Benefits that Benefit *You*

2020 - 2021
Employee Benefits Guide

Pyramid Healthcare, Inc..

Rehab After Work · High Focus Centers · Mazzitti & Sullivan · OBH Onward Behavioral Health · October Road · Quest Services, Inc. · Real Recovery · Tapestry · The Light Program · Silvermist · Seeds of Hope · Mazzitti & Sullivan EAP · Freedom Detox · Walden · SHS · Silver Ridge

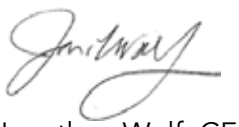
Dear Colleague:

Benefits open enrollment is just around the corner. In January, we participated in an organization-wide "pulse" survey to solicit feedback on the open enrollment process as well as overall satisfaction with the benefits offered. Survey responses indicated that continuing to offer plans for families and improving communication during open enrollment are of paramount importance to our employees. We care about making sure you and your family have access to a wide range of benefits, at affordable costs using the purchasing power of our large organization, and will continue to offer individual and full family plans this year. As the first step in the open enrollment period, the enclosed brochure provides details for the plans offered this year. You will also receive emails in the coming weeks with invitations to webinars to answer questions related to open enrollment and benefits. It is important to us that employees understand the variety of health care plans offered and make informed decisions as consumers during the enrollment period.

This year, the COVID-19 pandemic presented unique challenges in selecting employee health care plans. It is still unknown what the final cost impact COVID-19 will be, but even without this added, our healthcare costs are projected to rise over 9%, or about $1 Million dollars next year. The company pays about 70% of the cost of employee benefits through our fully self-insured plans. This means that although employee and employer contributions are increasing, they are increasing at a higher rate for the employer. The company with its benefits partners had to be creative determining how to utilize available funds to provide plans for all of our employees' and their families' needs.

Historically, staff who select the plans that have higher employee contributions but lower deductibles/copays are much higher utilizers of care. We have tried to make adjustments in the plans this year to ensure that the premium costs are better aligned with the utilization of the benefits. This achieves a lower than market increase in premiums overall. The high utilizers pay a more equitable portion of the costs of care. We have also created incentives for staff to become more thoughtful consumers, through such things as HSA and FSA plans. We hope that you utilize these along with decisions tools such as ALEX to help you choose the plan that is right for you.

This is a challenging time for all of us in so many ways. We are happy to be able to maintain and provide this very comprehensive, market-competitive program of benefits for you and your family again this year. Please be sure to review this enrollment brochure in detail and use all the resources available to you to assist with the selection of benefits that best meets your needs. Thank You.



Jonathan Wolf, CEO

Kurt Geiger, Exec. VP of Human Resources

HIGHLIGHTS FOR 2020

New Prescription Drug Formulary – Core Formulary

To help reduce costs for you and Pyramid, we are implementing a new formulary, which means a list of covered prescription drugs. What does this mean for you? The cost of any drug you are taking may change. If the cost of your drug increased, you will receive a letter from Highmark.

To check how your prescriptions are covered, visit www.highmarkbcbs.com and go to "*Find a Doctor or Pharmacy*", select "*Find a Drug*", then select "*Highmark Core Formulary*".

Our new formulary has added generic tiers. Be sure to ask your doctor for a low cost generic drug when possible to help you get the most cost savings.

Now Covered: Orthodontia for Children!

This year we are adding Orthodontia coverage for your child dependents up to age 26. The Cigna High and Low dental plan will cover 50% of orthodontia coverage up to a lifetime maximum of $1,000.

Don't forget, you can also use your health savings account or flexible spending account to pay for orthodontia with pre-tax dollars.

New Life and Disability Partner – Cigna

Effective August 1, 2020 Pyramid's new life and disability carrier will be Cigna.

Our benefits will remain the same, with one enhancement! There will be no pre-exisiting condition exclusion on the Voluntary Short-Term Disability policy.

This year only, you will have the unique opportunity to change your Voluntary Life election up to the guaranteed issue, without medical underwriting. Check out more details on your voluntary life benefits on page 17.

Premium PPO and Base Health Savings Plan Changes

To help match utilization with costs, we have made plan design changes including the deductible and copays in the Premium PPO and the coinsurance percentage in the Base Health Savings Plan.

HIGHLIGHTS FOR 2020

THE RISING COST OF HEALTHCARE ACROSS THE US

MEDICAL costs in 2020 are expected to increase

6%

10% **PHARMACY** costs will increase

70% PYRAMID WILL CONTINUE TO PAY THE 70% OF EMPLOYEES HEALTH CARE COSTS

This is in line with healthcare providers generally.

PYRAMID WILL PAY **$8M** in Healthcare costs in 2020/21

PYRAMID: COMMITTED TO AFFORDABLE HEALTHCARE

37% of employers of similar size to Pyramid are offering Health Savings Medical plans with HSA's

Pyramid offers **2** Health Savings Medical Plans

Pyramid gives employees HSA contributions:

$240 annually for individuals

$360 annually for individuals with dependents

Offering the **$2,000** **Premium PPO**

THE LIFETIME SAVINGS OF AN HSA

Triple tax benefit
(pretax contributions, tax-fee growth, & tax-free when used for eligible health care expenses or retirement)

Your **funds roll over** each year if you haven't used all the money in your account

The money in your account is **YOURS TO KEEP**, even if you leave Pyramid

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Active Open Enrollment: Medical, Dental, Vision and FSA

The Open Enrollment period for the coming plan year (August 1, 2020 – July 31, 2021) will be active for your Medical, Dental, Vision, HSA, FSA, and Voluntary Benefits. Your Open Enrollment period will be from **June 15th to June 26th**. This means **all employees** must log on to workforcenow.adp.com and elect your medical plan, dental plan, vision plan, flexible spending account deduction, and voluntary coverages or select a reason for waiving. **The new plans will be effective August 1, 2020**.

If you do not elect medical coverage during the open enrollment period, you will NOT have health insurance in the coming plan year.

ELIGIBILITY AND ENROLLMENT

Open Enrollment is your once-a-year opportunity to enroll in benefits (unless you have a qualifying life event, see below). Make your choices count by following these three simple steps for a successful open enrollment.

You are a benefits eligible employee if you meet the following criteria:

Non-Physician

Full-time employees regularly working at least 30 hours each week are eligible on the first of the month following 60 days of employment.

Physician

Employed Physicians working 30 hours a week are eligible on the first of the month following 60 days of employment.

