deductible and out-of-pocket (OOP), means that a "per member" deductible and OOP are embedded within the "per family" thresholds. Each covered family member is subject only to their "per member" deductible or OOP, and the family's exposure as a whole is limited by the family deductible and OOP limits.*

# Medical Network Comparison

**Whetstone Distribution** offers multiple medical plans for your consideration under various network options. It is important to know the difference between each network, and to confirm that your provider participates in the network.

| Check out what's included in the plan                                               |                                                                                                                                                                                                                            | BCO<br>\$750                        | BCO<br>\$5,250                      | PPO BlueEdge<br>\$3,500             |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|    | <b>Network coverage only</b><br>You can usually save money when you receive care for covered health services from network providers.                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|    | <b>Network and out-of-network benefits</b><br>You may receive care and services from in-network and out-of-network providers and facilities — but staying in the network can help lower your costs.                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | <b>Primary care physician (PCP) required</b><br>With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each person enrolled on your plan will need to choose a PCP.       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|    | <b>Referrals required</b><br>You'll need referrals from your PCP before seeing a specialist or getting certain health care services.                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <b>Preventive care covered at 100%</b><br>There is no additional cost to you for seeing a network provider for preventive care.                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <b>Pharmacy benefits</b><br>With this plan, you have coverage that helps pay for prescription drugs and medications.                                                                                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <b>Tier 1 providers</b><br>Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|  | <b>Freestanding centers</b><br>You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|  | <b>Health savings account (H.S.A)</b><br>With an H.S.A, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | Find a doctor/Confirm your doctor is in-network<br>Visit <a href="http://www.bcbsil.com">www.bcbsil.com</a> and select the following                                                                                       | Blue Choice<br>Option               | Blue Choice<br>Option               | PPO                                 |

# Health Savings Account (H.S.A.)

When you enroll in the **H.S.A \$3,500** plan, you can open an H.S.A to help pay for current and future eligible health care expenses. You may contribute to your H.S.A through pre-tax payroll deductions. You can withdraw that money, tax-free, to pay eligible out-of-pocket medical expenses, as well as dental and vision expenses, or you can save that money for future health care expenses, including those incurred in retirement.

## What are the benefits of an H.S.A?

### A WIN-WIN FOR YOUR TAXES

- Your money goes in and grows tax free
- Qualified withdrawals are tax free



### QUALIFIED EXPENSES INCLUDE:

- Copayments
- Eyeglasses & contacts
- Hearing aids
- Dental Costs
- Prescriptions



The max amount an individual can contribute to an H.S.A in 2026 is **\$4,400**



The max contribution per family is **\$8,750**

### THIS IS NOT “USE IT OR LOSE IT” SAVINGS

Your funds will roll over from year to year.



### IT MOVES WITH YOU

You own all the money in your H.S.A. It stays with you when you change jobs, change insurance plans, or retire.



**NOTE:** If you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.

**Whetstone Distribution** partners with Paylocity to provide H.S.A services. You will be able to manage your account online to submit eligible claims, review your account balance, review your claim history, and more.

# Voluntary Vision and Dental Benefits

The following chart shows the features of the **Vision** benefit option offered by **Guardian**. A complete benefit summary is available on our *benefits website*.



| Network: VSP Choice                                                        |                                                              |                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|
| Services                                                                   | In-Network Member Cost                                       | Out-of-Network Reimbursement           |
| <b>Annual Eye Exam</b><br>(Every 12 months)                                | \$10 Copay                                                   | Up to \$39                             |
| <b>Standard Frame</b><br>(Every 12 months)                                 | \$150 allowance; 20% off additional balance                  | Up to \$46                             |
| <b>Standard Plastic Lenses</b> (Every 12 months in lieu of contact lenses) |                                                              |                                        |
| Single Vision                                                              | \$25 copay                                                   | Up to \$23                             |
| Bifocal                                                                    | \$25 copay                                                   | Up to \$37                             |
| Line Trifocal                                                              | \$25 copay                                                   | Up to \$49                             |
| Lenticular                                                                 | \$25 copay                                                   | Up to \$64                             |
| <b>Contact Lenses</b> (Every 12 months in lieu of frames and lens)         |                                                              |                                        |
| Evaluation and Fitting                                                     | Included in the Contact Lens Allowance (15% discount on fee) | Included in the Contact Lens Allowance |
| Elective Contacts<br>(Every 12 months)                                     | \$150 allowance                                              | Up to \$100                            |
| Medically Necessary<br>(Every 12 months)                                   | \$25 copay                                                   | Up to \$210                            |

