

2025-2026 EMPLOYEE BENEFITS GUIDE



*The benefits contained in this guide
will be effective from June 1, 2025
through May 31, 2026*

WELCOME

to your 2025-2026 Benefits Guide

Current employees may make changes for this benefit period only during the Open Enrollment dates of **Monday, April 28th - Monday, May 12th 2025**. New Hires are eligible for coverage starting the first of the month following their date of hire.



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Employees continue to have the ability to earn **COST FREE** employee benefits for our Base medical, HDHP medical, dental, vision, life insurance, disability and telemedicine insurance plans!

Requirements to earn a cost free benefit are outlined on page 10.

Questions?

If you have questions about your benefits, please contact Human Resources or you may contact the Benefits Member Advocacy Center (Benefits MAC). The Benefits MAC can be reached at 800.563.9929 (Monday through Friday, 8:30 am to 5:00 pm ET) or go to www.connerstrong.com/memberadvocacy and complete the fields.

What You Need to Know Before Enrolling in Benefits

Eligibility

Employees must work 30 hours a week to be benefit eligible.

As a new hire, you will make your benefit elections online through ADP, our benefit and payroll system, within 30 days of your start date.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children of any age

Ineligible:

- Divorced or legally separated spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.



Change in Status

If you wish to make updates to your enrollments due to a change in status, please let Human Resources know within 30 days of the change. Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Benefits Member Advocacy Center (Benefits MAC)

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way! The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.



Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

Contact the Benefits MAC

You may contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via e-mail: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

Medical Benefits: *Independence Administrators*

	Buy Up	Base	HDHP
BENEFIT DESCRIPTION	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/Family	N/A	N/A	\$2,000/\$4,000
HSA Contributions from KTMC	N/A	N/A	\$1,000 for All Tiers
Out-of-Pocket Maximum* Individual/Family	\$6,600/\$13,200	\$6,600/\$13,200	\$3,000/\$6,000
Coinsurance	100%	100%	100%
Preventive Care Services	100%	100%	100%
PCP Office Visit	\$15 copay	\$20 copay	100% after deductible
Specialist Office Visit	\$30 copay	\$40 copay	100% after deductible
Diagnostic Laboratory	\$30 copay	\$40 copay	100% after deductible
Diagnostic X-Ray/Imaging (MRI, CT-Scan)	\$30 copay	\$40 copay	100% after deductible
Emergency Room	\$200 copay	\$300 copay	100% after deductible
Urgent Care Center	\$70 copay	\$70 copay	100% after deductible
Inpatient Hospital	\$400/admit	\$500/admit	100% after deductible
Outpatient Surgery	\$200 copay	\$300 copay	100% after deductible
Specialty Infusions	\$100 copay	\$100 copay	100% after deductible
OUT-OF-NETWORK BENEFITS			
Deductible Individual/Family	\$500/\$1,500	\$1,500/\$3,000	\$5,000/\$10,000
Out-of-Pocket Maximum Individual/Family	\$7,600/\$22,800	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	70%	70%	50%
PRESCRIPTION DRUG BENEFITS		RETAIL (UP TO A 30-DAY SUPPLY)	
Generic	\$10 copay	\$20 copay	\$15 copay after deductible
Preferred Brand	\$20 copay	\$40 copay	\$35 copay after deductible
Non-Preferred Brand	\$35 copay	\$60 copay	\$50 copay after deductible
MAIL ORDER (UP TO A 90-DAY SUPPLY)			
Generic	\$20 copay	\$40 copay	\$30 copay after deductible
Preferred Brand	\$40 copay	\$80 copay	\$70 copay after deductible
Non-Preferred Brand	\$70 copay	\$120 copay	\$100 copay after deductible

*Includes medical and prescription drug costs

Notes: You are not required to obtain referrals for Specialists for any of the plans. Contributions are pre-tax and deducted on a bi-weekly basis.

