2023 Annual Enrollment Benefits Summary

Agilify

Gallagher

Insurance | Risk Management | Consulting

January 01, 2023

Contents

This document is an outline of the coverage proposed by in-force carriers based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

- Eligibility & Enrollment 3
- Medical 4-7
- Dental 9
- Vision 10
- Voluntary Life and AD&D 11
- Disability Benefits 12
- Disability Calculation Table 13
- Aflac 14 - 19
- 401(k) 20
- Contacts 21
- Legal Notices & Disclosures 22

This publication highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modification and should be kept with your most recent Summary Plan Descriptions.

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 29 where Notice of Creditable Coverage and/or Notice of Noncreditable Coverage begin for more details.

Eligibility & Enrollment

Who is Eligible?

Agilify, LLC full-time employees, spouses and dependents to age 26 are eligible for benefits.

When to Enroll

The open enrollment period runs from November 30th through December 10th. The benefits you elect during open enrollment will be effective from January 01, 2023 through December 31, 2023.

The coverage effective date for eligible new hires is first of the month after 30 days of full time employment..

How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Once you have made your elections, you will not be able to change them until the next annual enrollment period unless you experience a qualifying event.

How to Make Changes

Qualifying events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. You have 30 days from a qualifying event to make changes.

However, if you lose eligibility for Medicaid/CHIP, you have 60 days from that qualifying event to make changes.

Medical and Prescription Drugs

Administered by Blue Cross and Blue Shield of Louisiana

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way, especially in health care. Routine exams and regular preventive care provide an inexpensive evaluation of your health.

	Blue Saver 90/70 $3300	
	In-Network	Out-of-Network
Annual Deductible (individual / family)	$3,300 / $6,600	$6,600 / $13,200
Annual Out of Pocket Maximum (individual / family)	$7,050 / $14,100	$14,100 / $28,200
Member Co-insurance	10%	30%
Doctor's Office		
Wellness Visit	Covered 100%	30%
Primary Care Office Visit	10% After Deductible	30% After Deductible
Specialist Office Visit	10% After Deductible	30% After Deductible
Urgent Care	10% After Deductible	30% After Deductible
Hospital Services		
Emergency Room	10% After Deductible	
Inpatient Services	10% After Deductible	30% After Deductible
Outpatient Services	10% After Deductible	30% After Deductible
Pediatric Dental & Vision Routine eye exam & hardware and diagnostic & preventive dental are covered at 100% in-network		
Prescription		
Tier 1 Drugs	10% After Deductible	10% After Deductible
Tier 2 Drugs	30% After Deductible	30% After Deductible

What is an HSA and how does it save money?

If you enroll in coverage in the Blue Saver High Deductible Health Plan (HDHP), you are eligible to contribute to a Health Savings Account (HSA).

What is an HSA?	**A HSA is a tax-free account you can use to pay for current and future medical expenses (even during your retirement).** **A HSA has triple tax benefits:** **1. The money goes in tax-free.** **2. The money grows tax-free.** **3. Your withdrawals for qualified medical expenses—including any earnings—are tax free.**
Who is eligible?	You're eligible to open a HSA if: 1. You enroll in a high-deductible health plan. 2. Your only coverage is a high deductible health plan, and you have not signed up for Medicare coverage. Note: If you are covered under your spouse's plan and that plan is not a high-deductible plan, or your spouse contributes to a Health Care FSA, you are not eligible to contribute to a HSA.
You can contribute to your account	You decide how much you want to contribute up to: 1. $3,850 if you enroll in employee only medical coverage. 2. $7,750 if you enroll in family medical coverage (family includes one or more covered). 3. $1,000 additional if you are age 55 or older. You are not required to make HSA contributions, though it is good practice because of tax savings and to help pay for medical expenses. You can contribute to HSA with pre-tax payroll deductions.
Pay Health Care Expenses	Each time you have a qualified expense, you decide whether to: Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g. during retirement). OR Use your HSA to pay for eligible medical expenses, such as your annual deductible and co-insurance. Your HSA can also help pay for dental care, vision care, and prescription drugs. (For a complete list of eligible expenses, visit www.irs.gov to review Publication 502.)
Roll over your balance, or take it with you	Money you don't spend rolls over from year to year. If you change jobs, switch to another medical plan or even retire, your HSA and the money in it is still yours to keep and spend on eligible expenses in the future.

Medical and Prescription Drugs

Administered by Blue Cross and Blue Shield of Louisiana

	Group Care Copay 80/60 $3000	
	In-Network	Out-of-Network
Annual Deductible (individual / family)	$3,000 / $9,000	$6,000 / $18,000
Annual Out of Pocket Maximum (individual / family)	$9,000 / $18,000	$18,000 / $36,000
Member Co-insurance	20%	40%
Doctor's Office		
Wellness Visit	Covered 100%	40%
Primary Care Office Visit	$40 Co-pay	40% After Deductible
Specialist Office Visit	$55 Co-pay	40% After Deductible
Urgent Care	$55 Co-pay	40% After Deductible
Hospital Services		
Emergency Room	20% After Deductible	
Inpatient Services	20% After Deductible	40% After Deductible
Outpatient Services	20% After Deductible	40% After Deductible
Pediatric Dental & Vision Routine eye exam & hardware and diagnostic & preventive dental are covered at 100% in-network		
Prescription		
Tier 1	$15 Co-pay	
Tier 2	$40 Co-pay	
Tier 3	$70 Co-pay	
Tier 4	10% up to $150 max	

Your BI-Monthly Medical Premium Share

Agilify LLC contributes 65% of the total employee only premium

Attained	Copay	
Age	Employee	Dependent
0-14	$55.51	$158.60
15	$60.44	$172.70
16	$62.33	$178.09
17	$64.22	$183.48
18	$66.25	$189.28
19	$68.28	$195.09
20	$70.38	$201.10
21-24	$72.56	$207.32
25	$72.85	$208.15
26	$74.30	$212.29
27	$76.04	$217.27
28	$78.87	$225.35
29	$81.19	$231.99
30	$82.36	$235.31
31	$84.10	$240.28
32	$85.84	$245.26
33	$86.93	$248.37
34	$88.09	$251.68
35	$88.67	$253.34
36	$89.25	$255.00
37	$89.83	$256.66
38	$90.41	$258.32
39	$91.57	$261.63
40	$92.73	$264.95
41	$94.47	$269.93
42	$96.14	$274.69
43	$98.46	$281.33
44	$101.37	$289.62
45	$104.78	$299.37
46	$108.84	$310.98
47	$113.41	$324.04
48	$118.64	$338.96
49	$123.79	$353.68
50	$129.59	$370.27
51	$135.32	$386.64
52	$141.64	$404.68
53	$148.02	$422.93
54	$154.92	$442.62
55	$161.81	$462.31
56	$169.28	$483.67
57	$176.83	$505.23
58	$184.88	$528.24
59	$188.87	$539.64
60	$196.93	$562.66
61	$203.89	$582.56
62	$208.47	$595.62
63	$214.20	$612.00
64 +	$217.68	$621.95

Attained	Blue Saver	
Age	Employee	Dependent
0-14	$50.33	$143.80
15	$54.80	$156.58
16	$56.51	$161.47
17	$58.22	$166.36
18	$60.07	$171.62
19	$61.91	$176.88
20	$63.82	$182.33
21-24	$65.79	$187.97
25	$66.05	$188.72
26	$67.37	$192.48
27	$68.95	$197.00
28	$71.51	$204.33
29	$73.62	$210.34
30	$74.67	$213.35
31	$76.25	$217.86
32	$77.83	$222.37
33	$78.82	$225.19
34	$79.87	$228.20
35	$80.40	$229.70
36	$80.92	$231.21
37	$81.45	$232.71
38	$81.97	$234.21
39	$83.03	$237.22
40	$84.08	$240.23
41	$85.66	$244.74
42	$87.17	$249.06
43	$89.28	$255.08
44	$91.91	$262.60
45	$95.00	$271.43
46	$98.68	$281.96
47	$102.83	$293.80
48	$107.57	$307.33
49	$112.24	$320.68
50	$117.50	$335.72
51	$122.70	$350.57
52	$128.42	$366.92
53	$134.21	$383.46
54	$140.46	$401.32
55	$146.71	$419.18
56	$153.49	$438.54
57	$160.33	$458.09
58	$167.63	$478.95
59	$171.25	$489.29
60	$178.55	$510.15
61	$184.87	$528.20
62	$189.01	$540.04
63	$194.21	$554.89
64 +	$197.37	$563.91

USE YOUR DIGITAL ID CARD

when you need to see a doctor!

Louisiana

If you do need to see a doctor in person, you now have the option to present a digital ID card. You can access your ID card from your mobile device and online through the member portal. You'll need to have an online account to access your digital ID card. If you don't have an online account, register today at **www.bcbsla.com/login**.

- **From the BCBSLA mobile app**, first make sure you have the latest update of the app. Once you log in, click **My ID Card** to see the ID cards available to you.
- **From the Blue Cross member portal**, log into your online account at bcbsla.com. You'll see My ID Card with a dropdown menu of the ID cards available for viewing. You can save these as PDF files.

Front

HMO Louisiana Community Blue

Member Name
JON DOE
Member ID
XUP000111222

MEDICAL BENEFITS

Grp/Subgroup	AA000ABC/1234
RxMbr ID	000111222
RxBIN	001122 ABCDEFGHI1
RxGrp	OGB
BC PLAN 000 **BS PLAN** 000	

Deductible	$1200
Physician/Office Co-Pay	$25
Specialty Co-Pay	$50

04100 01320 1118R

Back

Louisiana

Hospitals and Physicians: File claims with your local Blue Cross and/or Blue Shield Plan.
Vision: File claims with Davis Vision
Dental: File claims with United Concordia
File Medicare primary claims with Medicare.

www.bcbsla.com

Customer Service	800-495-2583
Find a Provider	800-810-2583
Authorizations	800-523-6435
Dental Questions	866-445-5338
Pharmacy Questions	866-781-7533

Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

An independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.
Printed: 07/29/2019

EXPRESS SCRIPTS® **Pharmacy Benefits Administrator**

If you or your dependents need to visit a doctor in person, please consider using your digital ID card instead of your plastic ID card. Digital ID cards are currently available for medical policies only.

Blue Cross and Blue Shield of Louisiana is here to help. Please visit our website at **www.bcbsla.com/covid19** for ongoing updates.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

Dental Benefits

Administered by Sun Life Insurance Company

Good oral care enhances overall physical health and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the dental benefit plan.

	Dental PPO	
	In-Network	Out-of-Network
Annual Deductible	$50 / $150	
Annual Benefit Maximum	$1,000	
Preventative		
Routine Exams & Cleanings, X-rays – Bitewing & Full Mouth Survey, Sealants, Space Maintainers	0%	0%
Basic		
Filings, - Simple & Complex, Amalgam, Composite and Silicate Restorations	20% After Deductible	20% After Deductible
Major		
General Anesthesia, Oral Surgery - Simple & Complex, Crowns, Inlays, Onlays, Bridges, Dentures, Periodontics - Surgical & Non-Surgical, Endodontics (root canal therapy)	50% After Deductible	50% After Deductible

Dental Bi-Monthly Rates	
Employee	$12.38
Employee + Spouse	$24.80
Employee + Child(ren)	$34.43
Family	$46.84

Vision Benefits

Administered by Sunlife Life Insurance Company

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages.

	VSP Choice Network	
	In-Network	Out-of-Network
Eye Exam	$10 Copay	$45 Allowance
Prescription Lenses		
Single Vision	$25 Copay	$30 Allowance
Lined Bifocal	$25 Copay	$50 Allowance
Lined Trifocal	$25 Copay	$60 Allowance
Lenticular	$25 Copay	$100 Allowance
Frames		
Frames	$130 allowance & 20% off amount over allowance	$70 Allowance
Contact Lenses (in lieu of frames & lenses)		
Elective Contacts	Exam: Up to $60 Contacts: $130 allowance	$105 Allowance
Necessary Contacts	$25 Co-pay	$210 Allowance
Frequency		
Exam / Lenses / Frames / Contacts	12 / 12 / 24 / 12 Months	

Vision Bi-Monthly Rates	
Employee	$3.42
Employee + Spouse	$6.83
Employee + Child(ren)	$7.51
Family	$10.93

Voluntary Life and AD&D Benefits

Administered by MetLife Insurance Company

As an added benefit, Agilify, LLC offers employees the option of purchasing supplemental life and accidental death and dismemberment (AD&D) coverage, paid for through payroll deductions.

Voluntary Life and Accidental Death & Dismemberment	
Benefit Amount	
Employee Life and AD&D	5 times your annual salary up to $500,000 Maximum ($10,000 increments)
Spouse Life and AD&D	Must not exceed 50% of Employee Benefit $100,000 Maximum ($5,000 increments) -
Child(ren) Life	$10,000; $1,000 under 6 months
Guarantee Issue	
Employee	$50,000 (under age 70), $10,000 (age 70+)
Spouse	$25,000 (under age 70), $10,000 (age 70+)

Voluntary Life and AD&D per $1,000	
Age Band	**Employee/Spouse**
0 - 29	$0.072
30 - 34	$0.096
35 - 39	$0.108
40 - 44	$0.139
45 - 49	$0.220
50 - 54	$0.355
55 - 59	$0.544
60 - 64	$0.844
65 - 69	$1.524
70+	$2.684
AD&D Rate	$0.017
Child Rate	$0.291

Short Term & Long Term Disability Benefits

Agilify, LLC provides employees the opportunity to elect **Short Term Disability** and **Long Term Disability** coverage for those unexpected situations that may keep you from performing the daily responsibilities of your job. Short term and long term disability plans are available to help supplement your income when you are not able to continue employment for a certain period of time.

Short-Term Disability

You will need to satisfy a **7 day elimination period** for Injury or Illness before short term disability benefits would begin. This elimination period can be satisfied with days of partial disability, total disability, or a combination of both. If you are totally disabled beyond the elimination period due to a covered injury or illness, you will be eligible to receive a **weekly benefit equal to 60% of your pre-disability earnings, up to $1,500 per week**.

Long-Term Disability

You will need to satisfy a **90 day elimination period** for Injury or Illness before long term disability benefits would begin. This elimination period can be satisfied with days of partial disability, total disability, or a combination of both. If you are totally disabled beyond the elimination period due to a covered injury or illness, you will be eligible to receive a **monthly benefit equal to 60% of your pre-disability earnings, up to $6,000 per month.**

Refer to the MetLife Insurance Company plan documents for a complete description of this plan including maximum benefit payment periods, rehabilitation incentive benefits, pre-existing condition limitations and additional plan provisions.

VOLUNTARY SHORT TERM DISABILITY

Employee Short Term Disability Rates (per $10 of benefit)	
Age Band	Monthly Rate
<25	$0.036
25 – 29	$0.036
30 – 34	$0.260
35 – 39	$0.206
40 – 44	$0.241
45 – 49	$0.357
50 – 54	$0.534
55 – 59	$0.706
60 – 64	$0.556
65 +	$0.454

VOLUNTARY LONG TERM DISABILITY

Employee Long Term Disability Rates (per $100 of benefit)	
Age Band	Monthly Rate
0 – 24	$0.151
25 – 29	$0.151
30 – 34	$0.323
35 – 39	$0.323
40 – 44	$0.443
45 – 49	$0.602
50 – 54	$0.806
55 – 59	$0.920
60 – 64	$0.719
65 +	$0.270

MetLife | Disability

Disability Contribution Worksheet

This worksheet is designed to assist you in determining your monthly contribution amount for group Long Term Disability (LTD) and Short Term Disability (STD) insurance.

Long Term Disability

Step 1 Your gross annual salary is $ _____ (Gross Annual Salary)

Step 2 Calculate your gross monthly salary:

$ _____ (Gross Annual Salary) divided by 12 = $ 0.00 (Gross Monthly Salary)

Step 3 Calculate your monthly contribution amount:

$ _____ (Use Gross Monthly Salary total from line above or Covered Monthly Earnings (CME)*, whichever amount is less) divided by $100 = $ 0.00

$ 0.00 (Total from line above) multiplied by _____ (Rate) = $ 0.00 (Monthly Contribution Amount)

Your LTD Monthly Contribution Amount: $ 0.00**

Benefit Max divided by Benefit Percentage = CME
Please see the group benefit summary for your benefit max.

Example:
If you have a 5,000 (benefit max) divided by 60% (Benefit Percentage) = $8,333.33 (CME), and:

- *Your Gross Annual Salary is $120,000, then:*
  $120,000 (Gross Annual Salary) divided by 12 = $10,000 (Gross Monthly Salary)
  $10,000 (Gross Monthly Salary) is greater than CME ($8,333.33), so you'd use CME amount
  $8,333.33 (CME) divided by $100 = $83.33$83.33 multiplied by [RATE] = Your Monthly Contribution
- *Your Gross Annual Salary is $36,000, then:*
  $36,000 (Gross Annual Salary) divided by 12 = $3,000 (Gross Monthly Salary)
  $3,000 (Gross Monthly Salary) divided by $100 = $30
  $30 multiplied by [RATE] = Your Monthly Contribution

Short Term Disability

Step 1 Your gross annual salary is $ _____ (Gross Annual Salary)

Step 2 Calculate your gross weekly salary:

$ _____ (Gross Annual Salary) divided by 52 = $ 0.00 (Gross Weekly Salary)

Step 3 Calculate your weekly benefit amount:

$ 0.00 (Gross Weekly Salary) multiplied by _____ (Benefit Percentage) % = $ 0.00 (Weekly Benefit)

Step 4 Calculate your monthly contribution amount:

$ _____ (Use Weekly Benefit total from line above or Plan Max, whichever amount is less) divided by 10, multiplied by _____ (Rate) = $ 0.00 (Monthly Contribution Amount)

Your STD Monthly Contribution Amount: $ 0.00**

Your Total (LTD + STD) Contribution Amount**	Bi-weekly	Monthly
	$ 0.00	$ 0.00

Due to rounding, your actual payroll deduction may vary slightly

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
© 2019 MetLife Services and Solutions, LLC

AFLAC ACCIDENT ADVANTAGE

ACCIDENT-ONLY INSURANCE – OPTION 3

Policy Series A36000

AA3

for Life's Unexpected Mishaps

Accidents can happen at any time. You could suffer an accidental injury **Be Prepared** while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.

The facts say you need the protection of the Aflac Accident Advantage insurance policy:

FACT NO. 1

ABOUT **1** OUT OF **8**

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.[1]

FACT NO. 2

$5,500

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.[1]

[1] *Injury Facts*, 2014 Edition, National Safety Council.

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE – OPTION 2

Policy Series B70000

C²

Aflac Cancer Protection Assurance: real coverage when you need it most.

Cancer treatment is changing—and Aflac is proud to be changing with it. Thanks to advances in science and treatment, more and more Americans today are living with cancer.[1] Aflac Cancer Protection Assurance helps cover these innovative treatments with benefits that really care for you as a whole person.

From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.[2]

CANCER STATS YOU NEED TO KNOW

FACT NO. 1

MEN HAVE A SLIGHTLY LESS THAN **1 IN 2**

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.[3]

FACT NO. 2

WOMEN HAVE A SLIGHTLY MORE THAN **1 IN 3**

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES.[3]

Of course, four-in-four hope they'll never get it. But for many—and for certain types of cancer—advances in science and treatment have transformed cancer into an illness that can be managed over a lifetime. **In fact: 89% of women who are diagnosed with breast cancer will survive it and 98% of men who develop prostate cancer will live with it for five years—or more.**[4] Some cancer patients, even with insurance, spend about a third of their household income on out-of-pocket health care costs outside of insurance premiums.[5]

[1]Progress Against Cancer – 2019 Annual Plan, National Cancer Institute. https://www.cancer.gov/about-nci/budget/plan/progress. Accessed: November 13, 2017. [2]Coverage remains in force as long as premiums are paid. [3]Cancer Facts & Figures 2017, American Cancer Society. [4]National Cancer Institute, Surveillance, Epidemiology and End Results (SEER) Program. See:https://seer.cancer.gov/statfacts/html/breast.html and https://seer.cancer.gov/statfacts/html/prost.html. SEER Cancer Statistics Review, 1975-2014, National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2014/, based on November 2016 SEER data submission, posted to the SEER web site, April 2017. Accessed: December 13, 2017. [5]Widowed Early, A Cancer Doctor Writes About the Harm of Medical Debt, NPR, August, 10 2018. https://www.npr.org/sections/health-shots/2017/08/10/542589232/widowed-early-a-cancer-doctor-writes-about-the-harm-of-medical-debt. Accessed: December 14, 2017.

AFLAC CRITICAL CARE PROTECTION

SPECIFIED HEALTH EVENT INSURANCE – OPTION 3

Policy Series A74000

CCP3

Critical care for you. Added financial protection for your family.

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, intensive care unit confinement, ambulance, transportation, lodging, and therapy. Benefits are also paid for specific heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation, and pacemaker placement.

All benefits are paid directly to you, unless otherwise assigned, and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments, or utility bills. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.

Get the facts:

FACT NO. 1

ABOUT EVERY **34** SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.[1]

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.[1]

[1] *Heart Disease and Stroke Statistics,* 2014 Update, American Heart Association.

Aflac herein means American Family Life Assurance Company of Columbus.

AFLAC CHOICE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000

HC

Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.
- We pay cash directly to you (unless you tell us otherwise)—not the doctor or hospital.

Aflac herein means American Family Life Assurance Company of Columbus.

Agilify
Rate sheet prepared by Web User on 11/22/2022 3:34:28 PM.
Louisiana Payroll Premium rates are Semi-Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	Total
18-75	**INDIVIDUAL**	$16.75	$2.98	$19.73
18-75	**INSURED/SPOUSE**	$28.82	$7.03	$35.85
18-75	**ONE-PARENT FAMILY**	$16.75	$2.98	$19.73
18-75	**TWO-PARENT FAMILY**	$28.82	$7.03	$35.85

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000

		Premium	Total
18-75	INDIVIDUAL	$13.46	$13.46
18-75	NAMED INSURED/SPOUSE	$17.94	$17.94
18-75	ONE-PARENT FAMILY	$20.87	$20.87
18-75	TWO-PARENT FAMILY	$26.26	$26.26

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

		Premium	Total
18-49	INDIVIDUAL	$13.78	$13.78
50-59		$14.04	$14.04
60-75		$14.50	$14.50
18-49	INSURED/SPOUSE	$19.57	$19.57
50-59		$20.67	$20.67
60-75		$22.10	$22.10
18-49	ONE-PARENT FAMILY	$17.49	$17.49
50-59		$17.81	$17.81
60-75		$18.07	$18.07
18-49	TWO-PARENT FAMILY	$20.74	$20.74
50-59		$20.93	$20.93
60-75		$22.36	$22.36

Agilify

Rate sheet prepared by Web User on 11/22/2022 3:34:28 PM.
Louisiana Payroll Premium rates are Semi-Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CRITICAL CARE PROTECTION POLICY - Series A74300

Individual

Age	Premium	Total
18-35	$8.91	$8.91
36-45	$12.94	$12.94
46-55	$19.11	$19.11
56-70	$26.52	$26.52

One Parent Family

Age	Premium	Total
18-35	$15.15	$15.15
36-45	$17.88	$17.88
46-55	$23.47	$23.47
56-70	$34.00	$34.00

Insured/Spouse

Age	Premium	Total
18-35	$17.10	$17.10
36-45	$23.40	$23.40
46-55	$35.95	$35.95
56-70	$51.29	$51.29

Two Parent Family

Age	Premium	Total
18-35	$19.37	$19.37
36-45	$25.42	$25.42
46-55	$38.09	$38.09
56-70	$54.93	$54.93

RSG RETIREMENT STRATEGIES GROUP

Agilify 401(k) Plan
Plan Highlights

ELIGIBILITY REQUIREMENTS

- 3 months
- Age: 21
- Waiver: all employed on 3/1/2020 (service and age)

ENTRY DATES

- Monthly

EMPLOYEE CONTRIBUTIONS

- 401(k) Pre-tax Deferrals
- Roth Deferrals
- Rollovers

EMPLOYER CONTRIBUTIONS

- Employer Match: Rigid Discretionary (50% of deferrals up to 6% of compensation)
    - 5 year graded vesting schedule (1-20%, 2-40%, 3-60%, 4-80%, 5-100%)

ANNUAL CENSUS REQUEST

- Request sent out end of December or early January
- We need census information on every person that receives a W2 during the year
- For owners, we need Schedule C income or K-1 income (partnerships and sole proprietors only): not applicable at this time
- RSG will prepare required annual compliance testing
- RSG will prepare required annual Form 5500

DISTRIBUTIONS

- In-service: allowed at age 59 ½ from all accounts that are 100% vested
- Termination of Employment, Disability, Death

PARTICIPANT SPD AND NOTICES

- Enrollment Booklets/Materials: furnished by RSG and required for all participants who meet eligibility
- Summary Plan Description (SPD): furnished by RSG and required for all participants who meet eligibility
- QDIA Notice: prepared by RSG and sent to plan sponsor annually (if your plan has a Qualified Default Investment Alternative)
- Participant Fee Disclosure: prepared by RSG and sent to plan sponsor annually

Contact Information

If you have specific questions about a benefit plan, please refer to the contact listed below:

Benefit	Contact	Phone	Website
Medical	Blue Cross and Blue Shield of Louisiana	800-495-2583	www.bcbsla.com
Dental & Vison	Sun Life Insurance Company	800-SUN-LIFE	www.sunlife.com
Voluntary Life + AD&D	MetLife Insurance Company	800-300-4296	www.metlife.com
STD & LTD	Principal Life Insurance Company	800-300-4296	www.metlife.com
Accident, Cancer, Critical Illness, Hospital Indemnity	Aflac Andrew Vogelaar	504-407-0613 Andrew_vogelaar@us.Aflac.com	Aflac.com
401K	Retirement Strategies Group Tommy Besselman	225-214-4210 tbesselman@centura-advisors.com	rsgweb.com

Name	Role	Company	Phone	Email
Dianna Brignac	Account Manager	Gallagher	225-906-0171	dianna_brignac@ajg.com.com

Annual Notices & Disclosures

	Page
Women's Health & Cancer Rights Act	23
Newborns' and Mothers' Health Protection Act	23
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	24
HIPAA Notice of Privacy Practices Reminder	27
HIPAA Special Enrollment Rights	27
Notice of Creditable Coverage	29

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 states 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:

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the Blue Saver 90/70 $3200 and Group Care Copay 70/50 $750C plans.

If you would like more information on WHCRA benefits, please call your Plan Administrator Lauren Carballo at laurenc@agilifyus.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).

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 payfor 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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid	VERMONT – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
RHODE ISLAND – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	**WASHINGTON – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH DAKOTA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
TEXAS – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	**WYOMING – Medicaid**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	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, 2020, 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 20230 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Agilify, LLC is committed to the privacy of your health information. The administrators of the Blue Saver 90/70 $3300 and Group Care Copay 80/60 $3000 (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 contacting Lauren Carballo at laurenc@agilifyus.com.

HIPAA Special Enrollment Rights

Blue Saver 90/70 $3300 and Group Care Copay 80/60 $3000 Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Blue Saver 90/70 $3300 and Group Care Copay 80/60 $3000 (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 Lauren Carballo at laurenc@agilifyus.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete a 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 Agilify, LLC

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 Agilify, LLC 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. **Agilify, LLC 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 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, your current Agilify, LLC coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Agilify, LLC, coverage, be aware that you and your dependents will 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 Bascom Hunter Technologies, Inc. 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 Agilify, LLC 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:	**01/01/2023**
Name of Entity/Sender:	**Agilify, LLC**
Contact—Position/Office:	**Jeremy Starns**
Office Address:	**7117 Florida Blvd, Baton Rouge. 70806**
Phone Number:	**800-557-1719**

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out- of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.