The following chart shows the features of the **Dental** benefit option offered by **Guardian**. A complete benefit summary is available on our *benefits website*.

| Network                                              | DentalGuard Preferred           |                                 |
|------------------------------------------------------|---------------------------------|---------------------------------|
| Services                                             | In-Network                      | Out-of-Network                  |
| <b>Deductible</b><br>(Applies to Basic & Major)      | \$50 Individual<br>\$150 Family | \$50 Individual<br>\$150 Family |
| <b>Preventative Services</b><br>(Deductible waived)  | 100%                            | 100%                            |
| <b>Basic Services</b><br>(Fillings)                  | 80%                             | 80%                             |
| <b>Major Services</b><br>(Bridges, dentures, crowns) | 50%                             | 50%                             |
| <b>Annual Maximum</b>                                | \$1,500 plus Maximum Rollover   |                                 |
| <b>Orthodontia</b> (children up to age 19)           | 50%                             | 50%                             |
| <b>Orthodontia Lifetime Max</b>                      | \$1,000                         | \$1,000                         |
| <b>Reimbursement</b>                                 | Negotiated Fee Schedule         | 90 <sup>th</sup> percentile*    |



Make sure you take advantage of your preventative dental visits. Preventative care visits are not subject to any deductible!

\*With a 90th percentile reimbursement plan, benefits for a given dental procedure are calculated according to the usual and customary charge for a particular area. The "90th" indicates that 9 out of 10 dentists in a specific area will charge at or below the plan allowance for a procedure.

# Cost of Coverage

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

| MEDICAL Plan Payroll Deductions (Per Week) |          |                   |                       |          |
|--------------------------------------------|----------|-------------------|-----------------------|----------|
|                                            | Employee | Employee + Spouse | Employee + Child(ren) | Family   |
| <b>BCO \$750</b>                           | \$66.24  | \$242.91          | \$171.28              | \$346.80 |
| <b>BCO \$5,250</b>                         | \$25.98  | \$159.57          | \$89.16               | \$221.61 |
| <b>PPO BlueEdge<br/>H.S.A. \$3,500</b>     | \$32.93  | \$173.97          | \$103.35              | \$243.23 |

| VISION Plan Payroll Deductions (Per Week) |                   |                       |        |
|-------------------------------------------|-------------------|-----------------------|--------|
| Employee                                  | Employee + Spouse | Employee + Child(ren) | Family |
| \$1.08                                    | \$2.69            | \$2.90                | \$4.66 |

| DENTAL Plan Payroll Deductions (Per Week) |                   |                       |         |
|-------------------------------------------|-------------------|-----------------------|---------|
| Employee                                  | Employee + Spouse | Employee + Child(ren) | Family  |
| \$7.78                                    | \$15.79           | \$20.63               | \$30.57 |



# Flexible Spending Accounts (F.S.A)

Flexible Spending Accounts allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Keep your receipts and Explanation of Benefits (EOBs) in the event that Paylocity or the IRS requests additional information on your transaction.

## Enrollment

In order to participate in the F.S.A, you must re-enroll every plan year. Your annual contribution stays in effect for the entire plan year. The only time you can change your election is during Open Enrollment or if you experience a Qualified Life Event.