Employee Contributions: *Medical & Prescription*

Medical/Rx Contributions - *Employees Who Do Earn Wellness Incentive*

TIER	BUY-UP PLAN	BASE PLAN	HDHP PLAN
Employee Only	\$69.59	\$0.00	\$0.00
Employee + Spouse	\$791.58	\$631.45	\$433.78
Employee + Child(ren)	\$504.12	\$380.03	\$263.61
Family	\$1,142.86	\$938.68	\$553.11

Medical/Rx Contributions - *Employees Who Do Not Earn Wellness Incentive*

TIER	BUY-UP PLAN	BASE PLAN	HDHP PLAN
Employee Only	\$94.59	\$25.00	\$25.00
Employee + Spouse	\$816.58	\$656.45	\$458.78
Employee + Child(ren)	\$529.12	\$405.03	\$288.61
Family	\$1,167.86	\$963.68	\$578.11

Note: Contributions are pre-tax and deducted on a bi-weekly basis.



Telemedicine: *Teladoc*

Get Care When You Need It.

You and your dependents have access to a telemedicine benefit through Teladoc 24/7. Consult with a board-certified doctor by phone, secure video, or Teladoc App—anytime, from anywhere. The average wait time is less than 10 minutes. Members enrolled in the Base or Buy Up medical plans have access to this benefit at no cost.*



Getting Started

Why wait for the care you need? Contact Teladoc and feel better now!

- Visit www.teladochealth.com
- Call **800.835.2362**
- Download the **Teladoc App** from the App Store or Google Play

**Per IRS guidelines, those enrolled in the HDHP medical plan will be subject to a \$40 charge which applies to your deductible. After your deductible is met, there will be no cost to members.*

Conditions Treated by Teladoc:

- Allergies
- Behavioral Health Services
- Cold/Flu
- Constipation
- Dermatology
- Diarrhea
- Headache
- Nausea/Vomiting
- Respiratory Problems
- Urinary problems/UTI
- Vaginitis
- And more!

****E-prescriptions can be sent to your local pharmacy (if needed).**

Telemedicine: *Teladoc Mental Health*



Teladoc Mental Health Care provides convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more. Using Teladoc Mental Health Care is easy. You can:

- Find a board-certified psychiatrist, psychologist, or therapist that meets your needs
- Schedule a virtual visit by phone or video at a time that's best for you to connect
- Get ongoing support from your mental health care provider

How Teladoc Mental Health Care works

Initiate: You can access Teladoc by:

- Calling **800.835.2362**, or
- Visiting **www.teladochealth.com**, or
- Downloading the Teladoc mobile app

Inform: Complete the intake form and provide details about your concerns.

Schedule: Choose your mental health care provider and schedule a virtual session.

Consult: Talk to the provider about your concerns.

Telemedicine: *Teladoc Dermatology*

If you have concerns about your skin, Teladoc Health (Teladoc) Dermatology can connect you to doctors who can diagnose your condition, recommend a treatment plan, and provide follow-up.

Support: Schedule follow-up appointments as needed.

Teladoc Dermatology

Teladoc Dermatology gives you access to board-certified dermatologists anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin condition like acne, rosacea, or psoriasis, Teladoc Dermatology can help. Using Teladoc Dermatology is quick and convenient. You get access to:

- A network of board-certified dermatologists
- An online message center where you can connect with your dermatologist



- A personalized treatment plan with follow-up care

How Teladoc Dermatology works

Initiate: You can access Teladoc by:

- Calling **800.835.2362**, or
- Visiting **www.teladochealth.com**, or
- Downloading the Teladoc mobile app

Inform: Complete the intake form and provide details about your skin concern.

Upload Images: Upload a minimum of three digital pictures, so the dermatologist can evaluate your skin.

View online results: Within two business days, you will get a notification in the online message center from your dermatologist, with a diagnosis and treatment plan. Your dermatologist can also send any prescriptions to your pharmacy.

Follow-up: Use the online message center to communicate with your dermatologist over the next seven days. You can ask any follow-up questions or report how the condition is responding to treatment.

