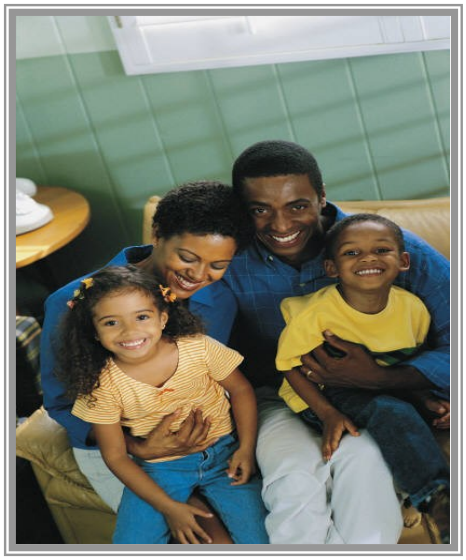
2026 — 2027

Employee Benefits Guide - Hourly

September 1, 2026—August 31, 2027

Introduction



Harness Roofing cares about the financial well-being and health of all its employees and their families. For this reason, we have designed our Employee Benefit Plan to protect each of you against the financial disaster and hardship that could be brought about by premature death, disability, sickness, or accidental injury.

This guide has been designed to help you gain a fundamental understanding of the Benefit Plans being offered beginning September 1, 2026 and ending August 31, 2027 After reviewing this guide, you will be able to select benefit options based on your personal needs and the needs of your family.

Eligible employees may create a flexible benefits package by choosing from the following:

Medical: Blue Cross Blue Shield of Arkansas

Dental: Delta Dental of Arkansas

Basic Life/AD&D: Company paid life protection through Metlife

Voluntary Term Life: Supplemental Term Life protection offered through Metlife

Voluntary Short-Term Disability: income protection benefit offered through Metlife

401(k) Plan: Retirement and savings plan administered through Fidelity

Section 125 Cafeteria Plan: Eligible benefits can be payroll deducted pre-tax

Flexible Spending Accounts (FSA): Reimbursement for out-of-pocket medical expenses

Voluntary Supplemental Coverage: Personal insurance products offered through Colonial Life

Eligibility Requirements

All full-time employees (excluding seasonal and temporary employees) of Harness Roofing working a minimum of 30 hours per week are eligible to participate in the benefit plan.

Benefits Waiting Period: Eligible employees are allowed to participate in the benefit plans effective on the first day of the month following a **60**-day waiting period.

Any elections made during initial enrollment are considered final and cannot be changed until the next open enrollment period unless you experience a Change in Status as described on the following page.

Change in Status

General Rule: If you elect to include any eligible benefit plans under the 125 Cafeteria Plan, you cannot change your election for you or any eligible dependents participating in the plan during plan the year. Changes in coverage options under a particular benefit plan are not allowed during the plan year unless they qualify under the following exceptions:

Exceptions to the General Rule: If any of the events specified below occur, you may revoke your existing election and make a new election with respect to a benefit plan. Each of the following events constitutes a Change in Status:

- A change in your legal marital status (such as marriage, divorce, or death of spouse);
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent);
- A change in your or your spouse's employment status, (including commencement or termination of employment, a leave of absence, or a change from full-time to part-time status, and vice-versa);
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent; or
- A change in your place of residence

Not every Change in Status permits a change in Benefit Plan elections. A change in election is permitted only if it is determined that the change in election is on account of, and corresponds with, a Change in Status that affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan. For example, a change in residence will only entitle an individual to a change in election if, as a result of the change in residency, an affected individual is no longer eligible for a benefit that they were previously receiving.

Medical Plan—1000

Your health insurance plan is designed to encourage the use of managed care, a concept we believe is a great way to control health insurance costs for everyone.

