

2025

Benefit Guide

TRAMONTINA



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IMPORTANT: Tramontina offers a fixed indemnity policy; this is NOT health insurance. If you are considering purchasing this policy, please read the notice on page in its entirety.

**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 25 for more details.**

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

About Your Benefits

At Tramontina, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Tramontina benefits. If you have any questions, feel free to reach out to Maria Lopez at maria.lopez@tramontina.com.

Eligibility and Enrollment

You are eligible to participate in Tramontina's benefits if you are a full-time employee working more than 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You and your eligible dependents are eligible for benefits the first of the month following your date of hire.

Making Changes to Your Benefits

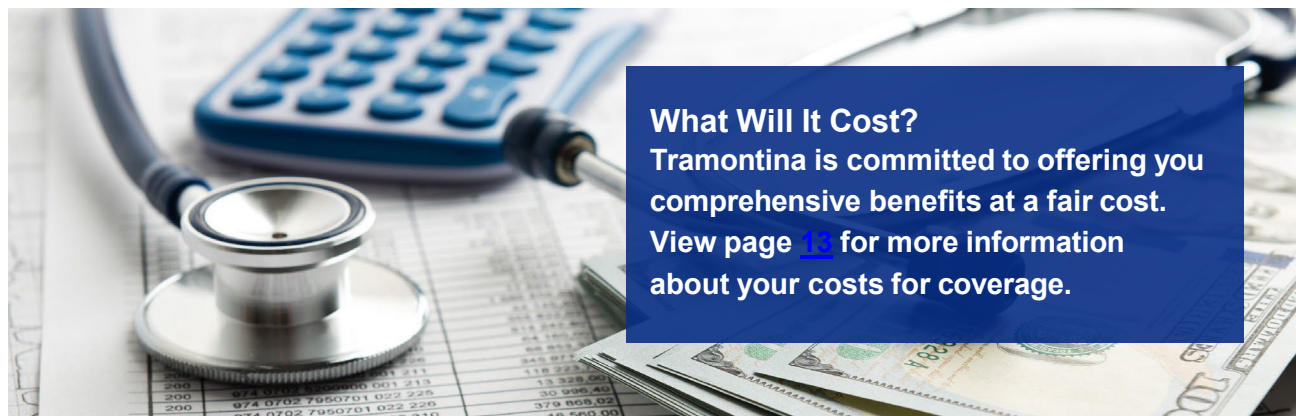
Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- Death of a dependent

You have 31 days from the date of the event to speak with your HR department and make your changes and complete the required paperwork. Keep in mind, the changes you make must be directly related to the event.

End of Coverage

If your employment with Tramontina ends or you become ineligible for benefits, medical, dental, and vision coverage will terminate on the last day of the month in which you terminate employment or lose coverage. All other benefits will end on the last day of employment.



What Will It Cost?

Tramontina is committed to offering you comprehensive benefits at a fair cost. View page 13 for more information about your costs for coverage.

Medical Coverage

You have a choice of two medical plans through Cigna – the Buy Up plan and the Core plan. Review the chart below for the amount you will pay for the medical service listed. Make sure you choose the best plan for you to save on costs.

	Buy Up Plan		Core Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Coinsurance	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Annual Out-of-pocket Maximum (Individual/Family)	\$2,500 / \$5,000	\$8,000 / \$16,000	\$6,350 / \$12,700	\$12,500 / \$25,000
Tramontina Contribution to Health Reimbursement Account	N/A		\$500 Individual / \$1,000 Family	
Preventive Care	FREE	Not Covered	FREE	Not Covered
OFFICE VISITS				
Primary Care	\$40 copay	40% after deductible	\$40 copay	50% after deductible
Specialist	\$60 copay	40% after deductible	\$60 copay	50% after deductible
HOSPITAL				
Urgent Care	\$50 copay	\$50 copay	\$75 copay	\$75 copay
Virtual Visits	\$40 copay	N/A	\$40 copay	N/A
Emergency Room	\$150 copay + 20% coinsurance (deductible does not apply)		\$200 copay + 30% coinsurance (deductible does not apply)	
Hospital Stay	20% after deductible	40% after deductible	30% after deductible	50% after deductible
DIAGNOSTIC OUTPATIENT SERVICES				
Minor	Covered at 100%	40% after deductible	30% after deductible	50% after deductible
Major	20% after deductible	40% after deductible	30% after deductible	50% after deductible