Wellness Program: Wellworks For You

Employees have the opportunity to participate in our wellness program. The program requirements are detailed below and will allow you to earn a half day of PTO and, for those employees enrolled in the KTMC Firm-sponsored medical insurance plans, earn a \$25 medical premium contribution credit per pay check.

Register on the Wellness Portal

NEW USERS

1. Go to www.wellworksforyoulogin.com
2. Click the register link and create an account
3. Complete the registration process

EXISTING USERS

1. Go to www.wellworksforyoulogin.com
2. Your username will be: **First Initial, Last Name, KTMC** (all lowercase) Example: John Smith’s username would be: jsmithktmc
3. Your temporary password* will be: Date of Birth in **MMDDYYYY**
Example: 01/01/1990 would be: 01011990
4. Accept the terms of the Consent Form
5. Fill in the required information

* **PLEASE NOTE:** The temporary password is only for the first time you access the Wellness Portal and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use the existing password.

Steps to Earn the Incentives

STEP 1: ANNUAL PHYSICAL WITH LAB WORK

Visit your Primary Care Physician (PCP) for an annual physical with lab work. Print out the **Physician Results Form on page 26** at the back of this guide, and take it to your appointment. All required metrics must be collected between **June 1, 2025** and submitted to Wellworks For You by **April 30, 2026** to receive credit. **Do not** send lab results directly to Wellworks For You. Lab results should be documented on your **Physician Results Form**.

STEP 2: SUBMIT YOUR COMPLETED FORM

DEADLINE: APRIL 30, 2026

The completed Physician Results Form should be submitted to Wellworks in one of the following ways:

- **Scan and Email:** direct@wellworksforyou.com
- **Upload to Portal:** Log in to www.wellworksforyoulogin.com and click “Contact Us” on the main menu bar of the Portal, or via the Portal MENU. Use the Attach File button to select a file from your computer. Users are limited to one(1) file per email.

Incentives

You must complete Steps 1 and 2 by **April 30, 2026** to earn a Medical Premium Contribution Credit effective June 1, 2026.

Medical Enrollment Status	Incentive
Medically-Enrolled Employees (All Plans)	\$25 contribution credit per paycheck + 1/2 day of PTO
Non-Medically Enrolled Employees	1/2 day of PTO

Prescription Benefits: Mail Order Program

About the Mail Order Program

Using the mail order program for your maintenance medications will save you money. You can receive up to a 90-day (3-month) supply for two retail copays (members in the HDHP must satisfy their deductible before copays are applied). In addition to the savings, your prescriptions will be delivered right to your home.

To establish or continue in the Independence Administrators mail order prescription plan:

1. Call the pharmacy phone number on the back of your card (888.678.7013).
2. They will request your date of birth and zip code.
3. Select the mail order prescription option through the automated system.
4. You will be connected to a representative. Please have your insurance card, prescription information, contact information of the prescribing doctor, dosage amount and payment method on hand.
5. The representative will work with you to set up the mail order prescription.

How much can you save when you use mail order? *Compare for yourself...*

RETAIL PHARMACY (30 Day Supply)	MAIL ORDER (90 Day Supply)	ANNUAL SAVINGS
Preferred Brand-Name \$20 copay	Preferred Brand-Name \$40 copay	\$80
Annual cost (\$20 x 12 fills per year) \$240	Annual cost (\$40 x 4 fills per year) \$160	

For illustrative purposes only.



Tobacco Cessation Program: *Independence Administrators*

Health and Well-Being from Independence Administrators is a motivating and personalized set of tools and resources that can help you achieve what's important to you in a way that's simple, easy, and fun.

Quit Tobacco for Good!

Finally, you can conquer your health goal of being tobacco free with the help of our Tobacco Free program — a unique smoking cessation program that teaches you new ways to deal with the urge to smoke.

