



2026 BENEFITS GUIDE

Plan Year: January 1, 2026 – December 31, 2026



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

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

This guide will outline all the different benefit plans, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Human Resources.

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Who is Eligible?

If you're a full-time employee at TLX Technologies, you're eligible to enroll in the benefits outlined in this guide.

Full-time employees are those who average at least 30 hours of service per week, or 130 hours of service per month following the ACA guidelines. In addition, the following family dependents are eligible for medical, dental and vision coverage:

- Spouse and child(ren)

When to enroll

Open enrollment begins on December 3rd, 2025, and runs through December 12th, 2025. The benefits you choose during open enrollment will become effective on January 1st, 2026. For new hires, please see your orientation packet for effective dates.

How to enroll

To enroll, fill out the Benefit Election Form and any corresponding documents and provide it to Human Resources within the time frame noted on the form. The decisions you make during benefits enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

How to make changes

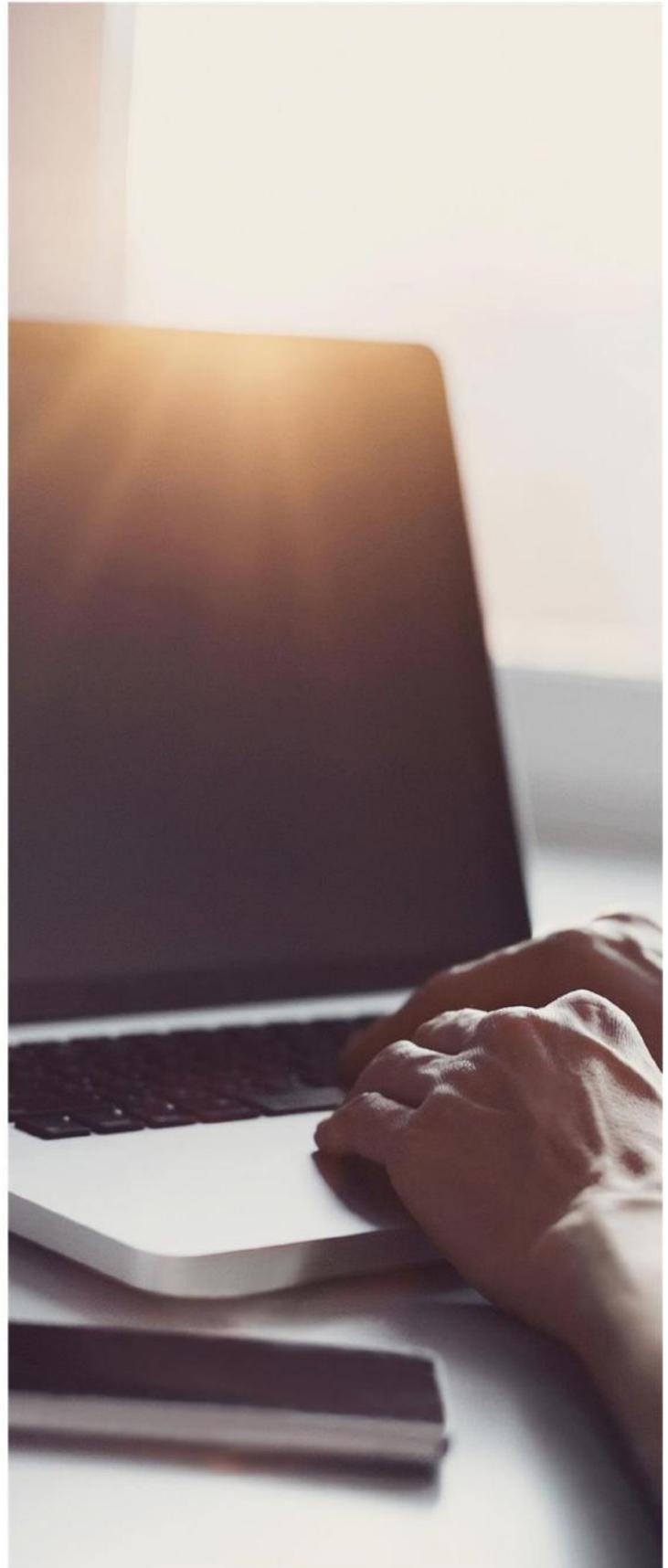
Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. If a life event is ruled as a qualifying event, you will have 30 days from the start of the event to adjust your current plan or enact additional coverage. Qualifying events include things like:

