

2026-2027 Benefits Guide



**Salary & Qualified
Hourly Employees**

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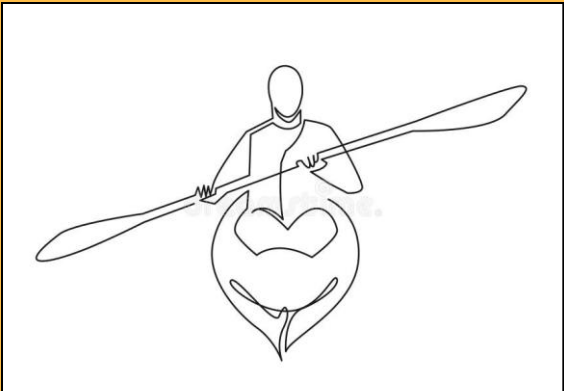
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Welcome to Your 2026-2027 Benefits

Welcome to SOLID Surface Care's Benefits Guide!

At SOLID, we know that having a solid (pun intended) benefits package is a key part of supporting you and your family. We've designed it to be affordable, comprehensive, and ready to back you up when life throws you a curveball—whether it's an unexpected illness, injury, or anything in between.

This is an active enrollment. Everyone must complete Open Enrollment, even if you want to keep your current elections or waive coverage. If you do not complete enrollment, your current coverage will end on October 31, 2026. To make the process smoother, we've put together this guide to help you understand all your options and complete your enrollment with ease.

Starting with the basics on how to enroll, and then diving into each plan's details, this guide is your one-stop-shop for everything benefits-related. Once you've reviewed your choices, you'll be ready to make the best decisions for you and your loved ones.

We highly recommend giving this booklet a read from cover to cover—it's packed with helpful info, including:

- Who's eligible to participate
- How to enroll and make changes throughout the year (if needed)
- Detailed breakdowns of each benefit plan and what's covered
- Contact information for the insurance companies that administer our benefits, in case you need assistance

And a lot more!

At SOLID, we value the dedication you bring to our team, and we're committed to providing competitive, cost-effective benefits as a token of our appreciation. It's just one of the ways we say "thank you" for everything you do.

Got questions? Dive into the plan documents, check out the insurance booklets, or reach out to your friendly Human Resources team—we're here to help!

Cheers,
SOLID Surface Care

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about your benefits, contact Human Resources.

Benefit Highlights for 2026-2027

SOLID is committed to providing a rewarding benefits program for you and your family. Here are the highlights:

- New for 2026 – 2027 Plan Year: The Blue Cross High Performance Network (HPN) will be utilized on the 1-2-3 plan for members living in an eligible zip code. The HPN offers a lower premium through a more focused network of high performing providers.
- Updates to PPO and HDHP Plan Designs.
- Medical premiums are increasing for most plans.
- You must complete open enrollment this year, even if you want to keep the same benefits or waive coverage. If you are currently enrolled and do not complete open enrollment, your coverage will end on October 31, 2026.

Eligibility & Enrollment

Who is Eligible

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. Spouse and dependents are eligible for medical, dental, vision, voluntary life and supplemental health benefits.

When to Enroll

The open enrollment period is October 5, 2026 through October 16, 2026. The benefits you elect during open enrollment will be effective from November 1, 2026 through October 31, 2027.

How to Enroll

We will utilize SOLID's HRIS system, UKG, for our benefits open enrollment. See below for details.

New Hires

If you are enrolling as a New Hire outside of the open enrollment period, you are eligible for benefits on the first of the month following 60 days of employment. Elections will remain in effect through the end of the plan year (10/31/2027) unless you experience a qualifying event.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to your benefit elections until next year's open enrollment period. Life events such as marriage, divorce, birth or adoption of a child, change in child's dependent status, death of qualified dependent, change in employment status or change in coverage under another employer-sponsored plan may qualify you for a special enrollment period. Please notify your administrator within 30 days of your qualifying event.

Enroll with SOLID's New HRIS System - UKG

Login to UKG as directed in the UKG email and look for the Open Enrollment Tile. Please reach out to your Human Resources team with any questions.