Blue Cross Blue Shield of Arkansas offers close and convenient doctors and hospitals for all of our employees. The level of benefits is much higher if network providers are used. Non-network providers may be used, however your out-of-pocket cost **will be greater.**

For more information about providers in your area, please access the provider directory website at: www.arkansasbluecross.com

For complete benefit details and plan information please refer to the Summary Plan Description

Blue Cross Blue Shield of Arkansas

Benefit Schedule	In-Network	Out-of-Network
Annual Deductible Individual/Family	$1,000 per person per calendar year (max of two per family, per year)	$3,000 per person per calendar year (max of two per family, per year)
Annual Out-of-Pocket Max.	$3,000 (2x) in Network	$6,000 (2x) out of Network
Lifetime Maximum	Unlimited per covered person	
Coinsurance	80%	60%
Physician Office Visits	$30 Copay per visit	Plan pays 60% After Deductible
Specialist Office Visits	$50 Copay per visit	Plan pays 60% After Deductible
Emergency Room Benefit	$150 Copay per visit	Plan pays 60% After Deductible
Urgent Care Benefit	$50 Copay per visit	Plan pays 60% After Deductible
Preventative Care/Wellness	Routine Wellness at no cost	Not Covered
Prescription Drugs	Generic - $10 Copay	Not Covered
	Preferred Brand Name - $40 Copay	Not Covered
	Non-preferred Brand Name - $60 Copay	Not Covered
	Specialty Pharmacy -$120 Copay	Not Covered

The weekly cost per pay check (out-of-pocket) for participation in this Medical Plan are as follows:

Employee Only:	$23.34
Employee + Spouse:	$223.94
Employee + Child(ren):	$120.59
Employee + Family:	$347.19

Medical Plan—3000

Your health insurance plan is designed to encourage the use of managed care, a concept we believe is a great way to control health insurance costs for everyone.

Blue Cross Blue Shield of Arkansas offers close and convenient doctors and hospitals for all of our employees. The level of benefits is much higher if network providers are used. Non-network providers may be used, however your out-of-pocket cost **will be greater.**

For more information about providers in your area, please access the provider directory website at: www.arkansasbluecross.com

For complete benefit details and plan information please refer to the Summary Plan Description

Blue Cross Blue Shield of Arkansas		
Benefit Schedule	**In-Network**	**Out-of-Network**
Annual Deductible Individual/Family	$3,000 per person per calendar year (max of two per family, per year)	$9,000 per person per calendar year (max of two per family, per year)
Annual Out-of-Pocket Max.	$6,000 (2x) in Network	$19,000 (2x) in Network
Lifetime Maximum	Unlimited per covered person	
Coinsurance	80%	60%
Physician Office Visits	$30 Copay	Plan pays 60% After Deductible
Specialist Office Visits	$50 Copay	Plan pays 60% After Deductible
Emergency Room Benefit	$150 Copay per visit	Plan pays 60% After Deductible
Urgent Care Benefit	$50 Copay per visit	Plan pays 60% After Deductible
Preventative Care/Wellness	Routine Wellness at no cost	Not Covered
Prescription Drugs	Generic - $10 Copay	Not Covered
	Preferred Brand Name - $40 Copay	Not Covered
	Non-preferred Brand Name- $60 Copay	Not Covered
	Specialty Pharmacy -$120	Not Covered

The weekly cost per pay check (out-of-pocket) for participation in this Medical Plan are as follows:

Employee Only:	$6.87
Employee + Spouse:	$171.00
Employee + Child(ren):	$84.86
Employee + Family:	$273.74

Medical Plan—HSA 5000

Your health insurance plan is designed to encourage the use of managed care, a concept we believe is a great way to control health insurance costs for everyone.

Blue Cross Blue Shield of Arkansas offers close and convenient doctors and hospitals for all of our employees. The level of benefits is much higher if network providers are used. Non-network providers may be used, however your out-of-pocket cost **will be greater.**

For more information about providers in your area, please access the provider directory website at: www.arkansasbluecross.com

For complete benefit details and plan information please refer to the Summary Plan Description