## Use It or Lose It

Unused healthcare F.S.A amounts in excess of \$660 will be forfeited if not used by the end of the plan year. **Up to \$660** of 2025/2026 unused F.S.A dollars can be used to reimburse eligible F.S.A. expenses next plan year.

## End of Employment

Employees who end their employment with Whetstone Distribution will have until their last day of employment to submit claims. The F.S.A account is terminated on the last day of employment.

Claims must be incurred between September 1, 2025, and August 31, 2026.  
These claims may be submitted for reimbursement between September 1, 2025, and November 30, 2026

### Health Care F.S.A

- ✓ Contribution Limit - **\$3,400** (2026/2027)
- ✓ General Purpose Health Care F.S.A is for those **NOT** enrolled in the **Core H.S.A \$3,500 Plan** but having a regular PPO plan. You are eligible to contribute to an F.S.A and use the funds for medical, dental and vision expenses not covered by the plan.
- ✓ The Health Care F.S.A contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the F.S.A, you effectively adjust your annual taxable salary.
- ✓ **Contributions are available first day of new plan year.**

### Dependent Care F.S.A

- ✓ Contribution Limit (2026/2027):
  - **\$7,500** if you are a single team member or married filing jointly
  - **\$3,750** if you are married and filing separately
  - **Money only available as contributed via your payroll deductions**



# Group Life and AD&D

## Group Life and Accidental Death & Dismemberment (AD&D)

**Whetstone Distribution** provides full-time employees with group Life and AD&D insurance and pays for **100% of the coverage**. Coverage is available through **Guardian** and the amount provided by **Whetstone Distribution** is **\$25,000**.

## Voluntary Life and Accidental Death & Dismemberment (AD&D)

If you need additional Life Insurance to meet your financial needs, you can purchase Voluntary Life Insurance through after-tax payroll deductions for yourself and your dependents offered by **Guardian**.

### Employee

Increments of \$10,000 to a maximum of \$500,000.  
(**New Entrants:** Guarantee Issue Amount \$200,000)

### Spouse

Increments of \$5,000 to a maximum of \$100,000. Not to exceed 50% of the employee election.  
(**New Entrants:** Guarantee Issue Amount \$25,000)

### Child(ren)

Increments of \$1,000 to a maximum of \$10,000. Not to exceed 50% of the employee election.  
(**New Entrants:** Guarantee Issue Amount \$10,000)

## Voluntary Short-Term Disability and Long-Term Disability

If you become disabled and cannot work, no benefit becomes more important to your financial security than Disability Income protection. The short-term and long-term disability coverage is offered by **Guardian**.

Employees have the option to purchase voluntary STD and LTD via payroll deductions. These benefits are here to help with your income, so you can focus on getting better

|                        | Short-Term Disability (STD)                                           | Long-Term Disability (LTD)                    |
|------------------------|-----------------------------------------------------------------------|-----------------------------------------------|
| Benefits Begin         | 15 <sup>th</sup> day for accident<br>15 <sup>th</sup> day for illness | 90 days                                       |
| Income Replacement     | 60%                                                                   | 60%                                           |
| Maximum Benefit        | \$1,500 weekly                                                        | \$6,000 Monthly                               |
| Maximum Benefit Period | 11 weeks                                                              | Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Condition | 3/12*                                                                 | 3/12*                                         |

\* Pre-existing Condition: This means if an insured was treated for a medical condition 3 months prior to their effective date, it will not be covered within the first 12 months of coverage.



# Added Value Programs

## Employee Assistance Program (EAP)

Employees have access to an Employee Assistance Program (EAP) at **no additional cost**. Please mention the employer's name when calling in. The Employee Assistance Program provides a network of experienced professionals who can offer counseling for you and your dependents facing difficult legal, emotional, or financial issues. Counselors and qualified professionals are available 24 hours a day, 365 days a year, and all calls are completely confidential – nothing is reported back to your employer. Services include online resources, 3 in-person, telephonic or video conferencing sessions.