Medical Plans



Below outlines your plan options through BCBSNC. Networks frequently change, so it is always a good idea to confirm your provider's participation is in-network to avoid additional costs. Please refer to your plan document for specific details.

Your Group Policy Number is: **14159117**

Additional information can be found at www.bcbsnc.com

2026 - 2027 Medical Plan Options

For the 2026–2027 plan year, your medical plan options will include three plan types: the 1-2-3 plan, a High Deductible Health Plan (HDHP), and a PPO. For the 1-2-3 plan, your network will now be dependent on your zip code.

- The HDHP and PPO plans will continue to be offered on the Blue Options Network.
- The 1-2-3 plan available to you depends on your home ZIP code. If your ZIP code is eligible for Blue HPN, you will be offered the Blue HPN 1-2-3 plan. Otherwise, you will be offered the Blue Options 1-2-3 plan.

What is a High Performance Network (HPN)?

The Blue High-Performance Network is a national network built with select physicians, hospitals and specialists who are measured on performance to deliver and continually influence high quality care, better care delivery and lower total cost.

- HPN plans are built on a network of high performing doctors and hospitals
- The Blue HPN 1-2-3 plan has the same core benefit design as the Blue Options 1-2-3 plan but uses a more focused provider network and has a lower employee premium
- The HPN 1-2-3 plan will be offered to employees living in certain zip codes
- Your provider may already be covered under the HPN network
- If you enroll in the HPN 1-2-3 plan, you'll receive one ID card for medical, dental, and vision. It will simply note "HPN" instead of "Blue Options PPO"

Important: Blue HPN uses a more focused network than Blue Options. Before enrolling, check that the doctors, specialists and hospitals you and your covered family members use participate in the Blue HPN network. Non-emergency care received outside the HPN network will not be covered.

- **For questions about the Blue High-Performance Network, [review the HPN overview video here:](#)**

- <https://share.synthesia.io/96723f0d-696f-4cc0-8c4b-c8602057b607>

- **Use the link below to see if you are eligible for a HPN plan:**

- <https://www.bluecrossnc.com/featured/blue-hpn-employee-information#bluehpn-coverage>

- **Search for HPN providers and hospitals at this link:**

- <https://www.bcbsnc.com/members/find-care>

- Click the "Look up a Doctor or Drug"
 - Log in to Blue Connect or browse as a guest
 - Select the "Doctor or facility" button
 - Once redirected, choose the "Blue High Performance Network Plan"

Scan to watch the
HPN overview
video





Medical & Prescription Drug Benefits

The chart below provides an overview of your available medical plans through **BCBSNC**. Please refer to your plan document for specific details. Networks frequently change and so it is always a good idea to confirm your provider is in-network to avoid additional costs.

Find an in-network provider at www.bluecrossnc.com

	1-2-3 Plan Blue HPN or Blue Options network depending on ZIP eligibility	HDHP/HSA Plan	PPO Plan
Services	In-Network*	In-Network*	In-Network*
Deductible			
• Individual	\$3,500	\$4,000	\$3,000
• Family	\$7,000	\$8,000	\$6,000
Coinsurance			
• Plan Pays	80% or 60%	100%	80%
• You Pay	20% or 40%	0%	20%
Out-of-Pocket Max			
• Individual	\$7,000	\$4,000	\$6,000
• Family	\$14,000	\$8,000	\$12,000
Preventive Services	100%	100%	100%
Primary Care	\$20 copay	Covered at 100% after deductible	\$25 copay
Specialist Visit	Deductible then 40%	Covered at 100% after deductible	\$50 copay
Telemedicine	\$10 copay	Covered at 100% after deductible	\$10 copay
Emergency Room	Deductible then 40%	Covered at 100% after deductible	\$500 copay
Urgent Care	Deductible then 40%	Covered at 100% after deductible	\$50 copay
Inpatient Hospital	\$250 copay, deductible, then 20%	Covered at 100% after deductible	20% after deductible
Outpatient Hospital	Deductible then 20%	Covered at 100% after deductible	20% after deductible
Prescription Drugs			
• Tier 1	\$4	Covered at 100% after deductible	\$10 copay
• Tier 2	\$25		\$35 copay
• Tier 3	25% up to \$100		\$50 copay
• Tier 4	100% up to \$100		25% up to \$100
• Tier 5	100% up to \$100		20% up to \$100

Your Cost

Benefit premiums will be paid 24 times per year. Employees on a bi-weekly pay schedule will receive a premium holiday on months that have three pay periods.