Innovative Tools to Help you Quit

The Tobacco Free program includes:

- A quit plan rooted in the science of behavior change
- Tips to deal with urges, triggers, and cravings
- Messages, reminders, articles, and videos to increase motivation
- Tobacco reduction tracker tool
- Tips and tools to cope with relapse
- Certificate of completion

Personalized online and mobile tools that work for you

Visit <https://myibxtpabenefits.com> to start your well-being journey today!



How to get Started

1. Log in to your Independence Administrators account (<https://ibxtpa.com/login>). Under the My Health & Care Team tab, select Achieve Well-Being. Select the *Add New Program* or *Challenge* option, then select the *Program* option. Use the program search feature to look up Tobacco-Free and select Add Program.
2. Develop your quit plan and set a goal for what your tobacco-free future looks like.
3. Complete the daily activity and track your progress. The program provides new content every day for seven days. Each tool will prepare you to handle triggers and urges in a mindful way.

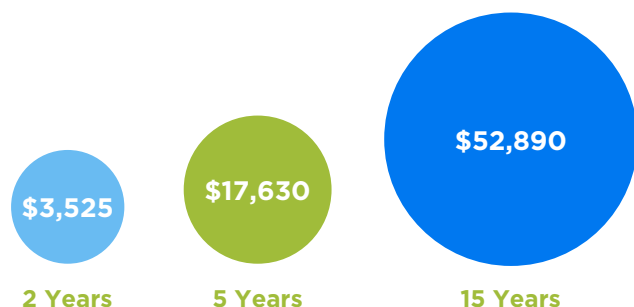
Health Savings Account: *isolved Benefit Services*

*KTMC provides a Health Savings Account (HSA) to all employees enrolled in the HDHP plan. If you would like to move funds from an existing HSA to an account through *isolved Benefit Services*, please contact Human Resources.*

KTMC provides \$1,000 to employees enrolled in the HDHP!

HSA Advantages

- The money you deposit and withdraw is tax-free
- Helps pay for Out-of-Pocket expenses while enrolled in a High Deductible Health Plan (HDHP)
- The money you deposit is yours until you spend it, and you can keep it even if you change jobs, health plans or retire.
- Use it when you need it and let it grow as an investment tax-free



Contribution Limits

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually. These limits are:

- **\$4,300** for individual coverage in 2025
- **\$8,550** for family coverage in 2025
- **\$1,000** extra if you're 55 or older, also known as catch-up contributions

Qualified Health Expenses

You can use the funds in your HSA to pay for qualified health expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries

For a full list of qualified health expenses, visit **IRS.gov** or the **www.HSAstore.com**.

Contributions add up quickly!

When Karen enrolled in her company's High Deductible Health Plan, she decided to open an HSA and contribute \$100 per month. Look how her contributions have added up in just one year:

- **Monthly contribution:** \$100
- **Annual contribution:** \$1,200
- **Annual income tax savings¹:** \$452

¹25% federal | 5% state | 7.65% FICA

Flexible Spending Accounts: *isolved Benefit Services*

KTMC provides you with the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA).

The FSA plan year runs from January 1, 2025 through December 31, 2025.

Healthcare FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA is **\$3,300**.

Eligible expenses include:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses
- LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$2,500.

Eligible expenses include:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

How Much Should I Contribute?

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed, **any balance up to \$660 for the Healthcare FSA may be rolled over into the January 1, 2026 plan year.**

Questions?

To manage your FSA you can do any of the following:

- Go to www.isolvedbenefitservices.com, click the “Login” button on the top right corner of the page. Once there scroll down to the **FSA/HRA/HSA Login** on the right side of the page, click “Employees” and log into to your account.
- Call member services at **800.300.3838**, Monday - Friday, 8:00 am to 8:00 pm ET
- Email fbamall@isolvdhcm.com

FSA Store

Did you know you can utilize your FSA to stretch your dollars on everyday essentials at the FSA Store? An extensive selections of 2500+ FSA eligible products are here to help you save. Explore <https://FSAStore.com> now and make the most of your FSA funds!

Dental Plan: *Principal Dental*

Eligible employees have the option of enrolling in the Principal Dental Plan. Plan details are outlined below.