### **Topics Include:**

- ✓ Family
- ✓ Parenting
- ✓ Addictions
- ✓ Emotional
- ✓ Legal
- ✓ Financial
- ✓ Relationships
- ✓ Stress



## Legal/Financial Assistance & Resources

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. You have access to the ComPsych GuidanceResource program to help manage these challenges. ComPsych provides access to a wide array of services to help you and your loved ones through life's ups and downs.

### **ComPsych services include:**

- **Legal Consultation** — Unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education, ID theft educational materials available online
- **Will Preparation** — Quickly and easily complete a will on your computer with *EstateGuidance*. Specify guardians, trustees and property division and provide funeral and burial instructions.
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

For more support or information please visit <https://www.guidanceresources.com/> (WebID: **Guardian**) or talk with a specialist at 1-855-239-0743.

# Hauser Perks

## Save where you...



### EAT



### SHOP



### PLAY



### TRAVEL



Up to 50% off hotels at over 850K properties worldwide



Deals on car rentals, flights, and destination activities



Discounts at your favorite local spots and national brands on food, shopping, movies, and more



Discounted tickets to major theme parks like Disney, Universal, Busch Gardens, Sesame Place, and more

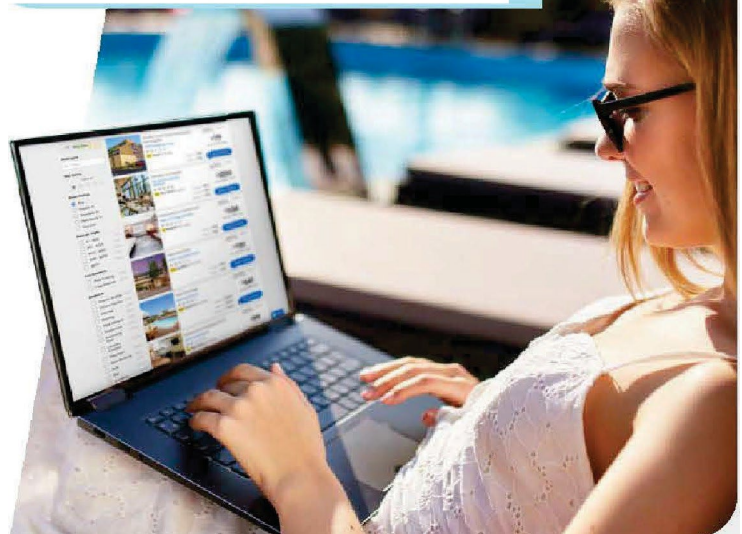
## Sign Up or Sign In to Get Your Deals

Save up to 50% with our private discount network where you live work, and travel.

To search, book, and save, visit [thehausergroup.accessperks.com](https://thehausergroup.accessperks.com) and register with code **HAUSERPERKS** or call **877-428-4585** to save!

"This experience is great! There is such a wide variety of choices to receive discounts from."

- PATRICIA J.



# Important Notices

## Notice of Patient Protections & Prior Authorization Procedures

Your **Blue Cross Blue Shield IL (BCBS IL)** 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 **BCBS IL** Customer Service using the number on the back of your medical ID card or online at [www.bluecrossil.com](http://www.bluecrossil.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.bluecrossil.com](http://www.bluecrossil.com).

## Women's Health and Cancer Rights Act of 1998

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

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

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

- **Blue Choice Options (BCO) PPO \$750 Deductible**
- **Blue Choice Options (BCO) PPO \$5,250 Deductible**
- **BlueEdge H.S.A \$3,500 Deductible**

If you would like more information on WHCRA benefits, call your plan administrator **1-800-801-2583**.

