



2023 INFRAMARK BENEFITS GUIDE

Your Inframark benefits play a major role in the health and well-being of you and your family. Explore this easy-to-read booklet filled with important information and step-by-step instructions for enrolling in your Inframark employee benefits.

It's Time to Enroll

MH





*Benefits Service Center
1200 Abington Executive Park
Clarks Summit, PA 18411
myinframarkbenefits.com*

For technical assistance, call 800.307.0230.

Para obtener asistencia en español, comuníquese con la línea de idiomas del Centro de Beneficios para Empleados al 800.307.0230.

About This Benefits guide: This Benefits guide describes the highlights of our benefits in non-technical language and is not designed to address every possible coverage scenario, benefit payment or out-of-pocket charge that you may incur. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this Benefits guide. If there is any discrepancy between the description of the programs as contained in this Benefits guide and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Inframark.

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To enroll and learn more about your benefit options, go to myinframarkbenefits.com.



For technical assistance enrolling in your Inframark benefits, contact the Benefits Service Center at **800-307-0230**.



Discover your optimal medical insurance option (and more) with ALEX at myinframarkbenefits.com.



Contact Health Advocate for any benefit questions at **855-424-6400**.



To sign up for employee benefits messages, text **INFRAMARK** to **877-799-4635**.

ENROLLMENT CHECKLIST



GET INFORMED:

Review this benefits guide carefully

Get more info at www.myinframarkbenefits.com 

While there, have a conversation with Alex, the Online Benefits Counselor, to help you determine which benefits best meet your needs 

Your benefits will be effective on the first of the month following 30 days of service.

Have questions? Contact the Inframark Benefits Team at benefits@inframark.com

Text INFRAMARK to (877) 799-4635 to sign up for employee benefits messages! 

GET ENROLLED:


To enroll, visit www.myinframarkbenefits.com 

You may enroll prior to your effective date, but no later than 31 days after your effective date. Deductions will begin in the first pay after your effective date. After completing your enrollment, you will receive a confirmation statement in the mail. Please review this carefully for accuracy. NOTE: Retroactive deductions may occur depending on when your enrollment was processed.

If you wish to elect coverage for your spouse, domestic partner and/or dependent children, you must show proof of your relationship

If you are waiving Inframark benefits, please follow the above process anyway to elect beneficiaries for your company-provided life insurance

You will receive personalized Medical, Prescription, and Dental information in the mail 10-14 days after your enrollment; although your coverage may not yet be in effect

If you need emergency access to one of your coverages after your effective date, but before your enrollment is complete, please call the Inframark Benefits InfoLine at 866-545-3756 

You will be automatically enrolled in the 401(k) plan at a rate of 6% following 90 days of employment. To opt out, enroll sooner, or change this amount, contact Empower Retirement at 844-465-4455 or visit www.empowermyretirement.com. 


GET SUPPORT:

Contact Health Advocate at 855-424-6400. Advocates can help you determine costs, choose providers, resolve claim issues, make healthy decisions, and much more! 

Send an e-mail to benefits@inframark.com 

Locate information on your benefits year round at www.myinframarkbenefits.com 

...IN THE FUTURE

Qualifying Life Events (QLEs) are events such as marriage, divorce, birth of a child, loss of other insurance coverage, etc. If you experience a QLE during the plan year, you may make certain changes to your benefits. Events MUST be reported within 31 days of their effective date, or the change cannot be accepted. Report QLEs by logging onto the Benefits Service Center at www.myinframarkbenefits.com. 

ELIGIBILITY AND ENROLLMENT



BENEFITS ELIGIBILITY

All full-time employees scheduled to work at least 30 hours per week are eligible to enroll in employee benefits.

COVERING YOUR FAMILY MEMBERS (ELIGIBLE DEPENDENTS)

For you to add eligible dependents on your new eligible dependents on your benefit plans in 2023, you must submit verification documents (including social security numbers).

Who Are Your Eligible Dependents?

- Your legal spouse
- Your domestic partner
- Your children* up to age 26
- Your unmarried children of any age, if mentally or physically incapable of self- support



*Your “children” include your natural children, stepchildren who live with you, or other children of whom you have legal guardianship.

CHANGING YOUR ELECTIONS

You need to think carefully about the benefits you choose because you cannot change your elections during the year unless you have a qualifying life event. **Examples of Qualifying Life Events Include:**

- Your marriage or divorce
- Birth or adoption of your child
- Your child reaches the benefit age limit
- Gain or loss of other coverage due to a change in your or your spouse's employment or employment status
- Death of your spouse or child

IF YOU HAVE A QUALIFYING LIFE EVENT

You must report and provide documented proof of any qualifying life event within 31 days of the event's effective date. Please visit myinframarkbenefits.com for more detailed information regarding qualifying life events.

HOW TO ENROLL IN BENEFITS



1

Access the Benefits Service Center.

Go to myinframarkbenefits.com > Enroll.

2

Enter Your Login ID: It is your six-digit employee ID number. If you are unsure of your employee ID number, please ask your manager/supervisor.

3

Enter your temporary password.

First Initial + First 3 Letters of Last Name + Last 4 Digits of SSN
(For example, the temporary password for Mary Jones would be *mjon3344*). Please enter your password using lowercase letters.

4

Accept the terms of use and change your password. You'll be required to enter your new password the next time you log in.

5

Update your dependent information.

You'll be prompted to enter your dependent information. It's important for this to be accurate and up-to-date.

6

Choose your benefits.

Click "proceed" to review your options. After selecting each plan, you'll have the opportunity to choose which dependents you'd like to cover.

7

Review and confirm your choices.

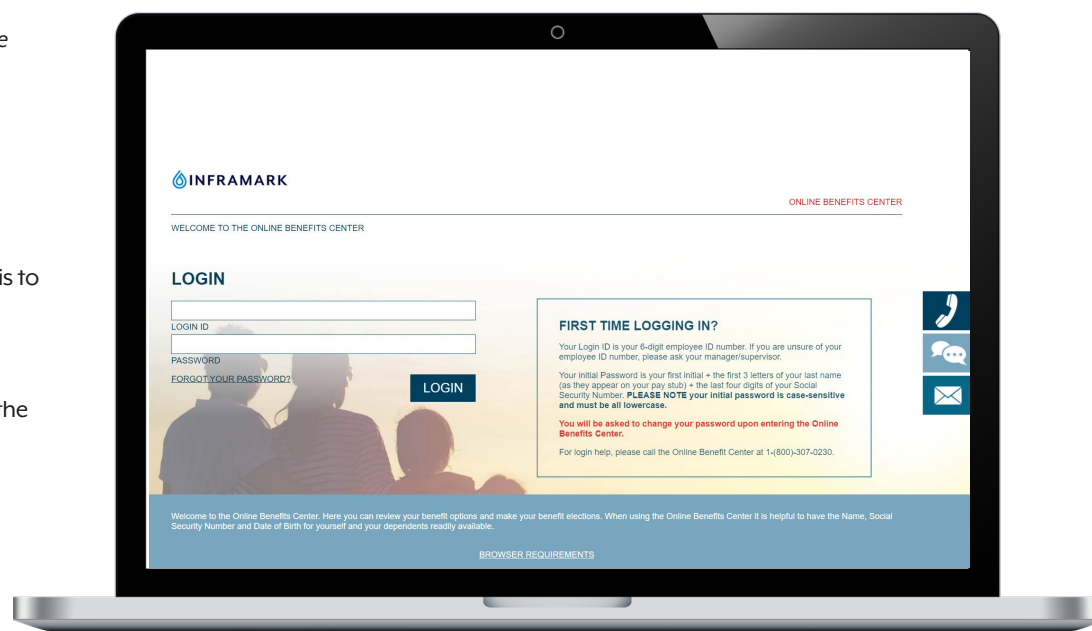
Take a moment to look over your choices at the Review and Confirm Your Benefits screen.

8

Complete enrollment.

Click on "Submit These Elections." **Your enrollment will NOT be complete if you skip this step!**

Print a copy of your confirmation for your records.



If you require technical assistance during the enrollment process, you may contact the Benefits Service Center at 800-307-0230 or use the "Chat Now!" feature on the enrollment site.



YOUR MEDICAL OPTIONS

Inframark provides you with access to 4 medical plan options:

- 1 Enhanced PPO Plan
- 2 Basic PPO Plan
- 3 Value Care PPO Plan
- 4 HDHP w/HSA

All of our plans utilize the Aetna Premier Care Network.