We are pleased to announce we will continue to offer orthodontia benefits to children under age 19 who are enrolled in the dental plan.



	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$0	\$50
Family (Maximum 2/family)	\$0	\$50
Calendar Year Maximum (per patient) Annual rollover included	\$1,500	\$1,500
Preventive & Diagnostic Services Exams, Cleanings (4 cleanings per year), X-rays, Sealants	100%	100% of Allowance
Primary Services Basic Restorative Fillings, Composite Filings (all teeth), Endodontics (root canals), Minor Denture Repair, Oral Surgery and Extractions, Anesthesia, Periodontics (gum procedures)	100%	80% of Allowance
Major Services Inlays, Implants, Onlays, Crowns	60%	50% of Allowance
Oral Cancer Screenings	Yes	Yes
Orthodontia (Children up to age 19)	50%	50%
Orthodontia Lifetime Maximums	\$1,000	\$1,000

Dental Plan Contributions

Employee Only	\$0.00
Employee + Child(ren)	\$52.41
Employee + Spouse	\$52.41
Family	\$52.41

Contributions are pre-tax and deducted on a bi-weekly basis.

Vision Plan: EyeMed

Eligible employees have the option of enrolling in the EyeMed vision plan.

With the EyeMed vision plan, you can receive LASIK surgery savings! For more information or to locate participating vision providers, please visit www.eyemed.com.



	IN-NETWORK	OUT-OF-NETWORK
Exams		
Eye Exam	\$0 copay	Up to \$35
Frames		
Frame Cost	\$0 copay, \$140 Allowance for Frame + 20% off balance over \$140	Up to \$56
Lenses		
Single Vision Lenses	\$0 copay	Up to \$85 (Standard Plastic Lenses)
Bifocal Lenses	\$0 copay	
Trifocal Lenses	\$0 copay	
Contact Lenses		
Conventional Lenses	\$155 Allowance, 15% discount off balance over \$155	Up to \$109
Disposable Lenses	\$155 Allowance	Up to \$109
Medically necessary Contacts	\$0 copay	Up to \$200
Frequency		
Vision Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months
Contacts	12 months	12 months
Additional Benefits		
Unlimited Additional Eyewear	40% off	N/A
Lasik Surgery	5%-15% off	N/A

Vision Plan Contributions

Employee Only	\$0.00
Employee + 1	\$3.73
Family	\$7.53

Contributions are pre-tax and deducted on a bi-weekly basis.

Life & Disability Insurance: *Principal*

All active, full-time employees regularly working at least 30 hours each week are automatically enrolled in the below Life and Disability plans.



Life Insurance

KTMC pays 100% of this benefit.

	ALL OTHER EMPLOYEES	ASSOCIATES, COUNSEL, AND PARTNERS
Life	2x Base Salary to \$100,000 Maximum	2x Base Salary to \$250,000 Maximum
AD&D	2x Base Salary to \$100,000 Maximum	2x Base Salary to \$250,000 Maximum

Short-Term Disability

KTMC pays 100% of this benefit.

Benefit	60%
Maximum Weekly Benefit	\$2,000
Waiting Period-Accident	15 Days
Waiting Period-Sickness	15 Days
Duration of Benefits	11 Weeks After Waiting Period

Long-Term Disability

KTMC pays 100% of this benefit.

Benefit	60%
Maximum Monthly Benefit	\$15,000
Elimination Period	90 Days
Duration of Benefits	Social Security Natural Retirement Age

Voluntary Life Insurance: *Principal*

Eligible employees have the option to purchase additional Life Insurance for themselves, their spouse or their dependent children.



BENEFIT		GUARANTEE ISSUE AMOUNT
Employee	Increments of \$10,000 up to 5x salary or \$500,000, whichever is less	\$200,000
Spouse (under age 70)	Increments of \$5,000, maximum of \$200,000 (amount may not exceed Employee election)	\$30,000
Dependent Children (Coverage to age 26)	\$1,000 (up to 14 days old) Increments of \$5,000 up to a maximum of \$25,000 (all others)	\$25,000

Supplemental Policies: *Principal*

Accident Insurance

Accidents happen and they can affect more than just your physical health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit.