## Newborns and Mothers' Health Protection Act

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

## Notice of Special Enrollment Rights

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

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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](http://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](http://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, 2026. Contact your State for more information on eligibility –

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a><br/> Family and Social Services Administration<br/> Phone: 1-800-403-0864<br/> Member Services Phone: 1-800-457-4584</p>                                                                                                                                                                                                                                                                                                     |
| <b>IOWA – Medicaid and CHIP (Hawki)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>KANSAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Medicaid Website:<br/> <a href="#">Iowa Medicaid   Health &amp; Human Services</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/> HIPP Phone: 1-888-346-9562</p>                                                                                                                                          | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>KENTUCKY – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>LOUISIANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>           | <p>Louisiana Medicaid Website:<br/> <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a><br/> Medicaid Customer Service Line: 1-888-342-6207<br/> Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a><br/> Louisiana Health Insurance Premium Program (LaHIPP)<br/> Website:<br/> <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a><br/> LaHIPP phone: 1-877-697-6703<br/> LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a><br/> LaHIPP fax: 1-888-716-9787<br/> LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p> |
| <b>MAINE – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MASSACHUSETTS – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>                                                                                                                  | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>MINNESOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MISSOURI – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/> Phone: 1-800-657-3672</p>                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>MONTANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NEBRASKA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>                                                                                                                                                                      | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>NEVADA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                | <b>NEW HAMPSHIRE – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                                               | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>                                                                                                                                                                                 |
| <b>NEW JERSEY – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>NEW YORK – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)              | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>NORTH CAROLINA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>NORTH DAKOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100                                                                                                                                                                                                                                                                                                 | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>OKLAHOMA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>OREGON – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742                                                                                                                                                                                                                                                                                             | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>RHODE ISLAND – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RItE Share Line)                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>SOUTH CAROLINA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>SOUTH DAKOTA - Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820                                                                                                                                                                                                                                                                                                           | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>TEXAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                 | <b>UTAH – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://www.texas.gov">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                                                                                                                                                                                                                                  | Utah's Premium Partnership for Health Insurance (UPP)<br>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |

| VERMONT– Medicaid                                                                                                                                                 | VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                           | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid                                                                                                                                             | WEST VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022                                                                   | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                                                                                                                                                                                                                       |
| WISCONSIN – Medicaid and CHIP                                                                                                                                     | WYOMING – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269                                                                                                                                                                                                                                                    |

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

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

### 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

# Notice of Privacy Practices

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

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Whetstone Distribution *Group Health Plan* (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). 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 of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information (PHI) is 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, from which it is possible to individually identify you and that relates to:

- a. Your past, present, or future physical or mental health or condition;
- b. The provision of health care to you; or
- c. The past, present, or future payment for the provision of health care to you.

## **I. Contact Information**

If you have any questions about this Notice or about our privacy practices, and for any correspondence or requests related to the contents of this Notice, please contact Human Resources Department at 508-283-5350.

## **II. Effective Date**

This Notice is effective March 9, 2026.

## **III. Our Responsibilities**

We are required by law to:

- a. maintain the privacy of your PHI;
- b. provide you with certain rights with respect to your PHI;
- c. provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- d. 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 PHI 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.

## **I. How We May Use and Disclose Your PHI**

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. 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. Note that we will use and disclose PHI as described below unless otherwise prohibited or restricted by applicable state or other law, and that information can lose its protected status as PHI once re-disclosed by a recipient.

**For Treatment.** When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by health care 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 you with physicians who are treating you.

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 pre-certification 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 and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Substance Use Disorder (SUD) Treatment Information. Some of your health information may be part of a SUD patient record and subject to additional protections under federal law (42 CFR Part 2) governing confidentiality of SUD patient records.

If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the SUD patient record for purposes of treatment, payment or health care operations, we may use and disclose your SUD patient record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your SUD patient record through specific consent you provide to us or another third party, we will use and disclose your SUD patient record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your SUD patient record, or testimony that describes the information contained in your SUD patient record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

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, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to process your claims for Plan benefits 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 contract with us.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

As Required by Law. We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI 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 PHI 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 PHI in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose PHI to certain employees of the Employer. 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 PHI cannot be used for employment purposes without your specific authorization.

