



TIME TO REVIEW YOUR BENEFITS!

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 announcements and step-by-step instructions for enrolling in your Inframark employee benefits.



*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.

This benefits guide describes the highlights of Inframark's 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 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.

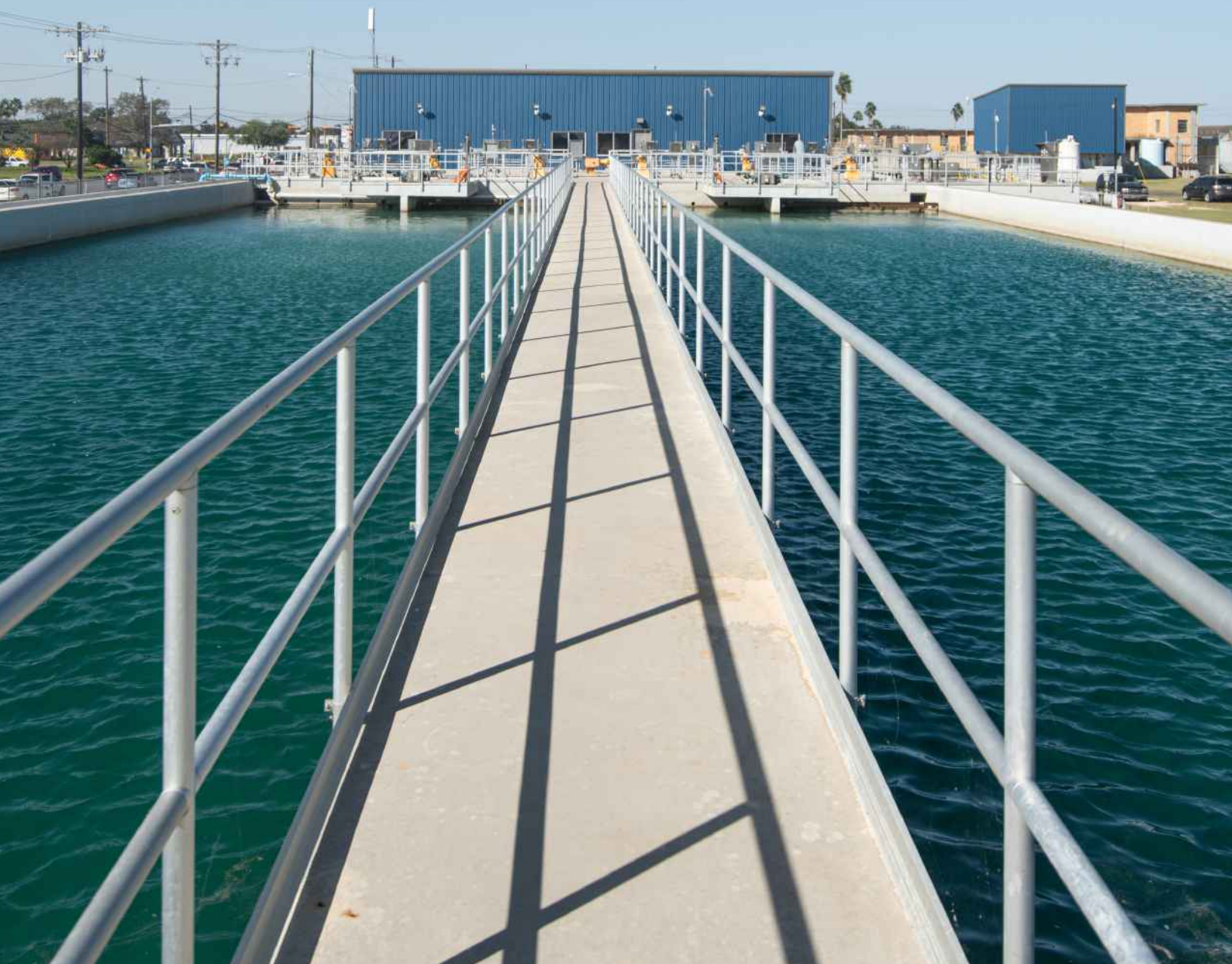


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RESOURCES



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**.