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

Electronic Materials

Follow this link to access additional materials:

<https://www.tlxtech.com/tlx-empbenefits>





HEALTH INSURANCE

Our medical and prescription drug benefits for the upcoming plan year are continuing with **UnitedHealthcare**. The following chart outlines the plans effective on **January 1st, 2026**. **The networks are NexusACO with Advocate Aurora, Children's Hospital of WI, Froedtert and Medical College of WI.** Providers search available on myuhc.com.

	UnitedHealthcare Nexus / EKIJ C24	UnitedHealthcare Nexus/EKJA 371 (HSA Eligible)
Network	Nexus ACO	Nexus ACO
Deductible (Individual/Family)	\$5,000 / \$10,000	\$6,000 / \$12,000
Out-of-pocket Max (Individual/Family)	\$7,900 / \$15,800	\$6,150 / \$12,300
Preventive Care	100% covered	100% covered
Coinsurance	20% / 50%	20% / 50%
Physician Visit Copay (Primary/Specialist)	Tier 1 PCP: \$15 or Network \$45 Tier 1 Specialist: \$50 or Network \$125	Tier 1 PCP: Ded + 20% Coin Tier 1 Specialist: Ded + 20% Coin
Urgent Care Copay	\$50	Ded
Emergency Room Copay	Ded + 20% Coin	Ded + 20% Coin
Hospitalization	Tier 1 Hospital: Ded + 20% Coin Network Hospital: \$500 Copay & Ded + 50% Coin	Tier 1 Hospital: Ded + 20% Coin Network Hospital: \$500 Copay & Ded + 50% Coin
Outpatient Surgery	Tier 1 Hospital: Ded + 20% Coin Network Hospital: \$250 Copay & Ded + 50% Coin	Tier 1 Hospital: Ded + 20% Coin Network Hospital: \$250 Copay & Ded + 50% Coin
Virtual Care Designated Virtual Network Provider	100%	Ded
Prescription Drugs	\$10 / \$40 / \$85 / \$250	\$5 / \$50 / \$150 / \$300 After Ded



TLX's Health Reimbursement Arrangement (HRA)

Find the coverage level below that applies to you to understand how much and when your HRA (through Employee Benefits Corporation) reimburses for each eligible expense type.

2026 Nexus ACO OAP EKJA 371 (HSA Eligible)

Employee Only Coverage		
Deductible Expenses	You Pay	Your HRA Reimburses
The first \$1,700 of eligible expenses	\$1,700	\$0
The next \$4,300 of eligible expenses	\$0	\$4,300

Family (Employee & Spouse, Employee & Child(ren) or Family) Coverage		
Deductible Expenses	You Pay	Your HRA Reimburses
The first \$3,400 of eligible expenses	\$3,400	\$0
The next \$8,600 of eligible expenses	\$0	\$8,600

*Eligible expenses do not include Copays.

TLX contributes \$700 total per calendar year towards the employees' HSA Contributions are made per pay period.

Per Bi-Monthly Paycheck Premium				
Nexus EJKA 371	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
Employee Portion (30%)	\$107.84	\$204.90	\$237.25	\$345.09
TLX Portion (70%)	\$251.63	\$478.08	\$553.58	\$805.20

Working Spouse Surcharge: If a spouse works full-time and has access to their own employer's insurance, they must enroll in their employer's health plan or pay a **\$250 per month** surcharge. All employees with spouses covered on the TLX health plan must complete an attestation form and submit it to human resources.