SOMETHING TO THINK ABOUT

Providers often change networks. Be sure that your current provider participates in the Aetna Premier Care Network.

Visit [Aetna.com](https://www.aetna.com), click “Find a Doctor”, under the “Guests” section click on “plan from an employer”, enter your location and mile radius, click “search”, under 2023 providers find the “Aetna Premier Care Network (APCN) Choice POS II/Open Access Managed Choice” plan, click continue, and begin your provider search.

DID YOU KNOW

- 75% of members on the Inframark health plans spend less than \$833 per year out-of-pocket.
- Only 7% of plan members meet their individual deductible.
- Only 4% of plan members meet their individual out-of-pocket maximum.



For a full set of medical rates, see page 14.



This high level overview of your 2023 medical plan options is designed to assist you in selecting the plan that might best meet your needs. Full plan details are available on pages 8 and 9.

	Enhanced PPO Plan	Basic PPO Plan	Value Care PPO Plan	HDHP w/HSA
What Comes Out Of Your Paycheck	 High	 Medium	 Low	 Low
What You Might Spend If You Use Healthcare	 Low	 Low	 Medium	 High
Eligible Spending Account Type	Health Care FSA	Health Care FSA	Health Care FSA	HSA
Inframark Account Contribution	N/A	N/A	N/A	\$250 single / \$500 family
You Might Want To Consider This Plan If...	...You have lots of medical expenses and you want to limit what you might have to pay for care out of your own pocket.	...You prefer a more traditional insurance plan with copays that help you understand what you'll be paying for routine care and medications.	... You don't generally use a lot of healthcare, but appreciate having access to affordable first-line basic and primary care services.	... You have low healthcare needs, don't mind shopping to find the best prices for care and find the long-term tax advantages of the HSA to be a valuable financial tool.
But, You Should Understand That...	...This is an expensive plan, and you might not really need this level of coverage if you're not a frequent user of healthcare.	... If you usually only see the doctor for wellness appointments or preventive care, a higher deductible plan could be cheaper for you.	...Specialist and emergency care are not covered at the same rate as basic care. If you need more complex care, you'll have to pay more out of your own pocket.	... In exchange for very low premiums, you pay a larger share of the costs of health care services until your deductible is met.



1

2



Benefit Descriptions	Enhanced PPO Plan		Basic PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual Family	\$1,500 \$4,500	\$4,500 \$13,500	\$3,500 \$10,500	\$10,500 \$31,500
Out-of-Pocket Max. Individual Family	\$4,500 \$9,000	\$9,000 \$27,000	\$8,150 \$16,300	\$16,300 \$48,900
Coinsurance	20%	50%	30%	50%
Office Visits Primary Care Specialist	\$25 \$50	ded./coins. ded./coins.	\$25 \$50	ded./coins. ded./coins.
Emergency Care Urgent Care Facility Emergency Room	\$100 \$350	\$100 \$350	\$100 \$350	\$100 \$350
Retail Rx (30-day supply)	\$5 copay for generic drugs; \$40 copay for formulary (preferred) brand name drugs; \$100 copay for non-formulary (non-preferred) brand name drugs; \$250 for specialty drugs			
Mail Order Rx (90-day supply)	90-day mail order supply of maintenance drugs available for 2x the retail copay			

3

4

Value Care PPO Plan		HDHP w/HSA*		Benefit Descriptions
In-Network	Out-of-Network	In-Network	Out-of-Network	
\$5,000 \$12,500	\$12,500 \$31,250	\$4,000 \$8,000	\$8,000 \$16,000	Annual Deductible Individual Family
\$8,150 \$16,300	\$16,300 \$48,900	\$6,900 \$13,800	\$13,800 \$27,600	Out-of-Pocket Max. Individual Family
30%	50%	30%	50%	Coinsurance
\$20 ded./coins.	ded./coins. ded./coins.	ded./coins. ded./coins.		Office Visits Primary Care Specialist
\$75 ded./coins.	ded./coins. ded./coins.	ded./coins. ded./coins.		Emergency Care Urgent Care Facility Emergency Room
\$5 copay for generic drugs; \$40 copay for formulary (preferred) brand name drugs; \$100 copay for non-formulary (non-preferred) brand name drugs; \$250 for specialty drug		\$5 copay for preventive medications**; deductible & coinsurance for all others		Retail Rx (30-day supply)
90-day mail order supply of maintenance drugs available for 2x the retail copay		\$10 copay for preventive medications**; deductible & coinsurance for all others		Mail Order Rx (90-day supply)

Medical Plan Notes

All in-network preventive care (e.g., routine physicals, well-child care, mammograms, colonoscopies) is covered at 100% by the plans.

*HDHP w/HSA Plan enrollees receive a company contribution of \$250 (single) or \$500 (family) into their HSA.

**See list of medications designated as “preventive” under the HDHP at [myinframarkbenefits.com/Healthcare & Well-Being/Medical/High Deductible Plan](http://myinframarkbenefits.com/Healthcare%20and%20Well-Being/Medical/High%20Deductible%20Plan).

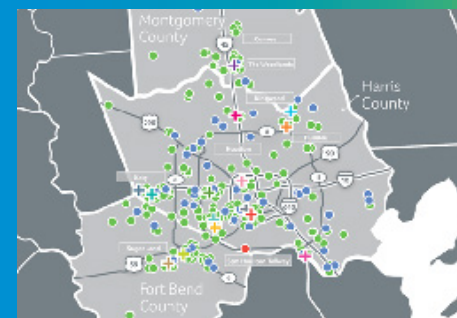




Want lower medical contributions? Consider choosing the Memorial Hermann Plan Network

Employees in the greater Houston area have an opportunity to enroll in a plan through the preferred Memorial Hermann network. These plans offer quality care along with great value to you and your family. Below are a few coverage highlights.

- The Memorial Hermann options mirror our Enhanced PPO Plan, Basic PPO Plan, Value Care PPO Plan and HDHP w/HSA with one major difference: your "in-network" care is contained exclusively within the Memorial Hermann Health System.
- Using Memorial Hermann doctors and facilities is designed to improve the quality of your care and provide a better experience, all while saving you money.
- The Memorial Hermann Plans are offered at a lower cost per pay when compared to their traditional counterpart.
- Learn more about the system at www.memorialhermann.org.



This is the Memorial Hermann Coverage Area.

You have the option of enrolling in medical plans which fall into 2 categories:

Traditional Aetna Medical Plans and Memorial Hermann/Aetna Medical Plans.

Traditional Aetna Medical Plans

Provide medical coverage in and out of Aetna's broad network at a higher cost per pay.

- 1 Enhanced PPO Plan
- 2 Basic PPO Plan
- 3 Value Care PPO Plan
- 4 HDHP w/HSA

Memorial Hermann/Aetna Medical Plans

Provide preferred coverage within the Memorial Hermann Network, and are offered at a lower cost per pay.

- 1 MH Enhanced PPO Plan
- 2 MH Basic PPO Plan
- 3 MH Value Care PPO Plan
- 4 MH HDHP w/HSA



The Memorial Hermann plans mirror our traditional plan offerings, with one major difference: For coverage to be considered "in-network", you must obtain care from MH doctors and facilities. When you go out-of-network, you have two options: 1) you can use any other participating Aetna provider, or 2) you can use any provider. These differences are noted in the example at right.

The payroll contributions for the Memorial Hermann options are also lower than the other plans. See the difference on Page 14.

Memorial Hermann is healthcare focused on you!

Imagine your doctors all working together, all on the same page. Not having to repeat a test you took last week. Or how about a nurse calling to check on your health when you're not even sick?

With The Memorial Hermann plans, you're at the center. You get a special network of doctors, specialists and nurses - putting their heads together to work for you. So your care makes sense to you.

Memorial Hermann (MH) Network Example

Benefit Descriptions	MH Basic PPO Plan		
	In-Network (Memorial Hermann System Only)	Any Aetna Participating Provider	Out-of-Network
Annual Deductible Individual / Family	\$3,500 / \$10,500	\$10,500 / \$31,500	
Out-of-Pocket Max. Individual / Family	\$8,150 / \$16,300	\$16,300 / \$48,900	
Coinsurance	30%	50%	

Above is an example of how in-network and out-of-network benefits work with the Memorial Hermann option. (Remember, the underlying plan benefits are all the same as the grids on pages 8 and 9.)