GET INFORMED:

- Review this benefits guide carefully
- Get more information 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 
- Have questions? Contact the Inframark Benefits Team at benefits@inframark.com


GET ENROLLED:

- To enroll, visit www.myinframarkbenefits.com and click on "ENROLL NOW." 
- After completing your enrollment, you will receive a confirmation statement in the mail. Please review this carefully for accuracy.
- If you wish to elect coverage for your spouse, domestic partner and/or dependent children, you must show proof of your relationship

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 in to the Benefits Service Center at www.myinframarkbenefits.com. 



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 benefit plans in 2024, 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 > Resource Center > Qualifying Life Event for more detailed information regarding qualifying life events.





ELIGIBILITY

HOW TO ENROLL IN BENEFITS



1 **Access the Benefits Service Center.** Go to inframarkbenefits.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.**
Your temporary password is your First Name Initial + First 3 Letters of your Last Name (as displayed on your pay statements) + 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 immediately when 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.
Be ready with each of your dependent's accurate date of birth and social security number.

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!** Make sure to 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 employees covered under Inframark's Medical Plan have access to the Aetna Premier Care network (select Aetna Premier Care Network (APCN) - Choice POS II) where available.

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 2024 providers find the "Aetna Premier Care Network (APCN) Choice POS II" plan, click continue, and begin your provider search.



Want to know the cost?
For a full set of medical rates, see page 12.





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			



YOUR MEDICAL PLAN OPTIONS

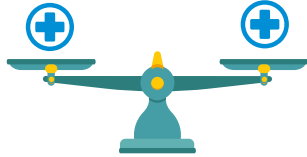


3


4

Value Care PPO Plan		HDHP w/HSA*		Benefit Descriptions	Medical Plan Notes
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	<p>All in-network preventive care (e.g., routine physicals, well-child care, mammograms, colonoscopies) is covered at 100% by the plans.</p> <p>*HDHP w/HSA Plan enrollees receive a company contribution of \$500 (single) or \$1,000 (family) into their HSA.</p> <p>**See list of medications designated as “preventive” at myinframarkbenefits.com/Medical</p>
\$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.	ded./coins. ded./coins.	Office Visits Primary Care Specialist	
\$75 ded./coins.	ded./coins. 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)	





This high level overview of your 2024 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	\$500 single / \$1,000 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.



- 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.

SOMETHING TO THINK ABOUT

- Use of the Mail Order Program is required for most maintenance medications. Mail order is a convenient, safe, and very cost-effective way to get your maintenance medications. This home-delivery service allows you to purchase up to 90-day supplies of maintenance medications for the cost of two copayments, or 3-for-2-savings. In addition, the mail order program saves you trips to the pharmacy because prescriptions are delivered right to your door.
- If you use insulin, you may be eligible for a program that caps your copay at \$25 for a 30-day supply.

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

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



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 <i>Individual/Family</i>	\$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	

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 unitedconcordia.com/benefits/get-started.

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.

 Thinking about making a change and want to know the cost? For a full set of dental rates, see page 14.





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.

Benefit Descriptions	Base Plan	Easy Option Plan
Eye Exams	Covered 100%	Covered 100%
Eyeglasses/Contacts	\$15 copay	\$15 copay
Lenses Progressive Lenses	Covered 100% Not Covered	Covered 100% 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.

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



Thinking about making a change and want to know the cost? For a full set of vision rates, see page 14.



Bi-Weekly Contributions - Medical Benefits*

Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
Enhanced PPO	\$106.89	\$250.51	\$215.59	\$396.94
Basic PPO Plan	\$66.97	\$169.10	\$139.26	\$257.79
Value Care PPO Plan	\$52.65	\$137.59	\$112.03	\$194.20
HDHP w/HSA	\$49.91	\$122.93	\$105.21	\$184.08

Dental Benefits

Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
High Dental Plan	\$8.35	\$16.03	\$16.83	\$27.56
Low Dental Plan	\$6.21	\$12.13	\$12.74	\$20.51

Vision Benefits

Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
Base Plan	\$1.91	\$3.20	\$3.36	\$4.72
Easy Option Plan	\$5.44	\$9.14	\$9.59	\$13.45

- If your spouse has access to group medical insurance through their employer and you choose to cover them under the Inframark plan, you will pay a Spousal Surcharge of \$34.62/weekly, \$69.23/bi-weekly or \$75.00/semi-monthly.
- If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional charge of \$28.85/weekly, \$57.69/bi-weekly or \$62.50/semi-monthly for Inframark medical coverage. You can have this surcharge waived by participating in the Health Advocate Tobacco Cessation Program. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact Health Advocate at 855-424-6400. These surcharges are subject to change throughout the year based on any tobacco usage or spousal coverage changes you report.
- If you cover a domestic partner and their child(ren), Inframark is required to calculate the imputed income (also called fair market value) of their health benefits. This means that the imputed income will be added to your W2 and subject to income tax withholding and employment taxes.