Dependents

Eligible dependents, as defined below, may also be covered under the medical, dental and vision plan:

- Legal spouse
- Dependent children up to age 26
- Unmarried, disabled children of any age; you must provide proof of disability within 31 days of your child's 26th birthday

WHEN CAN I ENROLL?

Open Enrollment will be held from June 15th - June 26th.

Your 2020 benefits coverage will be effective August 1, 2020 - July 31, 2021. You cannot change the enrollment elections made during Open Enrollment once the 2020 plan year begins,unless you have a Qualifying Life Event*.

*Qualifying Life Event includes:

- Marriage or Divorce
- Legal separation
- Birth or adoption of a child
- Death of an eligible dependent
- A dependent losing eligibility for coverage
- Change to spouse's benefits during his/her employer's open enrollment
- A termination or commencement of employment by you, your spouse or dependent child(ren)
- Children of your spouse from previous marriage

IMPORTANT: If you fail to enroll, your benefits elections will not carry over and you will NOT have coverage for the plan year (August 1, 2020 - July 31, 2021), unless you have a Qualifying Life Event.

STEPS FOR A SUCCESSFUL OPEN ENROLLMENT

STEP 1

Review Your Employee Benefits Guide

The next few pages have important information about the benefits available to you and your family. If you have any questions on the information in the guide, contact the Benefits Advocacy Center at 844-343-2612.

STEP 2

Evaluate Your Plan Options with ALEX – Pyramid's Virtual Benefits Counselor

ALEX will help explain your plan options and help you choose the plan that is the best fit for you and your family.

STEP 3

Elect Your 2020/21 Benefits on ADP

You can make your elections online by logging into your ADP account at www.workforcenow.adp.com or by calling the ADP call center at 855-547-8508.

Don't forget to print your confirmation statement with all of your new elections.

If you have questions about Open Enrollment or your benefits, contact the Benefit Advocacy Center (BAC)

The Benefit Advocacy Center is available to answer any questions you may have about new plans. You have a no cost dedicated benefit advocate available to you Monday thru Friday from 8:00 AM until 6:00 PM EST.

Please contact: 844-343-2612 (Toll free) or at bac.pyramidhc@ajg.com

MEDICAL PLAN OVERVIEW

Pyramid Health offers three medical plan options: a Premium PPO Plan and two Health Savings Plans (with an HSA).

Health Savings Medical Plans

The Health Savings Plans: Value and Base plans have higher up front deductibles which applies to all services, including prescription drugs. You are responsible for paying the negotiated rate of the drug and medical services until your deductible is met. With higher out of pocket costs, you pay lower per paycheck costs. These plans are paired with a Health Savings Account (HSA) (see page 9 for more details). Pyramid will fund $240 per plan year for individuals and $360 per plan year for those enrolling with dependents deposited in monthly increments.

Premium PPO Plan

The PPO plan offers lower deductibles and copays when you see your doctor. For these lower out-of-pocket costs at the point of service, you pay higher per paycheck costs. The PPO plan can be paired with a Health Care Flexible Spending Account (FSA) (see page 12 for more details).

In-Network Deductible Levels

VALUE HEALTH SAVINGS PLAN	BASE HEALTH SAVINGS PLAN	PREMIUM PPO PLAN
Individual **$5,000**	Individual **$2,500**	Individual **$2,000**
Family $5,000 per family member to a maximum of **$10,000**	Family **$5,000**	Family **$4,000**
Pyramid HSA Contribution Individual: **$240** Family: **$360**	Pyramid HSA Contribution Individual: **$240** Family: **$360**	Pyramid HSA Contribution **N/A**
Lowest Employee Paycheck Deductions	Mid-Level Employee Paycheck Deductions	Highest Employee Paycheck Deductions

HEALTH SAVINGS MEDICAL PLANS WITH AN HSA – HOW THEY WORK

STEP #1
DEDUCTIBLE

You pay 100% of medical and prescription expenses* until your deductible is met.

*Preventive care is covered 100%

To help further reduce your potential out-of-pocket costs, Pyramid also offers voluntary plans like critical illness, accident, and hospital indemnity. These coverages provide you a cash benefit if you have certain unexpected medical costs.
(See page 19 – 21 for more detailed information)

STEP #2
COINSURANCE

After you meet your deductible, your next level of cost sharing is coinsurance.

As long as you use an in-network provider, you pay a portion of the coinsurance and your medical plan pays the remaining cost of eligible expenses.

Your Health Savings Account wraps around all of these cost sharing elements allowing you to use pre-tax dollars to pay for your medical and prescription expenses.

In the 2020 plan year, you can contribute up to **$3,550** as an individual or **$7,100** as a family to the HSA. This money can be used to pay for prescriptions, doctor visits, hospital stays, and more. For a full list of qualified expenses: https://learn.healthequity.com/qme/

STEP #3
OUT-OF-POCKET MAXIMUM

Your coinsurance will continue until you hit your out-of-pocket maximum. Few people reach their max, but if you do, it's good to know your medical plan protects you by paying 100% of eligible in-network expense.

MEDICAL PLANS COMPARISON – HIGHMARK

PLAN FEATURES	VALUE HEALTH SAVINGS PLAN	BASE HEALTH SAVINGS PLAN	PREMIUM PPO PLAN
In-Network			
Deductible* (includes medical and Rx)	$5,000/Employee only; $10,000/Employee + Dependent(s)	$2,500/Employee only; $5,000/Employee + Dependent(s)	$2,000/Employee only; $4,000/Employee + Dependent(s)
Out-of-Pocket Maximum**	$6,900/Employee only; $13,800/Employee + Dependent(s)	$6,900/Employee only; $13,800/Employee + Dependent(s)	$6,600/Employee only; $13,200/Employee + Dependent(s)
Coinsurance	You pay 30%	You pay 20%	You pay 10%
Employer HSA Contribution	$240/Employee only; $360/Employee + Dependent(s)	$240/Employee only; $360/Employee + Dependent(s)	N/A
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Doctor's Office Visits Primary Care Specialist	 30% after deductible 30% after deductible	 20% after deductible 20% after deductible	 $30 copay $45 copay
Diagnostic Lab, X-ray, MRI, CT Scan	30% after deductible	20% after deductible	10% after deductible
Emergency Room	30% after deductible	20% after deductible	100% after $200 copay (waived if admitted)
Urgent Care	30% after deductible	20% after deductible	$55 copay
Inpatient Surgery	30% after deductible	20% after deductible	10% after deductible
Outpatient Surgery	30% after deductible	20% after deductible	10% after deductible
Out-of-Network			
Deductible	$10,000/Employee only; $20,000/Employee + Dependent(s)	$5,000/Employee only; $10,000/Employee + Dependent(s)	$4,000/Employee only; $8,000/Employee + Dependent(s)
Out-of-Pocket Maximum**	$20,000/Employee only; $40,000/Employee + Dependent(s)	$10,000/Employee only; $20,000/Employee + Dependent(s)	$5,000/Employee only; $10,000/Employee + Dependent(s)
Coinsurance	You pay 50%	You pay 40%	You pay 30%

**In the Base Health Savings Plan, an employee enrolled with dependent(s) will have to meet the entire family deductible before the plan begins to pay coinsurance. entire family deductible must be met before the plan begins to pay coinsurance. For the Premium PPO Plan and Value Health Savings Plan, each individual in a family will only pay up to the individual deductible.*

***In all three medical plans, if enrolled as a family, each individual will only pay up to the individual out of pocket maximum.*

NEED help finding an in-network PROVIDER?