Embedded Deductible: If you have a family plan (two or more members), the single deductible is embedded in the family deductible so no one family member can contribute more than the single deductible towards the family deductible. Once the member meets their out-of-pocket, their claims will be paid by the insurance carrier while the other family members continue to pay towards the remaining family deductible until it's met; either by one family member by itself or by the remaining family members collectively as a whole.



TLX's Health Reimbursement Arrangement (HRA)

Find the coverage level below that applies to you to understand how much and when your HRA (through Employee Benefits Corporation) reimburses for each eligible expense type.

2026 Nexus ACO OAP EKIJ C24

Employee Only Coverage		
Deductible Expenses	You Pay	Your HRA Reimburses
The first \$1,000 of eligible expenses	\$1,000	\$0
The next \$4,000 of eligible expenses	\$0	\$4,000

Family (Employee & Spouse, Employee & Child(ren) or Family) Coverage		
Deductible Expenses	You Pay	Your HRA Reimburses
The first \$3,000 of eligible expenses	\$3,000	\$0
The next \$7,000 of eligible expenses	\$0	\$7,000

*Eligible expenses do not include Copays.

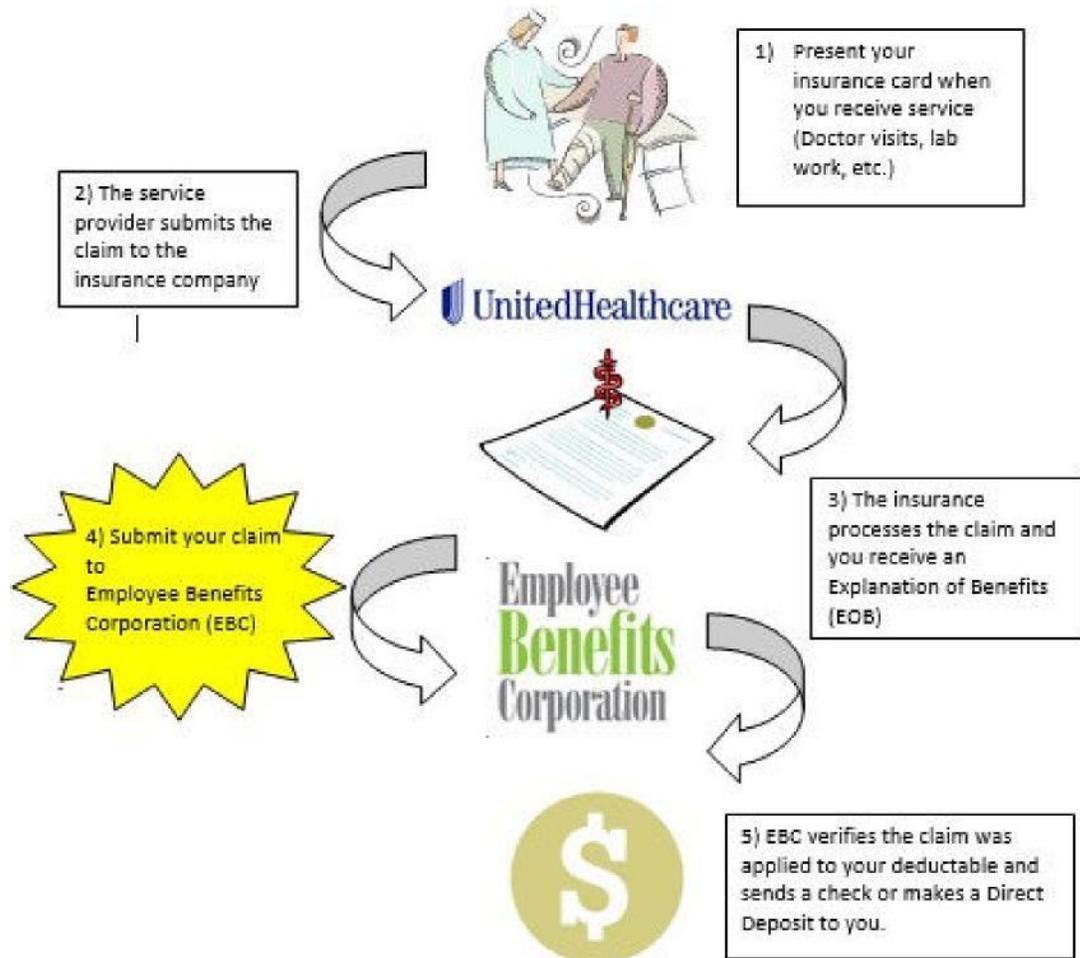
Per Bi-Monthly Paycheck Premium				
Nexus EKIJ C24	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
Employee Portion (35%)	\$153.81	\$292.23	\$338.37	\$492.18
TLX Portion (65%)	\$285.64	\$542.71	\$628.41	\$914.05