Blue Cross Blue Shield of Arkansas		
Benefit Schedule	**In-Network**	**Out-of-Network**
Annual Deductible Individual/Family	$5,000 per person per calendar year (max of two per family, per year)	$10,000 per person per calendar year (max of two per family, per year)
Annual Out-of-Pocket Max.	$5,000 (2x) in Network	$20,000 (2x) in Network
Lifetime Maximum	Unlimited per covered person	
Coinsurance	100%	80%
Physician Office Visits	Plan pays 100% After Deductible	Plan pays 80% After Deductible
Specialist Office Visits	Plan pays 100% After Deductible	Plan pays 80% After Deductible
Emergency Room Benefit	Plan pays 100% After Deductible	Plan pays 100% After Deductible
Urgent Care Benefit	Plan pays 100% After Deductible	Plan pays 80% After Deductible
Preventative Care/Wellness	Routine Wellness at no cost	Not Covered
Prescription Drugs	Plan pays 100% After Deductible	Not Covered
	Plan pays 100% After Deductible	Not Covered
	Plan pays 100% After Deductible	Not Covered
	Plan pays 100% After Deductible	Not Covered

The weekly cost per pay check (out-of-pocket) for participation in this Medical Plan are as follows:

Employee Only:	$4.12
Employee + Spouse:	$99.86
Employee + Child(ren):	$36.82
Employee + Family:	$175.04

Employee Wellness Benefits

Preventative health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Employee Wellness Services obtained in-network will be paid at 100% of allowed charges. **Out-of-network services will not be covered under the plan.** The following Employee Wellness Services are covered under the Medical Plan, not subject to your deductible or any applicable co-payments.

Adult Routine Physical Exam, including:

- Initial evaluation
- Examination
- Appropriate lab tests
- PSA tests

Routine Gynecological Examinations, including:

- Annual routine pelvic exams
- Annual routine PAP smears
- Routine mammography for women over age 40

Preventive Child Care

The Wellness Benefit for preventive child care is for children from birth through age 18. A visit with a physician for the purposes of health risk assessment or screening is covered as follows:

- Six times during the first year of life
- Three times during the second year of life
- Annually at age over 2 years old

Covered preventive child care includes:

- Medical history
- Physical exams
- Routine tests
- Appropriate immunizations
- Lab tests

Dental Plan

As an employee of Harness Roofing you are offered a Dental Plan through Blue Cross Blue Shield of Arkansas. Blue Cross Blue Shield of Arkansas is a leading provider of employee benefits and individual insurance coverage.

The Dental Plan offered includes preventative, basic, major and child orthodontic care benefits. The plan pays a percentage of covered services, up to an annual maximum of $1,000 per covered person per plan year. Plan participants may obtain dental services through any dentist of their choice.

Participants have access to a variety of online resource tools through www.arkansasbluecross.com. Here you can search for and compare providers.

Dental	Plan Highlights
Annual Deductible* **- Individual / Family**	(Basic & Major Only) $50 Per Person / $150 Per Family
Annual Maximum Per Individual	$1,000
Diagnostic & Preventive Services **- Exams (every 6 months)** **- Cleanings & Fluoride** **- X-rays**	100% (Deductible waived)
Restorative (Basic) Services* **- Simple Extractions, Surgical Extractions** **- Endodontic**	80% (after deductible)
Major Services* **- Crowns, Inlays, Outlays** **- Bridges and Dentures** **- Periodontics**	50% (after deductible)
Orthodontics* **(Child only up to age 19)** **- Lifetime Maximum**	50% up to $1,000

*The Deductible applies to services that require the applicable coinsurance. For complete benefit details and plan information please refer to the Summary Plan Description.

The per-paycheck costs for the Dental Plan are as follows:

Employee Only:	**$ 0.00**
Employee + Spouse:	**$ 5.06**
Employee + Child(ren):	**$ 6.19**
Employee + Family:	**$ 12.70**

You may elect to enroll yourself and your eligible dependents in the Dental Plan. Unmarried, dependent children may be covered to **age 26.**

Vision

Harness Roofing offers a voluntary vision plan through Superior Vision. This voluntary plan provides benefits for eye exams, as well as lenses and frames. Participants in the voluntary vision plan will have an affordable co-pay for covered services in-network. To find a listing of in-network providers go to www.superiorvision.com or call 1-800-507-3800.