Go to www.highmarkbcbs.com and select "**Find a Doctor**"

Using the provider search tool you can search for a provider, a location or by your plan type (PPO).

PRESCRIPTION DRUG PLAN – HIGHMARK

Administered by Express Scripts

If you elect to participate in any of the medical plans, you are automatically enrolled in the prescription drug plan. This year we will be taking advantage of Highmark's **Core Formulary.** To see how your prescriptions are covered, visit highmarkbcbs.com.

	VALUE AND BASE HEALTH SAVINGS PLAN		PREMIUM PPO PLAN	
DRUG TIER	RETAIL (30 DAY SUPPLY)	MAIL ORDER (90 DAY SUPPLY)	RETAIL (30 DAY SUPPLY)	MAIL ORDER (90 DAY SUPPLY)
Tier 1 – Low Cost Generic	$8 after deductible	$16 after deductible	$8	$16
Tier 2 – Medium Cost Generic Drug	$20 after deductible	$40 after deductible	$20	$40
Tier 3 – High Cost Effective Generic Drugs, Cost Effective Brand Drugs, and Some Cost Effective Specialty Drugs	20% up to $250 maximum per prescription after deductible	20% up to $500 maximum per prescription after deductible	20% up to $250 maximum per prescription	20% up to $500 maximum per prescription
Tier 4 – Specialty Drugs and High Cost Generics and Brand Drugs	30% up to $750 maximum per prescription after deductible	30% up to $1,500 maximum per prescription after deductible	30% up to $750 maximum per prescription	30% up to $1,500 maximum per prescription

How do I find a participating pharmacy or drug information?

Simply go to: www.highmarkbcbs.com and click "*Find a Doctor or Pharmacy*". Select "*Find a Drug*" then "*Highmark Core Fomulary*" or "*Find a Pharmacy*" then "*National Pharmacy Network*".

SAVE ON MAIL ORDER PRESCRIPTIONS

Using the mail order program for your maintenance medications will save you money. You will receive up to a **90-day (3-month) supply** for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

Note: Employees enrolled in the Health Savings Plans plans must satisfy their deductible before having a copay.

To Begin Using Mail Order

Log into www.highmarkbcbs.com or www.express-scripts.com to obtain and complete a mail order form. Send form along with your written prescription for a 90-day supply of medication.

How much can you save when you use Mail Order?

RETAIL PHARMACY UP TO A 30-DAY SUPPLY	MAIL ORDER UP TO A 90-DAY SUPPLY	ANNUAL SAVINGS
Tier 2: Medium Cost Generic Copay **$20**	Tier 2: Medium Cost Generic Copay **$40**	**$80**
$20 per month x 12 fills **$240**	$40 per order x 4 fills a year **$160**	

HEALTH SAVINGS ACCOUNT (HSA) – HEALTH EQUITY

Available to Employees Enrolled in the Value or Base Health Savings Plan

Health Savings Accounts allow eligible employees to set aside money in a tax-free account to pay your eligible out-of-pocket healthcare expenses including medical, dental, vision and prescriptions. Any money left over in your HSA remains yours, allowing you to grow your funds over time.

Annually, the HSA allows you to set aside, pre-tax $3,550 per individual and $7,100 for family in 2020. If you are age 55 or older, you can make an additional $1,000 contribution. This is in combination with the annual employer contribution of $240/$360.

Pyramid's total annual contribution will be deposited in your HSA in monthly increments.

Your Account, Your Money!

You can use your HSA to pay for eligible health care expenses–or choose to pay out of pocket instead and let your HSA balance grow over time. It works like a personal healthcare savings account, but with more advantages.

- **Use it today or save for tomorrow**. Your HSA is an account in your name; you own it, and you decide how to get the most from it.
- **Money rolls over each year**. Lose the worry of having to spend it all before the end of the year. With the HSA, the balance rolls over year after year so you can let it grow over time.
- **Get triple tax advantages**. Not only do you contribute pre-tax money, but your account can grow tax-free and you can use your HSA to pay for eligible health care expenses tax-free. Bottom line, you save money in three ways with an HSA.
- **Take it with you**. Your HSA is yours to keep, even if you retire or leave the company.
- **It's convenient**. If you choose, contributions are automatically deducted from your paycheck. You can change or stop contributions at any time.

Health Equity Debit Cards

When you participate in the HSA, you receive a debit card to use to pay for eligible health care expenses.

This debit card works just like a bank card, except you're using pre-tax money from your HSA at the doctor's office, pharmacy, hospital, or to purchase eligible medical care items from retail stores.

A complete list of eligible expenses can be found at: https://learn.healthequity.com/qme.

A sample of expenses include:

- Your deductible
- Prescription medications
- Eyeglasses or eye surgery
- Dental expenses and orthodontia
- Bandages and aspirin
- Medical equipment

Health Equity and WageWorks combined in 2020 to provide an enhanced and innovative solution for members. If you were previously enrolled in the WageWorks HSA, you should have received a new debit card and account information. Please contact Health Equity at 866.346.5800 if you did not receive.

Contact Health Equity at 866.346.5800 or memberservices@healthequity.com

FLEXIBLE SPENDING ACCOUNTS (FSA) – WAGEWORKS

Pyramid offers two Flexible Spending Accounts (FSAs): a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account.

Important: Your Flexible Spending Accounts will transition from WageWorks to Health Equity at the end of the 2020 calendar year. Stay tuned for more information.

Health Care Flexible Spending Account (FSA)

Available to employees enrolled in the Premium PPO Plan

For employees who are enrolled in the **Premium PPO plan**, the health care FSA allows you to budget and save for qualified medical, dental, vision, and prescription drug expenses.

