2026-2027

Oct 1, 2026 | Sep 30, 2027

Benefits Guide

Supporting Your
Health
Well-Being
Future

TekSynap

Welcome to Your Benefits

At TekSynap, our employees are our most valuable asset, and we are therefore personally committed to ensuring you and your family stay healthy, feel secure and enjoy a positive work / life balance. Our Managers, HR Team and senior leadership are equally dedicated to enabling our workforce to focus on supporting our customers, unhindered by concerns over the adequacy or reliability of their benefits.

To help us achieve these goals, we have worked hard to assemble a variety of effective and dependable benefit plans, backed by some of the industry's most reputable providers, as you will see in the following pages.

Our promise to you is that we will continue to refine and improve our benefits offerings, keeping pace with industry trends and innovations, and ultimately, to maximize their effectiveness and value for you – our most valued asset.

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TekSynap Benefits Summary

Stay Healthy

- Medical Insurance
- Dental Insurance
- Vision Insurance
- TRICARE Supplemental Insurance

Feeling Secure

- 401(k) Plan with Match and No Vesting Period
- Life and Accidental Death & Dismemberment Insurance
- Short Term Disability
- Long Term Disability
- 529 College Savings Plan with Employer Match
- Student Loan Repayment Plan with Employer Match
- Employee Learning Program with Tuition Reimbursement of $5,000 per year
- Pet Assure and PET Plus Discount Plans
- Wishbone Pet Insurance Plan
- HSA/FSA Plan Options

Work/Life Balance And Referral Program

- 15 Days Paid-Time-Off (PTO), 1 additional day of PTO earned with each year of employment (maximum of 20 days)
- 11 Federal Holidays
- Flex time within Pay Period
- $5k Vacation Award after 5 years of employment,
  $10k Vacation Award after 10 years of employment and every 5 years thereafter
- Employee ReferralProgram offering$2000 bonus for referrals that fill a funded position
- Wellhub

Carrier Contacts

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to ADP. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff.

Insurance Carrier Website & Apps
Registering with the carrier gives you instant access to valuable resources. In most cases, you can access the following:

- Specific plan details
- ID cards
- In-network provider search
- Your claims history
- Other tools and resources

BENEFIT	Carrier	Phone	Website
Medical	Cigna	1-800-244-6224	www.mycigna.com
HSA & FSA	WEX	1-866-451-3399	www.benefitslogin.wexhealth.com
Dental	Cigna	1-800-244-6224	www.mycigna.com
Vision	VSP	1-800-877-7195	www.vsp.com
Life and AD&D	Guardian	1-888-600-1600	www.guardiananytime.com
Disability	Guardian	1-888-600-1600	www.guardiananytime.com
EAP	Guardian	1-888-600-1600	www.guardiananytime.com
Pet Insurance	Pet Benefits	1-800-891-2565	www.petbenefits.com
401(k)	ADP	1-866-695-7526	www.mykplan.com
College Savings & Student Loan Repayment	BenefitEd	1-844-358-5707	www.youbenefited.com
TRICARE Supplement	Selman & Co	1-800-638-2610 (Option 1)	www.selmanco.com
Wellbeing Program	Wellhub	Live chat via app	www.wellhub.com

When Can I Enroll?

New Hires

If you are a full-time permanent employee who has a regular schedule working a minimum of 30 hours per week, you are eligible for TekSynap's benefits program. Medical, Dental and Vision benefits will be effective on the first day of the month following your date of hire. Enrollments will be completed in ADP within 10 days of your official start date. Life and Disability benefits will be effective on your date of hire.

Open Enrollment

Each year, we have an annual "open enrollment" period for benefit plans. During "open enrollment," you may make changes to your benefit program (elect new coverage, add or delete eligible dependents). **All changes take effect on October 1.**

Qualifying Life Events

Employees are only able to make changes during Open Enrollment unless you experience a Qualifying Life Event throughout the plan year. Below are examples of qualifying life events:

- Birth, adoption, placement for foster care, legal custody of a child
- Marriage, divorce, legal separation
- Gain or loss of spouse's coverage due to change in employment
- Gain or loss of a child's eligibility
- Gain or loss of coverage under Medicare or Medicaid
- Death of spouse or child
- COBRA coverage expires
- Start or end of unpaid leave of absence
- Significant change in health care cost of spouse
- Gain or loss of coverage during spouse's annual enrollment
- Loss of child(ren) coverage under a parent's plan due to eligibility requirements

How Long Do I Have To Request Enrollment Due To A Qualifying Event?

You or your dependent must request enrollment within ***30 days*** after losing eligibility for coverage or after a marriage, birth, adoption, or placement for foster care.

You or your dependent must request enrollment within ***60 days*** of the loss of coverage under a State CHIP or Medicaid program or the determination of eligibility for premium assistance under those programs.

Eligible Dependents

Your eligible dependents include:

- Legal spouse / Civil Union
- Your child(ren) including those of your spouse
    - Children must be natural, legally adopted, or placed with you for legal adoption
    - Children are covered up to the age of 26

HSA Medical & Prescription Drug Plan

Cigna's Open Access Plus network gives members access to an extensive national network of health care professionals and facilities. You have the option of using any doctor in-network or out-of-network; however, you will pay less when seeing an in-network provider. Referrals are not required to see a specialist.

The first plan option is the HSA medical plan. When you enroll in the Cigna HSA medical plan, TekSynap will contribute $2,000 for an individual and $4,000 for those enrolling at least one family member, annually to your Health Savings Account. Note that TekSynap contributions to the HSA are on a per pay period basis.