	In Network	Out of Network
Frequency Exam/Lens/Frames	12/12/24	
Exam	$10 copay	$10 copay; up to $42 allowance
Material	$25 copay	$25 copay; up to applicable allowance
Lenses:		
Single Vision	100% after copay	after copay up to $28 allowance
Bifocal	100% after copay	after copay up to $42 allowance
Trifocal	100% after copay	after copay up to $56 allowance
Lenticular	100% after copay	after copay up to $78 allowance
Frames	100% after copay to $100 allowance	after copay up to $45 allowance
Non-Covered Materials Discount	Up to 20% when complete pair of glasses dispensed	
Contact Lenses	Visually Necessary: 100% after copay Elective: up to $100 allowance	Visually Necessary: after copay up to $210 allowance Elective: up to $100 allowance

The per-paycheck costs for the Voluntary Vision plan are as follows:

Employee Only: $0.00
Employee + Spouse: $1.10
Employee + Child(ren): $1.05
Employee + Family: $2.17

Life Insurance

Harness Roofing offers all eligible full-time employees a Basic Group Term Life/Accidental Death & Dismemberment (AD&D) plan as a company-paid benefit. The **Basic Life/AD&D** benefit is equal to $50,000.

Voluntary Term Life and AD&D Insurance

Eligible employees may elect Voluntary Term Life coverage for themselves and their dependents.

Employee Benefit: Each employee may select any amount desired in units of $10,000 from a minimum of $10,000 to a maximum of $130,000.

Spouse Benefit: With the election of employee benefits, coverage for spouse may be elected in units of $5,000 from a minimum of $5,000 to a maximum of $100,000, not to exceed 50% of employee's optional life benefit. Spouse may elect a guarantee issue up to $30,000. Any additional amount requires evidence of insurability.

Benefit for Children: Children between the ages of live birth to age 26 may be covered for $1,000, $2,000, $4,000, $5,000, or $10,000. (children age 15 days to 6 months—$1,000)

Amounts over $130,000 or participants considered to be a late entrant will require evidence of insurability (i.e., completing a health questionnaire) to be provided to the insurance carrier before the coverage will be approved. A late entrant is defined as an individual who did not enroll in the coverage during initial eligibility period.

Age Bracket	Rate per $1,000 /month	Age Bracket	Rate per $1,000/ month
	Employee and Spouse		Employee and Spouse
<30	$0.088	**60-64**	$1.54
30-34	$0.108	**65-69**	$2.332
35-39	$0.148	**70-74**	$3.402
40-44	$0.212		
45-49	$0.34		
50-54	$0.58		
55-59	$0.94		
Children			
$0.251 per $1,000 of coverage			

Premiums are paid through payroll deductions **on an after-tax basis**. Your cost automatically adjusts each year to reflect the age-graded rates listed above. Spouse rates are based on the employees age.

To calculate your Voluntary Term Life premiums, take the number of $1,000 units of coverage and multiply by the appropriate rate for your age. For example a 35 year old, electing $100,000 in supplemental life would pay $14.80 per month. (100 units of $1,000 X a rate of $0.148).

Disability Income Protection

Harness Roofing offers all employees Voluntary Short-Term Disability. This plan provides income protection payable to you the employee, in the event you become unable to work due to a disability. **Benefits are offered through Metlife.**

Voluntary Short-Term Disability (STD)

You have the opportunity to enroll in Voluntary Short Term Disability Insurance. Voluntary Short Term Disability Insurance helps to replace your income if you are sick or injured and cannot work. This coverage begins on the 15th day of accident and 15th day of illness and is designed to continue for a period of 24 weeks and provides income protection to replace up to 60% of your earnings, to a maximum weekly benefit of $500.

Coverage **must** be elected within 31 days of your eligibility waiting period which is the 1st of the month following 3 months of employment. If you enroll during this enrollment period, your coverage is provided to you on a guaranteed issue basis – no medical information is required. If you enroll after this enrollment period, evidence of insurability will be required for all coverage amounts.

*For complete benefit details and plan information please refer to the Summary Plan Description

To calculate your weekly cost, please use the following formula(s):

_____ ÷ 52 = _____x 60% = _____ _____ ÷ 10 = _____ x____$0.123_____= $_____

Your Annual Earnings	Your Weekly Earnings	Weekly Benefit Max = $500	Rate	My Weekly Cost

401(k) Retirement Savings Plan

Your Plan
Harness Roofing 401(k) Retirement Savings Plan presents one of the best opportunities you have for building your retirement nest egg. The plan makes investing easy, convenient and flexible.