Flexible Spending Account Expense Card

When you participate in the Health Care FSA, you receive a debit card to use to pay for eligible health care expenses.

NOTE: hang on to your debit card! If you were enrolled in the FSA with WageWorks through Pyramid last year previously and received a debit card, you will not receive a new debit card when you re-enroll.

Your existing debit card will be valid for 3 years.

This debit card works just like a bank card, except you're using money from your FSA at the doctor's office, pharmacy, hospital, or to purchase eligible health care items from eligible retail stores.

Dependent Care Flexible Spending Account (FSA)

Available to all full-time employees with dependents age 12 or younger

The Dependent Care FSA allows employees to set aside money for supervised care services required for you to work. Dependents must be 12 years of age or younger.

IMPORTANT NOTICE: If you anticipate having an unused Health Care Flexible Spending Account (HCFSA) balance past 7/31/2020; and you are considering enrolling in either the Base or Value Health Savings Medical Plan, please note that you will be ineligible to contribute to an Health Savings Account (HSA) during that extended period.

	Eligible If…	2020 Maximum Contribution	Sample Eligible Expenses
Health Care FSA	Your are enrolled in the Premium PPO Plan	Up to $2,750 to use **before 10/15/2021**. You now have 2 1/2 months after the plan year ends to continue to incur claims from your 2020/21 balance.	■ Medical copays and deductible ■ Dental expenses ■ Eyeglasses and eye surgery ■ Prescription drug copays
Dependent Care FSA	You have dependents under age 13	Minimum contribution of $500 and a maximum contribution of $5,000 **to use before 10/15/2021**. You now have 2 1/2 months after the plan year ends to continue to incur claims from your 2020/21 Balance.	■ Preschool ■ Summer day camp ■ Before or after school programs

For a full list of eligible expenses visit: https://www.wageworks.com/employees/eligible-expenses/

FSA Use It Or Lose It

It is important that you carefully plan the amount of money that you set aside. Due to IRS rules, you will lose any money you did not claim for expenses incurred from August 1, 2020 to October 15, 2021.

Contact WageWorks at 877.924.3967

DENTAL PLAN – CIGNA

Everyone deserves a healthy smile. Pyramid wants to keep you and your family smiling with affordable dental coverage through Cigna. Studies show that good oral health plays a key role in overall wellbeing and happiness.

	CIGNA LOW PLAN		CIGNA HIGH PLAN	
	In-Network Advantage & DPPO	Out-of-Network[1]	In-Network Advantage & DPPO	Out-of-Network[1]
Plan Year Deductible	$75/individual; $225/family		$50/individual; $150/family	
Plan Year Maximum	$1,500		$2,000	
Preventive & Diagnostic *Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment, Sealants, Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays Emergency Care to Relieve Pain*	You pay 20%, no deductible	You pay 20%, no deductible	You pay 0%, no deductible	You pay 15%, no deductible
Basic Services *Fillings, Extractions, Endodontics (root canal) Periodontics, Oral Surgery Anesthetics, Bridges, Crowns, & Inlays Repairs - Dentures*	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Services *Crowns (Inlays/Onlays) Stainless Steel/Resin Crowns Bridgework Dentures, Implants (High Plan Only)*	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
New! Orthodontia Benefits Dependent Children Only up to Age 26	You pay 50% after deductible		You pay 50% after deductible	
Orthodontia Lifetime Benefit Maximum	$1,000		$1,000	

[1] If you use an Out-of-Network Dentist, you may have to pay the Dentist at the time of the service, complete and submit your own claims and wait for Cigna to reimburse you. You will be responsible for the Dentist's full charge which may exceed Cigna's charge and result in higher Out-of-Pocket expenses for you.

NEED help finding a participating DENTAL PROVIDER?

Go to www.cigna.com and click
"Find a Doctor, Dentist, or Facility"

It'll ask "How are you covered?"
Choose "Employer or School"

Enter your address or zipcode.
Then search by doctor type or name.

Select "Cigna DPPO/EPO"

VISION PLAN – NATIONAL VISION ADMINISTRATORS (NVA)

Better vision is just a blink away for you and your family. Pyramid provides the following vision plan for you and your family. While you have the option of choosing an out-of-network provider, your vision care costs will be lower with a participating NVA provider.

	In-Network	Out-of-Network
Exams *(every 12 months)*	$10 copay	Up to $30 Reimbursement
Frames *(every 12 months)*	Up to $150 retail allowance, then 20% discount off the remaining balance	Up to $30 Reimbursement
Lenses *(every 12 months)* Single Lined Bifocal Lined Trifocal Lenticular	$10 copay	 Up to $25 Reimbursement Up to $35 Reimbursement Up to $45 Reimbursement Up to $60 Reimbursement
Contact Elective Evaluation/Fitting	Up to $150 retail allowance Daily wear: 100% Covered Extended wear: 100% Covered specialty: Covered 100% after $20 copay	Up to $75 retail allowance Daily wear: $20 Extended wear: $30 Covered specialty: $30

NEED help finding an participating VISION PROVIDER?

Go to www.e-nva.com and click "**Find a Provider**" Enter "**Search Location**"

Please note: you will need your NVA Group number located on your ID Card.

401(K) PLAN – THE STANDARD

Pyramid offers a 401(k) Savings Plan that gives you the opportunity to save for your future with before or after-tax dollars. You decide which option and how much to save through payroll deductions. You may contribute up to 50% of your pay each pay period and you're always 100% vested in your contributions. Vested means even if you leave Pyramid all of your contributions are yours to keep.

Pyramid will match the first 1% of your contribution at 100%, and the next 5% of your contribution will be matched at 50%.

IMPORTANT: Due to current COVID-19 conditions, Pyramid's match of your personal contribution will be suspended until further notice.

When Am I Eligible to Enroll?

You are eligible to enroll after completion of 3 months of service on the 1st of the following quarter with Pyramid.

How Do I Enroll?

After 3 months of employment you will be automatically enrolled with a six percent (6%) deferral rate in the traditional plan unless you "Opt-Out". You can also choose to enroll with a contribution rate of your choice by completing the enrollment process.