Working Spouse Surcharge: If a spouse works full-time and has access to their own employer's insurance, they must enroll in their employer's health plan or pay a **\$250 per month** surcharge. All employees with spouses covered on the TLX health plan must complete an attestation form and submit it to human resources.

Embedded Deductible: If you have a family plan (two or more members), the single deductible is embedded in the family deductible so no one family member can contribute more than the single deductible towards the family deductible. Once the member meets their out-of-pocket, their claims will be paid by the insurance carrier while the other family members continue to pay towards the remaining family deductible until it's met; either by one family member by itself or by the remaining family members collectively as a whole.



How the HRA Works



Note: After each plan year ends, you have until March 31st to submit claims for reimbursement.

How to File an HRA Claim

You may submit a claim online (www.ebcflex.com), via mobile app (*EBC Mobile*), or manually by completing a *Claim Form* (found here: <https://www.tlxtech.com/tlx-empbenefits>) and mailing/faxing to EBC.

How To: File a Claim Online

1. Log in to www.ebcflex.com as a participant.
2. Click *Main Menu > Submit a New Claim [A]*
3. Complete the short web form and upload the scanned documentation [B]
4. Review, and if everything looks good, click *Submit*
5. Print the confirmation, if desired

The screenshot shows the 'My Account Assistant' web interface. At the top, there's a navigation bar with 'My Account Assistant' and a 'Home' button. Below that, there's a 'Submit a New Claim' button labeled 'A'. The main content area is titled 'Submit a New Claim' and contains a form with the following fields: 'Add claim fees', 'Insured Person*', 'Insured Person*', 'Insured Person*', 'Insured Person*', and 'Insured Person*'. There are also 'Submit a New Claim' and 'Manage Direct Deposit' buttons. A red circle 'B' highlights the 'Submit a New Claim' button.

Health Savings Account (HSA)

If you are enrolled in an HSA-qualified health plan-- either sponsored by TLX Technologies or through another plan-- you may be eligible to contribute tax-free dollars into a savings account and spend those funds on eligible medical, dental and vision expenses.

Why Consider Opening Up an HSA?

- HSA deposits made through employer deductions are exempt from payroll and income taxes.
- Unused funds roll over from year to year (no "use-it-or-lose it" rule!)
- You own your HSA – TLX Technologies does not control your deposited money or manage your account.

Save money with HSA deposits run through payroll deductions

Tax	Potential Tax Savings on HSA Deposits *
Typical Federal Income Tax	21.0%
Typical State Income Tax (WI)	6.3%
Payroll Taxes	7.7%
Typical Tax Savings	35.0%



In this example, a deposit of **\$500.00** into your HSA would save you **\$174.50** (35%) in taxes!