Accident Insurance covers:

- Initial & emergency care
- Hospitalization
- Fractures & Dislocation
- Follow-up care

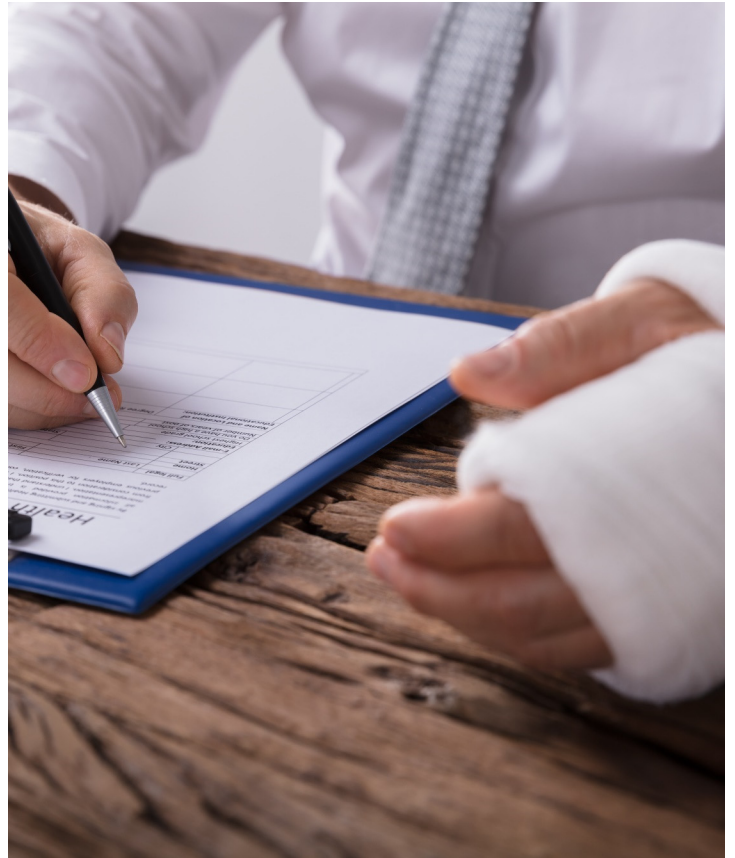
Critical Illness

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, such as:

- Cancer
- Heart attack
- Stroke

This plan can help ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses, such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs



Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as:

- Copays
- Deductibles
- Coinsurance
- Unexpected costs
- Child care
- Follow-up services
- Help for the home

Commuter Benefits: *iSolved Benefit Services*



You can use pre-tax dollars to pay for your commute and save on taxes. iSolved commuter benefits cover all types of commuting - subway, bus, train, ferry, vanpool and parking. With commuting and gasoline costs continuing to rise, iSolved's commuter benefits program can significantly reduce the burden of these increased costs.

The IRS sets a monthly maximum amount that you can deduct pre-tax, currently **\$325** for transit and **\$325** for parking. Tax savings on your commute means more of your money in your pocket.

- Pre-tax payroll deductions for mass transit costs
- **Up to \$325** pre-tax per month for commuter costs
- **Up to \$325** pre-tax per month for parking costs

How to Enroll

If you're interested in enrolling in this benefit, please, contact Human Resources.

Legal & Identity Theft Services: *Principal*

If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable. That's why it's important to be proactive and make a plan to protect your family and finances.

Legal Document Resources

With ARAG's free online resources, you and/or your spouse can create these documents:

- **Will** - Specify what happens to your property after you die, and appoint the person to execute your estate.
- **Healthcare Power of Attorney** - Grant someone permission to make medical decisions in case you're no longer able to make them yourself.
- **Durable Power of Attorney** - Grant someone permission to make financial decisions in case you're no longer able to make them yourself.
- **Living Will** - Let your family and health care providers know your wishes for medical treatment if you are unable to speak for yourself.
- **Medical Treatment Authorization for Minors** - Grant consent for medical personnel to treat your child(ren) if you're away.