Terms to Know

- **Copay** – A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** – What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** – Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** – What you have to pay before the plan pays 100% of your covered costs.
- **Network** – The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.
- **HRA Funding** – Tramontina provides employees enrolled in the Core plan with \$500 (individual) or \$1,000 (family) in funding for your health reimbursement account. This money will be used to help pay up front medical costs prior to hitting your deductible. You must choose the Core plan to receive this benefit. HRA funds will NOT apply towards pharmacy costs. 100% of funds from the 2024 plan year will automatically roll over to the 2025 plan year. Accumulation is capped at \$2,500 for employee only and \$5,000 for employee + spouse, child or family.

Prescription Drug Coverage

Prescription drug coverage through Cigna is included with both of our medical plans. You will have full access to all of your pharmacy plan information at myCigna.com or through the myCigna app. Review the chart below for the amount you will pay for the prescription drug service listed.

	Buy Up		Core Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
RETAIL (30-DAY SUPPLY)				
Generic	\$5	50% coinsurance after deductible	\$5	50% coinsurance after deductible
Preferred	\$40		\$40	
Non-preferred	\$60		\$60	
RETAIL AND HOME DELIVERY (90-DAY SUPPLY)				
Generic	\$13	50% coinsurance after deductible	\$13	50% coinsurance after deductible
Preferred	\$100		\$100	
Non-preferred	\$150		\$150	



Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts.

Preferred Drugs

Cigna regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring.

Medical Coverage—Examples

Still unsure which plan to choose?

Check out some examples of the medical plans in action to see if one of the options seems like the best fit for your situation.



John is a relatively healthy 35-year-old single male. He watches what he eats and gets plenty of exercise. But his cholesterol is a little high, so he takes a daily generic prescription to keep it in check.

Scenario A—Employee Only		
	Buy Up	Core
Annual Payroll Deductions	\$1,975	\$1,008
Tramontina HRA Contribution	\$0	\$500
Annual Physical	\$0	\$0
1 PCP Office Visit 1 Specialist Visit	\$100	\$100
Daily Generic Prescription (annual cost)	\$60	\$60
John's Total OOP Costs	\$160	\$160
HRA Funds Applied	\$0	(\$160)
TOTAL ANNUAL COST (Payroll deductions + OOP costs)	\$2,135	\$1,008



Scenario B—Employee + Child		
	Buy Up	Core
Annual Payroll Deductions	\$5,241	\$3,150
Tramontina HRA Contribution	\$0	\$1,000
2 PCP Office Visit 2 Specialist Visit	\$200	\$200
3 Urgent Care Visits	\$150	\$225
Knee Surgery	\$2,500	\$6,350
Sarah's Total OOP Costs	\$2,850	\$6,775
HRA Funds Applied	\$0	(\$1,000)
TOTAL ANNUAL COST (Payroll deductions + OOP costs)	\$8,091	\$9,925

Sarah has a daughter in college named Olivia. While Olivia is active and healthy, she occasionally gets sick and visits the Urgent Care. Sarah is also planning for a major knee surgery this year that will cause her to reach her out-of-pocket max.

Important Considerations

How the Plans Work

Both plans use the Cigna network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

	Buy Up	Core
Per-paycheck Cost for Coverage	Higher	Lower
Annual Deductible	Lower	Higher
Annual Out-of-pocket Maximum	Lower	Higher
Using the Plan	Pay more with each paycheck and less when you need care	Pay less with each paycheck and more when you need care
Health Reimbursement Account	No	Yes

Wellness Surcharge

Tramontina wants you to take care of yourself by getting an annual preventive exam and forming a relationship with your primary care physician. If you do NOT get an annual preventive exam between November 1, 2024 and October 31 2025, **an additional \$20** will be deducted on your bi-weekly paycheck for your 2026 medical premiums. Make sure your doctor codes the visit as “preventive” to ensure it is covered at 100%.