** Illustrative example only; consult a tax advisor to determine applicability for your specific tax bracket.*

How HSAs Work

A Health Savings Account has two parts, an **insurance** piece and a **financial** piece:

<i>Insurance:</i>	<i>Financial:</i>
High Deductible Health Plan	Savings Account
Meets specific IRS guidelines	Tax-free deposits
Provides catastrophic coverage from large medical bills	Tax-free reimbursements for eligible medical*, dental and vision expenses

** If an individual participates in a 'limited purpose' flexible spending account (FSA) and is making deposits to their HSA, only dental and vision expenses may be reimbursed from their FSA.*

What are HSA-Eligible Expenses?

Eligible expenses are established by IRS Section 213. Examples include out-of-pocket costs like medical plan deductibles, copays, coinsurance, eyeglasses and dental work.

See IRS Publication 502 www.irs.gov/pub/irs-pdf/p502.pdf for additional information.

Remember that you can only use your HSA to reimburse eligible expenses. **HSA funds that are used for non-eligible expenses (for example, cosmetic surgery) are subject to regular income/FICA tax plus an additional 20% excise tax.** Be sure to keep all receipts for any expenses reimbursed from your Health Savings Account. You will need this documentation to validate your HSA expenses in the unlikely event of an IRS audit!

Annual HSA Contribution Maximums

Maximum annual HSA deposit amounts are indexed annually by the Internal Revenue Service (IRS). Your medical plan coverage level and age affect the maximum amount you can deposit:

Health Savings Account (HSA) Maximum Contribution Levels

Medical Plan Coverage	2025	2026
Single Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750
"Catch-Up" Contribution (Age 55+ only)	Additional \$1,000	Additional \$1,000

When Are You Eligible for an HSA?

To establish an HSA, or deposit money into an HSA, you must meet **three** criteria:



- 1) Be covered under an HSA-qualified High Deductible Health Plan; *AND*
- 2) Not be enrolled under any part of Medicare, including Part A; *AND*
- 3) Not be enrolled under a general-purpose Medical Flexible Spending Account (FSA)

New to HSAs? Most banks and credit unions now offer these special tax-favored accounts to customers. Fees and features will vary based on your financial institution. Once you open an HSA with the bank or credit union of your choice, you will receive a checkbook or debit card with which you will access HSA funds.

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. TLX Technologies does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deductions deposits into those accounts upon request.



DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits TLX Technologies offers.

TYPE OF SERVICE	Amount You Pay			
Deductible (Individual/Family)	Applies to basic and major services only—\$25 / \$75			
Individual Annual Maximum	\$1,000			
Lifetime Child Orthodontic Maximum	\$1,000			
Diagnostic & Preventive	Exams, cleanings, X-rays — 100% covered			
Basic Services	Fillings, simple extractions, root canal, oral surgery — 80% covered			
Major Services	Implants, crowns, child orthodontics — 50% covered			
Per Bi-Monthly Paycheck Premium				
	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
Employee Portion (25%)	\$5.30	\$10.82	\$10.45	\$18.72
TLX Portion (75%)	\$15.91	\$32.45	\$31.34	\$56.15



VISION INSURANCE



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

- Routine vision exam: \$10 co-pay
- Frames: \$100 allowance, then 20% off balance
- Plastic Lenses: \$10 co-pay
- Additional lens options with co-pay
- Contact lens fit: \$0
- Contact Lenses (in lieu of frames): \$80 allowance, then 15% off balance
- Laser vision correction: 15% off retail or 5% off promotional price



Coverage	Per Bi-Monthly Paycheck Premium	
	Employee Portion (25%)	TLX Portion (75%)
Employee Only	\$0.70	\$2.09
Employee & Child(ren)	\$1.42	\$4.26
Employee & Spouse	\$1.39	\$4.17
Family	\$2.12	\$6.35



DISABILITY INCOME BENEFITS

TLX Technologies provides full-time employees with short-term and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At TLX Technologies, we want to do everything we can to protect you and your family. That’s why TLX Technologies pays for the full cost of short- and long-term disability insurance—*meaning that you owe nothing!*

In the event you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	8 th day of a sickness or injury	91 st day
Benefits Payable	12 weeks	through Social Security Normal Retirement Age
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$1,500/week	\$7,000/month
Employee Portion (0%)	\$0/month	\$0/month
TLX Portion (100%) <i>Average Cost Per Employee</i>	\$35/month	\$35/month

BASIC LIFE INSURANCE



Life insurance can help provide for your loved ones if something were to happen to you. TLX Technologies provides full-time employees with \$50,000 in group life and accidental death and dismemberment (AD&D) insurance.