Note: Deductibles and Out of Pocket Maximums are calculated on a plan year basis.
Visit www.mycigna.com to locate participating providers.

PLAN HIGHLIGHTS	Cigna HSA Medical Plan	
	In-network you pay:	**Out-of-network you pay:**
Deductible (first dollar cost for covered in-network services)		
Individual / Family	$4,000 / $8,000	$8,000 / $16,000
Coinsurance (after you reach your deductible)		
Plan pays	100%	80%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)		
Individual / Family	$5,000 / $10,000	$8,000 / $16,000
Plan Services		
Preventive Care	Covered in full	Covered in full
Primary Care Visits	$0 after deductible	20% after deductible
Cigna MD Live Virtual Visits	$0, deductible waived	20% after deductible
Specialist Visits	$0 after deductible	20% after deductible
Urgent Care	$0 after deductible	20% after deductible
Emergency Room	$0 after deductible	$0 after deductible
Inpatient Hospital	$0 after deductible	20% after deductible
Outpatient Surgery	$0 after deductible	20% after deductible
Labs and X-rays	$0 after deductible	20% after deductible
Prescription Benefits		
Retail 30-days » Tiers 1 / 2 / 3 / 4	$10 / $40 / $60 / 20% to $250 max after deductible	30% after deductible
Mail Order 90-days	$25 / $100 / $150 after deductible	Not available

PPO Medical & Prescription Drug Plan

Cigna's Open Access Plus network gives members access to an extensive national network of health care professionals and facilities. You have the option of using any doctor in-network or out-of-network; however, you will pay less when seeing an in-network provider. Referrals are not required to see a specialist.

The second plan option is the PPO medical plan. Please see table below for the highlights of this plan.

Note: Deductibles and Out of Pocket Maximums are calculated on a plan year basis.
Visit www.mycigna.com to locate participating providers.

PLAN HIGHLIGHTS	Cigna PPO Medical Plan	
	In-network you pay:	**Out-of-network you pay:**
Deductible (first dollar cost for covered in-network services)		
Individual / Family	$1,000 / $2,000	$2,000 / $4,000
Coinsurance (after you reach your deductible)		
Plan pays	100%	80%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)		
Individual / Family	$2,000 / $4,000	$4,000 / $8,000
Plan Services		
Preventive Care	Covered in full	Covered in full
Primary Care Visits	$0 copay	20% after deductible
Cigna MD Live Virtual Visits	$0 copay PCP $30 copay Specialists	20% after deductible
Specialist Visits	$30 copay	20% after deductible
Urgent Care	$40 copay	20% after deductible
Emergency Room	$200 copay	$200 copay
Inpatient Hospital	$0 after deductible	20% after deductible
Outpatient Surgery	$0 after deductible	20% after deductible
Labs and X-rays	$0 after deductible	20% after deductible
Prescription Benefits		
Retail 30-days » Tiers 1 / 2 / 3 / 4	$10 / $40 / $60 / 20% to $250 max	30% after deductible
Mail Order 90-days	$25 / $100 / $150	Not available

Cigna Open Access Plus Plans

Do I have to choose a primary care physician (PCP)?
No, but it is recommended. A PCP gives you and your covered family members a valuable resource and can be a personal health advocate.

Do I need a referral to see a specialist?
You do not need a referral to see an in-network specialist. If you choose an out-of-network specialist, your care will be covered at the out-of-network level.

What is the difference between in-network and out-of-network coverage?
Each time you seek medical care, you can choose your doctor – either a doctor who is in the Cigna network, or someone who is not. When you visit an in-network doctor, you receive "in-network coverage" with lower out-of-pocket costs. That's because our in-network health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you visit a doctor outside the network, your out-of-pocket costs will be higher.

What if I need to be admitted to the hospital?
In an emergency, you have coverage. Requests for non-emergency hospital stays, other than maternity stays, must be approved in advanced or "precertified". This lets Cigna determine if the services are covered by your plan. Precertification is not required for maternity stays of 48 hours for vaginal deliveries or 96 hours for cesarean sections. Depending on your plan, you may be eligible for additional coverage. Any hospital stay beyond the first 48 or 96 hours must be approved.

Who must get precertification?
Your doctor will help you decide which procedures require you to be admitted to the hospital and which can be handled on an outpatient basis. If your doctor is in the Cigna network, he or she will arrange for precertification. If you use an out-of-network doctor, you must make the arrangements. Look at your plan documents to see which procedures need precertification.

What if I go to an out-of-network doctor who sends me to an in-network hospital? Will I pay in- network or our-of-network charges for my hospital stay?
Your plan will cover authorized medical services provided by an Open Access Plus in-network hospital at your in-network coverage level, whether you were sent there by an in- or out-of-network doctor.

How do I find out if my doctor is in the Cigna network before I enroll?
It's quick and easy to search for in-network doctors, specialists, pharmacies and hospitals close to home and work. Go to Cigna.com and click on "Find a Doctor". You can review a doctor's background, languages spoken and hospital affiliations.

Open Access Plus plans have access to Cigna's national network of providers.

Cigna Precertification Process

Precertification is a review to determine if a medical service requested by a doctor or other health care professional will be covered under an individual's health care plan before that service occurs.

When certain elective procedures or services are scheduled, the provider is required to have it pre-certified through Cigna in advance. If your physician is in-network with Cigna, it's the network physician's office responsibility to have the service pre-certified. If the doctor is not in the Cigna network, the individual is responsible for getting precertification – not the doctor.