Spousal Surcharge

If your spouse has access to qualified medical coverage through their employer, but you choose to enroll them in one of Tramontina’s medical plans, **an additional \$50** will be deducted from each bi-weekly paycheck for your 2025 medical premiums. This will be in addition to your medical premiums.

Tobacco Surcharge

If you use tobacco products, **an additional \$25** will be deducted on each bi-weekly paycheck for your 2025 medical premiums. This will be in addition to your medical premiums. During enrollment, you will confirm tobacco status and be required to complete a tobacco affidavit.

Tobacco Cessation Coaching

Through Cigna, you have access to a tobacco cessation coach who will help you over the phone or online, and set you up with a realistic plan and quit date.

Enroll online through myCigna.com or the myCigna app to connect with your coach today and start making a personalized plan.

Steps to a Healthier You!

Tramontina promotes employee health. Finding potential health problems before they require costly treatment and offering a variety of opportunities to help you adapt a healthier lifestyle are just a few of the ways we strive to decrease healthcare costs.

Studies show that physically active employees are happy, healthy employees with above average attendance records. We are ready to invest in your health!

Offered Programs

Employee Assistance Program

To help you with personal issues and concerns, Tramontina provides you and your family with an employee assistance program (EAP) at no cost to you. Call **800.964.3577** for confidential assistance with personal matters like family, finances, health and work.

Experienced consultants are available to listen and help you find solutions. You have access to face-to-face sessions with local behavioral health counselors if needed. Find more information at www.guidanceresources.com.

Ability Assist® & HealthChampionSM

Call toll-free:

800-96-HELPS
(800-964-3577)

To register, visit:

www.guidanceresources.com

Use Company Code: **HLF902**

Use Company Name: **ABILI**

Select: "Ability Assist Program"
to create your own confidential
user name and password