TLX Technologies pays for the full cost of this benefit—*meaning you are not responsible for paying any premiums.* Contact Human Resources if you would like to update your beneficiary information.

Employee Portion (0%)	\$0/month
TLX Portion (100%) <i>Average Cost Per Employee</i>	\$9.50/month



ADDITIONAL BENEFIT OFFERINGS

As a TLX Technologies employee, we are proud to offer you the following benefits paid for by the company. Additional conditions may apply; please see the employee handbook for details. All benefits are in accordance with the related plan document which may be amended from time to time. Please reference the plan document or employee handbook for the most accurate information.

401K RETIREMENT PLAN

Upon meeting all eligibility requirements, full-time and part-time employees may participate in our 401k retirement savings plan. Contribution changes are not subject to the open enrollment window and can be added, stopped, increased or decreased at any point.

Contributions

Employee contributions (pre-tax 401k and/or ROTH) may be made through payroll deductions subject to annual IRS limits. In addition, TLX Technologies provides employer matching contributions dollar for dollar up to 4.0% through an Employer Safe Harbor Match.

Vesting Schedule

Employees are always 100% vested (the owner) in the money they contribute, and all that it earns.

For employer match vesting:

- Employer Safe Harbor Match (effective 1/1/20): 100% vested
- Employer Discretionary and/or Profit-Sharing Match: 4-year graded (25% per year)

* *Contribution based on company performance and discretion.

How do I log in for the 1st time?

Access the Voya website at www.voyaretirementplans.com

- Click on the “Register Now” link, which is located right below the “Enter” Button.
- You will be asked to select either Social Security Number (SSN) + PIN or Social Security Number + Date of Birth.
- You will then create a Username, a strong Password, and provide either an email address or cell phone number to verify your account.

Financial Advisor

Please contact our Financial Advisor or review the plan document for additional information regarding investments, rollovers, loans, withdrawals and distribution information. See Vendor Contact Information.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

When life gets challenging, we've got caring, confidential help. If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support — at no extra cost. Covered employees, their spouses and/or domestic partner, and dependent children to age 26 are eligible for services. See Additional resources to find out more about your available EAP- Health Advocate.

Employee Referral Bonus

A valuable source of new personnel is the referral of qualified individuals by employees. We express our appreciation by offering a monetary bonus for a successful referral up to \$2,500.

Tuition Reimbursement

We encourage employees to improve their effectiveness in their job performance and to prepare themselves for future career opportunities at the company. To support this philosophy, eligible employees may receive reimbursement toward tuition at an accredited educational institution or program up to \$5,000 per calendar year. See Human Resources for full benefit details.

Personal Time Off (PTO)

TLX Technologies provides Paid Time Off (PTO) days as a benefit to all full-time employees for the purpose of rest, relaxation, illness, medical appointments and other personal reasons. PTO does not distinguish between personal, vacation, or sick time.

Length of Service	Accrual Rate
At the time of hire	.023 hours per hour worked* (up to 6 days/year)
At 1 year anniversary	.046 hours per hours worked* (up to 12 days/year)
At 3 year anniversary	.057 hours per hours worked* (up to 15 days/year)
At 6 year anniversary	.065 hours per hours worked* (up to 17 days/year)
At 10 year anniversary	.084 hours per hours worked* (up to 22 days/year)

PTO accrues on regular hours worked and company-paid time off such as holiday, PTO and other paid leaves of absences. PTO does not accrue on overtime hours.