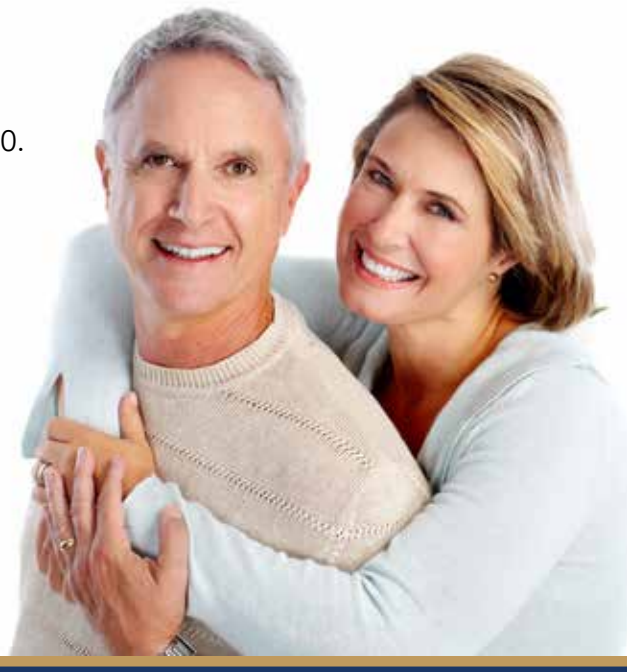
Enroll and access your account online at www.standard.com/retirement or by telephone at 800-858-5420.

How Much Can I Contribute?

For 2020, you can contribute up to $19,500 annually in combined pre-tax and/or Roth 401(k) contributions, plus an additional $6,000 in catch-up contributions if you are age 50 or older by the end of the calendar year. Pyramid will match your personal contribution, up to 3.5% of your eligible pay. You are immediately 100% vested in your own contributions, including any rollovers you make to your account.

For More Information

For additional details about the 401(k) Retirement Savings Plan or how to change your contribution rates or investment elections, please refer to: www.standard.com/retirement or call at 800-858-5420.



ALL employees are auto-enrolled in a 6% contribution if they do not call to opt out.

To opt out call The Standard: 800-858-5420

LIFE AND AD&D INSURANCE – NEW! CIGNA

To protect you and your family, Pyramid Healthcare provides basic life insurance and accidental death & dismemberment coverage at **no cost to you**.

Basic Life and AD&D (100% Employer Paid)

Class 1 (Executives & Employed Physicians) – 1X salary to maximum of $150,000; AD&D benefit is equal to Life benefit

Class 2 (Managers/Supervisors) – $25,000; AD&D benefit is equal to Life benefit

Class 3 (Associates) – $10,000; AD&D benefit is equal to Life benefit

Voluntary Life Insurance Options (100% Employee Paid)

Pyramid Healthcare also offers enrollment in a variety of voluntary life insurance options paid for by you through payroll deduction.

Supplemental Life

- Purchase additional coverage in $10,000 increments up to the lesser of 5x your salary or $500,000
- Guaranteed Issue: The lesser of 3x your salary or $100,000

Supplemental Spousal Life

- Purchase coverage for your spouse in increments of $5,000 up to $250,000 (not to exceed 50% of Employee's Supplemental Election)
- Guaranteed Issue: $25,000

Supplemental Child Life

- Purchase coverage for your dependent child 6 months to 1 year up to $1,000
- Purchase coverage for your dependent child over 1 year up to $10,000
- Guaranteed Issue: $10,000

Note: If you decline coverage when first eligible you will not be eligible for Guaranteed Issue amounts and will be required to provide Evidence of Insurability (EOI) by completing an EOI form.

DISABILITY INSURANCE – NEW! CIGNA

For most people, maintaining a healthy lifestyle depends on an important source of income - regular pay-checks. Most of us do not think about how a disabling illness or injury can impact our lives. This is because we think "*it won't happen to me.*" Unfortunately, that is not always the case. Pyramid believes it is important to protect you and your family's long term financial health in the event of a disabling injury or illness.

Long-Term Disability (LTD)

- Benefits are payable after you have been disabled for 90 days and may continue up to the maximum benefit period described in the policy booklet.
- You must be actively at work on the effective date of coverage in order to be eligible for paid benefits.
- If you have been covered under a Pyramid long term disability policy (Voluntary or Employer Paid) for less than 12 months, Cigna will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition.

  What does that mean?

  A "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before his or her most recent effective date of insurance.

Employer Sponsored LTD (100% Employer Paid)

Pyramid provides Long-Term Disability (LTD) coverage at no cost to you as per the benefit outline below.

Class 1 (Executives & Employed Physicians) – 65% pre-disability earnings to a maximum of $6,000 per month

Class 2 (Managers/Supervisors) – 65% pre-disability earnings to a maximum of $3,000 per month

Voluntary LTD (100% Employee Paid)

Pyramid offers Employe Paid LTD coverage to our Class 3 Associates, paid through payroll deductions.

Class 3 (Associates) – 60% of pre-disability earnings to a maximum of $3,000 per month

Voluntary Short Term Disability (STD) Coverage

Pyramid offers STD coverage paid for by you through payroll deductions.

- 60% of earnings to a maximum of $1,500 per week
- Benefits are payable after you have been sick or disabled for 14 days and will continue for up to 13 weeks.

NOTE: If you live in a state with mandated disability benefits, like New Jersey, your Cigna disability benefit would be offset by the amount you receive through the state plan.

VOLUNTARY BENEFITS – METLIFE

In addition to the protection the medical plan provides, Pyramid offers gap coverage plans for you and your dependents through MetLife. These plans are another way we support your health. They offer financial security to you and your family in case of accident or illness and are paid for by you through payroll deductions. You have the choice and ability to purchase additional protection for yourself and your family as much as you need to.

The Accident, Critical Illness and Hospital Indemnity plans are designed to complement your medical plan and cover out-of-pocket medical expenses such as copays, deductibles and coinsurance.

Accidental Injury Insurance

Voluntary accident insurance can help you cope with out-of-pocket costs associated with serious accidents or illnesses — costs possibly not covered by your medical plan. In the event of a covered incident, accident insurance provides cash benefits that you can use to meet any needs (unless otherwise assigned).

Accidents can lead to trips to the emergency room and the doctor's office, which could amount to bills and expenses not covered by your medical and disability insurance.

Recent studies have shown **$1,233** is the average cost for one visit to the emergency room in the U.S.[1]

With competitive employee rates, you can get Accident High Plan coverage for less than the cost of...

Lunch out,
3x per week,
salad and bottled water

Every day
coffee fix
medium cup

Based on average costs at national retail chains

Monthly
gym membership

How it works

Kathy's daughter, Molly, plays soccer. During a recent game, Molly collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He also ordered a CT scan. After thorough evaluation, Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown.