Virtual Visits

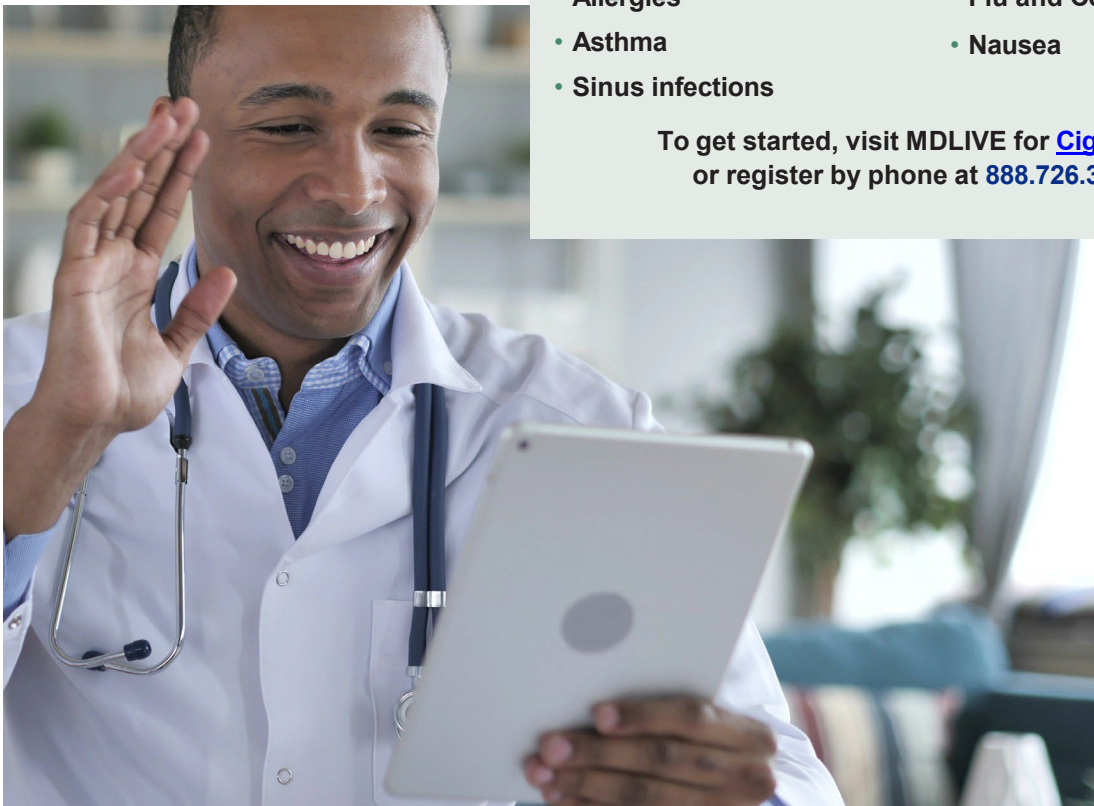
Convenient Care Just Got Easier

Getting to the doctor when you're sick is never easy. That's why Tramontina offers you a Virtual Visit benefit through MDLive. You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week by phone or video chat.

Speak to a doctor immediately or schedule an appointment for later. He or she can diagnose, treat and even prescribe medications for many conditions, including:

- Allergies
- Asthma
- Sinus infections
- Flu and Cold
- Nausea

To get started, visit MDLIVE for Cigna.com
or register by phone at **888.726.3171**.



Dental Coverage

Tramontina offers one dental plan through Humana. Review the chart below for the amount you will pay for the dental service listed. Under the plan, you are able to see any dentist, in-network or out-of-network. If you decide to use an out of network dentist, you may pay more for services, including preventative care. Log on to [Humana.com](https://www.humana.com).

Dental Plan	
	In-Network
Annual Deductible (Individual/Family)	\$50 / \$150
Annual Maximum (Per Person)	\$1,500 + extended annual maximum
Orthodontia (Adult & Child)	50%
Orthodontia Lifetime Maximum (Per Person)	\$1,500

Preventive Services

Covered at 100%

Routine oral examinations (3 per year), Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older), Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+), Routine cleanings (3 per year), Periodontal cleanings (4 per year), Fluoride treatment (1 per year, through age 16), Sealants (permanent molars, through age 16), Space maintainers (primary teeth, through age 15), Oral Cancer Screening (1 per year, ages 40 and older)

Basic Services

Covered at 80%

Emergency care for pain relief, Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth), Composite fillings (1 per tooth every 2 years, molar teeth), Oral surgery (including extractions of impacted teeth), General anesthesia¹ Stainless steel crowns, Harmful habit appliances for children (1 per lifetime, through age 14), Periodontics (scaling/ root planing and surgery 1 per quadrant every 3 years), Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

Major Services

Covered at 50%

Crowns (1 per tooth every 5 years), Inlays/onlays (1 per tooth every 5 years), Bridges (1 every 5 years), Dentures (1 every 5 years), Denture relines/rebases (1 every 3 years, following 6 months of denture use), Denture repair and adjustments (following 6 months of denture use), Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)

¹Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.

Tramontina's dental plan is designed to give you comprehensive care at an affordable rate. Research shows that proper dental care is a large part of your overall well-being. Electing coverage helps to keep dental costs at a minimum. Take full advantage of your dental insurance and make sure to get your free cleanings and x-rays on an annual basis!

Finding In-network Dentists

You pay less for services when you use a dentist in the Humana network. You can find an in-network dentist by visiting [Humana.com/findadentist](https://www.humana.com/findadentist).



Vision Coverage

Tramontina's vision plan through Humana Vision covers routine eye exams and helps you pay for glasses or contact lenses. Having an annual eye exam can prevent major issues in the future! Review the chart below for the amount you will pay for the vision service listed.