If you are on a weekly or semi-monthly pay schedule, you can find your rates online at benefits.inframark.com/medical/



HOUSTON AREA – MEDICAL PLAN OPTION MEMORIAL HERMANN NETWORK

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.

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.

- 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.
- Go to www.memorialhermann.com to learn more!

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.



Weekly Memorial Hermann Contributions*

Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
MH Enhanced PPO	\$42.79	\$100.20	\$86.36	\$158.56
MH Basic PPO Plan	\$26.87	\$67.64	\$55.70	\$103.12
MH Value Care PPO Plan	\$20.98	\$55.10	\$44.81	\$77.50
MH HDHP w/HSA	\$19.89	\$49.06	\$41.98	\$73.46

Bi-Weekly Memorial Hermann Contributions*

Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
MH Enhanced PPO	\$85.57	\$200.41	\$172.71	\$317.12
MH Basic PPO Plan	\$53.75	\$135.28	\$111.41	\$206.23
MH Value Care PPO Plan	\$41.96	\$110.20	\$89.62	\$154.99
MH HDHP w/HSA	\$39.77	\$98.11	\$83.97	\$146.92

- If your spouse has access to group medical insurance through their employer and you choose to cover them under the Inframark plan, you will pay a Spousal Surcharge of \$34.62 per pay weekly or \$69.23 bi-weekly.
- If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional \$28.85 per pay weekly or \$57.69 bi-weekly for Inframark medical coverage. You can have this surcharge waived by participating in the Health Advocate Tobacco Cessation Program. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact Health Advocate at 855-424-6400. These surcharges are subject to change throughout the year based on any tobacco usage or spousal coverage changes you report.
- If you cover a domestic partner and their child(ren), Inframark is required to calculate the imputed income (also called fair market value) of their health benefits. This means that the imputed income will be added to your W2 and subject to income tax withholding and employment taxes.



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:



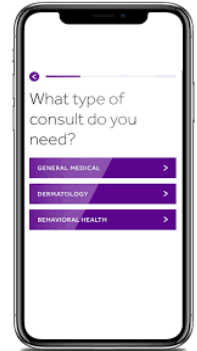


TELADOC

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.

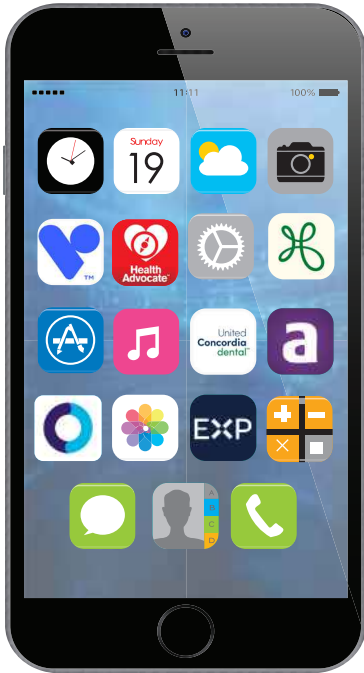


HINGE HEALTH - 100% COMPANY PAID

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, and more! 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.

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.

EVERYDOLLAR MOBILE APP - BY SMARTDOLLAR



SmartDollar is a step-by-step approach to handling money with the number one authority in personal finance, Dave Ramsey. More than 4.5 million people have started on Dave's plan and taken control of their money, and you can too! SmartDollar will equip you to get out of debt, on a budget, and on your way to a strong financial foundation. Tell your money where to go and stop wondering where it went. SmartDollar will teach you how to take control of your money once and for all. To really help take control of your money and see where it goes, download the EveryDollar app on your phone, also FREE! All you need to do is sign in with your SmartDollar login credentials.

KASHABLE MOBILE APP



Kashable is a socially responsible financing solution offered to eligible employees (eligible employees are those after 3 months of employment) as a voluntary benefit program. When unexpected costs arise, it can be tempting to borrow from your retirement savings or take credit card advances. But these options can actually hurt your financial wellness in the long run. Instead, Kashable gives you access to low-cost credit that helps you stay on track without tapping into your savings. Learn more about this benefit by going online to myinframarkbenefits.com/kashable.

EMPOWEREDHEALTH

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

Get Started Today! 855-424-6400 Email: answers@HealthAdvocate.com

PERKS AT WORK

Perks at Work is a **FREE** discount program that offers savings on products and services from thousands of merchants. You can invite up to 10 family members to join the program! **Perks at Work allows you to:**

- **Save** on travel, electronics, tickets, restaurants, flowers, home products, apparel and more
- **Earn WOW points** on everything you buy, that can be redeemed like cash to use towards your next purchase from your favorite merchants
- **Access the best prices** on educational programs to help you and your family learn and grow
- **Get exclusive rates** on electronics, cell phones and car rentals

Visit Perks at Work:

1. Log on to our member website or mobile app
2. Click **EAP: Life & Work**
3. Scroll toward the bottom of the page and select **Visit Perks at Work**
4. Explore the perks and discounts available to you.

GET STARTED TODAY!

855-424-6400

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/inframark



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 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 2024, you will receive:

- Individual Coverage Level: \$500
- All Other Coverage Levels: \$1,000

For the 2024 plan year, if you enroll in the High Deductible Health Plan, you can contribute up to the following amounts to your HSA

- \$4,150 if you elect Employee Only coverage
- \$8,300 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.



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 \$640 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 **\$3,200**. Any unused funds up to **\$640** will roll over into the next calendar year.

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 each year.
- 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

		<p>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.</p>		
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TAX-ADVANTAGED ACCOUNTS

HEALTH SAVINGS ACCOUNTS & FLEXIBLE SPENDING ACCOUNTS



TAX-ADVANTAGED BENEFITS

	Health Savings Account	Healthcare FSA		Dependent Care FSA
		Traditional Healthcare FSA	Limited Use Healthcare FSA	
Inframark Contribution:	<ul style="list-style-type: none"> – Individual Coverage Level: \$500 – All Other Coverage Levels: \$1,000 	None	None	None
Eligibility:	Enrolled in the HDHP w/HSA Medical Plan or waived medical coverage	Enrolled in the PPO Medical Plan or waived medical coverage	Enrolled in HDHP w/HSA Medical Plan	Available to all employees regardless of Medical Plan enrollment status
Annual Contribution Limits:	<ul style="list-style-type: none"> – Individual Coverage Level: \$4,150 – All Other Coverage Levels: \$8,300 	\$3,200	\$3,200	\$5,000
Fund Availability:	Funds become available for use as they are contributed	Total annual contribution available for use on day one of the plan year	Total annual contribution available for use on day one of the plan year	Funds become available for use as they are contributed
Eligible Expenses:	Medical, prescription, dental, and vision expenses	Medical, prescription, dental, and vision expenses	Dental and vision expenses only <i>(medical expenses may be eligible once your medical plan deductible is met)</i>	Daycare, adult daycare, children's summer camp, preschool tuition, after school programs, etc.
Do Funds Carry Over?:	Funds roll over from year to year	Any funds left in your account at the end of the plan year exceeding \$640 will be forfeited		Any funds left in your account at the end of the plan year grace period will be forfeited



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 24.
- 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).





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

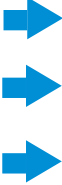
Short-Term Disability benefits begin on the 15th day of your absence, after the 14-day elimination period is complete. Inframark automatically provides you with basic coverage of 65% or 80% (if you have five or more years of service) of your salary. This benefit can be supplemented with accrued sick,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

Example: \$40,000 Salary		Estimated Tax: <small>\$1.25 per pay \$32.50 per year</small>
TAX ME LATER		TAX ME NOW
60% of your monthly income = \$2,000		60% of your monthly income = \$2,000
Assuming 25% tax rate, LTD benefit = \$1,500		Benefit is NOT taxed, LTD benefit = \$2,000
LTD benefit is subject to tax; net benefit is closer to 45% of regular earnings		LTD benefit when not taxed is really 60% of regular earnings
		\$500 more per month; \$120,000 over 20 years





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 purchase coverage in \$10,000 increments to a maximum of \$200,000.00. Evidence of insurability is required for amounts over \$50,000.

Child Supplemental Life Insurance lets you purchase coverage for \$5,000 up to \$20,000. Your unmarried dependent children may be covered up to age 26.

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		

Dependent Life Insurance Monthly Rates

Dependent Child(ren) Coverage Amount	Your Monthly Cost (For all dependent children)
\$5,000	\$1.00
\$10,000	\$1.91
\$20,000	\$3.82

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





AETNA® ACCIDENT PLAN

This plan pays you lump-sum cash benefits for covered accidents and treatments — including follow-up care, medical imaging, X-rays, dislocations, fractures, physical therapy and more. The money can help pay medical bills or everyday living expenses like groceries, car payments or rent. You can also sign up for direct deposit to get your benefits faster.

Additional Plan Highlights

- Two plan options
- Organized sports benefit pays you an additional 25% of total benefits
- \$50 wellness benefit
- On/off job coverage

AETNA® CRITICAL ILLNESS PLAN

This plan pays you lump-sum cash benefits for a wide range of covered critical illnesses — including a heart attack, stroke, cancer, end-stage renal failure and more. A new covered diagnosis must occur on or after your plan's effective date. Use the money to help pay medical bills or everyday living expenses like groceries, car payments or rent. You can also sign up for direct deposit to get your benefits faster.

Additional Plan Highlights

- Four plan options: \$5,000, \$10,000 \$20,000 or \$30,000
- Childhood illness benefit
- Infectious disease benefit
- \$100 wellness benefit

WORKS WITH YOUR HEALTH PLAN

There are no doctor exams to take or medical questions to answer. So, you won't be denied coverage based on your health. And the plan pays you regardless of any other insurance you may have. This means it pairs well with your major medical plan.



ENJOY AN AETNA SIMPLIFIED CLAIMS EXPERIENCE™

To file a claim, it takes about 90 seconds or less. If you've got Aetna Medical, your medical documentation can be retrieved as part of the process. Don't have Aetna medical? Simply upload a PDF or picture of your medical bills to file a claim. If your claim is approved, you'll receive a check, or you can deposit your cash directly into your bank account.



CONTACT INFORMATION

If you have questions about the plans, call Aetna member services at 1-800-607-3366 (TTY: 711)


Convenient hours of operation, Monday – Friday, 8AM – 6PM in all time zones

Translation support in Spanish and other languages available



ACCIDENT RATES

	Low Plan			High Plan		
	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck	Weekly Paycheck	Bi-Weekly Paycheck	Semi-Monthly Paycheck
Employee	\$1.53	\$3.06	\$3.31	\$2.43	\$4.87	\$5.28
Employee + Spouse	\$3.06	\$6.11	\$6.62	\$4.84	\$9.69	\$10.50
Employee + Child(ren)	\$3.21	\$6.42	\$6.95	\$5.11	\$10.22	\$11.08
Employee + Family	\$4.74	\$9.47	\$10.26	\$7.54	\$15.09	\$16.35

 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 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	\$0.67	\$0.69	\$0.84	\$1.08	\$1.50	\$2.13	\$3.07	\$4.32	\$6.15	\$9.24	\$13.51
Employee + Spouse	\$1.23	\$1.27	\$1.48	\$1.82	\$2.39	\$3.29	\$4.55	\$6.21	\$8.67	\$12.78	\$18.75
Employee + Child(ren)	\$1.27	\$1.29	\$1.44	\$1.68	\$2.10	\$2.75	\$3.68	\$4.92	\$6.75	\$9.84	\$14.10
Employee + Family	\$1.82	\$1.87	\$2.08	\$2.42	\$2.99	\$3.89	\$5.15	\$6.81	\$9.27	\$13.38	\$19.36