- In-network benefits provide the highest level of coverage. All in-network benefits must be obtained within the MH network.
- By utilizing the broader Aetna network, you can still receive discounts on allowable charges, but will be covered at the out-of-network benefit levels.
- Out-of-network coverage allows you to visit any provider, but at reduced benefit levels. You may also be subject to balance-billing.
- Emergency care can be received anywhere and is considered in-network.



Your primary doctor leads the team

Your primary doctor can:

- Make sense of various visits and test.
- Help you find programs tailored to you.
- Guide you on important health decisions
- See you for yearly exams and screenings, not just when you are sick.



You get an entire healthcare team

Your team can:

- Keep tabs on your prescription and lab results.
- Spot issues, even before you make an appointment.
- Build care plans personalized for you.
- Help you cut down on unnecessary care and costs.

Here's how it works:



PRESCRIPTION BENEFITS



HEALTH BENEFIT PLANS

SOMETHING TO THINK ABOUT

- You are automatically provided with prescription benefits through Express Scripts when you enroll in an Inframark medical benefits plan.
- Different pricing structures or “tiers” enable you to control costs based on the types of medications you select. Be sure to request generic options from your doctor when possible. If you must take a brand name drug, see whether one in the Brand Formulary tier is an option. For assistance, contact Health Advocate at 855-424-6400.
- If you use insulin, you may be eligible for a program that caps your copay at \$25 for a 30-day supply.



Rx Type	HDHP Only	All Other Plans
Generic	Deductible/ Coinsurance	\$5 copay
Brand Formulary	Deductible/ Coinsurance	\$40 copay
Brand Non-Formulary	Deductible/ Coinsurance	\$100 copay
Specialty	Deductible/ Coinsurance	\$250 copay
Mail Order (90-Day Supply)	Deductible/ Coinsurance	2X the above Retail Copays

Go to www.express-scripts.com/inframark to price a medication, locate a pharmacy, or see a prescription benefits overview.

DENTAL BENEFITS

UNITED CONCORDIA®



HEALTH BENEFIT PLANS

Inframark offers you the choice of two dental plans through United Concordia. Our dental plans are designed to give you choice and control over your dental care. Both the High and Low plans provide coverage for Preventive Services, Basic Services, and Major Services. The plans differ by the level of benefits they provide out-of-network and the annual benefit maximum and coverage for Orthodontia.

Benefit Descriptions	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Individual/Family	\$50/\$150		\$50/\$150	\$100/\$300
Annual Maximum	\$2,000		\$1,500	
Diagnostic & Preventive Services	100%		100%	80%
Basic Services	80%		80%	60%
Major Services	50%		50%	30%
Orthodontia Coverage	Yes (including adult)		No	
Orthodontic Services	50%		N/A	
Orthodontic Lifetime Maximum	\$2,000		N/A	



SOMETHING TO THINK ABOUT

- The Smile for Health program can provide you with enhanced benefits for exams and procedures to treat gum disease if you are pregnant or have certain medical conditions like diabetes, rheumatoid arthritis, and heart disease. Learn more on page 15.



For a full set of dental rates, check out page 14.

SAGE COLLEGE TUITION PROGRAM

United Concordia plan participants can register in the College Tuition Benefit Program and earn 2,000 tuition reward points each year they are covered by United Concordia Dental insurance. One tuition reward point equals \$1.00 so you can earn up to \$2,000 per year! To enroll in this valuable program, visit <https://www.unitedconcordia.com/benefits/get-started>.

VISION BENEFITS



HEALTH BENEFIT PLANS

Inframark provides you the choice of two vision plans offered through Vision Service Plan (VSP): 1) The Base Plan and 2) The Easy Option Plan.

Both plans allow you to receive a complete eye examination and materials (if needed).

The plans differ in how they share costs with you and the frequency of when you can receive benefits.

SOMETHING TO THINK ABOUT

Both plans provide similar vision coverage, however, the Easy Option features a more frequent frames allowance and Each family member can choose one of the following upgrades at the time of service:

- \$250 Frame Allowance
- \$250 Contact Allowance
- Covered-in-full photochromic, anti-reflective or progressive lenses



For a full set of vision rates, see page 14.



Benefit Descriptions	Base Plan	Easy Option Plan
Eye Exams	Covered 100%	Covered 100%
Eyeglasses/Contacts	\$15 copay	\$15 copay
Lenses	Covered 100%	Covered 100%
Progressive Lenses	Not Covered	Easy Option
Frames Allowance	Up to \$150	Easy Option (Up to \$250)
Contacts Allowance	Up to \$150	Easy Option (Up to \$250)
Frequency - Lenses/Frames	12/24 (months)	12/12 (months)

*Out-of-network coverage is available at reduced benefit levels.

PLAN CONTRIBUTIONS

MEDICAL/RX

	Enhanced PPO			Basic PPO			Value Care PPO			HDHP w/ HSA		
	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck
Employee	\$51.93	\$103.87	\$112.52	\$32.59	\$65.18	\$70.61	\$25.56	\$51.12	\$55.38	\$24.23	\$48.46	\$52.50
Employee + Spouse	\$104.84	\$209.69	\$263.85	\$67.58	\$135.16	\$178.24	\$54.50	\$108.99	\$144.79	\$51.15	\$102.29	\$129.48
Employee + Child(ren)	\$121.78	\$243.56	\$227.16	\$82.26	\$164.53	\$146.42	\$66.83	\$133.66	\$118.08	\$59.76	\$119.52	\$110.82
Employee + Family	\$192.85	\$385.70	\$417.84	\$125.42	\$250.84	\$271.74	\$94.41	\$188.83	\$204.56	\$89.50	\$178.99	\$193.91
	Enhanced PPO (MH)			Basic PPO (MH)			Value Care PPO (MH)			HDHP w/ HSA (MH)		
	Weekly Paycheck	Bi-Weekly Paycheck		Weekly Paycheck	Bi-Weekly Paycheck		Weekly Paycheck	Bi-Weekly Paycheck		Weekly Paycheck	Bi-Weekly Paycheck	
Employee	\$41.55	\$83.09		\$26.07	\$52.14		\$20.45	\$40.89		\$19.38	\$38.77	
Employee + Spouse	\$83.87	\$167.75		\$54.06	\$108.12		\$43.60	\$87.19		\$40.92	\$81.84	
Employee + Child(ren)	\$97.42	\$194.85		\$65.81	\$131.62		\$53.46	\$106.92		\$47.81	\$95.62	
Employee + Family	\$154.28	\$308.56		\$100.34	\$200.67		\$75.53	\$151.06		\$71.60	\$143.19	

DENTAL

	High Plan			Low Plan		
	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck
Employee	\$3.91	\$7.82	\$8.47	\$2.91	\$5.82	\$6.30
Employee + Spouse	\$7.50	\$15.01	\$16.26	\$5.68	\$11.36	\$12.31
Employee + Child(ren)	\$7.88	\$15.76	\$17.08	\$5.96	\$11.93	\$12.92
Employee + Family	\$12.90	\$25.80	\$27.96	\$9.60	\$19.20	\$20.80

VISION

	Base Plan			Easy Option Plan		
	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck
Employee	\$0.95	\$1.91	\$2.07	\$2.72	\$5.44	\$5.89
Employee + Spouse	\$1.60	\$3.20	\$3.47	\$4.57	\$9.14	\$9.90
Employee + Child(ren)	\$1.68	\$3.36	\$3.64	\$4.80	\$9.59	\$10.39
Employee + Family	\$2.36	\$4.72	\$5.11	\$6.73	\$13.45	\$14.58



NOTE: The weekly, bi-weekly, and semi-monthly tobacco surcharges are \$28.85, \$57.69, and \$62.50 respectively. The weekly, bi-weekly, and semi-monthly spousal surcharges are \$34.62, \$69.23, and \$75.00 respectively.

MANAGING YOUR HEALTH

TELADOC

Convenient and Affordable Health Care by Phone or Video

Our Teladoc benefit gives you access to board-certified physicians to get fast treatment (including prescriptions) for common ailments such as the flu, allergies, ear infections, and more. If you are enrolled in any of the PPO medical options, you will pay nothing for virtual visits. HDHP enrollees will be charged \$49 for virtual visits, which is still considerably less than an emergency room or urgent care visit.