You can also access:

- **Personal Information Organizer** - Record your personal and financial information in one convenient spot.
- **Estate Planning Education and Tools** - Get access to a variety of articles and legal resources.



Protect Your Identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is, you can protect your identity with free online resources from ARAG, including:

- **An Identity Theft Prevention Kit** to help protect you from identity theft.
- **An Identity Theft Victim Action Kit** to help speed your recovery if you experience identity theft.

It's Easy to Get Started

Follow these simple steps to start using these free resources today.

- Visit www.aragwills.com/principal
- Register using your group policy number **1019056**.
- You're in! Complete the forms or download the materials you need.
- Need help with registration? Call ARAG Customer Care at **800.546.3718**.
- If you have questions about the services, call Principal at **866.539.1728**.

24-Hour Travel Assistance: *Principal*

Whether you're traveling right here in the US or leaving the country, you can rely on AXA to help your travel experience go off without a hitch. You have access to many travel assistance services for free - no matter if you're traveling for business or pleasure.

You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. Your spouse and dependent children are covered whether or not they are traveling with you.



Near or Far, You're Eligible

No matter where you're going - on a cross-country flight, a short road trip, or a destination requiring a passport - consider AXA your trusted travel companion. This program helps address the challenges of travel like:

- **Lost or Stolen Items.** We all hope it won't happen to us, but it could. Lost items are a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards) so you don't miss a beat.
- **Medical Assistance.** Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.

How to Use This Service

With two convenient ways to connect, you'll be ready for anything that comes your way.

- **Website.** Plan for your trip with helpful resources at www.principal.com/travelassistance. Learn how to create an account giving you access to travel information online. You can get medical and security information about a country, search for a local medical provider, and view practical information like business culture and currency descriptions.
- **Phone.** When you're traveling and need assistance, call **888.647.2611 in the U.S.** or call collect **630.766.7696 when outside the U.S.** Help is available 24/7 - 365 days a year.

Employee Assistance Program: *Principal*

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family household members have access to free, confidential resources to help handle life's everyday - and not so everyday - challenges.

Services For You and Your Family

Your EAP offers these services to help you and your family deal with the big and little things:

- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources. (You are responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits).
- Opportunity to have ongoing personal coaching appointments via phone.
- LifeMart Discount Center, with savings on a variety of products and services.
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain.
- Health and wellness articles, guides, webinars and podcasts.
- Online assistance with elder care, child care and other family life resources.
- Help with teen and adolescent issues, including eating disorders and relationships.
- Tips on parenting and grandparenting.



Help is Just a Click or Call Away - 24/7

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.

- **Online:** www.MagellanAscend.com - When you create an account, use **Principal Core** for the company name.
- **Phone:** **800.450.1327**
- **International Phone:** **800.662.4504**

Grief and Beneficiary Support Services: *Principal*

Grief Support Services

Losing a loved one is never easy, and taking care of yourself during this time is important. Licensed counselors and trusted professionals are available to help you cope and take the next steps forward.

You have access to:

- 24/7 access to confidential guidance and coping strategies
- Personal coaching over the phone or video teleconference
- Local legal and community resource referrals*
- Private self-screening for depression

You can also explore a wide range of online resources, including:

- Health and wellness resources
- Legal tools and forms**
- Self-assessments for grief, depression, and stress
- Resources for talking to children about death
- Parenting and eldercare support

**Participants are referred to a local lawyer. A consultation is available by phone or in person, and there is no charge for up to one one-hour consultation per topic per year. Additional legal services are available at discounted rates.*

***Online Only*

Financial Wellness Support

Making financial decisions while grieving can feel overwhelming. Financial professionals from Principal are here to answer your questions, help you organize your finances, and create a plan for what's next.