It is also important to understand what services have this requirement in advance of it being performed. Confirm with the physician's office prior to your service date that this step has taken place to avoid delays or non-payments. Some examples:

- Inpatient Hospitalization
- Outpatient Surgery/Procedures
- Outpatient Pain Management/Testing
- Advanced Radiology (MRI/CT Scan)

Approvals - Cigna reviews precertification requests against established criteria for that procedure. If the information provided to Cigna meets the clinical criteria, the doctor will receive an approval and an appointment can be scheduled.

Expected authorization turnaround time for high-tech radiology services (assuming all necessary clinical information has been submitted by the doctor) is approximately 2 to 3 business days for routine requests.

Cigna resources at your fingertips:

- ✓ myCigna.com and myCigna mobile app – access to Cigna's prescription drug, advanced radiology, procedure, and facility "Cost Comparison Tool"
- ✓ Lost your ID card? It is always available online at myCigna.com. You can also download your ID card on the myCigna mobile app and never have to worry about a paper ID card again
- ✓ 24/7 Customer Service and Health Information Line – call 800-244-6224 (Customer Service numbers are listed on the back of your ID card)

If your provider is not in the Cigna network, you are responsible for getting precertification – not the doctor.

Cigna Telehealth

A doctor is always in

MDLive – 888-726-3171

myCigna.com

Cigna provides access to telehealth services as part of your medical plan – MDLIVE.

With Cigna Telehealth you can connect with board-certified providers via phone or video for:

- Preventive care, routine care and specialist visits
- Behavioral care for issues such as anxiety, stress, grief and depression
- Urgent care on-demand 24/7/365, including holidays, for hundreds of minor medical conditions
- Dermatology for common skin conditions such as acne, eczema and psoriasis

How to access MDLIVE providers:

- To connect with an MDLIVE virtual provider, visit myCigna.com
- Under type of doctor, select "request a virtual care appointment"
- Or call 888-726-3171
- You may also call the number on the back of your Cigna ID card with questions, or for additional assistance.

Choose when: Day or night, weekdays, weekends and holidays

Choose where: Home, work or on the go

Register today so you'll be ready to use a telehealth service when and where you need it!

Cigna Employee Assistance Program

We are pleased to offer an additional Employee Assistance Programs to our employees enrolled in TekSynap's Cigna medical plans. Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, Cigna offers a variety of behavioral support tools and services to help ensure you get the support that works best for you.

Comprehensive program includes:

- Three face-to-face visits with a licensed mental health provider in Cigna's employee assistance program network
- Live chat with an employee assistance program advocate
- Unlimited telephone counseling and access to work-life resources
- Self-service digital tools and resources at myCigna.com
- Access to legal services including a 30-minute no-cost consultation with a network attorney for legal issues including civil, personal/family, and IRS and 25% discount off select fees if the network attorney is retained
- Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone
  consultation with a qualified specialist on debt counseling, budgeting, student loans and more
- Identity theft 60-minute consultation with a fraud resolution specialist that can provide information on how to recover from identity theft, and ways to protect yourself

Contact Cigna Employee Assistance Program

Toll free 24/7 at 1-800-244-6224 or call the number on the back of your ID card.
Additional information can be found at:

https://www.cigna.com/individuals-families/member-guide/employee-assistance-program

Get the help you need, when you need it, at no additional cost to you.

Where To Go For Care

Choosing the most appropriate setting for care can save you money!

Where to Get Care	What it is	Type of Care		Cost
Care24/NurseLine	NurseLine connects you with registered nurses 24/7: 1-800-337-4770	• Choosing appropriate medical care • Finding a doctor or hospital • Understanding treatment options • Achieving a healthier lifestyle • Answering medication questions		No additional cost
Virtual Visit MDLive	A virtual visit lets you see a doctor via your smartphone, tablet or computer.	• Allergies • Bladder infections • Bronchitis • Cough/colds • Diarrhea • Fever	• Pink eye • Rashes • Seasonal flu • Sinus problems • Sore throats • Stomach aches	$$
Convenience Care Clinics	Visit a convenience care clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often located in retail stores.	• Common infections • Minor skin conditions • Vaccinations	• Pregnancy tests • Minor injuries • Earache	$$
Primary Care Physician	Go to a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed.	• Checkups • Preventive services • Minor skin conditions	• Vaccinations • General health management	$$
Urgent Care	Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life threatening.	• Sprains • Strains • Small cuts that may need a few stitches	• Minor burns • Minor infections • Minor broken bones	$$$
Emergency Room	The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911.	• Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking	• Major burns • Spinal injuries • Severe head injury • Breathing difficulty • Major broken bones	$$$$

Health Savings Account (HSA)

When you enroll in the HSA medical plan, you will also be enrolled in a Health Savings Account or HSA. An HSA is a tax-advantaged account, owned by the employee, that can be used to pay for current and future medical expenses. Employee contributions to an HSA are pre-tax, so you save money when you pay for medical expenses through your HSA.

Your HSA is administered by WEX. TekSynap will contribute up to $2,000 (single) or $4,000 (family) annually. TekSynap contributions to your HSA will be on a per pay period basis ($83.34 for single and $166.67 for family, per pay period). Any additional contributions you wish to make are voluntary.

Your maximum annual contribution to a Health Savings Account in a calendar year is determined by several factors, including; the maximum annual contribution limit allowed by law and the type of coverage you elect (single versus family). The maximum annual contribution (including company contributions) for the 2026 calendar year are:

Individual: $4,400

Family: $8,750

Persons age 55 and above may set aside an additional $1,000 in catch-up contributions each year.