When You Can Enroll
Eligible employees may enter into the plan the 1st day of the month after a year of service has been completed. Employees must be age 21 at the time of enrollment.

How The 401(k) Plan Works
As the employee, you may defer a portion of your pay on a pre-tax basis every pay period. The IRS sets a yearly limit for an employee's yearly contributions. For example, the limit one can contribute for the 2024 plan year is $23,000. However, employees ages 50 or over can contribute an additional $7,500 in 2024. Under the Safe Harbor employer match guidelines, Harness Roofing will contribute 100% on the first 3% of employee salary deferral, Then 50% of the next 2% of employee salary deferral. These contributions are made when your 401(k) payroll deductions are made.

Employee % Contribution	Employer % Match
1%	1%
2%	2%
3%	3%
4%	3.50%
5%	4%

401(k) Vesting Schedule
The Safe Harbor matching contribution will be 100% vested, all other non-safe harbor contributions will be operating on a 3-year vesting schedule.

To Enroll, Make Changes or Learn More
Please note this is only a brief summary of your Retirement Savings Plan. Please reference your summary plan description for additional information on vesting and other important aspects of your plan or contact Brennan McCutchen at (501) 823-4637 or Jane Tiefel at (501) 604-7663 or ext. 2107

*For complete benefit details and plan information please refer to the Summary Plan Description

Section 125 Cafeteria Plan

What is a Section 125 Cafeteria Plan?

The Premium Only Plan is the most basic type of Section 125 plan and the most popular. A Premium Only Plan allows employees to pay their portion of insurance premiums with pre-tax dollars, which in turn reduces the employee's tax liability. Benefits that are typically offered within a Premium Only Plan include: health, dental, and vision.

This benefit is available as a savings to you. Your taxable income will be reduced, and taxes will be lowered. Federal tax laws allow Harness Roofing to offer you this option. These same laws, however, restrict your ability to make changes in your pre-tax election during the plan year. For example, you cannot change the type of coverage you elect (e.g., single, family) or drop your coverage until the next plan year. However, elections can be amended if a ***change in status*** occurs as stipulated in the "Change in Status" section of this guide.

On your election form you are given the option to choose which plans you want to have deducted on a pre -tax basis.

Example: Employee's Spendable Income Increases

Without Section 125 Plan		With Section 125 Plan	
Annual Salary	$ 24,000	Annual Salary	$ 24,000
Federal Income Tax (15%)	- 3,600	Health Insurance Premiums	- 1,500
State Income Tax (3%)	- 720	**Net Income**	**$ 22,500**
Social Security Tax (7.65%)	- 1,836	Federal Income Tax (15%)	- 3,375
Net Income	**$ 17,844**	State Income Tax (3%)	- 675
Health Insurance Premiums	- 1,500	Social Security Tax (7.65%)	- 1,721
Remaining Spendable Income	**$ 16,344**	**Remaining Spendable Income**	**$ 16,729**

This is for example purposes only. Savings will vary depending on the individuals tax bracket.

Flexible Spending Accounts (FSA)

HRI offers a Cafeteria Plan which allows employees to pay for their employer-sponsored insurance premiums. We are adding a Flexible Spending Account into the Cafeteria Plan which allows employees to be reimbursed for expenses such as: insurance deductibles, coinsurance, co-pays, prescription drugs, vision expenses, dental expenses, day care services and privately owned insurance policies. Flexible Spending Accounts (FSAs) can save you money by lowering your taxable income.

Similar to a Premium Only Plan, a Flexible Spending Account permits pre-tax payment of insurance premiums and also offers three additional benefits to employees:

Health Flexible Spending Accounts

Employees use payroll withholding of pretax dollars to pay for out-of-pocket medical expenses. You may elect to contribute up to $3,400 annually.

As of January 1, 2011 Over-The-Counter medications are no longer eligible expenses under the FSA plan unless you have a written prescription from a doctor.

Dependent Care Flexible Spending Accounts

Employees use payroll withholding of pre-tax dollars to pay for work-related expenses associated with care of a live-in dependent, such as a child or elderly relative. You may elect to contribute up to $7,500 annually.

Premium Reimbursement Accounts

Allow employees to set aside the costs of premiums with a private insurance company on a pretax basis. Premiums are only eligible if the insurance policy is carried individually.

How Do I Get Reimbursed?

The FSA debit card is designed to reduce your out-of-pocket expenses and the hassle of writing a check or paying with cash. This debit card allows you to pay for your health care needs – at qualified locations that accept MasterCard – without the hassle of a reimbursement check. The payment comes directly from your reimbursement account. Online access to real-time account information allows you to check your balance at any time.

How Do I Know What Amount I Should Contribute?

The FSA worksheet on the following page will help you determine the dollar amount you will spend for medical expenses during the upcoming plan year.

Don't forget that expenses for any of your qualified tax dependents are eligible for your FSA program, even if they aren't on your employer's medical insurance programs.

Flexible Spending Accounts (FSA)

UNREIMBURSED MEDICAL EXPENSES

Annual Estimate

Medical Expenses not covered by Insurance	
Deductibles, co-pays, coinsurance $	
Physician visits/routine exams $	
Prescription drugs $	
Diabetic supplies $	
Annual physicals $	
Chiropractic treatments $	
Other: $	
Subtotal Medical Expenses $	
Dental Expenses not covered by Insurance	
Checkups/cleanings $	
Fillings $	
Root canals $	
Crowns/Bridges/Dentures $	
Oral surgery $	
Orthodontia $	
Other: $	
Subtotal Dental Expenses $	
Vision/Hearing Expenses not covered by Insurance	
Exams $	
Eyeglasses $	
Prescription sunglasses $	
Contact lenses & cleaning solutions $	
Corrective eye surgery (LASIK, cataract, etc.) $	
Hearing exams and hearing aids (and batteries) $	
Subtotal Vision/Hearing $	
Total Medical Expenses $	

Administered by:

Consolidated Admin Services

Supplemental Voluntary Benefits

Harness Roofing offers supplemental insurance benefits through Metlife. These policies are designed to enhance and supplement your basic group benefits. Each individual's lifestyle and needs are different. These insurance products offer a broad range of benefit options for you and your family, and many can help combat the rising costs of health care. These policies are individually owned, however for your convenience they are payroll deducted. In addition these plans are completely portable. Plans are 100% voluntary and employees may select the plans that best fit their needs.

Metlife Voluntary Insurance Options
Metlife can help restore peace of mind through personal insurance products that complete your coverage. Metlife offers a broad line of personal insurance products including Cancer, Accident, Critical Illness, Hospital Indemnity.

Cancer Policy
Cancer insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. Employees can choose from three levels of coverage amounts.

Accident Policy
Accident insurance is a medical indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident.

Critical Illness Policy
Critical Illness insurance helps employees and their families maintain financial security during the lengthy, expensive recovery period of a critical illness. It provides a lump sum benefit to help with the out-of–pocket medical and non-medical expenses of employees who suffer a critical illness.

Hospital Indemnity
Hospital Indemnity insurance is designed to help fill the gaps of deductibles and out-of-pocket costs of a major medical plan.

Paid Holidays

The following are paid holidays for full-time eligible employees:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving Day
- Christmas Day

Full-time employees are eligible for paid holidays after 30 days of employment.

Paid Time Off (PTO)

2 PTO days granted per year

-1st day granted after 90 days of continuous service

-2nd day granted after six months of continuous service

Paid Time Off

After 1 year of continuous service……..1 week
After 5 years of continuous service……..……...2 weeks
After 10 years of continuous service……...3 weeks
After 15 years of continuous service……...4 weeks

Contact Information

Please reference this list whenever there is a need to contact one of your benefit vendors. Should you have any questions or concerns, or need additional assistance, please contact Menard Wurtz Agency 501-324-2620.

Medical & Prescription Drug
Blue Cross Blue Shield of Arkansas
www.arkansasbluecross.com

Dental
Delta Dental of Arkansas
www.deltadentalar.com

Voluntary Vision
Superior Vision
(800) 507-3800
www.superiorvision.com

Basic Life, AD&D, Voluntary Life
Metlife
Menard Wurtz Agency
(501) 324-2620

Short Term Disability
Metlife
Menard Wurtz Agency
(501) 324-2620

401(k) Retirement Savings
Prime Capital Investment Advisors
Jonnathan Davis or Brennan McCutchen
501-823-4637

Flexible Spending Accounts
Consolidated Admin Services
Menard Wurtz Agency
(877) 941-5956

Voluntary Supplemental Insurance
Metlife
Menard Wurtz Agency
(501) 324-2620

HRI Human Resources
Jane Tiefel
(501) 604-7663
jtiefel@harnessroofing.com

This guide is designed to assist you in making benefit election choices and represents only a brief summary of available Plans. This booklet is not intended as an official interpretation of the Plans. For more detailed information, please refer to the Plan Document. Should any question arise, the Plan Document will be the final authority in determining your plans. Harness Roofing, Inc., reserves the right to modify, amend, or terminate the plan at any time.

Affordable Care Act (ACA) Notices

Notice of patient protections and selections of providers

For plans and issuers that require or allow for the designation of a primary care provider for a child, add: For children, you may designate a pediatrician as the primary care provider. For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add: You do not need prior authorization from United HealthCare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact United HealthCare at the number listed on the back of your Member ID card.

WHCRA Notice – Annual and at initial enrollment

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: PPO Plan 1 - $1,000 Deductible In-network, $2,000 Deductible Out-of-Network and 80 % / 60 % In/Out-of-Network Coinsurance. PPO Plan 2 - $3,000 Deductible In-network, $6,000 Deductible Out-of-Network and 80 % / 60 % In/Out –of-Network Coinsurance. If you would like more information on WHCRA benefits, call your plan administrator at (501) 604-

Women's Health and Cancer Rights Act ("WHCRA") - Annual

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan adminis-

Michelle's Law Notice

Effective January 1, 2010, if you have a dependent child older than age 18 who is enrolled at a post-secondary institution (e.g., college or university) on a full-time basis, he or she may be eligible to continue to be covered as a dependent if he or she loses full-time student status due to a serious injury or illness. In order to be eligible to continue coverage as a dependent under Michelle's Law: the dependent child must be enrolled in Medical coverage based on full-time student status immediately before the first day of the medically necessary leave of absence; a doctor's written certification of the medically necessary leave of absence must be submitted to the health insurance company; and proof of full-time student status before the leave of absence may also be required to be submitted to the health insurance company. Continued dependent coverage will be extended for at least one year after the first day of the leave of absence, but may end earlier if the dependent child does not meet the dependent eligibility requirements under Medical coverage, such as meeting the limiting age for dependent eligibility under the plan. If dependent coverage under Michelle's Law ends, the dependent may be eligible for continuation coverage under the provisions of Medical coverage. If an eligible dependent remains enrolled in Medical coverage under Michelle's Law, the dependent child will con-

Please note: This list is for general reference purposes only and is not all-inclusive. The information is subject to change based on new requirements or amendments to the law. Additionally, your company or group plan(s) may be exempt from certain requirements and/or subject to more stringent rules under your state's laws.

Affordable Care Act (ACA) Notices

Medicare Part D Notice of Creditable or Non-Creditable Coverage

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 "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). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Jane Tiefel, HR Director at (501) 604-7663.

Waiver of Annual Limit Requirement

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption. This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage. All questions about the preexisting condition exclusion and creditable coverage should be

Notice of special enrollment rights

Notice to employees eligible to enroll in a group health plan describing the group health plan's special enrollment rules including the right to enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement for adoption, or within 60 days of the loss of coverage under a Medicaid plan or CHIP, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

NMHPA Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following 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 health care 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).

Please note: This list is for general reference purposes only and is not all-inclusive. The information is subject to change based on new requirements or amendments to the law. Additionally, your company or group plan(s) may be exempt from certain requirements and/or subject to more stringent rules under your state's laws.

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