## **I. Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI without your specific authorization. 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 PHI after your death 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. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health activities. These activities generally include the following:

- a. to prevent or control disease, injury, or disability;
- b. to report births and deaths;
- c. to report child abuse or neglect;
- d. to report reactions to medications or problems with products;
- e. to notify people of recalls of products they may be using;
- f. 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;
- g. 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 PHI 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 PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your PHI if asked to do so by a law-enforcement official.

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

Coroners, Medical Examiners, and Funeral Directors. We may release PHI 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 PHI 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 PHI 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 PHI to researchers when:

- a. The individual identifiers have been removed; or
- b. When an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

#### **IV. Required Disclosures**

The following is a description of disclosures of your PHI we are required to make.

Government Audits. We are required to disclose your PHI 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 PHI 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 PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

#### **V. Other Disclosures**

Personal Representatives. We will disclose your PHI 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:

- a. You have been, or may be, subject to domestic violence, abuse, or neglect by such person; or
- b. Treating such person as your personal representative could endanger you; and
- c. In the exercise of 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 PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the 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.

#### **VI. Your Rights**

You have the following rights with respect to your PHI:

Right to Inspect and Copy. You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if

the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing. 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 request that the denial be reviewed by submitting a written request.

Right to Amend. If you feel that the PHI 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. 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:

- a. is not part of the medical information kept by or for the Plan;
- b. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- c. is not part of the information that you would be permitted to inspect and copy; or
- d. 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 PHI. 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. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). 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 PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI 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.

Except as provided in the next paragraph, 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.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing. 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. 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.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

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.

## **IX. 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. To file a complaint with the Plan, contact the person listed in the Contact Information section of this Notice. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

## **Uniformed Services Employment and Reemployment Rights Act of 1994**

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

## **Important Notice from Whetstone Distribution About Your Prescription Drug Coverage and Medicare for plans:**

- **Blue Choice Options (BCO) PPO \$750 Deductible**
- **Blue Choice Options (BCO) PPO \$5,250 Deductible**
- **BlueEdge H.S.A \$3,500 Deductible**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage **Whetstone Distribution** 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. **Whetstone Distribution** has determined that the prescription drug coverage offered by the **BCBS IL Plans** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **When Can You Join A Medicare Drug Plan?**

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

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

Since the coverage under your **BCBS IL 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 **BCBS IL 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 Whetstone Distribution coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid- year qualifying event.

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

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

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 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](http://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:                    | 09/01/2026                               |
| Name of Entity/Sender:   | Qin's Buffalo dba Whetstone Distribution |
| Office Contact/Position: | Keli Redinger/Chief HR Officer           |
| Phone:                   | (708) 815-7033                           |
| Address:                 | 5115 S Millard Ave., Chicago, IL 60632   |



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### What about Alternatives to Marketplace Health Insurance Coverage?

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

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

### How Can I Get More Information?

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

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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<br>Qin's Buffalo dba Whetstone Distribution                        |                | 4. Employer Identification Number (EIN)<br>87-3190602                                             |  |
| 5. Employer address<br>5115 S Millard Ave.                                          |                | 6. Employer phone number<br>(708) 815-7033                                                        |  |
| 7. City<br>Chicago                                                                  | 8. State<br>IL | 9. ZIP code<br>60632                                                                              |  |
| 10. Who can we contact about employee health coverage at this job?<br>Keli Redinger |                |                                                                                                   |  |
| 11. Phone number (if different from above)                                          |                | 12. Email address<br><a href="mailto:kredinger@whetstonedist.com">kredinger@whetstonedist.com</a> |  |

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 working 30+ hours per week

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

1. Legal Spouses (same sex marriages/unions)
2. Dependents up to age 26
3. Dependents over age 26 with disabilities

☐ 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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? \$112.57
- 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 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

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\*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)