Important Features:

- If you are enrolled in Tricare or Medicare, you are not eligible to contribute to an HSA.
- You may not contribute to a Health Care FSA while contributing to an HSA.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k).
- HSAs are portable.

How your HSA works:

1	Your HSA funds are available as they are loaded into your account, on a per pay period basis. They can be used for eligible medical/prescription drug, dental or vision expenses.
2	You will receive a WEX debit card to use at the time of service for eligible expenses. If you pay out-of-pocket, you can submit receipts for reimbursement on the portal or in the mobile app. Keep your receipts!
3	Unused HSA contributions roll over into the next plan year and can build over time. All funds remain yours, even if you leave TekSynap or move to a non-HSA compatible plan in the future.
4	You have the ability to grow your HSA funds with investment opportunities! Balances over $1,000 may be invested.

Cigna Dental

With Cigna dental you have access to two in-network programs. The DPPO Advantage network provides the lowest out-of-pocket costs because participating dentists have agreed to accept lower reimbursement for services. The DPPO network is one of the largest dental networks in the nation with a wide selection of dentists at slightly higher out-of-pocket costs than the DPPO Advantage Network. (If you visit an out-of-network provider, your out-of-pocket costs will be higher.) Dependents are covered to age 26 regardless of student status. Visit www.mycigna.com to locate participating providers.

BENEFIT	IN-NETWORK DPPO Advantage	IN-NETWORK DPPO Network	OUT-OF-NETWORK
Annual Deductible Individual	$50		
Annual Deductible Family	$150		
Deductible Waived for Preventive	Yes		
Annual Plan Maximum (per covered member)	Year 1: $5,000, Year 2: $5,200, Year 3: $5,400, Year 4: $5,600		
Orthodontic Lifetime Maximum	$2,500 (per covered person)		
Age Limit for Dependent Children	26 Years		
Diagnostic and Preventive Services Annual Exam | X-Rays | Teeth Cleanings	100%		
Basic Services Fillings | Simple Extractions | Endodontics | Periodontics	90%	80%	80%
Major Services: Crowns | Implants	60%	50%	50%
Orthodontic Services (for member& covered dependents)	50%	50%	50%

Cigna's Wellness Plus Progressive Maximum Program

Preventive care leads to good oral health! You will be rewarded each year for visiting your dentist for scheduled preventiveexams, cleanings, and X-rays with Cigna's WellnessPlus dental program. Cigna's WellnessPlus program allows you to carry forward up to $200 each year of your unused plan year maximum benefit allowance.

How does it work?

- Have at least one cleaning, oral exam, and X-rays (if scheduled)each calendar year and your annual maximum will increase by $200 the following year.
- See annual plan maximums in the chart above
- For more information about your dental plan with Cigna call 800-Cigna24 (800-244-6224).

VSP Vision Benefits

Get access to the best in eye care and eyewear with TekSynap's VSP Vision Care plan. Find an eye doctor who is right for you - the decision to use in or out-of-network providers is yours to make. When you make your appointment, let the provider know you have VSP - no ID card is necessary!

To find a participating eye care specialist, call 800.877.7195 or visit www.vsp.com

BENEFIT	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENTS	FREQUENCY
Eye Examination	$10 Copay	Up to $50	Every 12 Months
Prescription Glasses	$10 Copay	N / A	Every 12 Months
Eyeglass Lenses (instead of contacts) Single Vision Lined Bifocal Lined Trifocal	Included in Prescription Glasses	Up to $50 Up to $75 Up to $100	Every 12 Months
Eyeglass Frames Standard Featured Discounts	$250 allowance $270 allowance 20% savings over the allowance	Up to $70 allowance	Every 12 Months
Contact Lenses (instead of glasses) Elective Non-Elective Fitting Fee	$250 allowance Covered in full Up to $60 Copay	Up to $105 allowance Up to $210 allowance Included in lens allowance	Every 12 Months
Extra Savings	**Glasses & Sunglasses** Extra $20 to spend on featured frame brands. 20% savings on additional glasses and sunglasses, including lens enhancements, within 12 months of your last WellVision Exam. **Retinal Screening** No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam. **Laser Vision Correction** Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

Flexible Spending Accounts (FSA)

Pre Tax Savings Opportunity!

Benefits Of Participation:

The Wex FSA plan provides you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

Health Care Reimbursement FSA:

This program allows TekSynap employees to pay for certain IRS-approved medical care expenses and prescriptions not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the Health Care FSA is $3,400 per plan year (minimum is $250). If an employee and their spouse are both enrolled in their employer's health FSA, both may elect up to the $3,400 maximum. The FSA plan year begins on October 1st and ends on September 30th of the following year.

Your FSA plan has a 90-day grace period. This means you have an extended period at the end of each plan year, (September 30th), that allows you extra time to incur eligible expenses to use your remaining FSA balance after the close of the play year. Claims incurred during the grace period must be submitted by December 29th of each year.

Dependent Care FSA

The Dependent Care FSA allows TekSynap employees to use pre-tax dollars towards qualified dependent care such as caring for children aged 12 and younger or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is $7,500, (or $3,750 if married and filing separately), per plan year (minimum $250). If both you and your spouse work, you must coordinate your dependent care enrollments so that together, your total contributions do not exceed the $7,500 annual maximum.
Examples of eligible expenses include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or outside of the home
- Nursery schools and preschools excluding Kindergarten

Transit FSA

The Transit FSA allows you to pre-tax expenses for work related parking and transportation costs. The maximum Monthly pre-taxable allowance is $340 for parking and $340 for transit.