Holiday

TLX Technologies provides 10 paid holidays each calendar year.

Jury Duty

Eligible employees will be compensated for jury duty or court appearances for up to 80 hours per calendar year.

Bereavement/Funeral

Eligible employees may receive up to 24 hours off, with pay, for a death in his/her immediate family. Immediate family includes parents, spouse, children, siblings, parent-in-law, grandparents, or grandchildren.

Parental Leave

TLX Technologies provides up to 10 workdays (maximum of 80 hours) of paid parental time off to eligible full and part-time employees following the birth of an employee's child or the placement of a child with an employee in connection with an adoption. The purpose of paid parental time off is to enable the employee to care for and bond with a newborn or a newly adopted child. This benefit will apply to both mothers and fathers.



ADDITIONAL RESOURCES

Get all your health plan information in one place. Register at myuhc.com or download the UnitedHealthcare app on your mobile device. Access these portals to find out more information and additional resources and tools to help manage your health plan and make informed decisions about your care.

24/7 VIRTUAL VISITS

With a virtual visit, you can see and talk to a doctor via mobile device or computer – 24/7, no appointment needed. The doctor can give a diagnosis and prescription, if needed. Your cost is \$0 (after deductible in the HSA plan). To access virtual visits, download the UHC app from your phone's app store or login to your myuhc.com account.

\$0 COST FOR CERTAIN MEDICATIONS

The new UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost. Which means there may be no out-of-pocket costs for preferred insulins and certain other medications.

UNITEDHEALTHCARE REWARDS PROGRAM

Your health plan is replacing SimplyEngaged and SimplyEngaged Plus with UnitedHealthcare Rewards- an all-new, next-level program that brings the best wellness options into a digital experience built for a healthier lifestyle and rewards.

ONE PASS SELECT

One Pass Select is designed to help make it easier for your employees to prioritize their health and wellness through a lower-cost, extensive nationwide gym network.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Northwestern Mutual.



VENDOR CONTACT INFORMATION

Benefit	Vendor	Phone Number	Website
Medical/Prescription	UnitedHealthcare	# on ID Card	www.myuhc.com UHC Mobile App
Health Reimbursement Arrangement (HRA)	Employee Benefits Corp	800-346-2126	www.ebcflex.com
Dental	Delta Dental of WI	800-236-3712	www.deltadentalwi.com
Vision	Delta Vision/EyeMed	866-723-0514	www.eyemedvisioncare.com
Short- & Long-Term Disability	Northwestern Mutual	866-950-4644	www.northwesternmutual.com
Life Insurance	Northwestern Mutual	866-950-4644	www.northwesternmutual.com
Employee Assistance Program (EAP)	Northwestern Mutual / Health Advocate	888-893-6585	www.healthadvocate.com/NM3
COBRA	United Healthcare	866-747-0048	www.uhcservices.com
Benefit Broker	Robertson Ryan Insurance <i>Mark Mason</i> <i>John Mason</i> <i>Sarah Sunderlage</i>	414-283-4230 262-790-8571 262-790-8577	mmason@robertsonryan.com jmason@robertsonryan.com ssunderlage@robertsonryan.com
401k Financial Advisor	Voya Retirement Northwestern Mutual <i>Chris Young</i>	800-584-6001 414-203-6024	www.voyaretirementplans.com chris.g.young@nm.com



NOTICES

NMHPA

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 less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, please visit the US Department of Labor and type Newborns' and Mothers' Health Protection Act in the Search Box.

Medicare Part D

This notice has information about your current prescription drug coverage with the Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

HRA Plan: 2. TLX Technologies has determined that the prescription drug coverage offered by the HRA Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Full Notice: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Downloads/ModelCreditableCoverageDisclosureNotice051711.pdf>

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days 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 after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a plan – whether received in writing, in an electronic medium, or as an oral communication. The Plan provides health benefits to eligible employees of the Company and their eligible dependents as described in the summary plan description for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' PHI, and has done so by providing the Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI. To receive a copy of the Plan's notice of privacy practices you should contact Human Resources.



WHCRA

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 co-insurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact Human Resources.

CHIP

If you or your children are eligible for Medicaid or Children’s Health Insurance Program (CHIP) and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

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 made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and 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 the guide, please contact HR.



GLOSSARY OF TERMS

Deductible: The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Out-of-Pocket Maximum: The most you pay during a policy period (for TLX, a calendar year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium or healthcare that your insurance doesn't cover.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met your deductible. If the bill for a hospitalization visit is \$5,000 and you've met your deductible, your co-insurance payment of 20% would be \$1,000. The health insurance or plan pays the rest of the allowed amount.

Co-Pay: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. The co-pay applies to your max out-of-pocket, but it does NOT apply to the deductible or HRA.

Health Reimbursement Arrangement (HRA): Employer funded plans from which employees are reimbursed tax-free for qualified medical expenses up to a fix dollar amount per year. The employer funds and owns the arrangement.

Explanation of Benefits (EOB): An EOB is a statement from your health insurance carrier (UHC) explaining how you used your benefits. It is not a bill. It will tell you the difference between the plan allowed amount and how much the plan paid. The EOB will help you understand your cost share responsibility.

Understanding Each Part of Your EOB

Your medical EOB has several sections. Each section has different information about the claims UnitedHealthcare received for services provided to you.

When you look at your EOB, ask yourself:

- Did I get a bill from the doctor for this service yet?
- Does the amount due on the bill match the "Your share" amount on the EOB?
- Did the doctor bill me for any service not listed in the EOB? If so, ask the doctor's office for an explanation.
- Did I get this service, and was it on or around this date?



Cost Summary Totals Chart

The totals chart shows the monthly and yearly totals for the claims UnitedHealthcare got from your providers.

The chart shows:

- The amount your provider billed the plan for services received.
- The total cost approved by the plan. This cost may be smaller than the amount the provider billed UnitedHealthcare.
- The plan's share is the total amount UnitedHealthcare will pay toward the total cost.
- Your share is the total amount you must pay your providers. Your provider should send you a bill for this amount. If you get a bill for more than this amount, ask your provider for an explanation.

	Providers billed plan	Total cost (allowed amount)	Plan paid	Your share
Totals for June	\$194.00	\$139.00	\$0.00	\$55.00
Totals for 2022	\$427.00	\$370.00	\$275.00	\$150.00

Figure 1. A Sample of the Cost Summary Totals Chart

Out-of-Pocket Maximum Cost Chart

Your out-of-pocket costs (copayments, coinsurance and deductible) show the most money you will have to pay for covered services in a plan year (based on date of service). Some items and services will not count toward that maximum (see your Evidence of Coverage [EOC] to learn more).

The amounts listed may include claims in-process and claims paid as of the date noted. The amounts could change depending on when claims are paid and/or adjusted.

Monthly Claim Details Section

This section provides a detailed breakdown of your monthly claims, listing each of the claims we processed that month. It shows the same information as the "Totals for this month" row, but it lists each claim separately, by provider and date.

Provider: Park Central Urgent Care Network provider Claim #: 1005439612010	Provider billed plan	Total cost (allowed amount)	Plan paid	Your share
June 20, 2022	\$194.00	\$139.00	\$0.00	\$55.00
Out Skin Barrier Solid 4x4 Ext W/O Convexity				
Billing code A-4385-NU				
• You pay a \$55 copayment for services				
• Charges are covered under a capitation agreement/managed care plan.				
Totals	\$194.00	\$139.00	\$0.00	\$55.00

Figure 2. A Sample of the Monthly Claim Details Section

Primary Care Provider (PCP): A physician, nurse practitioner or physician’s assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.