Teladoc also offers mental health services. You can speak with a licensed counselor, therapist, psychologist, or psychiatrist by phone, web, or mobile app. Teladoc services are available seven days a week from 7 a.m. to 9 p.m. local time. To learn more and get started, call 855-Teladoc (835-2362) or go to www.teladoc.com/aetna.



LIVONGO - 100% COMPANY PAID

Diabetes and Hypertension Management

Livongo is a health management program that provides you with a free cellular-enabled glucose meter and **free unlimited testing supplies or a free blood pressure monitor**, digital access to track and share your health progress, and immediate telephonic support from certified coaches to keep your blood sugar and blood pressure in healthy ranges throughout your day. To learn more and get started, go to healthy.livongo.com/inframark.



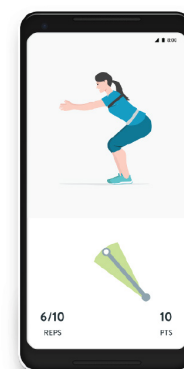
HINGE HEALTH - 100% COMPANY PAID

Remote Back and Joint Care

Inframark medical plan participants and their covered dependents 18 years old or older, have access to Hinge Health for help with remote back and joint care. Treatment can be done anywhere and can be customized by your physical therapist. The Hinge Health app can help with:

- Conquering pain or limited movement
- Recovering from an injury
- Staying healthy and pain free

To learn more call (855) 902-2777, or apply at: hingehealth.com.





AETNA MEDICAL APP



The Aetna® Mobile app provides instant access to your family's critical health information. You can find a physician or facility near you, check the status of a claim, use the Cost Estimator, and track spending and progress toward deductibles. You can download your FREE Aetna Mobile app by texting Aetna to 90156, or you can learn more by visiting aetna.com/mobile.

EXPRESS SCRIPTS PRESCRIPTION APP



The Express Scripts® Pharmacy app lets you instantly access your plan's benefits and coverage information through My Rx Choices. You can look up potential lower-cost prescription options, view your ID card, set important reminders to take or refill the prescriptions in your medicine cabinet, and more. Check your smartphone's app store to download.

HEALTH ADVOCATE LIFELINE® APP



Get 24/7 access to your Health Advocate benefits as well as a one-touch connection to a live Personal Health Advocate who can help you find the right doctor, untangle insurance claims, secure second opinions, schedule appointments, clarify complex conditions, and estimate health care costs. Check your smartphone's app store to download.

UNITED CONCORDIA DENTAL APP



The United Concordia® Dental app allows you to find a dentist near you, access your benefits information, get a virtual ID card, manage your account, and learn about oral health and wellness. To learn more and get started, go to unitedconcordia.com.

VSP VISION APP



The VSP app provides easy access to locate VSP participating providers near you, your member ID card, summary of your vision benefits, glasses and contacts, and more. VSP providers meet the highest quality standards for credentialing and for providing both comprehensive eye care and full-service vision hardware services.



ATTAIN BY AETNA PROGRAM AND APP

Attain is more than another fitness app, it empowers and rewards you for getting healthier in ways that work for you as an individual! Aetna combines activity from your Apple Watch and health history to provide personalized program experiences. Through Attain you can get reminders to get a flu shot and schedule your annual physical, tips for healthier snacking and better sleep and inspiration for increasing activity levels. You can also earn points towards a new Apple Watch, or gift cards. To participate in this program, you must have an Apple Watch and an iPhone. To learn more about this program, visit AttainByAetna.com.

ABOUT YOUR BENEFIT

Health Advocate EmpoweredHealth is a fully-integrated program that provides you with a personal health advocate who can help you navigate the complex world of health care. This benefit is 100% company-paid.

Your personal health advocate can help you with things like:

- Finding a physician
- Coordinating your care among many health care providers
- Processing insurance claims and paperwork
- Negotiating fees for health care services
- Arranging for second opinions
- Weight management
- Nutrition
- Stress management
- Chronic health conditions (such as diabetes, asthma, or depression)
- and more!

You'll also have access to interactive online coaching programs, unlimited telephonic support from health professionals, and a 24-hour Nurse Line.

Call the Health Advocate Employee Assistance Program (EAP) for 24/7 access to confidential counseling and referral services to help you and your eligible dependents manage life's problems. Some issues the EAP can help with include:

- | | |
|------------------------|----------------------------|
| – Daycare | – Occupational performance |
| – Eldercare | – Self-esteem |
| – Family/relationships | – Smoking cessation |
| – Financial stress | – Substance abuse |
| – Legal concerns | |

Get Started Today!

855-424-6400

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/inframark



HEALTH SAVINGS ACCOUNT



TAX-ADVANTAGED BENEFITS

ABOUT YOUR ACCOUNT

If you enroll in the High Deductible Health Plan, you also have the opportunity to establish a Health Savings Account (HSA). An HSA is an account that can be used to build long-term tax deferred savings to pay for qualified health care expenses. Account management is available through www.empowermyretirement.com.

An HSA provides you with great tax savings:

- Contributions made to your HSA via paycheck deduction are pre-tax;
- Earnings growth through interest and investments is not taxed; and
- Withdrawals from your account are tax-free, if used for qualified healthcare expenses.

Inframark will contribute funds to your HSA to get you started on the road to saving for your healthcare expenses. For 2023, you will receive:

- Individual Coverage Level: \$250
- All Other Coverage Levels: \$500

For the 2023 plan year, if you enroll in the High Deductible Health Plan, you can contribute up to the following amounts to your HSA:

- \$3,850 if you elect Employee Only coverage
- \$7,750 if you elect Employee + Spouse, Employee + Child(ren) or Family coverage.

(If you are age 55 or older, but not enrolled in Medicare, you can contribute an additional \$1,000 catch-up contribution to your HSA.)

The amount that Inframark contributes into the account on your behalf counts towards the annual maximums listed above.

An HSA is an excellent opportunity to save for future medical expenses for you and your family or to simply save for your future. However, it is important that you understand how to contribute funds to an HSA, how to withdraw funds you have contributed and what, if any, tax implications there are associated with your HSA fund.



FLEXIBLE SPENDING ACCOUNT



TAX-ADVANTAGED BENEFITS

HEALTHCARE FSA

The health care flexible spending account (FSA) gives you the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your insurance. Eligible health care FSA expenses include deductibles, copayments and coinsurance payments, uninsured dental expenses, vision care expenses (e.g. eyeglasses or contact lenses), hearing care expenses (e.g. a hearing aid) and orthodontia. Eligible and ineligible healthcare expenses are defined and listed in IRS Publication 502, available online at www.irs.gov/publications.

LIMITED USE HEALTHCARE FSA (FOR HSA PARTICIPANTS ONLY)

Enrollees in the High Deductible Health Plan (HDHP) that open an HSA may participate in a Limited Use Healthcare FSA, as well as a Dependent Care FSA. Due to federal guidelines concerning HSAs, participants are not eligible to enroll in a traditional Healthcare FSA in conjunction with their HSA. A Limited Use Healthcare FSA may be used for eligible dental and vision care expenses. You will also be able to receive reimbursement for medical services covered under the HDHP once you have satisfied your annual deductible. In order to receive reimbursement for eligible medical expenses, you must submit documentation that states your annual deductible has been met.

SOMETHING TO THINK ABOUT

- By contributing roughly \$19 per pay to a health care FSA, you can save \$125 in taxes and have \$500 to put toward your health care expenses! (Assumes 25% tax bracket.)
- Although the health care FSA is a use-it-or-lose-it account, you can roll over up to \$610 of unused funds to use in the next year.
- Plans offer convenient claim submission options (online/fax/mail)
- You must actively elect your annual Health Care FSA contribution each year during annual enrollment.
- Automatic reimbursements with the flex debit card; weekly processing for submitted claims with direct deposit or check payments options
- Account management/online tools available through myFlexDollars.com

The maximum annual amount you can deposit into a Healthcare FSA is **\$3,050**. Any unused funds up to **\$610** will roll over into the next calendar year.



FLEXIBLE SPENDING ACCOUNT



TAX-ADVANTAGED BENEFITS

DEPENDENT CARE FSA

A Dependent Care FSA gives you the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school on a full-time basis. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

Eligible and ineligible dependent day care expenses are defined and listed in IRS Publication 503, available online at www.irs.gov/publications.