Covered Illness	Benefit Amount
Ambulance (ground)	$400
Emergency Care	$150
Physician Follow-Up ($100x2)	$200
Medical Testing	$300
Concussion	$600
Broken Tooth (repaired by crown)	$400

Luckily Kathy has accident insurance! She would get a lump-sum payment totaling **$2,050**

Benefits paid by **MetLife Accident Insurance High Plan**

What you need to know about MetLife's Accident coverage:

- Over 150 covered events and services, such as fractures, dislocations and medical treatments or tests.
- You and your eligible family members are guaranteed coverage.
- Lump-sum payment helps cover unexpected costs that result from an accident.
- For your convenience, premiums will be automatically deducted from your paycheck.

VOLUNTARY BENEFITS – METLIFE

Critical Illness Insurance

No one knows what lies ahead on the road through life. Will you suffer a stroke or a heart attack? Critical Illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

Recent studies have shown **42%** of all personal bankruptcies are a result of medical expenses. The study also reveals that 78% of those who filed had insurance.

With competitive employee rates, you can get monthly Critical Illness Insurance coverage for less than the cost of...

Tankful of unleaded gas for an SUV

Monthly gym membership

Based on average costs at national retail chains

2 gallons of milk per week

How it Works

Kevin is enrolled in the $30,000 Benefit Critical Illness Plan. In his first year, he suffers a heart attack and receives the full benefit amount. The $30,000 Critical Illness plan has a $90,000 lifetime maximum, so two years later when he suffers a stroke, he receives another $30,000 benefit. The next year after recovering from the stroke, Kevin is diagnosed with kidney failure. He receives his final benefit payment of $30,000 reaching his $90,000 lifetime maximum.

Illness Covered Condition	Payment	Total – Benefit Remaining
Heart Attack – 1st diagnosis	$30,000	$60,000
Stroke – 1st diagnosis (2 years later)	$30,000	$30,000
Kidney Failure – 1st diagnosis (3 years later)	$30,000	$0

MetLife Critical Illness Insurance:
$30,000
Initial Benefit Amount

In this example, the covered person would get several lump-sum payments totaling
$90,000

What you need to know about MetLife's Critical Illness coverage:

- Over 20 covered critical illnesses, such as Cancer, Heart Attack, Stroke, and Kidney Failure.
- You and your eligible family members are guaranteed coverage. No medical exam and no hassle.
- Lump-sum payment helps cover unexpected costs that result from a covered critical illness.
- For your convenience, premiums will be automatically deducted from your paycheck.

VOLUNTARY BENEFITS – METLIFE

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides financial assistance. In the event of hospitalization, participants receive cash benefits that can be used to help pay daily living expenses, such as rent, gas, groceries, utilities and other necessities. Benefits are predetermined and are paid regardless of any other insurance in place.

People get **sick** and have **accidents**. It happens all the time, sometimes requiring a trip to the hospital. Even with medical coverage, additional expenses can add up quickly.

Recent studies have shown

42%

of all personal bankruptcies are a result of medical expenses. The study also reveals that 78% of those who filed had insurance.[1]

With competitive employee rates, you can get Hospital Indemnity High Plan coverage for less than the cost of...

Breakfast out
3x per week,
Coffee with egg sandwich/platter

Monthly
gym membership

Based on average costs at national retail chains

Movie outing
for group of 4.
Tickets, drink, popcorn and candy

How it works

On his way to work, Bill's car is hit by a large truck. Due to the severity of the impact, the car is totaled and Bill is injured. When police and medics arrive, they call for an ambulance. Bill is immediately taken to the emergency room at a local hospital. Upon evaluation, Bill is admitted to the Intensive Care Unit for close observation of trauma to his head and a fractured disk in his neck. After spending 2 days in the Intensive Care Unit he is moved to a standard room and stays there for 5 more days. Bill is then transferred for in-patient care at a rehabilitation facility. His stay there is 7 days.

Covered Illness	Benefit Amount
Admission	$1,000
ICU Supplemental Admission	$1,000
Hospital Confinement (6 total days)*	$1,200
ICU Supplemental Confinement (1 day)*	$200

*When Admission is included in the plan, Confinement begins on Day 2.

Luckily, Bill has hospital indemnity insurance! He would get a lump-sum payment totaling **$3,400**

What you need to know about MetLife's Hospital Indemnity coverage:

- You and your eligible family members are guaranteed coverage.[4] No medical exam and no hassle.
- Lump-sum payment can be used to help cover unexpected costs that result from a hospitalization.
- For your convenience, premiums will be automatically deducted from your paycheck.

Contact MetLife 800 GET-MET 8

ADDITIONAL PERKS AND DISCOUNTS

Check out Pyramid Perks at https://pyramidhealthcare.corestream.com for even more exclusive corporate discounts on a variety of products and services!

Education:

Capella University is offering a special discount to Pyramid Employees.

Education Assistance:

All Pyramid employees are eligible for certain discounts on tuition.

- **25%** tuition discount for Mt. Aloysius's RN and BSN Programs. Contact The Office of Graduate and Continuing Education 814-886-6383 or gce@mtaloy.edu.
- **20%** tuition discount, programs are at Rider University through the College of Continuing Studies or their Graduate programs. Contact Jamie Mitchell, Director Graduate EDU and LAS, and CCS.
  Admission 609-896-5036 or jmitchell@rider.edu.

Discounts:

Contact Purchasing for More Information

- Stationary and invitations
- Personal office supplies
- Cell phones
- Home Improvement like paint and paint supplies
- Home pest control
- Rental Cars

EMPLOYEE ASSISTANCE PROGRAM

We understand that life often comes with challenges that can impact your overall physical and mental health.