Vision Plan		
	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	\$10 copay	Up to \$30 allowance
LENSES (Once every 12 months)		
Single Vision	\$25 copay	Up to \$25 allowance
Bifocal	\$25 copay	Up to \$40 allowance
Trifocal	\$25 copay	Up to \$60 allowance
Lenticular	\$25 copay	Up to \$100 allowance
FRAMES (Once every 24 months)		
Frames¹	\$130 allowance, 20% off balance over \$130	Up to \$65 allowance
CONTACT LENSES² (Once every 12 months)		
Conventional	\$130 allowance, 15% off balance over \$130	Up to \$104 allowance
Disposable	\$130 allowance	Up to \$104 allowance
Medically Necessary	Covered in full	Up to \$200 allowance

¹Discounts may be available on all frames except when prohibited by the manufacturer.

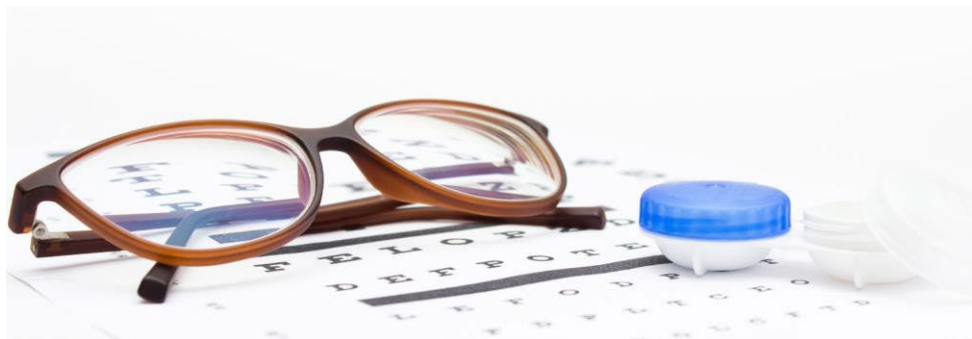
²Plan covers contact lenses or lenses for frames, but not both.

A regular eye exam is an important part of your health

Eye diseases like glaucoma, cataracts and macular degeneration can affect the way you see. Schedule some time with an eye doctor for a vision and eye-health exam.

Finding In-Network Eye Doctors

You can find an in-network eye doctor in the Humana Vision network by visiting [Humana.com](https://www.humana.com).



Life, AD&D and Disability Insurance

Life and Accidental Death and Dismemberment (AD&D) Insurance

Tramontina provides basic life and accidental death and dismemberment (AD&D) insurance through Lincoln Financial at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	2X annual salary up to \$300,000	<p>You*: Increments of \$10,000 up to 5x Annual Earnings to max \$300,000</p> <p>Your spouse**: Increments of \$5,000 up to \$100,000, not to exceed 2.5 times the employee's annual salary or 50% of the employee's benefit amount.</p> <p>Your child(ren): \$10,000 or \$20,000</p>
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	2X annual salary up to \$300,000	<p>You*: Increments of \$10,000 up to 5x Annual Earnings to max \$300,000</p> <p>Your spouse**: Increments of \$5,000 up to \$100,000, not to exceed 2.5 times the employee's annual salary or 50% of the employee's benefit amount.</p> <p>Your child(ren): \$10,000 or \$20,000</p>

*For employees age 70 & over, maximum coverage is \$50,000.

* Spouse coverage is only available if the employee is insured for voluntary coverage.

Please note that the guaranteed issue amounts for you and your spouse will only apply during your initial enrollment period (first 31 days). If you elect coverage outside of your new hire eligibility window you will be subject to evidence of insurability (EOI) and coverage could be declined.

Keep Your Beneficiaries Up to Date

A beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

Contact your HR department today to review and update your beneficiary information.