SOMETHING TO THINK ABOUT

- Dependent care FSA elections cannot be carried over from year to year. You must make new elections during the open enrollment period.
- The dependent care FSA is a use-it-or-lose-it account.
- The plan offers convenient claim submission options online or through fax and mail
- Automatic reimbursements with the flex debit card; weekly processing for submitted claims with direct deposit or check payments options
- Account management/online tools available through myFlexDollars.com



The maximum annual amount you can deposit into a Dependent Care FSA is **\$5,000**, or **\$2,500** if both you and your spouse elect the benefit and you file your taxes separately.



BASIC LIFE AND AD&D INSURANCE



COMPANY-PAID BENEFITS

BASIC LIFE INSURANCE*

Inframark provides eligible employees with a Basic Life Insurance benefit that equals 1 times your base annual salary up to a maximum of \$200,000. This coverage is 100% company-paid. Please Note: Any amount exceeding \$50,000 in coverage will be subject to taxation as imputed income.

BASIC AD&D INSURANCE*

In addition to Basic Life Insurance, Inframark provides eligible employees with a Basic AD&D Benefit. Similar to your Basic Life Insurance, this benefit equals 1 times your base annual earnings up to a maximum of \$200,000. This coverage is 100% company-paid.

SOMETHING TO THINK ABOUT

- You get Basic Life and AD&D Insurance automatically as part of your employee benefits.
- If you'd like to buy additional life insurance coverage for yourself, your spouse, or your children, see page 23.
- IRS regulations require taxation of company-paid life insurance that exceeds \$50,000.

*Benefit reduces to 65% at age 70 and 50% at age 75.



REMEMBER TO DESIGNATE YOUR BENEFICIARIES

A beneficiary is the person(s) who will receive your Life/AD&D benefits should the unfortunate happen. It is important to keep your beneficiary designation as up-to-date as possible. Should something happen to you, your benefits will be paid to the most recent beneficiary(ies) on file (or to your estate if no beneficiary is on file).

DISABILITY INSURANCE



COMPANY-PAID BENEFITS

ABOUT YOUR BENEFIT

Short-Term and Long-Term Disability Insurance can help if you become disabled and are unable to work due to a covered injury or sickness.

Short-Term Disability

Short-Term Disability benefits begin on the 15th day of your absence, after the 14-day elimination period is complete. Inframark automatically provides you with basic coverage of 65% or 80% (if you have five or more years of service) of your salary. This benefit can be supplemented with accrued sick, vacation, and floating holiday time.

Long-Term Disability

Long-Term Disability benefits begin after you have been disabled for a total of 90 calendar days. Inframark automatically provides you with basic coverage of 60% of your monthly salary to a maximum of \$10,000/month.

SOMETHING TO THINK ABOUT

- You should review and understand the important tax implications of Long-Term Disability Insurance. By default, unless you opt out, we will apply taxes to the value of your company-paid LTD benefits (“Tax Me Now”), which ensures you a tax-free benefit if you become disabled.

See the example at right.



Example: \$40,000 Salary

TAX ME LATER

60% of your monthly income = \$2,000

Assuming 25% tax rate,
LTD benefit = \$1,500

LTD benefit is subject to tax; net benefit is closer to
45% of regular earnings



Estimated Tax: \$1.25 per pay \$32.50 per year

TAX ME NOW

60% of your monthly income = \$2,000

Benefit is NOT taxed,
LTD benefit = \$2,000

LTD benefit when not taxed is
really 60% of regular earnings

**\$500 more per month;
\$120,000 over 20 years**



SUPPLEMENTAL LIFE INSURANCE



ABOUT YOUR BENEFITS

You may purchase Supplemental Term Life Insurance for yourself, your spouse, and your children. If you elect this coverage, you are responsible for paying 100% of the benefit cost.

Employee Supplemental Life Insurance lets you purchase coverage of 1 to 5 times your salary, up to a maximum of \$500,000. Evidence of insurability is required for amounts over \$250,000.

Spouse Supplemental Life Insurance lets you purchase coverage for \$10,000, \$20,000, \$30,000, \$40,000, or a maximum of \$50,000. Evidence of insurability is required for amounts over \$20,000.

Child Supplemental Life Insurance lets you purchase coverage for \$2,500, \$5,000, or \$10,000. Your unmarried dependent children may be covered up to age 26.

Dependent Life Insurance Monthly Rates

Dependent Child(ren) Coverage Amount	Your Monthly Cost (For all dependent children)
\$2,500	\$0.50
\$5,000	\$1.00
\$10,000	\$1.91

Supplemental Employee/Spouse Life Insurance Monthly Rates

Insured Age	Monthly Cost per \$1,000 of Coverage	Insured Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.058	50-54	\$0.305
25-29	\$0.070	55-59	\$0.562
30-34	\$0.094	60-64	\$0.949
35-39	\$0.106	65-69	\$1.488
40-44	\$0.118	70 or above	\$2.507
45-49	\$0.176		

To determine your cost for coverage, use the following formulas:

Coverage Amount ÷ 1000 x rate x 12 ÷ 52 = weekly cost

Coverage Amount ÷ 1000 x rate x 12 ÷ 26 = bi-weekly cost

Coverage Amount ÷ 1000 x rate x 12 ÷ 24 = semi-monthly cost

CRITICAL ILLNESS & ACCIDENT



ABOUT YOUR BENEFITS

You may choose to enroll in either or both of these voluntary plans offered through MetLife:

Critical Illness Insurance

Critical Illness Insurance provides a lump-sum payment in the event of an unexpected serious illness such as a heart attack, stroke or cancer. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.

To claim your \$50/\$100 health screening benefit, call **1-800-GET-MET8** 8am-8pm EST. Provide a few details including the health care providers information, screening/test and date of completion. You will then be issued your check within a few business days after your claim has been processed. You can submit multiple claims for your spouse and/or dependent children, all on one call, if you have them on your critical illness coverage.

Accident Insurance

Accident Insurance provides a payment to use as you see fit if you experience a covered event. There are no waiting periods for coverage to begin and payment will be in addition to any other insurance you may have.

SOMETHING TO THINK ABOUT

- The Critical Illness policy also includes a cash benefit of \$50 (low plan) or \$100 (high plan) for receiving health screenings.

ACCIDENT RATES

	Low Plan			High Plan		
	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck
Employee	\$2.16	\$4.32	\$4.68	\$3.96	\$7.91	\$8.57
Employee + Spouse	\$3.97	\$7.94	\$10.18	\$7.24	\$14.48	\$18.61
Employee + Child(ren)	\$4.70	\$9.40	\$8.60	\$8.59	\$17.18	\$15.69
Employee + Family	\$5.78	\$11.56	\$12.52	\$10.65	\$21.31	\$23.09



Critical Illness and Accident Insurance costs are based on your coverage selection and other variables.

Coverage levels and costs may be reviewed in the enrollment system or are available at the website listed below.

CRITICAL ILLNESS & ACCIDENT



	Critical Illness Insurance Weekly Rates For \$5,000 of Coverage										
	< 25 yrs.	25-29 yrs.	30-33 yrs.	34-39 yrs.	40-44 yrs.	45-49 yrs.	50-54 yrs.	55-59 yrs.	60-64 yrs.	65-69 yrs.	70+ yrs.
Employee	\$0.82	\$0.85	\$1.04	\$1.34	\$1.85	\$2.64	\$3.80	\$5.33	\$7.59	\$11.41	\$16.67
Employee + Spouse	\$1.52	\$1.57	\$1.82	\$2.25	\$2.95	\$4.06	\$5.62	\$7.66	\$10.70	\$15.78	\$23.16
Employee + Child(ren)	\$1.56	\$1.59	\$1.78	\$2.08	\$2.58	\$3.38	\$4.53	\$6.07	\$8.33	\$12.15	\$17.41
Employee + Family	\$2.26	\$2.31	\$2.56	\$2.99	\$3.69	\$4.80	\$6.36	\$8.40	\$11.43	\$16.52	\$23.90

	Critical Illness Insurance Bi-Weekly Rates For \$5,000 of Coverage										
	< 25 yrs.	25-29 yrs.	30-33 yrs.	34-39 yrs.	40-44 yrs.	45-49 yrs.	50-54 yrs.	55-59 yrs.	60-64 yrs.	65-69 yrs.	70+ yrs.
Employee	\$1.64	\$1.71	\$2.08	\$2.68	\$3.69	\$5.28	\$7.59	\$10.66	\$15.18	\$22.82	\$33.35
Employee + Spouse	\$3.05	\$3.14	\$3.65	\$4.50	\$5.91	\$8.12	\$11.24	\$15.32	\$21.39	\$31.57	\$46.32
Employee + Child(ren)	\$3.12	\$3.18	\$3.55	\$4.15	\$5.17	\$6.76	\$9.07	\$12.14	\$16.66	\$24.30	\$34.82
Employee + Family	\$4.52	\$4.62	\$5.12	\$5.98	\$7.38	\$9.60	\$12.72	\$16.80	\$22.87	\$33.05	\$47.79

	Critical Illness Insurance Semi-Monthly Rates For \$5,000 of Coverage										
	< 25 yrs.	25-29 yrs.	30-33 yrs.	34-39 yrs.	40-44 yrs.	45-49 yrs.	50-54 yrs.	55-59 yrs.	60-64 yrs.	65-69 yrs.	70+ yrs.
Employee	\$1.78	\$1.85	\$2.25	\$2.90	\$4.00	\$5.73	\$8.23	\$11.55	\$16.45	\$24.73	\$36.13
Employee + Spouse	\$3.30	\$3.40	\$3.95	\$4.88	\$6.40	\$8.80	\$12.18	\$16.60	\$23.18	\$34.20	\$50.18
Employee + Child(ren)	\$3.38	\$3.45	\$3.85	\$4.50	\$5.60	\$7.33	\$9.83	\$13.15	\$18.05	\$26.33	\$37.73
Employee + Family	\$4.90	\$5.00	\$5.55	\$6.48	\$8.00	\$10.40	\$13.78	\$18.20	\$24.78	\$35.80	\$51.78

CRITICAL ILLNESS & ACCIDENT



	Critical Illness Insurance Weekly Rates For \$10,000 of Coverage										
	< 25 yrs.	25-29 yrs.	30-33 yrs.	34-39 yrs.	40-44 yrs.	45-49 yrs.	50-54 yrs.	55-59 yrs.	60-64 yrs.	65-69 yrs.	70+ yrs.
Employee	\$1.64	\$1.71	\$2.08	\$2.68	\$3.69	\$5.28	\$7.59	\$10.66	\$15.18	\$22.82	\$33.35
Employee + Spouse	\$3.05	\$3.14	\$3.65	\$4.50	\$5.91	\$8.12	\$11.24	\$15.32	\$21.39	\$31.57	\$46.32
Employee + Child(ren)	\$3.12	\$3.18	\$3.55	\$4.15	\$5.17	\$6.76	\$9.07	\$12.14	\$16.66	\$24.30	\$34.82
Employee + Family	\$4.52	\$4.62	\$5.12	\$5.98	\$7.38	\$9.60	\$12.72	\$16.80	\$22.87	\$33.05	\$47.79

	Critical Illness Insurance Bi-Weekly Rates For \$10,000 of Coverage										
	< 25 yrs.	25-29 yrs.	30-33 yrs.	34-39 yrs.	40-44 yrs.	45-49 yrs.	50-54 yrs.	55-59 yrs.	60-64 yrs.	65-69 yrs.	70+ yrs.
Employee	\$3.28	\$3.42	\$4.15	\$5.35	\$7.38	\$10.57	\$15.18	\$21.32	\$30.37	\$45.65	\$66.69
Employee + Spouse	\$6.09	\$6.28	\$7.29	\$9.00	\$11.82	\$16.25	\$22.48	\$30.65	\$42.78	\$63.14	\$92.63
Employee + Child(ren)	\$6.23	\$6.37	\$7.11	\$8.31	\$10.34	\$13.52	\$18.14	\$24.28	\$33.32	\$48.60	\$69.65
Employee + Family	\$9.05	\$9.23	\$10.25	\$11.95	\$14.77	\$19.20	\$25.43	\$33.60	\$45.74	\$66.09	\$95.58

	Critical Illness Insurance Semi-Monthly Rates For \$10,000 of Coverage										
	< 25 yrs.	25-29 yrs.	30-33 yrs.	34-39 yrs.	40-44 yrs.	45-49 yrs.	50-54 yrs.	55-59 yrs.	60-64 yrs.	65-69 yrs.	70+ yrs.
Employee	\$3.55	\$3.70	\$4.50	\$5.80	\$8.00	\$11.45	\$16.45	\$23.10	\$32.90	\$49.45	\$72.25
Employee + Spouse	\$6.60	\$6.80	\$7.90	\$9.75	\$12.80	\$17.60	\$24.35	\$33.20	\$46.35	\$68.40	\$100.35
Employee + Child(ren)	\$6.75	\$6.90	\$7.70	\$9.00	\$11.20	\$14.65	\$19.65	\$26.30	\$36.10	\$52.65	\$75.45
Employee + Family	\$9.80	\$10.00	\$11.10	\$12.95	\$16.00	\$20.80	\$27.55	\$36.40	\$49.55	\$71.60	\$103.55

IDENTITY THEFT & ONLINE PRIVACY PROTECTION



 VOLUNTARY BENEFITS

ABOUT YOUR BENEFITS

NortonLifeLock helps provide you peace of mind with comprehensive protection for your identity, connected devices, and online privacy with SafeCam. Choose between two levels of protection:

NortonLifeLock - Benefit Essential

Includes identity monitoring, One Bureau Credit Application Alerts, data breach notifications, and online monitoring.

NortonLifeLock - Benefit Premier

The most complete identity and online protection. You'll get everything Benefit Essential has to offer as well as credit score report and 50 GB cloud backup.

	Benefit Essential			Benefit Premier		
	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee	\$1.96	\$3.92	\$4.25	\$3.46	\$6.92	\$7.50
Employee + Family	\$3.92	\$7.85	\$8.50	\$6.92	\$13.84	\$14.99

SOMETHING TO THINK ABOUT

- Consider how this benefit can provide peace of mind to you and your family members under the circumstances of an event such as a data breach.
- With the upgraded benefit plans, you will have access to the Norton device security features such as online threat protection, password manager, parental control, smart firewall, cloud backup, and safecam.



METLAW LEGAL PLAN

The MetLaw Legal Plan provides access to high-quality attorneys and legal services. You can receive legal advice and fully covered legal services for a wide range of personal legal matters such as:

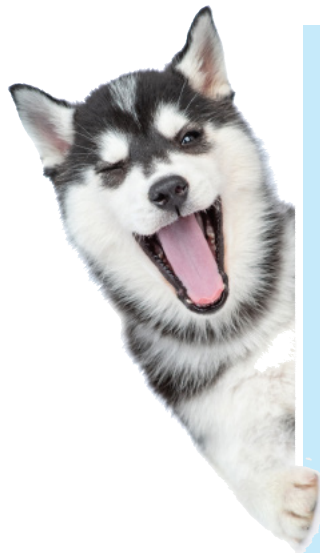
- Estate planning documents (including wills and trusts)
- Real estate matters
- Identity theft defense
- Financial matters (such as debt-collection defense)
- Traffic offenses
- Document review
- Family law (including adoption and name changes)
- Advice and consultation on personal legal matters



MetLaw Legal Plan		
Weekly	Bi-Weekly	Semi-Monthly
\$3.70	\$7.39	\$8.00

SOMETHING TO THINK ABOUT

- Whether it's a planned event like buying a home or preparing a will, or an unexpected problem like a speeding ticket, most of us need legal counsel at some point—in fact, 70% of us have at least one ongoing legal issue annually.
- Because the cost of MetLaw coverage for the whole year is less than the average lawyer's hourly fee, enrolling in this coverage could save you a considerable amount of money.



HOME & AUTO/RV, AND PET INSURANCE

Through group purchasing, you can save money on the cost of these policies. You pay 100% of the cost for any of these coverages and payments will be deducted from your pay. You will deal directly with Farmers GroupSelect and/or MetLife for these plans.

Through Farmers GroupSelect, you may purchase:

- Auto and RV Insurance
- Homeowners and Renters Insurance

For additional information or to enroll, contact Farmers GroupSelect at **1-800-438-6388**.

Through MetLife, you may purchase

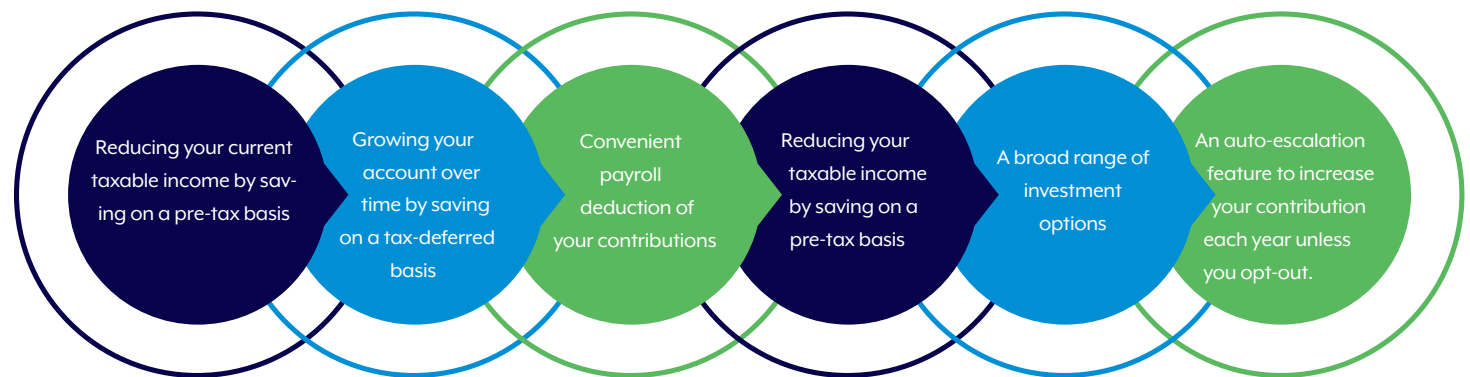
- Pet Insurance

For additional information or to enroll, contact MetLife at **1-800-438-6388**.

401(k) SAVINGS PLAN

Plan is managed by Empower Retirement. The plan enables you to contribute to a tax-deferred savings account to increase your retirement income. Here are some of the features of our plan:

- Administered by Empower Retirement
- For tax year 2023, the maximum elective deferral to a 401(k) plan is \$22,500. Employees 50 years old and older can make additional catch-up contributions of up to \$7,500.
- 50% company matching on employee contributions up to 6% (net 3% match)
- 5-year graduated vesting on employer contributions (20% per year); broad array of funds available to diversify your investments
- You will automatically be enrolled at 6% after 90 days of employment unless you opt out or connect with Empower to enroll sooner
- An auto-escalation feature which automatically increases your contribution 1% each year (up to 10%), unless you opt-out
- You have the option to contribute Pre-tax, Roth, or After-Tax
- Rollover your retirement savings from another eligible retirement plan
- Contact Empower at **855-756-4738** if you have questions
- Go to **empower.com** to register for your account, select your investments and designate your beneficiaries.



FINANCIAL WELLNESS



WELLCENTS

WellCents is a financial wellness tool to help you with your financial well-being and road to retirement, at no cost to you. WellCents offers financial wellness assessment, one-on-one meetings with certified financial advisors, and extensive resources.

To register, go to mywellcentsapp.com, register, and enter "Inframark1" under Business Code. Use your Inframark email as your username and your desired password. Follow the prompts and log in. You may complete the confidential survey and schedule to speak with Fiduciary Plan Advisor at 401kadvisor@onedigital.com.

SMARTDOLLAR

SmartDollar is a step-by-step approach to handling money with the number-one authority in personal finance, Dave Ramsey. SmartDollar will equip you to get out of debt, on a budget, and on your way to a strong financial foundation. Sign up for this free service at <https://www.smartdollar.com/enroll/inframark8816>.



LEGAL NOTICES



Other important information - Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs) and other plan documentation can be found by logging on to myinframarkbenefits.com and selecting Enroll, or by calling 866-545-3756.

Summary of Benefits Coverage (SBC)	Summary Plan Description (SPD)
SBCs provide information about your plans' copayments, deductibles, coinsurance, and contacts.	SPDs provide information about your plans' eligibility requirements, covered services, and processes for claims and appeals.

Annual Notice of Women's Health Rights

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

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).

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.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage. If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

Mental Health Parity Act

The Mental Health Parity Act of 1996 provided that a health care plan or policy may not provide separate lower annual or lifetime dollar maximums (considered financial maximums) on mental health benefits as compared to medical benefits.

With the passage of the Emergency Economic Stabilization Act and its inclusion of the Mental Health Parity and Addiction Equity Act of 2008

(Mental Health Parity Act or MHPA), the original act was extended to include the same provisions for substance use disorders, not just mental health disorders. Further the MHPA also disallows more restrictive treatment limitations (number of covered office visits, inpatient days of coverage, etc.) for both disorders.

Notice of Privacy Practices

Our group health plan(s) may need to use and disclose your protected health information to facilitate medical treatment you may receive, for payment of such medical treatment and also for other purposes. Because the privacy of your medical information is important to us, we have procedures in place to ensure its protection. As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), our group health plan(s) have a Privacy Notice describing how medical information about you may be used and disclosed and also how you can access this information. To obtain a copy of the Privacy Notice, please contact Human Resources.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Employees must be actively employed at the time scheduled contributions are made to be eligible to receive the wellness reward. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Medicare Part D Coverage Disclosure Notice for 2023

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.

Inframark has determined that the prescription drug coverage in the Basic PPO, Enhanced PPO, and Value Care PPO 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.

Inframark has determined that the prescription drug coverage offered in the HDHP w/HSA is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your HDHP coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from Inframark's HDHP w/HSA plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Inframark may use aggregate information it collects to design a program based on identified health risks in the workplace, we will never disclose any of your personal information, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law.

Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

The only individual(s) who will receive your personally identifiable health information is (are) Jane Sudano and Desiree Montano-Rosario, in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

Medicaid/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 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 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 August 10, 2022. Contact your state for more information on eligibility –

To see if any more states have added a premium assistance program since August 10, 2022 or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

U.S. Employee Benefits Security Administration
www.dol.gov/ebsa | 866-444-EBSA (3272)

U.S. Department of Health and Human Services

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

Alabama — Medicaid	Website: http://myalhipp.com/ Phone: 855-692-5447
Colorado — Medicaid	Medicaid Website: http://www.colorado.gov/hcpf/Child-Health-Plan-Plus Medicaid Customer Contact Center: 800-359-1991
Florida — Medicaid	Website: http://flmedicaidtprecovery.com/ Phone: 877-357-3268
Georgia — Medicaid	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Indiana — Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 800-403-0864
Louisiana — Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888-695-2447
New Jersey — Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710
Missouri — Medicaid	Website: http://www.dss.mo.gov/mhd.participants/pages/hipp.htm Phone: 573-751-2005
Nebraska — Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633
New York — Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 800-541-2831
North Carolina — Medicaid	Website: https://dma.ncdhhs.gov Phone: 919-855-4100
Oklahoma — Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: 888-365-3742
Pennsylvania — Medicaid	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800-692-7462
South Dakota — Medicaid	Website: http://dss.sd.gov Phone: 888-828-0059
Texas — Medicaid	Website: http://gethipptexas.com/ Phone: 800-440-0493
Virginia — Medicaid and CHIP	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 855-242-8282
Wyoming— Medicaid	Website: https://wyequalitycare.acs-inc.com Phone: 307-77-7531

Marketplace Options

In 2014, a new insurance market – the Health Insurance Marketplace – came into existence. Individuals can use this Marketplace to obtain health coverage when no or limited other coverage options exist. As an Inframark employee, it is important for you to understand how any option you have to enroll in our coverage impacts your Marketplace options. All employees can purchase coverage through the Marketplace. However, not everyone can receive help paying for their coverage. Your eligibility for coverage through Inframark impacts whether or not you can receive a premium tax credit through the Marketplace. This is especially true if you are eligible to enroll in health coverage through Inframark. Being eligible for Inframark's health coverage makes you ineligible to receive the premium tax credit (also known as a subsidy) that many use to help pay for Marketplace coverage.

If you are a benefits-eligible employee (working 30 or more hours per week), you will NOT be able to receive a premium tax credit. This is because Inframark health plans meet all requirements for comprehensive and affordable coverage as set forth by the law. Therefore, you may want to consider the health plan options offered by Inframark. The Open Enrollment period for Inframark benefits is November 1 - November 19, 2022.

If you drop your Inframark coverage to purchase coverage from the Marketplace, please note that you will not be able to re-enroll until a future Open Enrollment, unless you experience a qualifying life event. If you are NOT eligible for coverage through Inframark, you should consider shopping for your insurance through the Marketplace. Your household income will determine whether or not you can receive a premium tax credit. For assistance, contact Health Advocate at 855-424-6400.

Employee Working Fewer than 30 Hours/Week

Can receive coverage through

The Marketplace



Help paying for coverage

No, if household income is greater than 400% of the FPL*



Yes, if household income is between 100% and 400% of the FPL*



What you pay for coverage

100% of the monthly premium (after tax)

100% of the monthly premium (after tax) minus the premium tax credit

Employee Working More than 30 Hours/Week

Can receive coverage through

The Marketplace

Inframark



Help paying for coverage

No. You will not receive any employer contributions or



premium tax credits. Yes. Inframark will help pay for your coverage.



Employer Contribution

What you pay for coverage

100% of the monthly premium (after tax)

Approximately 24% of the monthly premium (pre tax)

*Example: The Federal Poverty Level (FPL) for a family of 4 in 2023 = \$27,750 (in Alaska: \$34,690; in Hawaii: \$31,920)

CONTACT INFORMATION (Page 1 of 3)

Have Questions About Your Benefits? Start Here!

Health Advocate provides you with a personal health advocate who can help you navigate the complex world of health care.

Call: 855-424-6400

Email: answers@HealthAdvocate.com










Web: HealthAdvocate.com/inframark

HealthAdvocateSM












You can also reach out to a specific carrier on your own by using the information below.

Benefit Description	Vendor Name & Group #	Phone Number & Availability	Website (Registration Code) and Email	Mobile App
Medical	Aetna Group #847892	1-800-238-6716 Available 24/7	www.aetna.com Click "Log in", and "Register" for first time users Find an In-Network Provider Select "Aetna Choice POS II Open Access"	
Virtual Doctor Visits (Behavioral and Minor Health concerns)	Teladoc	1-855-835-2362 Available 24/7	www.teladoc.com/aetna	
Prescription	Express Scripts Group #2165	1-800-282-2881 Available 24/7	express-scripts.com Click "Register"	
Dental	United Concordia Group #903656	1-800-332-0366 Monday - Friday 8 am - 8 pm EST	www.unitedconcordia.com/login Click "Create an account", Click on button next to Member, then next steps	
Vision	VSP Group #30043183	1-800-877-7195 Monday-Saturday 6 am -5 pm PST	www.vsp.com Click "Log In/Create an Account"	
401(k) Retirement Plan	Empower Retirement	1-855-756-4738 Monday - Friday 8 am - 10 pm EST Saturday - 9 am - 5:30 pm EST	www.empowermyretirement.com Click "Sign In/Register"	
Benefit Enrollment Website & Technical Assistance	Employee Benefits Service Center	1-800-307-0230 Monday-Friday 8:30 am - 5:30 pm EST	myinframarkbenefits.com > Enroll	N/A
General Inframark Benefits Information	Inframark	866-545-3756	www.myinframarkbenefits.com Benefits@inframark.com	N/A
Employee Assistance Program (EAP)	Health Advocate	1-855-424-6400 Available 24/7	www.HealthAdvocate.com/inframark Click "Register"; Enter Code "Inframark" Email: answers@healthadvocate.com	

CONTACT INFORMATION (Page 2 of 3)

Benefit Description	Vendor Name & Group #	Phone Number & Availability	Website (Registration Code) and Email	Mobile App
Accident Insurance	MetLife Group #175119	1-800-438-6388 Monday - Friday 8 am - 8 pm EST	https://access.online.metlife.com/public/registration/personalInfo?groupNumber=300450	
Auto Insurance	Farmers Group Select	1-800-438-6381 Monday - Friday 9 am - 11 pm Saturday - 10 am - 5:30 pm EST	https://www.farmers.com/landing/groupselect/getquote/ Employer "Inframark"	
Back and Joint Pain Care (Virtual)	Hinge Health	1-855-902-2777 Monday - Friday 6 am - 6 pm PST	www.hingehealth.com/Inframark Click "Join Hinge Health" Email: hello@hingehealth.com	
Caregiving services	Solutions for Caregivers	1-866-463-5337 Monday - Friday 8 am - 8 pm EST	www.liveandworkwell.com , Guest Access Code: "Caregiver"	N/A
Critical Illness	MetLife Group # 175120	1-800-438-6388 Monday-Friday 8 am - 8 pm EST	https://access.online.metlife.com/public/registration/personalInfo?groupNumber=300450	
Diabetes Management	Livongo	1-800-945-4355 Available 24/7	www.healthy.livongo.com/inframark Click "Get Started"	
Disability (Short and Long Term)	Lincoln Financial Group	1-888-408-7300 Monday-Thursday 8 am - 8 pm Friday 8 am - 6 pm EST	www.MyLincolnPortal.com Click "Register for an account" Enter Company Code "INFRAMARK"	
Financial Budgeting Tool and Resources	SmartDollar	1-888-227-3223, option 6 Monday - Friday 8 am - 5 pm CST	www.smartdollar.com/enroll/inframark8816 Click "Sign Up-It's FREE!" Enter Kronos ID number	
Financial Loans for Employees	Kashable	1-855-527-4488 Monday - Friday 9 am - 6 pm Saturday and Sunday 10 am - 5 pm EST	https://www.kashable.com/inframark Email: support@kashable.com	
Financial Retirement Plan Advisors	OneDigital	443-578-3211 Monday - Friday 9 am - 5 pm EST	Email: 40lkadvisor@onedigital.com (Schedule a FREE one-on-one financial meeting) https://www.onedigital.com/	N/A
Financial Wellness Assessment and Tools	Wellcents	443-578-3211	www.mywellcentsapp.com/login Click "Register here" Enter Business Code ""Inframark1"	

CONTACT INFORMATION (Page 3 of 3)

Benefit Description	Vendor Name & Group #	Phone Number & Availability	Website (Registration Code) and Email	Mobile App
Flexible Spending Accounts	MyFlexDollars	1-855-869-3539 Monday - Friday 8:30 am - 5:30 pm EST	www.myFlexDollars.com Email: support@myflexdollars.com	
Health Savings Account	Empower Retirement/ Optum Bank	1-844-553-7130 Available 24/7	www.empowermyretirement.com	
Home Insurance	Farmers Group Select	1-800-438-6381 Monday - Friday 9 am-11 pm Saturday 10 am-5:30 pm EST	servicing.online.metlife.com/public/site/ presignin?source=metonline&grpNum- ber=300450&groupName=300450	
Hypertension Management	Livongo	1-800-945-4355 Available 24/7	www.healthy.livongo.com/inframark Click "Get Started"	
Identity Theft & Online Privacy Protection	NortonLifeLock, Group #E0001660	1-800-607-9174 Available 24/7	www.my.norton.com	
Leave of Absence Reporting/FMLA	Lincoln Financial Group	1-888-408-7300 Monday - Thursday 8 am – 8 pm Friday 8am–6pm EST	www.MyLincolnPortal.com Click "Register for an account" Enter Company Code "INFRAMARK"	
Legal Plan	MetLife Group #571605	1-800-438-6388 Monday-Friday 8 am - 8 pm EST	login.legalplans.com/register	
Life Insurance (Evidence of Insurability - EOI application)	Lincoln Financial Group Policy Number PD3-890-LF0233	1-888-787-2129 Monday - Friday 8 am - 5 pm EST	www.MyLincolnPortal.com Click "Register for an account" Enter Company Code "INFRAMARK"	
Life Insurance (Porting & Conversion)	Lincoln Financial Group Policy Number PD3-890-LF0233	1-877-321-1015 Monday - Friday 8 am–8 pm EST	www.MyLincolnPortal.com Click "Register for an account" Enter Company Code "INFRAMARK"	
Pet Insurance	MetLife	1-800-438-6388 Monday - Friday 8 am - 9 pm EST Saturday & Sunday 10 am -7 pm EST	www.metlife.com/getpetquote (Get a quote or enroll anytime!)	
Wellness Program	Health Advocate	1-855-424-6400 Available 24/7	www.HealthAdvocate.com/inframark Click "Register" Enter Code "Inframark" Email: answers@healthadvocate.com	



Benefits Service Center
1200 Abington Executive Park
Clarks Summit, PA 18411
myinframarkbenefits.com

For technical assistance, call 1.800.307.0230.