Will Preparation

A loss can be a powerful reminder to take care of your own legal affairs. Please refer to **page 21** to learn more about creating a will, living will, health care power of attorney, or durable power of attorney.

Questions?

- **Grief support:** Call **800.274.4529** or go to <https://member.magellanhealthcare.com/>. When accessing this website, use Principal Grief Support as the organization name.
- **Financial planning support:** Call **833.210.6017**
- **Will services:** Call **866.539.1728** or go to <https://principal.araglegal.com/>

Carrier Contacts

PROGRAM	VENDOR	PHONE	WEBSITE
Medical & Prescription Drug	Independence Administrators	844.864.4352	www.myibxtpabenefits.com
Wellness Program	Wellworks	800.425.4657	www.wellworksforyoulogin.com
Telemedicine	Teladoc	800.835.2362	www.teladochealth.com
HSA/FSA	iSolved	800.300.3838	www.isolvedbenefitservices.com
Commuter Benefits	iSolved	800.300.3838	www.isolvedbenefitservices.com
Vision	EyeMed Vision Insurance	866.723.0513	www.eyemed.com
Dental	Principal	800.843.1371	www.principal.com
Life & Disability	Principal	800.843.1371	www.principal.com
Voluntary Life Insurance	Principal	800.843.1371	www.principal.com
Supplemental Policies	Principal	800.843.1371	www.principal.com
Employee Assistance Program	Principal	800.450.1327	www.MagellanAscend.com Company Name: Principal Core
Advocacy, Benefits, and Claims Assistance	Member Advocacy (provided by Conner Strong & Buckelew)	800.563.9929	www.connerstrong.com/memberadvocacy

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the participant's responsibility to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **APRIL 30, 2026**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

The form you are filling out will be scanned by a machine. To ensure that your data is uploaded accurately,

- Use a high-quality printer to print the form.
- Use black ink and finepoint pen.
- Please make sure that the text on the form is clear, aligned, and legible, preferably in block letters.
- Do not use fax or xerox copy. Do not fold or crease the form. Check the form carefully before submitting.

PATIENT CONTACT INFORMATION

COMPANY NAME: KTMCLaw Firm (Company ID 12397)

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This Results Form confirms that the patient named above received the following preventive care between **May 1, 2025** and **April 30, 2026**. The primary care physician needs to complete the information below with an * in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Weight (in pounds)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*TC/HDL Ratio	

Physician

I certify that the patient listed above received the tests indicated on this form on: ____/____/____

Physician Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORM BY APRIL 30, 2026

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways:

- Upload to Portal: Visit <https://www.wellworksforyoulogin.com>. Click the Upload a Form tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to one (1) file per submission.
- Upload to Mobile App: Tap the event that you are submitting a form for under the Home tab. On the following screen, tap the Select Document button to take or upload a photo of your form and then tap Send My Forms. Users are limited to one (1) file per submission.
- Scan and email: direct@wellworksforyou.com

PLEASE NOTE: Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.

Legal Notices

HIPAA/CHIP Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program) If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment. However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption

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 new dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

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 benefits. If you have any questions, please speak with Human Resources.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

Legal Notices

CALIFORNIA - MEDICAID

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprerecovery.com/flmedicaidtprerecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

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

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

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

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHSHIPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

Legal Notices

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

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

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the Independence Administrators Website. A paper copy is also available, free of charge, by contacting Human Resources.

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier’s customer service number located on your ID card. 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. To get information about the Marketplace coverage, you can call the government’s 24/7 Help-Line at 1.800.318.2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

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.

¹ 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.

3. Employer Name Kessler Topaz Meltzer & Check, LLP		4. Employer Identification Number (EIN) 23-2977382	
5. Employer Address 280 King of Prussia Road		6. Employer phone number 610.667.7706	
7. City Radnor	8. State PA	9. Zip Code 19087	
10. Who can we contact about employee health coverage at this job? Aubri Stafford		11. Phone number 610-822-2201	12. Email address astafford@ktmc.com



Kessler Topaz Meltzer Check LLP reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.