Disability Insurance

Tramontina also provides disability insurance through Lincoln Financial. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-Term Disability	You receive 60% of your income up to \$2,500 per week. Benefits begin immediately for an accident and after 7 calendar days of absence from work for illness, and continue for up to 13 weeks.	Tramontina
Long-Term Disability	You receive 60% of your income up to \$10,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the age 65 or SSNRA.	Tramontina

Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

Accident

Administered by Lincoln Financial

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Benefit Name & Amount		Provisions
Initial Treatment (Dr. office or Urgent Care)	\$125	On & off-the-job (24 hours) 25% organized sports rider
Emergency Room	\$250	Over 20 named benefits
Virtual Visit		\$50 Wellness Benefit (once per covered person per year)
X-Rays	\$225 at initial visit	Exclusions: Aeronautical events; Scuba and Cave Diving; Rock Climbing; Organized motorized races; Pro and Semi-Pro Sports; Illegal activities. <i>(other exclusions apply. See plan summary for details)</i>
Follow-up Treatment	\$140 up to 6 visits	
Physical Therapy	\$50 up to 10 visits	
Concussion	\$300	
Fractures Dislocations	Up to \$4,000 Up to \$4,000	

Critical Illness

Administered by Lincoln Financial

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Choose a Benefit Amount	Covered Illnesses	Provisions
Up to \$30,000 (\$10,000 increments) Spouse covered at 100% Child(ren) covered at 50%	Invasive Cancer Heart Attack Stroke Kidney Failure Organ Transplant Alzheimer's <i>and more...</i>	<u>Different Diagnosis</u> Must have a 3-month separation <u>Same Diagnosis</u> Must have a 6-month separation Guarantee Issue: \$30,000 Employee \$30,000 Spouse Maximum Payout—Unlimited
Wellness Benefit- \$50	Once per person per calendar year	

Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

Hospital Indemnity

Administered by Lincoln Financial

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Benefit Name & Amount		Provisions
Hospital admission	\$1,000 (up to 2 days per calendar year for sickness/injury)	Sickness: 24-hour coverage Accident: 24-hour coverage Guarantee Issue No pre-existing waiting period 25% Hospital NICU admission rider 25% Hospital NICU confinement rider
Hospital intensive care admission	\$2,000 (up to 2 days per calendar year for sickness/injury)	
Hospital confinement	\$200 (up to 15 days per calendar year for sickness/injury. Benefit begins on day 2 of confinement)	
Hospital intensive care confinement	\$400 (up to 15 days per calendar year for sickness/injury. Benefit begins on day 2 of confinement)	
Newborn care	\$100 (up to 2 days per calendar year)	
Complications of pregnancy	Included	



Costs of Coverage

Per-Paycheck Cost

Coverage Tier	Buy Up	Core	Dental	Vision
Employee Only	\$80.23	\$42.41	\$3.74	\$1.28
Employee + Spouse	\$339.43	\$189.39	\$16.41	\$2.56
Employee + Child(ren)	\$209.74	\$128.08	\$23.84	\$2.92
Employee + Family	\$587.73	\$265.38	\$39.97	\$4.31

You receive paychecks on a bi-weekly basis (26 pay periods). In order to calculate your monthly cost, multiply the rate by 26 and divide by 12.

Monthly Cost for Voluntary Life and AD&D Insurance

(per \$1,000 of coverage)

Employee Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$0.070	\$0.070	\$0.130	\$0.150	\$0.180	\$0.290	\$0.490	\$0.830	\$1.250	\$1.770	\$3.140	\$3.140
Spouse	\$0.070	\$0.070	\$0.130	\$0.150	\$0.180	\$0.290	\$0.490	\$0.830	\$1.250	\$1.770	\$3.140	\$3.140
Child(ren)	\$0.100											

When an employee or spouse reaches the next age band, the new rate will take effect the 1st of the month following the date of change.

Note: Your life and AD&D benefits will reduce by 35% at age 65, 25% at age 70, 15% at age 75, Terminate at retirement.

Example: Alex is 37 and elects employee only Voluntary Life and AD&D coverage of \$100,000. His monthly cost will be \$0.18 per \$1,000 of coverage, so \$18 total (0.18×100).



Evidence of Insurability (EOI) for Life Insurance

If you are newly eligible and elect an amount that exceeds the Guaranteed Issue amount of \$150,000, you will need to complete an Evidence of Insurability (EOI) form. If you elect up to the Guaranteed Issue amount when you are newly eligible, then no EOI is required. During each annual enrollment period, you may increase your voluntary life election to a maximum of \$50,000 in total coverage without being subject to EOI (as long as you already have existing coverage). At all times electing amounts over the Guaranteed Issue will require EOI.