	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	\$1.34	\$1.38	\$1.68	\$2.17	\$3.00	\$4.27	\$6.14	\$8.63	\$12.30	\$18.48	\$27.02
Employee + Spouse	\$2.47	\$2.54	\$2.95	\$3.65	\$4.78	\$6.58	\$9.09	\$12.42	\$17.33	\$25.57	\$37.50
Employee + Child(ren)	\$2.54	\$2.58	\$2.88	\$3.37	\$4.20	\$5.49	\$7.36	\$9.83	\$13.50	\$19.68	\$28.20
Employee + Family	\$3.65	\$3.74	\$4.15	\$4.85	\$5.98	\$7.78	\$10.29	\$13.62	\$18.53	\$26.77	\$38.72

	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	\$1.45	\$1.50	\$1.83	\$2.35	\$3.25	\$4.63	\$6.65	\$9.35	\$13.33	\$20.03	\$29.28
Employee + Spouse	\$2.68	\$2.75	\$3.20	\$3.95	\$5.18	\$7.13	\$9.85	\$13.45	\$18.78	\$27.70	\$40.63
Employee + Child(ren)	\$2.75	\$2.80	\$3.13	\$3.65	\$4.55	\$5.95	\$7.98	\$10.65	\$14.63	\$21.33	\$30.55
Employee + Family	\$3.95	\$4.05	\$4.50	\$5.25	\$6.48	\$8.43	\$11.15	\$14.75	\$20.08	\$29.00	\$41.95

Benefits can be selected in \$5,000/\$10,000/\$20,000/\$30,000 amounts.

To calculate your cost of coverage beyond \$5,000 multiply the above amounts by 2 for \$10,000 worth of coverage; 4 for \$20,000 worth of coverage or 6 for \$30,000 worth of coverage.

IDENTITY THEFT & ONLINE PRIVACY PROTECTION



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.

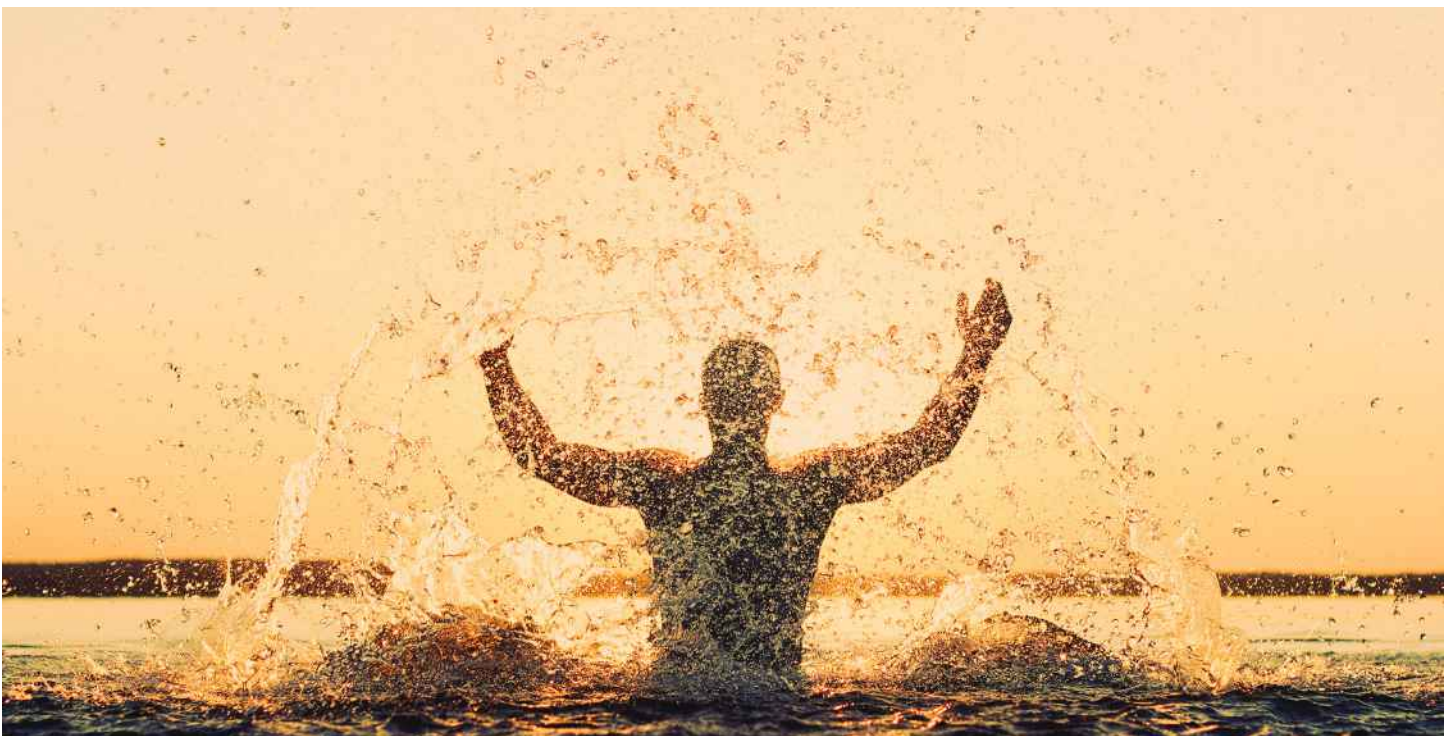
NortonLifeLock - Benefit Premier

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	\$3.93	\$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
\$3.69	\$7.38	\$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**.

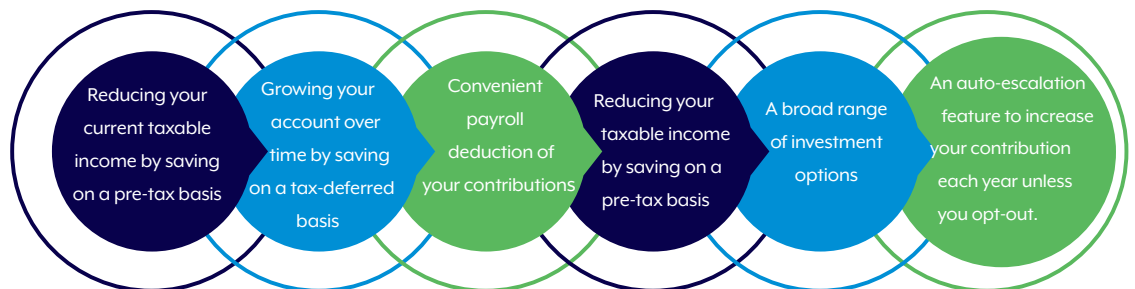
401(k) SAVINGS PLAN

One way to save for your future retirement is to participate in a 401(k) Plan now. Inframark offers employees a 401(k) Savings Plan to help you save for your retirement. The 401(k) Savings 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 2024, the maximum elective deferral to a 401(k) plan is \$23,000. 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.



Scan the QR code or go to: <https://venrollment.com/v/inframark-llc> to watch a video that explains your 401(k) benefits!



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 www.smartdollar.com/enroll/inframark8816.

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 2024

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 July 31, 2023. Contact your state for more information on eligibility –

To see if any more states have added a premium assistance program since July 31, 2023 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

Table with 2 columns: State/Program and Contact Information. Rows include Alabama, Colorado, Florida, Georgia, Indiana, Louisiana, New Jersey, Missouri, Nebraska, New York, North Carolina, Oklahoma, Pennsylvania, South Dakota, Texas, Virginia, and Wyoming.

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.

If you drop your Inframark coverage to purchase coverage from the Marketplace, please note that you will not be able to re-enroll until 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.



<h2 style="text-align: center; color: #0070C0;">Employee Working Fewer than 30 Hours/Week</h2> <p style="text-align: center;">Can receive coverage through</p> <p style="text-align: center; color: #0070C0;">The Marketplace</p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="text-align: center;">Help paying for coverage</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%; color: #0070C0;"> <p>No, if household income is greater than 400% of the FPL*</p>  </td> <td style="width: 50%; color: #0070C0;"> <p>Yes, if household income is between 100% and 400% of the FPL*</p>  </td> </tr> </table> <p style="text-align: center;">What you pay for coverage</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%; color: #0070C0;"> <p>100% of the monthly premium (after tax)</p> </td> <td style="width: 50%; color: #0070C0;"> <p>100% of the monthly premium (after tax) minus the premium tax credit</p> </td> </tr> </table>	<p>No, if household income is greater than 400% of the FPL*</p> 	<p>Yes, if household income is between 100% and 400% of the FPL*</p> 	<p>100% of the monthly premium (after tax)</p>	<p>100% of the monthly premium (after tax) minus the premium tax credit</p>	<h2 style="text-align: center; color: #003366;">Employee Working More than 30 Hours/Week</h2> <p style="text-align: center;">Can receive coverage through</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">The Marketplace</td> <td style="width: 50%;">Inframark</td> </tr> </table> <div style="text-align: center; margin: 10px 0;">   </div> <p style="text-align: center;">Help paying for coverage</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"> <p>No. You will not receive any employer contributions or premium tax</p>  </td> <td style="width: 50%;"> <p>credits. Yes. Inframark will help pay for your coverage.</p>  <p style="font-size: small;">Employer Contribution</p> </td> </tr> </table> <p style="text-align: center;">What you pay for coverage</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"> <p>100% of the monthly premium (after tax)</p> </td> <td style="width: 50%;"> <p>Approximately 24% of the monthly premium (pre tax)</p> </td> </tr> </table>	The Marketplace	Inframark	<p>No. You will not receive any employer contributions or premium tax</p> 	<p>credits. Yes. Inframark will help pay for your coverage.</p>  <p style="font-size: small;">Employer Contribution</p>	<p>100% of the monthly premium (after tax)</p>	<p>Approximately 24% of the monthly premium (pre tax)</p>
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<p>100% of the monthly premium (after tax)</p>	<p>Approximately 24% of the monthly premium (pre tax)</p>										

*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 2)

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

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 M – F, 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 M – Sat., 6 am -5 pm PST	www.vsp.com Click "Log In/Create an Account"	
401(k) Retirement Plan	Empower Retirement	1-855-756-4738 M – F, 8 am - 10 pm EST Sat., 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 M – F, 8:30 am - 5:30 pm EST	myinframarkbenefits.com > Enroll	N/A
General Inframark Benefits Information	Inframark	1-866-545-3756	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	
Accident and Critical Illness Insurance	Aetna Group #847892	1-800-607-3366 M – F, 8 am - 6 pm in all time zones	MyAetnaSupplemental.com	
Auto Insurance	Farmers Group Select	1-800-438-6381 M – F, 9 am - 11 pm Sat., - 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 M – F, 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 M – F, 8 am - 8 pm EST	www.liveandworkwell.com Guest Access Code: "Caregiver"	N/A

CONTACT INFORMATION (Page 2 of 2)

Benefit Description	Vendor Name & Group #	Phone Number & Availability	Website (Registration Code) and Email	Mobile App
Diabetes and Hypertension Management	Livongo	1-800-945-4355 Available 24/7	www.healthy.livongo.com/inframark Click "Get Started"	
Financial Budgeting Tool and Resources	SmartDollar	1-888-227-3223, option 6 M – F, 8 am - 5 pm CST	www.smartdollar.com/enroll/inframark8816 Click "Sign Up-It's FREE!" and enter Kronos ID number.	
Financial Loans for Employees	Kashable	1-855-527-4488 M – F, 9 am - 6 pm Sat. and Sun., 10 am - 5 pm EST	https://www.kashable.com/inframark Email: support@kashable.com	
Financial Retirement Plan Advisors	OneDigital	1-443-578-3211 M – F, 9 am - 5 pm EST	Email: 401kadvisor@onedigital.com (Schedule a FREE one-on-one financial meeting) https://www.onedigital.com/	N/A
Flexible Spending Accounts	MyFlexDollars	1-855-869-3539 M – F, 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 M – F, 9 am-11 pm Sat., 10 am-5:30 pm EST	servicing.online.metlife.com/public/site/presignin?source=metonline&grp-Number=300450&groupNumber=300450	
Identity Theft & Online Privacy Protection	NortonLifeLock, Group #E0001660	1-800-607-9174 Available 24/7	www.my.norton.com	
Leave of Absence/FMLA/ Disability	Lincoln Financial Group	1-888-408-7300 M – Th., 8 am – 8 pm Fri., 8am–6pm EST	www.MyLincolnPortal.com Click "Register for an account" Enter Company Code "INFRAMARK"	
Legal Plan	MetLife Group #571605	1-800-438-6388 M – F, 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 M – F, 8 am - 5 pm EST	www.MyLincolnPortal.com Click "Register for an account" Enter Company Code "INFRAMARK"	
Pet Insurance	MetLife	1-800-438-6388 M – F, 8 am - 9 pm EST Sat. & Sun., 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.