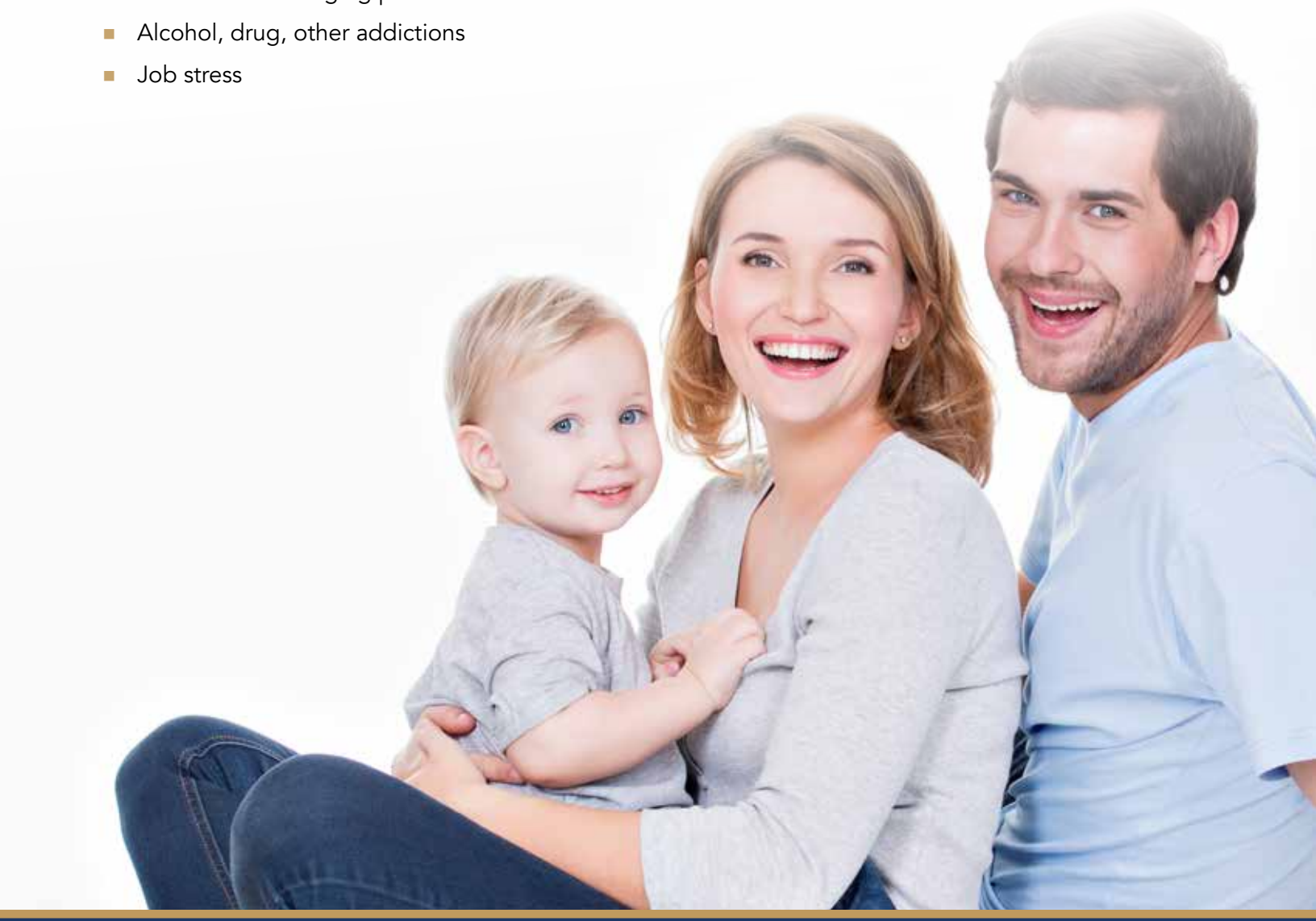
To help you through these times, Pyramid Healthcare offers the Employee Assistance Program (EAP) at no cost to you. The EAP is a completely voluntary and confidential service that offers you and your family members assistance in resolving personal problems.

Some of the confidential services that the EAP can provide are:

- Marital & Family discord
- Children & adolescent issues
- Emotional distress
- Personal, Health related issues
- Anger, Stress, Time Management issues
- Grief & Loss
- Child or spousal abuse
- Concerns about aging parents
- Alcohol, drug, other addictions
- Job stress

Access Your EAP Benefit:

Visit https://mseap.personaladvantage.com/ and use the access code PYRHC or call 1-800-543-5080



IMPORTANT LEGAL NOTICES

Important Notice from Pyramid Healthcare About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Pyramid Healthcare and about your options under Medicare's prescription drug coverage.

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 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.
- Pyramid Healthcare has determined that the prescription drug coverage offered through the Pyramid-sponsored medical plans 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Pyramid Healthcare coverage may be affected. You can keep this coverage even if you elect Part D; the plan will coordinate with Part D coverage. If you are an active associate and decide to join a Medicare drug plan and drop your current Pyramid Healthcare coverage, be aware that you and your dependents may be able to get this coverage back, provided you are still eligible to participate in the Pyramid Healthcare Medical Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Pyramid Healthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Pyramid Healthcare changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 2020
Name of Entity/Sender:	Pyramid Healthcare, Inc.
Contact:	Human Resources
Address:	270 Lakemont Park Blvd., Altoona PA 16602
Phone Number:	814-940-0407

IMPORTANT LEGAL NOTICES

Privacy Notice

Pyramid Healthcare's benefits program is comprised of various health benefits, including group medical, prescription drug, dental and vision, as well as a Dependent Care Spending Account plan. In the administration of this program, Pyramid may use and disclose medical information about you which discloses your individual identity, known as "Protected Health Information" (PHI). Pyramid protects you with respect to your PHI by limiting who may see, use and further disclose this information, and informing you of our legal duties and your legal rights with regard to this information. For more information on Pyramid's privacy practices, please contact the Human Resources Department.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Dear Pyramid Healthcare Employee:

Key parts of the Affordable Care Act, also known as the healthcare reform law, that went into effect January 1, 2014. As of this date, the healthcare reform law will require almost all Americans to have healthcare coverage or be subject to a penalty tax. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace for buying health insurance and about health coverage at Pyramid Healthcare.

If you are eligible for health coverage through Pyramid Healthcare, your coverage will likely be more affordable through Pyramid Healthcare health plans, or if applicable and available, through your spouse's or your parent's employer plan (if you are under the age of 26).

If you are not eligible for Pyramid Healthcare health plans, you should consider other options available to you, such as coverage through your spouse's employer plan, your parent's employer plan (if you are under the age of 26), Medicaid, Medicare or your state's Marketplace. Enrollment in the Marketplace will begin in October. You may be eligible for a federal subsidy (in the form of a tax credit) in order to make buying insurance through the Marketplace more affordable. The subsidy you may be eligible for depends on your household income. If you are eligible for health coverage from Pyramid Healthcare you will not be eligible for the subsidy (tax credit) through the Marketplace. Therefore, you may wish to enroll in Pyramid Healthcare health plan.

If you decide to enroll through the Marketplace, you should be prepared to provide the Marketplace with the following information about Pyramid Healthcare and our plans:

Employer name: Pyramid Healthcare, Inc.

Employer Identification Number (EIN): 23-3006202

Employer address: 270 Lakemont Park Blvd., Altoona PA 16602

Employer telephone number: 814-940-0407

Name of contact for employee health coverage: Human Resources

What Is The Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. It offers "one-stop shopping" to find and compare private health insurance options. All U.S. citizens and legal residents will have access to individual health insurance policies through their state's Marketplace.

Open enrollment for health insurance coverage through the Marketplace begins in the fall of 2019 for an effective date of January 1, 2020. To find out more about the Marketplace in the state where you live, visit www.healthcare.gov.

Can You Save Money On Health Insurance Premiums In The Marketplace?

If you are not eligible for benefits at Pyramid Healthcare, you may be eligible for a federal subsidy (in the form of a tax credit) that lowers your monthly premium for coverage purchased through the Marketplace.

Are There Situations When I Can Qualify For A Tax Credit Even Though I Am Eligible For Coverage Through My Or My Spouse/Parent's Employer's Health Plan?

Under the healthcare reform law, some people may be eligible for a tax credit that lowers their monthly premiums or deductibles if their employer does not offer coverage at all or does not offer coverage that meets certain standards. You may be eligible for a federal subsidy if the cost of a plan from an employer for employee-only coverage is more than 9.5% of your household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the healthcare reform law. Pyramid Healthcare health coverage will meet the requirements (cost and "minimum value") of the healthcare reform law.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Pyramid Healthcare, then you won't be eligible for Pyramid Healthcare contribution to the Pyramid-offered coverage. Also, this Pyramid contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

Why Are You Sending This Information?

Most U.S. employers are required to send this notice to employees to raise awareness of the new Marketplace and to help them understand how having access to their employer's healthcare plan may limit their eligibility for a subsidy in the Marketplace.

IMPORTANT LEGAL NOTICES

How Can I Get More Information?

Remember the healthcare reform law requires almost all Americans to have healthcare coverage or be subject to a penalty tax. Additional information is available at www.healthcare.gov.

Sincerely,

Pyramid Healthcare

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator or contact your HR Department.

Notice Regarding the Newborns' Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information, please visit www.dol.gov/EBSA.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment for yourself or any of 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. You also may be able to enroll if you or a dependent lose eligibility for coverage under a State Medicaid or CHIP program, or become eligible for State premium assistance under a Medicaid or CHIP program.

However, you must request enrollment within 60 days after losing eligibility for Medicaid or CHIP, or becoming eligible for premium assistance.

To request special enrollment or obtain more information, contact: Human Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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).

IMPORTANT LEGAL NOTICES

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 January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: http://myalhipp.com/ Phone: 855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website:
http://myakhipp.com/ Phone: 866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: http://myarhipp.com/ Phone: 855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 800-359-1991/State Relay 711

FLORIDA – Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/ 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

IOWA – Medicaid

Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 888-346-9562

KANSAS – Medicaid

Website: www.kdheks.gov/hcf/ Phone: 785-296-3512

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm Phone: 800-635-2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 800-442-6003 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 800-862-4880

MINNESOTA – Medicaid

Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Click on Health Care, then Medical Assistance Phone: 800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 800-694-3084

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: http://dwss.nv.gov Medicaid Phone: 800-992-0900

NEW HAMPSHIRE – Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831

NORTH CAROLINA – Medicaid

Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org Phone: 888-365-3742

OREGON – Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 800-699-9075

PENNSYLVANIA – Medicaid

Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurance premiumpaymenthippprogram/index.htm Phone: 800-692-7462

RHODE ISLAND – Medicaid

Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov Phone: 888-549-0820

SOUTH DAKOTA – Medicaid

Website: http://dss.sd.gov Phone: 888-828-0059

TEXAS – Medicaid

Website: http://gethipptexas.com/ Phone: 800-440-0493

UTAH – Medicaid and CHIP

Medicaid: https://medicaid.utah.gov/
CHIP: http://health.utah.gov/chip Phone: 877-543-7669

VERMONT – Medicaid

Website: http://www.greenmountaincare.org/ Phone: 800-250-8427

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

WASHINGTON – Medicaid

Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: http://mywvhipp.com/
Phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 800-362-3002

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323 Menu Option 4, Ext. 61565

IMPORTANT LEGAL NOTICES

Model General Notice Of COBRA Continuation Coverage Rights

Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

- If you're an associate, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an associate, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-associate dies;
- The parent-associate's hours of employment are reduced;
- The parent-associate's employment ends for any reason other than his or her gross misconduct;
- The parent-associate becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the associate;
- The associate becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. All notices must be addressed to Discovery Benefits in writing.

IMPORTANT LEGAL NOTICES

Model General Notice Of COBRA Continuation Coverage Rights (con't)

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. The regulations require that the effected individual must notify the COBRA Plan Administrator within 60 days after the later of:

- The date of the disability determination by Social Security Administration; and
- The date on which a qualifying event occurs;
- The date on which the qualified beneficiary loses (or would lose) coverage under the plan as a result of the qualifying event.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Questions concerning your plan or COBRA continuation coverage rights should be addressed to Pyramid's Human Resources Department.

CONTACT INFORMATION

PLANS	CARRIER	WEBSITE	PHONE
Benefit Enrollment	ADP	www.workforcenow.adp.com	855-547-8508
Benefit Advocacy Center	Gallagher Benefit Services	bac.pyramidhc@ajg.com	844-343-2612
Medical and Rx Plan	Highmark	www.highmarkbcbs.com	888-BLUE-428
Dental Plan	Cigna	www.mycigna.com	800-564-7642
Vision Plan	National Vision Administrators (NVA)	www.e-nva.com	800-672-7723
Health Savings Account (HSA)	Health Equity	my.healthequity.com	866-346-5800
Flexible Spending Accounts (FSA)	Wageworks	www.wageworks.com	877-924-3967
Life and AD&D Insurance	Cigna	www.mycigna.com	800-362-4462
Short-Term & Long-Term Disability	Cigna	www.mycigna.com	800-362-4462
Voluntary Benefits, Critical Illness, Accident, and Hospital Indemnity	MetLife	www.metlife.com	800 GET-MET 8
401(k) Plan	The Standard	www.standard.com/retirement	800-858-5420

If you have questions about Open Enrollment or your benefits
Contact the Benefit Advocacy Center (BAC)

The Benefit Advocacy Center is available to answer any questions you may have about new plans. You have a no cost dedicated benefit advocate available to you Monday thru Friday from 8:00 AM until 6:00 PM EST.

Please contact: 844-343-2612 (Toll free) or at bac.pyramidhc@ajg.com

Pyramid Healthcare, Inc.

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Employee Benefits Guide