Retirement Savings Plan

Please note: Employees will be automatically enrolled in 401(k) unless Fidelity is contacted directly to unenroll.

Why should I save money in a 401(k)?

Perhaps you'd rather spend your money on things that are more fun than saving for retirement, but be aware, spending now could mean you'll pay for it later. Putting a little money away each paycheck can really add up so you can enjoy retirement. There are other advantages to contributing to your 401(k):

Tax Savings: If you choose pre-tax contributions, you're saving money that doesn't have taxes taken out of it from the beginning, giving you more dollars to work with when investing and growing your savings plan. Plus, it helps now by lowering the amount of current income taxes you pay.

Convenience: You set your contributions and then they are automatically transferred from your paycheck. At least that's one less thing you have to remember to do!

Portability: You can take this account and add in savings from a previous employer, or if you leave the company you can take your vested account balance dollars with you.

Investment Options: You may contribute on a pre-tax basis as well as on after-tax basis if you choose a Roth 401(k). You can choose investment options that range from more conservative to aggressive, making it easy for you to develop a well-diversified investment portfolio. Target date funds are based on your anticipated retirement date and become more conservative as participants get closer to their retirement age.

Tramontina offers a 401(k) plan with a generous employer match and wide variety of investment options to help you prepare for retirement. Upon hire, employees will be automatically enrolled into the plan at 4% unless they elect to decline participation.

Your Contributions

You can contribute up to 100% of your salary up to the IRS annual maximum, which is \$23,500 in 2025. If you are older than 50, you can contribute an additional \$7,500 per year.

The Company Contributions

Tramontina offers a discretionary match of 50% of your contributions. Beginning in 2025 you will be able to receive the company match on all of your contributions.