Group Life/AD&D and Voluntary Life/AD&D

TekSynap offers 100% Employer paid Basic Life and Accidental Death & Dismemberment Insurance to all eligible employees through Guardian. This benefit becomes effective on your date of hire.

Basic Life/AD&D

The benefit is 1x your annual salary to $500,000 maximum. This benefit does not require any underwriting or Evidence of Insurability (EOI), all amounts of coverage are Guaranteed Issue (GI). Plan details:

- Benefit reduces at age 65 to 65%; and at age 70 to 50%
- Coverage is Portable and Convertible
- Terminal illness benefit is 75% of your basic life benefit with life expectancy of 12 months or less
- Beneficiary services to include financial, bereavement and legal counseling

Voluntary Life/AD&D

You also have the option to purchase Voluntary Life/AD&D Insurance for yourself, spouse and children. Voluntary Life/AD&D insurance is 100% employee paid. Please refer to the Guardian Voluntary Life Benefit Summary for benefit details and age banded rates. If you enroll when you first become eligible, all amounts up to the Guarantee Issue (GI) amount do not require Evidence of Insurability (EOI). All amounts over the GI will require EOI and approval from Guardian before that coverage becomes effective. If you enroll after you are first eligible, all amounts of coverage will require EOI and approval from Guardian before the coverage becomes effective.

Voluntary Life / AD&D Benefits			
	Employee	Spouse	Child(ren)
Benefit Amount	Increments of $10,000	Increments of $5,000	Increments of $2,000
Maximum Benefit	$500,000	$250,000 (Not to exceed employee benefit)	$10,000
Guarantee Issue	$350,000	$50,000	$10,000
Benefit Reduction Schedule	At age 70 to 65%; age 75 to 45%; age 80 to 30%; age 85 to 20%;		N/A
Accelerated Life Benefit	75% of in force Life Benefit		N/A
Dependent Eligibility	Employee must enroll for spouse and/or children to enroll		14 days to age 26

Short Term and Long Term Disability

As an eligible full-time employee, TekSynap provides 100% employer paid Short Term Disability and Long-Term Disability benefits to you through Guardian at no cost. In the event of an accident, sickness, or pregnancy, you will be paid the percentage of income replacement to the maximum benefit referenced below.

Short Term claims are easily submitted through TeleGuard – One call is all it takes!

- Call Guardian's in-house TeleGuard intake unit to initiate your claim at 888-262-5670
- Have personal information, as well as your physician's contact information, ready before you call
- Your Guardian Claim Team will contact your employer and physician for any needed information and will contact you when a claim decision is made.

	Short Term Disability	Long Term Disability
Coverage Amount	60% of Salary	60% of Salary
Maximum Benefit	$3,500 Weekly maximum	$15,000 Monthly maximum
Waiting Period	7 Days for Accident 14 Days for Illness 0 Days for Pregnancy	90 Days
Benefits Maximum Duration	13 Weeks	Social Security Normal Retirement Age (SSNRA)
Survivor Benefit	N/A	3 months

To file a STD claim call Guardian at 888-262-5670.

Other questions? Guardian is available to help Monday through Friday 8am to 8pm (EST) at 800-538-4583.

Guardian Employee Assistance Program

Guardian's Employee Assistance Program, ComPsych, is provided at no cost to you. These EAP services are provided to you, and your immediate family members, to provide guidance on personal, financial and legal matters.

Consultative Services

- Face-to-face counseling
  Up to 3 visits per employee/household member per issue, per year
- Telephonic counseling
  Unlimited, 24/7 consultations with master's and doctoral-level counselors
- Bereavement
  Support available through telephonic or face-to-face sessions; online resources on EAP website
- Online modules and coaching
  Learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions

Work-life Assistance and Resources

- Compsych services
  Unlimited 24/7 access to work-life specialists (subject matter experts) in the areas of family and care giving, health and wellness, emotional well-being, balancing work and life responsibilities
- Child and elder care referral
  Unlimited telephonic consultation with a work-life specialist
- Employee discounts
  Access to discounts on many products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, and much more

Legal and Financial Assistance and Resources

- Legal consultation
  Unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; and online legal forms
- Financial consultation
  Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- Tax consultation
  Tax questions only can be answered as part of the financial consultation offering
- Will preparation
  Visit: estateguidance.com Promotional Code: Guardian
  For more information or support, you can reach out by phoning 855-239-0743

Contact Guardian Employee Assistance Program toll free 24/7 at 855-239-0743 or Guidanceresources.com

Web ID: Guardian

Saving for College & Student Loan Repayment

As a highly valued employee of TekSynap, you will receive a matching contribution, up to $1,000 each year, towards your own contributions to a 529 Plan OR a Student Loan Repayment Plan.

Matching Contributions to Your 529 Plan

Participation in a 529 College Savings Plan is easier than you think! Through the TekSynap plan with BenefitEd, you can set-up payroll-based contributions to your 529 plan, and TekSynap will match your contributions, up to $1,000 per plan year.

What are the benefits of a 529 Plan?

1. A huge incentive to save for college! While contributions are not deductible, earnings in a 529 plan grow federal tax-free and will not be taxed when the money is withdrawn to pay for college.

2. In addition federal tax savings opportunities, many states now offer a full or partial tax deduction or credit for 529 plan contributions.

3. As a contributor to the 529 account, you have complete control! The named beneficiary has no legal rights to the funds in a 529 account, so you can be assured the funds will be used for their intended purpose.

4. A very hands-off way to save for education by Making “set it and forget it” payroll deductions.

Student Loan Assistance

Are you one of the 60% of graduates that have student loan debt? Is this liability preventing you from purchasing a better car? A home? Or, even starting a family?

Let us help you!

TekSynap will match your payroll-based payments, up to $1,000 each year, through the student loan repayment plan brought to you by BenefitEd.

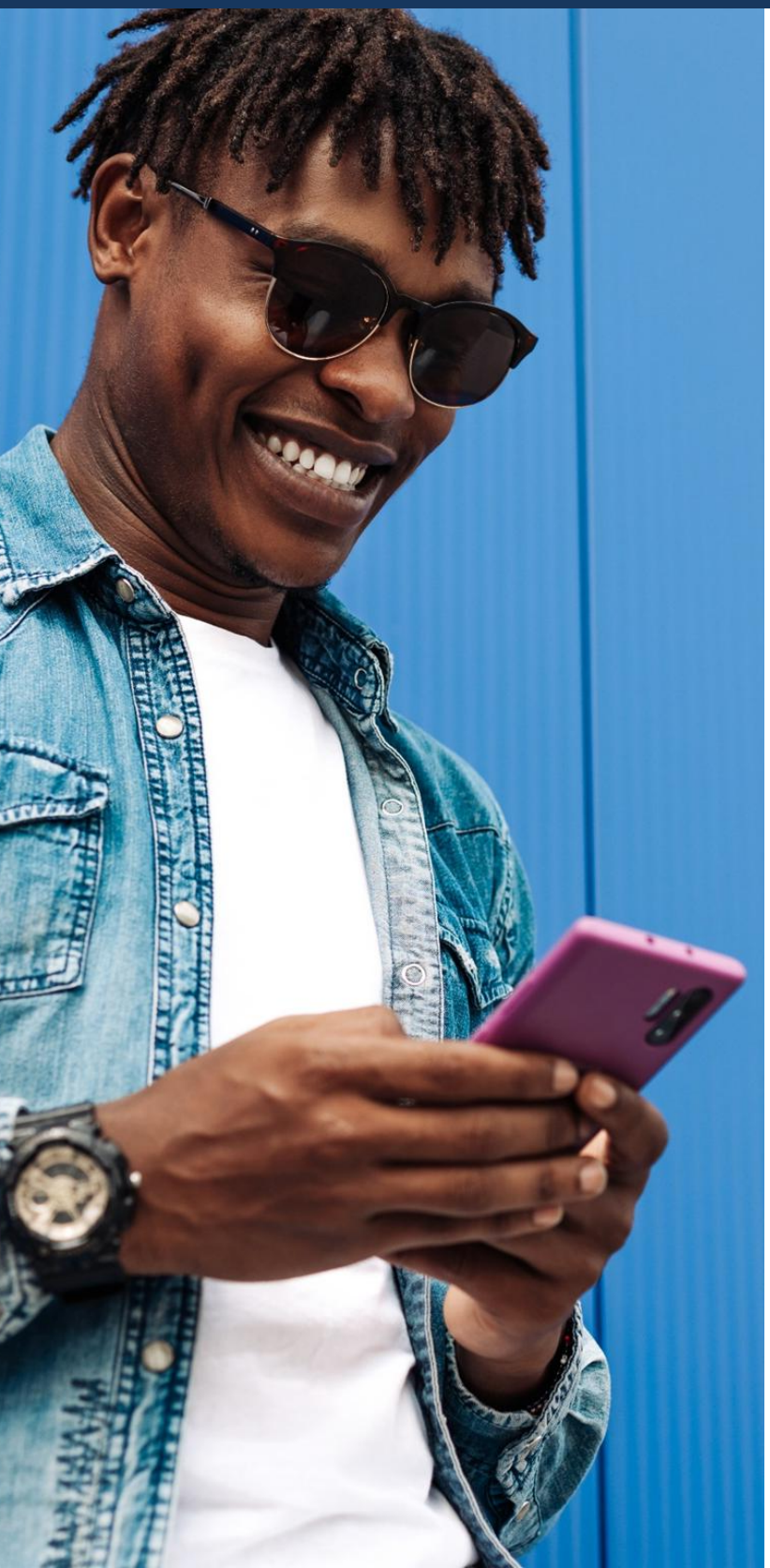
Employer contributions can have a strong impact in reducing the time it will take to payoff the loan, resulting in substantial interest savings for you!

Questions?

Visit the BenefitEd website at https://youbenefited.com/contact-us
or
Email: support@youbenefit.com
Phone: 844-358-5707

Need your enrollment link?
Reach out to HR@teksynap.com

Educational Learning Program



We offer each of our employees up to $5,000* each year for educational pursuits relevant to performance in their present jobs or that will enhance the potential for advancement within the company.

*The employee shall agree to repay a pro-rated percentage of the value of the reimbursement in the event that they voluntarily leave the company or are terminated within two years from the date of reimbursement.

TRICARE Supplemental Insurance

Employees must be eligible for TRICARE to qualify for the TRICARE Supplemental Plan. These are typically employees who have given at least 20 years of military service, who are not eligible for Medicare and under age 65. Military retirees, retired reservists, their spouses, and dependent children can be covered by TRICARE + TRICARE Supplemental Insurance subject to eligibility.

Plan Highlights:

- Employee must be eligible for: TRICARE Select, TRICARE Prime or Retired Reserves
- Must not be eligible for Medicare and under age 65
- No pre-existing condition limitation clause
- Guaranteed issue and covers cost shares/copayments including Rx in excess of what TRICARE leaves behind
- Offered on a pre-tax basis through payroll deductions
- Fully portable if employment ends
- Low monthly premiums:
  - Employee - $67.50*
  - Employee + Spouse - $132.50*
  - Employee + Child(ren) - $132.50*
  - Family - $178.50*

Once enrolled, log into the SelmanCo website: www.selmanco.com/eService to view personal profile, coverage information and make non-financial changes.

SelmanCo Member Services phone number is 800-638-2610 (option 1) or contact them via Email at memberservices@slemanco.com.

*Prices are lower for employees located in New York.

We are proud to support our veterans!

PetAssure and PETPlus Discount Plans

You Can Select To Enroll In Pet Assure, Petplus Or Both!

Pet Assure Veterinary Discount Plan

Save on all in-house medical services at participating veterinarians including:

- Office Visits
- Vaccinations
- Dental Procedures
- Emergency Visits
- And More!

- **24/7 Lost Pet Recovery Service is included!**
- Receive an instant 25% discount every time you visit the vet! All pets are eligible – there are no exclusions on breed, age, or pre-existing and hereditary conditions.
- $8.00/month for one pet, or $11.00/month for family plan.
- Visit www.petassure.com/search to locate a participating veterinarian.

PETplus Prescription Savings Plan

- $3.75/month for one cat or dog, or $7.50/month for all cats and dogs in your home!
- Save on brand-name prescriptions and preventatives.
- You can shop online or on the PETplus app, and shipping is always FREE!
- Most prescriptions are available for pick-up at Caremark pharmacies nationwide, including CVS, Target and Walmart.

Save On: ■ Prescriptions ■ Flea & Tick Products ■ Dietary Foods ■ Heartworm Preventatives

Check out our 24/7 Pet Help Line powered by whiskerDocs veterinary experts!

Call 800.891.2565

www.petbenefits.com/land/teksynap

Pet Insurance - Wishbone

Pet Benefit Plan from Wishbone

Caring for a pet can be both rewarding and unpredictable. Wishbone helps protect your pet's health and your wallet by offering coverage for accidents, illnesses, and routine care. Accepted at any veterinary clinic in the U.S., including emergency hospitals, Wishbone ensures your pet gets the care they need when it matters most.

Wishbone Advantage Plan – Coverage for Accidents & Illnesses

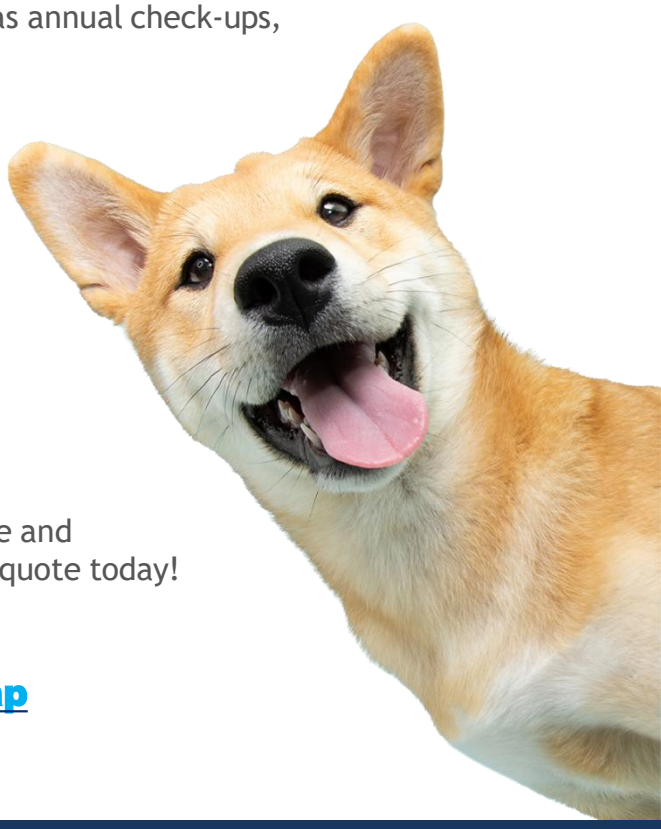
- 80% or 90% reimbursement on covered care
- Higher reimbursement at in-network vets (show your in-network ID)
- Instant 25% discount on eligible in-house medical services at in-network vets
- 24/7 access to veterinarians via pet telehealth
- Rates based on your pet's age, breed, and location

Wishbone Wellness Plans – For regular routine visits

- You get reimbursement on routine wellness care such as annual check-ups, vaccinations, preventatives, and more!

Both plans offer:

- Fast claims processing
- Visit any licensed veterinarian
- Easy-to-use member account
- And so much more!



Wishbone offers high-value, easy-to-use pet health insurance and wellness plans at exclusive employee benefit rates. Fetch a quote today!

To get a quote or to learn more, visit
www.wishboneinsurance.com/teksynap

www.petbenefits.com/land/teksynap

Wellbeing Program

Wellhub is a wellbeing platform that supports your mind, body, and mood. TekSynap offers full-time employees the digital plan at no cost. The digital plan includes access to 10 wellness apps covering fitness, nutrition, mindfulness, sleep, and financial planning.

Employees may also elect to enroll in Wellhub's flexible month-to-month membership plans. There are no initiation or cancellation fees for TekSynap employees. Each tier builds upon the network access, so you can choose the plan that works best for you and your budget. You can browse gyms and studios in your area through the Wellhub app before choosing a plan.

Expanded Membership benefit offers include:

- **Gym Network —** Visit a different gym every day with access to 18,000+ facilities nationwide, including Life Time, Gold's, SoulCycle, F45, Barry's, and more. Search gyms here.
- **Digital App Network:** – 50+ wellness apps like Strava, MyFitnessPal, Apple Fitness+, Meditopia, and Sleep Cycle.
- **Private Training or Nutrition Sessions -** Included in Bronze plan and above.
- **Live Streamed Classes**

Wellhub monthly plan pricing for TekSynap employees

Digital Plan Free	Starter Plan $11.99	Starter + Plan $24.99	Basic Plan $37.99	Bronze Plan $59.99	Silver Plan $99.99	Titanium Plan $139.99	Gold Plan $194.99	Platinum Plan $264.99	Diamond Plan $314.99

How to Explore Wellhub and Sign Up for a Membership

- Download the Wellhub app on your smartphone.
- Register using your TekSynap email and create a password.
- Use the Explore tab to browse gyms, studios, and features by city, ZIP code, or map view.
- When ready, select a plan and follow the instructions to check out.
- You may downgrade, pause, or cancel anytime with no hidden fees.

Note: The Digital Plan is free for full-time employees. To access in-person gyms and studios, you must enroll in a Starter Plan or higher.

wellhub

Scan the QR code to download the Wellhub app
Or sign up here

Anniversary Travel Benefit

TekSynap

offers employees a

$5,000

Travel Award

after 5 continuous years of employment

$10,000

Travel Award

after 10 continuous years of employment and every 5 years thereafter

TekSynap's Employee Referral Program

How It Works

STEP 1

Go to **teksynap.com/careers** to view all our available job opportunities.

STEP 2

Send qualified resumes to **Careers@TekSynap.com**

Remember to include your contact information!

STEP 3

If your referral is hired, TekSynap will pay you after the candidate reaches their 90th day of employment.

TekSynap will grant a $2,000 payment for candidates who fill a funded role within the company.*

**Members of the management team are not eligible for referral bonuses within their own departments. Directors, Program Managers, Vice Presidents, Senior Vice Presidents and members of the employment team are not eligible for referral bonuses. Companies and organizations with a responsibility to hire and locate positions for others are not eligible. HQ positions are not eligible for referral bonuses.*

About TekSynap

TekSynap understands both the pace of technology today and need to have comprehensive well planned information management environment.

"Technology moving at the speed of thought" embodies these principals – the need to nimbly utilize the best that information technology can offer to meet the business needs of our Federal, State and Local Government customers.

At each level this team has absorbed what "works" – for the company, our customers and our employees. TekSynap synthesizes the best at each level resulting in a unique service provider that combines the infrastructure and process models of larger organizations with an agile ability to cost effectively meet our customers' requirements.

Find out more about us at www.TekSynap.com

The TekSynap 401(k) Plan

Saving For Your Future

TekSynap has partnered with ADP Retirement Services to offer our valued employees an array of services and benefits that will make it easier for you to save for your retirement goals.

- **Easy Account Access via Internet and Phone –**
  You may access your account 24 hours a day, 7 days a week through the ADP Participant Website at http://www.mykplan.com, or through the ADP Retirement Services automated voice response system (VRS) by calling 1-866-695-7529. You can also speak to an Employee Service Representative Monday through Friday, 8:00 AM to 8:00 PM, Eastern time.

You can access your Account anytime:

www.mykplan.com

Call 1-866-695-7529 to speak with a Service Representative from 8 AM to 9 PM

- **A Wide Range of Investment Options – You choose how to invest your savings!**
- **Online Investment Guidance** – our plan will provide you with a wealth of retirement planning information and interactive retirement planning calculators. Through the ADP Participant Website, you will also have access to easy-to-use online investment guidance retirement planning tools.
- You are immediately eligible to participate in the 401(k) plan on the next plan entry date.
- TekSynap matches up to 5% of your 401k contribution. The match is dollar for dollar up to 4%.
  - A 5% employee contribution will equal a 4.5% company match. A 6% contribution will equal a maximum of 5% company match.

Annual Notices

Newborns' Act Disclosure

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Plan Sponsor:

TekSynap Corporation

1900 Oracle Way, Suite 800, Reston, VA 20190

883-780-5900

Privacy Official:

Ruben Hormostay

571-420-5836

Ruben.Hormostay@TekSynap.com

Notice of Privacy Practices

Plan Sponsor:	**Privacy Official:**
TekSynap Corporation	Ruben Hormostay
1900 Oracle Way, Suite 800, Reston, VA 20190	571-420-5836
883-780-5900	Ruben.Hormostay@TekSynap.com

Effective Date: 10/01/2025

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights
You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Your Rights and Protections Against Surprise Medical Bills

When youget emergencycare or are treatedby an out-of-network providerat an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments,coinsurance and/ordeductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of- network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. Youcanchoosea providerorfacility in your plan'snetwork.

When balance billing isn't allowed, you also have these protections:

- You're only responsible forpaying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providersandfacilities directly.

- Generally, your health plan must:

  - Cover emergency serviceswithoutrequiringyou to get approval for servicesin advance (also known as "priorauthorization").

  - Cover emergency servicesby out-of-networkproviders.

  - Base what you owe the provider or facility (cost-sharing) on what it wouldpay an in-network provider or facility and show that amount in your explanation of benefits.

  - Count any amount you pay for emergency servicesor out-of-networkservices toward your in-network deductible andout-of-pocketlimit.

If you think you've been wrongly billed, contact the No Surprises Helpdesk, operated by the U.S. Department of Health and Human Services, at 1.800.985.3059.

Visit *www.cms.gov/nosurprises/consumers* for more information about your rights under federal law.

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 March 17, 2025. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, 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.

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

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary 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 this Summary, contact Human Resources.

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