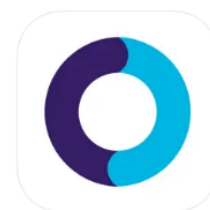
Cost Per Deduction (24 deductions per year)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Blue HPN 1-2-3 Plan — Eligible ZIP codes	\$26.20	\$243.78	\$144.43	\$314.85
Blue Options 1-2-3 Plan — Other ZIP codes	\$45.00	\$270.00	\$170.00	\$340.00
HDHP/HSA Plan	\$50.00	\$290.00	\$182.50	\$370.00
PPO Plan	\$137.50	\$450.00	\$310.00	\$600.00

Which 1-2-3 plan can I enroll in? Your home ZIP code determines whether you are offered the Blue HPN or Blue Options version of the 1-2-3 plan. You will see the version available to you when you enroll in UKG. Check whether your doctors and hospitals are in that plan's network before you enroll.

BCBSNC Resources

Teladoc Health

Get quick care from anywhere with Teladoc telemedicine visits! A telemedicine visit lets you see and talk to a doctor from your laptop or mobile device. Telemedicine through Teladoc is available at a \$10 copay if you are enrolled in the PPO or 1-2-3 plan, and is paid in full after the deductible if you are on the HDHP. If you visit a specialist via telemedicine there will be an additional cost. Telemedicine doctors can treat cold and flu symptoms, sinus and pinkeye, allergies, migraines, rashes and much more! You can access Teladoc by calling 1-855-549-2214, by visiting <https://teladoc.com>, or by downloading the Teladoc Health app.



Rally

Take a health survey to see how you're doing in key areas like nutrition and fitness, get personalized recommendations that fit your lifestyle, track your progress on your dashboard and earn Rally Coins that can be redeemed for rewards. Sign up for Rally® on <https://www.bluecrossnc.com/members>. It's a program to help you move more and eat better. It even rewards you for your progress. How it works:

- **Take your health survey.** It'll guide you with visual prompts. You'll receive your results as a "Rally AgeSM"—a number to help you assess your actual age compared to your health age based on your survey responses.
- **Pick your focus.** Get personalized activities and recommended missions—or individual action plans—based on your survey results. Missions provide activities to help improve or maintain your health. Choose ones that fit your lifestyle.
- **Earn rewards.** As you complete certain activities, you'll earn Rally coins. Use them to enter sweepstakes for chances to win prizes, get discounts, support charities or bid in auctions. The more you participate in Rally, the more coins you earn.

Blue Connect

Blue Connect is much more than a member services website; it's a personal guide to the tools you need to manage your health plan and health care. With Blue Connect, you can:

- See your deductible, claims and benefits in an instant so you know exactly where you stand
- Access important documents like your digital ID card no matter where you are
- Get health tips, articles and videos on everything from weight loss to prescription costs to dental health.

Blue Connect can be used to find in-network doctors, facilities, prescriptions and more. In addition, the Blue Connect member portal provides access to wellness programs anytime you need them.

Visit <https://member.bcbsnc.com/blueconnect/web/registration> or download the Blue Connect Mobile NC app today to get started.



My Pregnancy App

Powered by Wildflower, My Pregnancy App is available to Blue Cross NC members for free. The app helps you stay on top of your health throughout your pregnancy and during your baby's first two years.

- Get answers to your pregnancy questions
- Find resources, tools, and support to help you manage your pregnancy
- Learn about topics such as Black maternal health, LGBTQ+ parental health, and more
- Enjoy fun features like the kick counter and relaxation tools

Download the My Pregnancy App to get started.



SmartShopper

Costs for medical care vary widely from one facility to the next, with no relation to quality. That means you could pay thousands more for the same medical test or procedure that's a fraction of the price at a nearby facility. SmartShopper is a cost transparency program that makes it simpler to find lower-cost medical procedures. SmartShopper makes it easy for you to save thousands on common medical procedures.

Start by visiting <https://www.bluecrossnc.com/> and logging into your member portal.

Blue365

Discover Blue365, an exclusive program offered by BlueCross BlueShield that brings you a world of health and wellness benefits. As a valued member, you can enjoy a wide range of discounts and deals on fitness, personal care, healthy living, and more.

Here's what Blue365 has to offer:

- Savings on Fitness and Wellness
- Discounts on Personal Care
- Deals on Healthy Living
- Exclusive Member Perks

Blue365 is your key to a healthier and happier life. Start exploring the exclusive benefits today and access Blue365 through your MyHealthToolkit account.

Know Where To Go

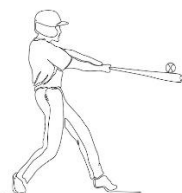
If you need immediate medical attention, your first thought may be to go to the Emergency Room. However, if your condition is not serious or life threatening, you may have a less expensive choice. Use the chart below to identify where you should go for care!

Plan	Cost	When to Use
Primary Care	\$	Routine, Primary, Preventive Care Regular Health Screenings Non-urgent treatment Chronic disease management
Virtual Visits	\$	Cold, flu, fever, sore throat, diarrhea, rash, pink eye, sinus infections, cough, headache, stomach ache or ear ache
Convenience Care	\$\$	Common infections (ear, pink eye, strep, bronchitis), flu shots, vaccines, rashes, screenings
Urgent Care	\$\$\$	Sprains, small cuts, strains, sore throats, minor infections, mild asthma, back pain or strain, vomiting, flu, fever, sports injuries <i>After hours care & no appointments necessary</i>
Emergency Room	\$\$\$\$	Heavy bleeding, large open wounds, chest pain, spinal injuries, difficulty breathing, major burns, severe head injuries, seizures, unconsciousness, poisoning <i>Life threatening emergency</i>

If you believe you are experiencing a medical emergency, go to your nearest emergency room or call 911, even if your symptoms are not as described here.



[Click here to watch a video about Knowing Where To Go.](#)



Dental Plan

The chart below provides an overview of your available dental plan through **BCBSNC**. Please refer to your plan document for specific details. Using an in-network provider will offer you the lowest service pricing.

Find an in-network provider at www.bluecrossnc.com

	Dental Plan
Benefits	In-Network
Annual Deductible - Individual - Family	\$50 \$150
Preventive Services Exams, Cleanings, X-rays	Covered at 100%
Basic Services Fillings, Simple Extractions	20% after deductible
Major Services Crowns, Oral Surgery, Root Canals	50% after deductible
Annual Maximum	\$1,500

Your Cost

Benefit premiums will be paid 24 times per year. Employees on a bi-weekly pay schedule will receive a premium holiday on months that have three pay periods.

Cost Per Deduction (24 deductions per year)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Dental Blue	\$9.82	\$22.93	\$28.75	\$45.77

Vision Plan

The chart below provides an overview of your available vision plan. The Blue Cross vision plan utilizes the **EyeMed** network. Please refer to your plan document for specific details. Using an in-network provider will offer you the lowest service pricing.

Find an in-network provider at www.eyemedvisioncare.com/bcbsnc.com

	Vision Plan
Benefits	In-Network
Exam	\$10 copay
Frames	\$150 allowance; then 20% discount on balance
Lenses	\$25 copay
Elective Contacts	\$150 allowance; then 15% discount on balance
Frequency of Services Exams / Frames / Lenses OR Contacts	12 months / 24 months / 12 months

Your Cost

Benefit premiums will be paid 24 times per year. Employees on a bi-weekly pay schedule will receive a premium holiday on months that have three pay periods.

Cost Per Deduction (24 deductions per year)

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Blue 20/20	\$2.47	\$5.43	\$5.76	\$8.86

Health Savings Account (HSA)

An HSA is a tax-advantaged account that you and your employer can put money into to save for future medical expenses and is yours to keep. HSA funds can be used to pay for eligible medical, dental and vision expenses.

Any adult can contribute to an HSA if they are covered under a HSA-qualified “high deductible health plan” (HDHP), do not have any other first-dollar medical coverage, are *not* enrolled in Medicare and are *not* claimed as a dependent on someone else’s tax return.

Your HSA is always yours, no matter what. Even if you leave the company, change health plans or retire. Unused money grows tax-free and can be invested with a minimum balance.

HSA Funding and Contributions:

The IRS imposes a maximum contribution limit to the HSA on a calendar year basis. Because your plan year spans two calendar years, different limits apply depending on when your contributions are made.

2026 maximums (contributions made November 1, 2026 - December 31, 2026):

- \$4,400 for individual
- \$8,750 for family
- \$1,000 catch up contribution for those 55 and older

2027 maximums (contributions made January 1, 2027 - October 31, 2027):

- \$4,500 for individual
- \$9,000 for family
- \$1,000 catch up contribution for those 55 and older

Qualified Medical Expenses:

The IRS maintains a list of all eligible expenses, common qualified expenses include acupuncture, ambulance services, dental treatment, contact lenses, doctor’s fees and hearing aids.

View the complete list of qualified expenses at <https://www.irs.gov/publications/p502/index.html>.

Easy to Use:

Use your HSA debit card for qualified medical, dental, vision and prescription expenses. Your HSA funds can be spent for yourself and dependents!

Visit <https://healthequity.com> to create your account.





Flexible Spending Accounts (FSA)

FSAs provide you with an important tax advantage that can help you pay for expenses on a pre-tax basis. By anticipating your family's costs for the next year, you can actually lower your taxable income.

You must enroll in your FSA every year to contribute. Your FSA plan options are shown below.

Dependent Care FSA

- Allows employees to use pre-tax dollars toward qualified dependent care such as caring for children under age 13 or caring for elders.
- **The annual contribution maximum is \$7,500** (or \$3,750 if married and filing separately).
- Examples of qualified expenses include:
 - Child care
 - Before or after school program
 - Elder care
- Funds must be deducted from your paycheck before they are eligible to be used for reimbursement.

Healthcare FSA

- Allows employees who are not enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- **The annual maximum contribution of \$3,400 can be used for eligible health care related expenses, including medical, dental and vision expenses.**
- You can rollover a maximum of \$680 to the next plan year
- Examples of qualified expenses include:
 - Prescriptions
 - Doctor visit copays
 - Contact lenses
 - Dental care
 - Certain over-the-counter products (feminine hygiene, pain relievers, etc.)
- Use your FSA debit card for qualified medical, dental, vision and prescription expenses.

Visit www.flores247.com to create your account.

2027 Healthcare FSA and rollover limits have not yet been released by the IRS. Updated figures will be communicated once confirmed.

Basic Life and AD&D Insurance

Full-time employees receive group life and accidental death and dismemberment (AD&D) insurance from The Hartford. Your employer pays the full cost of this benefit. Depending on your role, you are covered with either a \$50,000 or \$25,000 benefit. Benefits decrease by 35% at age 65 and to 50% of the original amount at age 70. Don't forget to keep your beneficiaries up to date. To learn more about your Hartford benefits, visit www.thehartford.com/employee-benefits

Voluntary Life and AD&D Insurance

Employees who want to supplement their group life and AD&D insurance benefits may purchase additional coverage through **The Hartford**. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase voluntary life and AD&D insurance in the increments listed below. Employees who previously waived coverage or who have coverage and would like to increase their election may be required to complete EOI (Evidence of Insurability) or medical underwriting.

Voluntary Life & AD&D Insurance	
Employee Coverage	• Increments of \$10,000 of coverage up to a maximum of \$500,000. • Guarantee Issue amount of \$250,000 for newly eligible employees.
Spouse Coverage	• Increments of \$5,000 of coverage up to a maximum of \$350,000. • Guarantee Issue amount of \$50,000 for newly eligible employees.
Child Coverage	• Increments of \$2,500 of coverage up to a maximum of \$10,000.

Disability Insurance

Salary Class, full-time employees receive employer-paid short-term and long-term disability income benefits from The Hartford. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Medical conditions treated within 3 months prior to the long term disability plan effective date are not covered for the first 12 months of coverage.

	Short-Term Disability	Long-Term Disability - Salary Class Only
Coverage Paid By	Company-Paid	Company-Paid
Maximum Benefit	Class 1: \$2,000/week; Class 2: \$1,000/week	\$5,000 per month
Taxability	Benefits are Taxable	Benefits are Taxable
Benefits Begin	On the 15 th day	On the 91 st day
Benefit Duration	Up to 11 weeks	Up to Normal Social Security Retirement Age
Income Replaced	60% of weekly earnings	60% of monthly earnings

Supplemental Health Benefits

SOLID knows that you value the opportunity to customize your insurance coverage to best fit your individual needs. We are pleased to offer all full-time employees the ability to add-on any of the following voluntary plans from **The Hartford** to complement your medical plan. Don't forget to keep your beneficiaries up to date. To learn more about your benefits, visit <https://www.thehartford.com/>

Voluntary Accident Plan

Accident Insurance pays a lump sum benefit directly to you based on the type of injury sustained and treatment needed. This policy provides coverage for injuries that occur on or off the job.

Voluntary Critical Illness Insurance

You can choose a benefit amount of \$10,000, \$20,000, or \$30,000 for employees. Spouse coverage is automatically 50% of the employee's elected benefit amount. Children under 26 are automatically covered at 50% of the employee's elected benefit amount (per child), at no additional premium.

Covered Illnesses Include:

- Invasive cancer
- Heart attack
- Stroke
- Major organ failure
- End-stage kidney (renal) disease

See benefit summary for all covered conditions. This plan also features a **\$50 annual health screening benefit** for each covered member.

Premium varies by age and benefit amount. See the enrollment page in UKG for details

Voluntary Hospital Indemnity Insurance

This plan works as a supplemental insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. Hospital Indemnity can help cover unplanned medical expenses such as hospital admission or an ICU visit for a covered sickness or injury. This plan pays cash directly to you to cover out-of-pocket expenses. You can use the cash benefit however you need – including medical copays, deductibles or living expenses like rent or utilities.

Premium varies by age and benefit amount. See the enrollment page in UKG for details.



Employee Assistance Program (EAP)

Our EAP can offer valuable support by providing confidential counseling and resources to help you with personal and work-related issues. The EAP is available for free to all employees and immediate family members.

EAP services include up to three in-person consultations, referrals, and resources.

EAPs can help with issues such as:

- marital and family concerns
- depression
- substance abuse
- grief and loss
- financial entanglements
- finding daycares
- legal guidance
- other personal issues

Studies show that employees who used EAP services reported higher levels of work-life balance and lower levels of work-family conflict. *

** Journal of Occupational Health Psychology*



Reach out to Guidance Resources 24/7 toll free at +1800-964-3577, or you can visit their website at [ComPsych Corporation - GuidanceResources Online - Login](#)

BenefitHub Employee Discount Program

SOLID is pleased to offer access to BenefitHub. Enjoy discounts, rewards, and perks on thousands of the brands you love in categories including:

- Travel
- Auto
- Electronics
- Apparel
- Entertainment
- Health and wellness
- Beauty and spa
- Tickets

Access your discounts at <https://solidsurfacecare.benefithub.com/> and create an account using referral code: **GPL76H**

Important Terms

Use the terms below to understand your benefits better!

Coinsurance	A percentage of a health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits for individual and other coverage tiers.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. FSAs, HSAs and HRAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	A questionnaire about the state of a person's health. Insurance companies use EOI questions to verify whether a person meets the definition of good health.
Guarantee Issue (GI)	A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, GI doesn't limit how much you can be charged if you enroll.
In-Network	Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan may cover out-of-network doctors, clinics, hospitals, and other providers, but employees usually pay more for out-of-network care than in-network care. Depending on the plan, out-of-network care may cost more or may not be covered, subject to the applicable plan terms and emergency care requirements.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services – like shots and screening tests – at no cost to you. Visit https://www.healthcare.gov/coverage/preventive-care-benefits/ to view free preventive services for all adults, women and children.
Premium	The amount the employee pays for your health insurance.

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

Benefit	Whom To Call	Phone Number	Website
Medical and Pharmacy	Blue Cross Blue Shield	877-275-9787	www.bluecrossnc.com
Dental	Blue Cross Blue Shield	877-275-9787	www.bluecrossnc.com
Vision	Blue Cross Blue Shield	877-275-9787	www.bluecrossnc.com
Supplemental Health • Critical Illness • Accident • Hospital Indemnity	The Hartford	888-277-4767	www.thehartford.com
Health Savings Account	Health Equity	877-713-7682	https://healthequity.com
Flexible Spending Account	Flores & Associates	704-335-8211	www.flores247.com
Basic Life and AD&D Voluntary Life and AD&D	The Hartford	888-563-1124	www.thehartford.com
Short-Term Disability	The Hartford	888-277-4767	www.thehartford.com
Employee Assistance Program	ComPsych	800-964-3577	ComPsych Corporation - GuidanceResources Online - Login

Educational Videos

Click on the videos below to learn more about how the benefit works.



HPNs



In & Out-of-Network



PPOs & HDHPs



Vision



Dental



Health Savings Account



Health FSA



EAP



**Dependent Care
FSA**

IMPORTANT NOTICES

SOLID Surface Care Health and Welfare Benefits Annual Notices

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law for the 2026 - 2027 plan year.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- Women's Health Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- HIPAA Notice of Privacy Practices
- Children's Health Insurance Program (CHIP) Notice

SOLID Surface Care herein be referred to as "Employer"

BCBSNC will herein be referred to as "Medical Plan(s)"

You can contact your Plan Administrator at hr-support@solidcare.com.

IMPORTANT NOTICES

MEDICARE PART D CREDITABLE COVERAGE NOTICE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered by the Medical Plan(or 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 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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 while enrolled in the Employer's coverage as an active employee, please note that your Employer coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

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You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

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 your Employer 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 nineteen 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **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 your Employer 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 (+1800-633-4227). TTY users should call +1877-486-2048.

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 +1800-772-1213 (TTY +1800-325-0778).

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).

Name of Entity/Sender: SOLID Surface Care

Contact: hr-support@solidcare.com

Address: 3120 Rose Lake Drive, Charlotte, NC 28217

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment in your Employer's group health coverage 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).

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In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact hr-support@solidcare.com.

WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), 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?

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, contact your plan administrator.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

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 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).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **+1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **+1-866-444-EBSA (3272)**.

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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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: +1-855-692-5447	ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: +1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: +1-855-MyARHIPP (855-692-7447)	CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: +1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: +1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: +1-855-692-6442	FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: +1-877-357-3268
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	ILLINOIS - Medicaid Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: +1-800-403-0864 Member Services Phone: +1-800-457-4584	IOWA– Medicaid and CHIP (Hawki) Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: +1-800-792-4884 HIPP Phone: +1-800-967-4660	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: +1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: +1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	MAINE – Medicaid

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Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/?language=en_US Phone: +1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: +1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: +1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: +1-800-657-3672
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: +1-800-694-3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: +1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: +1-800-992-0900
NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-27+1-5218 Toll free number for the HIPP program: +1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: +1-800-356-1561 CHIP Premium Assistance Phone: 609-63+1-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: +1-800-70+1-0710 (TTY: 711)
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: +1-800-541-2831	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: +1-844-854-4825	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: +1-888-365-3742
OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: +1-800-699-9075	PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: +1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: +1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: +1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: +1-888-549-0820
SOUTH DAKOTA - Medicaid	TEXAS – Medicaid

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Website: http://dss.sd.gov Phone: +1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: +1-800-440-0493
UTAH – Medicaid and CHIP	VERMONT– Medicaid
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: +1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: +1-800-250-8427
VIRGINIA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: +1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: +1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: +1-855-MyWVHIPP (+1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: +1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: +1-800-25+1-1269	

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
+1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
+1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Employer sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of the Employer, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from

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you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by the Employer, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the SOLID HIPAA Privacy Officer.

Effective Date

This Notice as revised is effective November 1st, 2026.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine

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benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;

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- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach.

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures

Personal Representatives

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We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;

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- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice

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You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see [Your Rights Under HIPAA](#).

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling +1877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