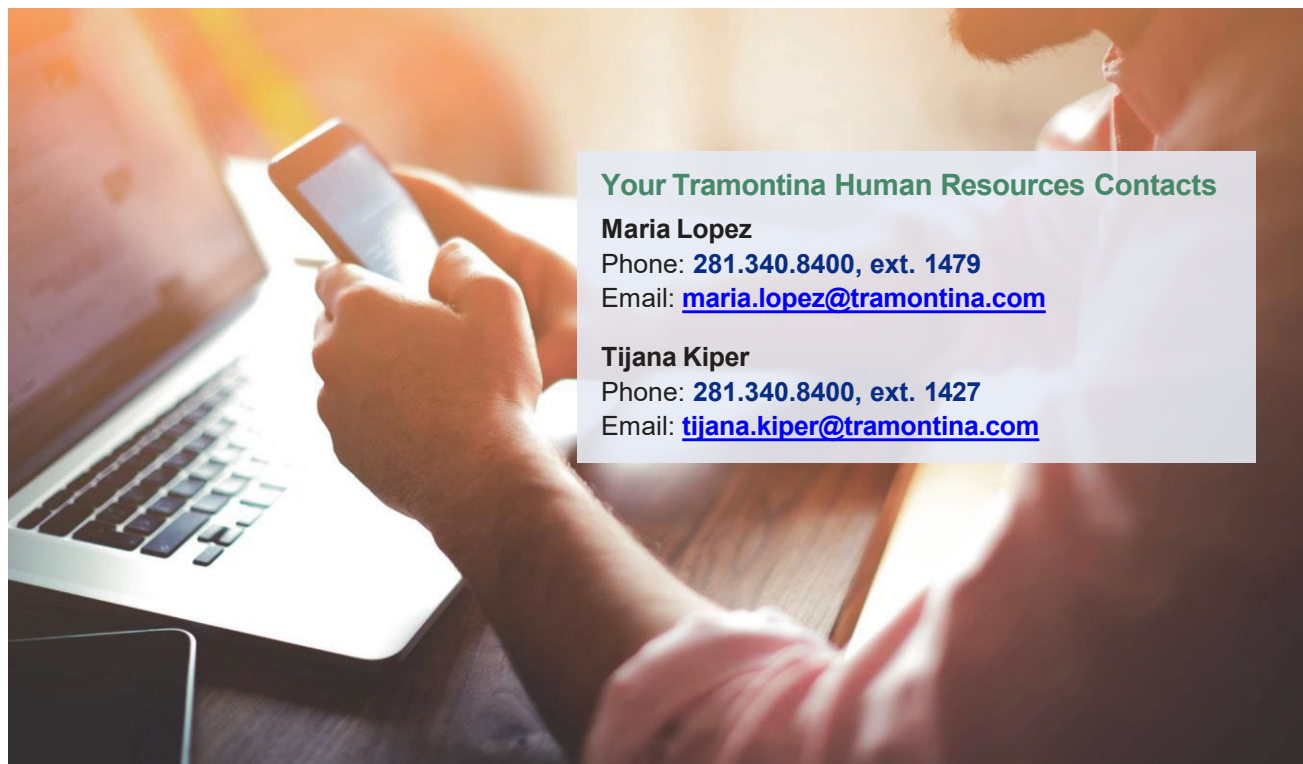
Vesting

"Vested" is a term used to determine how much of your 401(k) funds you can take with you when you leave your company. While all the money you personally contributed to your 401(k) is yours and will go with you if you leave the company, the contributions Tramontina makes to your 401(k), and any earnings they generate are vested as follows:

Years of Service	Vesting Percentage
Less Than One	0%
One Year	20%
Two Years	40%
Three Years	60%
Four Years	80%
Five Years	100%

Contact Information

Benefit	Vendor	Policy #	Phone	Website
Medical/Rx	Cigna	3343969	800.244.6224	myCigna.com
Dental	Humana	TBD	866.427.7478	Humana.com/findadentist
Vision	Humana	TBD	877.398.2980	Humana.com/find-care
Life, AD&D and Disability	Lincoln Financial	TBD	800.487.1485	Lfg.com
Accident, Critical Illness and Hospital Indemnity	Lincoln Financial	TBD	800.487.1485	Lfg.com
Life Assistance Program	Lincoln Financial	N/A	888.628.4824	guidanceresources.com
401(k) Retirement	Fidelity Investments	N/A	800.835.5097	www.401k.com



Legal Notices

Patient Protections Disclosure

The Tramontina Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Cigna at 800.244.6224 or myCigna.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Cigna at 800.244.6224 or myCigna.com.

Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Buy Up Plan (Individual: 20% coinsurance and \$1,250 deductible; Family: 20% coinsurance and \$2,500 deductible)

Plan 2: Core Plan (Individual: 30% coinsurance and \$2,500 deductible; Family: 30% coinsurance and \$5,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 281.340.8400, ext. 1479 or maria.lopez@tramontina.com.

Newborns' and Mothers' Health Protection 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Fixed Indemnity Policy Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

The payment you get isn't based on the size of your medical bill.

There might be a limit on how much this policy will pay each year.

This policy isn't a substitute for comprehensive health insurance.

Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.

To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance

Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."

If you have this policy through your job, or a family member's job, contact the employer

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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – 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	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)	KANSAS – Medicaid
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – 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)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	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/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Tramontina is committed to the privacy of your health information. The administrators of the Tramontina Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by Maria Lopez - Sr. Human Resources Business Partner at 281.340.8400, ext. 1479 or maria.lopez@tramontina.com.

HIPAA Special Enrollment Rights

Tramontina Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Tramontina Health Plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Maria Lopez - Sr. Human Resources Business Partner at 281.340.8400, ext. 1479 or maria.lopez@tramontina.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

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

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 to 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 (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, your current Tramontina coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Tramontina 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 Tramontina 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 Tramontina 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:	January 01, 2025
Name of Entity/Sender:	Tramontina
Contact:	Maria Lopez - Sr. Human Resources Business Partner
Address:	12955 W Airport Blvd Sugar Land, Texas 77478-6119 United States
Phone Number:	281.340.8400, ext. 1479

Notes

This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting