

Employee Benefits Package

2024 Plan Year

Harmonia Holdings Group



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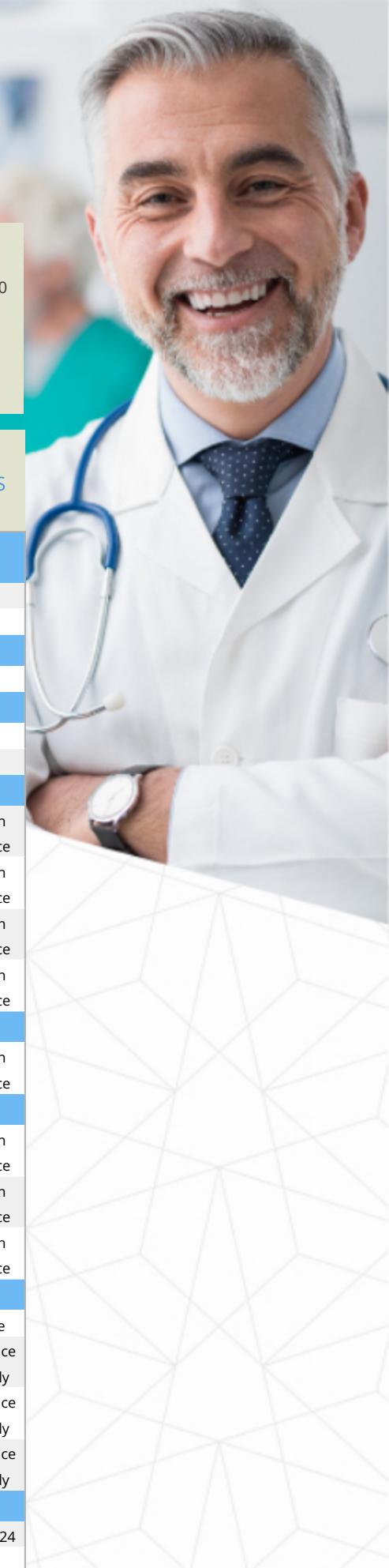


Medical Insurance

Plan Explanation

You and your family are eligible for Medical Coverage through Meritain Health Insurance if you work an average of 30 hours per week. Coverage of dependents is included up to age 26, regardless of dependency status. No pre-existing medical conditions apply to any new or renewing plans and preventive services are covered at 100% in all plans to encourage proactive, preventive care. Plan year is from January 1 through December 31.

		Meritain Health an Aetna Company \$1,000 Traditional POS		Meritain Health an Aetna Company \$2,500 HSA POS	
DEDUCTIBLE		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Single		\$1,000	\$2,000	\$2,500	\$5,000
Family		\$2,000	\$4,000	\$5,000	\$10,000
COINSURANCE					
Member %		None	30%	20%	40%
OUT OF POCKET MAXIMUM					
Single		\$5,000	\$10,000	\$5,000	\$10,000
Family		\$10,000	\$20,000	\$10,000	\$20,000
COMMONLY USED SERVICES					
Primary Care Physician Office Visit		\$20 copay per visit	Deductible then 30% Coinsurance	Deductible then \$20	Deductible then 40% Coinsurance
Specialist Office Visit		\$40 copay per visit	Deductible then 30% Coinsurance	Deductible then \$40	Deductible then 40% Coinsurance
Urgent Care		\$50 copay per visit	Deductible then 30% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Emergency Room		Deductible then \$150	Deductible then \$150	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
PREVENTIVE CARE					
Preventative Services		No Charge	Deductible then 30% Coinsurance	No Charge	Deductible then 40% Coinsurance
MAJOR MEDICAL EXPENSES					
Outpatient Surgery		Deductible, then No Charge	Deductible then 30% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Inpatient Hospitalization / Surgery		Deductible, then No Charge	Deductible then 30% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Labs / X-Ray		Deductible, then No Charge	Deductible then 30% Coinsurance	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
PRESCRIPTION DRUG COVERAGE					
Prescription Deductible		\$0 Deductible	\$0 Deductible	Plan Deductible	Plan Deductible
Generic drugs		\$15 Copay	\$15 Copay Balance Billing May Apply	\$15 Copay	\$15 Copay Balance Billing May Apply
Preferred brand drugs		\$35 Copay	\$35 Copay Balance Billing May Apply	\$35 copay	\$35 Copay Balance Billing May Apply
Non-Preferred brand drugs		\$60 Copay	\$60 Copay Balance Billing May Apply	\$60 copay	\$60 Copay Balance Billing May Apply
PLAN INFORMATION					
Plan Year		January 1st, 2024 - December 31st, 2024		January 1st, 2024 - December 31st, 2024	
Deductible Period		Calendar Year		Calendar Year	
Network Name		Aetna Choice POS II (Open Access)		Aetna Choice POS II (Open Access)	
Member Website		https://www.meritain.com/		https://www.meritain.com/	



**Meritain Health an Aetna
Company | \$1,000 Traditional
POS**

**Meritain Health an Aetna
Company | \$2,500 HSA POS**

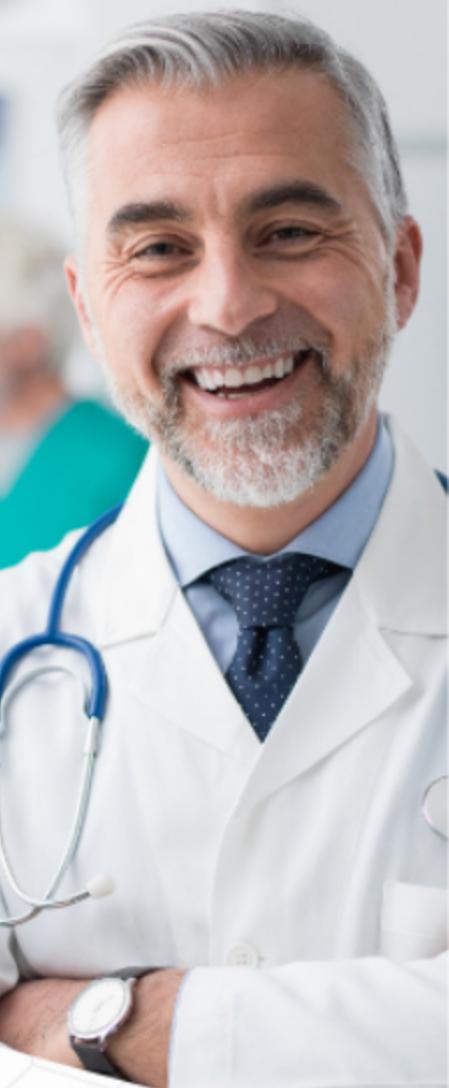
Customer Service Phone Number

800-925-2272

800-925-2272

PREMIUM PER EMPLOYEE PAYCHECK

Employee Only Wellness	\$50.00	\$12.50
Employee Only Non-Wellness	\$70.00	\$32.50
Employee + Spouse Wellness	\$387.50	\$225.00
Employee + Spouse Non-Wellness	\$447.50	\$285.00
Employee + Child(ren) Wellness	\$200.00	\$75.00
Employee + Child(ren) Non-Wellness	\$220.00	\$95.00
Family Wellness	\$575.00	\$300.00
Family Non-Wellness	\$635.00	\$360.00



Disclaimer

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Wellness Program

Plan Explanation

All employees who enroll in medical coverage will receive the wellness employee contribution listed below from January 1st to March 31st, 2024. Employees and their spouses will need to complete all of the following three activities by March 31, 2024, to be eligible for the wellness credit:

- Annual Physical: Upload an explanation of benefits to the Health Merits website.
- Complete health assessment on the Healthy Merits website.
- Activate HealthJoy: Upload proof of activation on the Healthy Merits website.

If the employee or spouse misses the March 31st deadline, their monthly cost will increase to the non-wellness rate for the rest of the benefits year.

The annual physical exam will be required once per year, no later than 13 months after the last physical. If documentation is not provided on time, they will lose the wellness credit for the remainder of the benefit plan year.

For new hires/new enrollees, the deadline to complete the wellness activities will be three months from the start date of the medical coverage.



Health Savings Account

ARE THERE ANY CONTRIBUTION LIMITS?

Yes. For 2024, if you are enrolled in employee only coverage, you can contribute up to \$4,150 during the year. For family coverage, this limit is \$8,300. If you are age 55 or above, you can contribute an extra \$1,000 per year.

HOW DO I USE IT?

Health Equity will provide you with a debit card. Use this to be for any prescriptions or doctor visits at the time of service or you can use it to pay for any bills you receive in the mail.

WHEN CAN I ENROLL IN AN HSA?

Typically, you'll enroll in an HSA during your open enrollment period when you make your annual benefit elections.

HOW DO I CONTRIBUTE?

Harmonia allows you to contribute through pre-tax payroll deductions. You can also contribute outside of payroll - be sure to talk to your tax consultant about these contributions to make sure you receive all the tax benefits available.

IS THE HSA PORTABLE?

Yes. The HSA is your personal savings account. The money in this account is yours no matter where you are employed.

WHAT ARE HSA ELIGIBLE EXPENSES?

Eligible Expenses under the HSA are called Qualified Medical Expenses (QME). These are defined in IRS Publication 502. Examples of qualified medical expenses are Deductibles, Office Visits, Prescription Drugs, Hospital bills, etc... Please note: There are penalties if you use the HSA for Non -QME's.

WHO IS ELIGIBLE FOR AN HSA?

Employees and their dependents that are enrolled in a Qualified High Deductible health plan. If an employee enrolls in medicare they are no longer eligible to contribute to the HSA.

DO I HAVE TO USE ALL FUNDS BEFORE THE END OF THE YEAR?

No - all unused funds remain in your account - just like a regular savings account.

WHAT TAX BENEFITS ARE THERE?

The goal of the HSA is to allow you to pay for medical expenses tax free. If you choose to contribute via payroll deductions, the money is taken out pre-tax. If you make contributions on your own, you will be able to deduct these amounts from your taxes for that year.

Flexible Savings Account

WHAT IS A FLEXIBLE SAVINGS ACCOUNT (FSA)?

If you work on average 30 hours per week and enroll in our high-deductible health plan you are eligible to open an HSA-compatible limited Health Care Flexible Spending Account (HCFSA), which is also offered through Health Equity. A limited HCFSA allows you to contribute up to \$3,200 per year tax-free, can only be used for eligible dental and vision expenses.

New for 2024! Harmonia will be offering a full purpose FSA for employees that are enrolled in the \$1,000 Traditional POS plan.

Harmonia requires a minimum annual contribution of \$500 for both Medical FSA and Dependent Care plans.

HOW DO I USE IT?

To submit claims and view transactions, you must create an online account using the information below.

- Create your account by registering at www.wageworks.com. Detailed instructions for applying your annual Health Care FSA contribution will be available on the site after you have registered.
- You may also choose to download the HealthEquity app to manage your Health Care FSA account.
- Your employee ID is your social security number with no dashes.
- If you choose to leave Harmonia, you have 90 days from final date of employment to submit any claims for charges incurred prior.

WHEN CAN I ACCESS THE FUNDS?

Since this is an employer owned account, you have access to all funds from the 1st day of the plan year.

MEMBER WEBSITE

www.healthequity.com/

wageworks Service

Number: 1-866-735-8195

Group Number: 52610

WHAT ARE FSA ELIGIBLE EXPENSES?

Eligible Expenses under the FSA are called Qualified Medical Expenses (QME). These are defined in IRS Publication 502. Examples of qualified medical expenses are Deductibles, Office Visits, Prescription Drugs, Hospital bills, Dental charges, Lenses & Frames, etc...

WHEN CAN I ENROLL FOR AN FSA or DEPENDENT CARE?

Since the contributions are made via pre-tax payroll deductions you may only enroll at open enrollment or when you have a mid year qualifying event.

DEPENDENT CARE FLEXIBLE SPENDING

All full-time, salaried, exempt employees are eligible to open a Dependent Care Flexible Spending Account (DCFSA), which is also offered through Health Equity. A DCFSA allows you to contribute up to \$5,000 per year tax-free. This is a per family per year limit, so if your spouse/ domestic partner is also enrolled in a DCFSA, your combined annual elections may not exceed this \$5,000 limit.

Group Number: 52610

Commuter FSA

WHAT IS A PARKING & TRANSIT BENEFIT ACCOUNT?

A Commuter Benefit Account is an employer-sponsored spending account that allows employees to set aside pretax earnings to pay for commuter/transportation associated costs.

QUALIFIED TRANSIT PASSES

"Transit Pass" means any pass, token, fare card, voucher, or similar item that entitles you to transportation (or transportation at a reduced price), provided that such transportation is on mass transit facilities, or provided by an entity in the business of transporting persons if such transportation is provided in the type of highway vehicle eligible for use in vanpooling. Examples include bus, light rail, streetcar, subway, vanpool, or ferry. TOLLS are not included. A \$100 minimum annual election is required to participate in this benefit.

OTHER FEATURES

- No Use It or Lose It Rule: Any money you do not use from your transportation benefits account for expenses incurred during a Plan Year will be rolled over to the next year.
- You Can Make Changes to Your Election at Any Time: You are not locked into your election throughout the Plan Year. You may stop, start, increase, or decrease your election as needed.
- The Parking & Transit Flexible Spending Account is not a pre-funded account. Harmonia will deduct pre-tax money from your paycheck and deposit it into your account. You will be reimbursed only up to your account balance at the time you submit your claim, and you will be automatically reimbursed as additional deductions are taken and deposited into your account until your entire claim is paid out

WHEN CAN I ENROLL?

You can enroll at any time during the year.

HOW DO I CONTRIBUTE?

You contribute through pre-tax payroll deductions.

ARE THERE ANY CONTRIBUTION LIMITS?

The 2024 monthly pre-tax contribution limit is \$315 for Transit and \$315 for parking.

QUALIFIED PARKING

Qualified parking is that which is provided to you at or near Harmonia's business premises. It also includes parking at or near a location from which you travel to work by mass transit, vanpooling, in a commuter highway vehicle, or by carpool. Parking at or near your home doesn't qualify. A \$100 minimum annual election is required to participate in this benefit.

USING YOUR PARKING & TRANSIT FSA

To submit claims and view transactions, you must create an online account using the information below.

- Create your account by registering at www.wageworks.com. Detailed instructions for choosing your Parking & Transit FSA contribution will be available on the site after you have registered.
- Once you have created your account, the HR team will apply your semi-monthly deduction amount to your payroll account.
- You may also choose to download the HealthEquity app to manage your Parking & Transit FSA account.
- Your employee ID is your social security number with no dashes.
- If you choose to leave Harmonia, you have 90 days from final date of employment to submit any claims for parking charges incurred prior to your separation. You may use your Transit FSA for up to 90 days after your separation.

DO I HAVE TO USE ALL FUNDS BEFORE THE END OF THE MONTH?

No. You can carry over unused funds from month to month.

Dental Insurance

Plan Explanation

If you work on average 30 hours per week you have two Dental plans to choose from through Lincoln Dental. Plan year is from January 1 through December 31

Group dental insurance is a benefit provided by Harmonia to help employees cover the costs of dental care. This plan includes coverage for preventive services such as cleanings and exams, as well as basic and major dental procedures like fillings or root canals. Lincoln Financial dental insurance aims to promote oral health and provide financial assistance for a range of dental treatments, contributing to the overall well-being of employees.

	Lincoln Financial Group PPO Dental - Low Plan		Lincoln Financial Group PPO Dental - High Plan	
DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Single	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
MAXIMUM THE CARRIER WILL PAY				
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500
FREQUENCIES				
Preventative Care (Cleanings & Exams)	Twice Annually		Twice Annually	
DENTAL COVERAGE				
X-Rays	100%	100%	100%	100%
Sealants	100% (Dependents up to age 15)	100% (Dependents up to age 15)	100% (Dependents up to age 15)	100% (Dependents up to age 15)
Fillings	80%	80%	80%	80%
Simple Extractions	80%	80%	80%	80%
Root Canal	80%	80%	80%	80%
Oral Surgery	80%	80%	80%	80%
Crowns	50%	40%	50%	50%
Dentures	50%	40%	50%	50%
Implants	50%	40%	50%	50%
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,000		\$1,500	
Orthodontia Maximum Age	Children up to age 26		Adults and Children up to age 26	
OUT OF NETWORK EXPLANATION				
	Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.	Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.		
PLAN INFORMATION				
Plan Year	January 1st, 2024 - December 31st, 2024		January 1st, 2024 - December 31st, 2024	
Network Type	PPO		PPO	
Network Name	Lincoln PPO Network		Lincoln PPO Network	
Member Website	LincolnFinancial.com/FindADentist		LincolnFinancial.com/FindADentist	
Customer Service Phone Number	1 (877) 275-5462		1 (877) 275-5462	

PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$0.00	\$4.20
Employee + Spouse	\$9.60	\$16.74
Employee + Child(ren)	\$14.95	\$24.55
Family	\$26.88	\$41.12



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Vision

EyeMed | EyeMed Vision

Plan Explanation

We offer Vision Insurance through EyeMed for all employees who work on average 30 or more hours per week. It is free to you and Harmonia pays up to 80% for family members. Detailed plan descriptions are located at Harmonia News & Resources Sharepoint: Benefits & Wellness. Plan year is from January 1 through December 31.

Group vision coverage helps offset the costs of eye care, including routine eye exams, eyeglasses, and contact lenses. Vision insurance encourages Harmonia employees to prioritize their eye health by providing financial assistance for vision-related expenses. By ensuring regular eye check-ups and access to corrective lenses, group vision coverage supports overall employee wellness and productivity.

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$0 Copay	Up to \$40
Single Vision Lens	No Copay	Up to \$30
Lined Bi-Focal Lens	No Copay	Up to \$50
Lined Tri-Focal Lens	No Copay	Up to \$70
Contact Lens Allowance	100% up to \$150 15% off retail after \$150	Up to \$150
Frame Allowance	100% up to \$150 20% off retail after \$150	Up to \$105
FREQUENCIES		
Exam Frequency		1 per 12 months
Lens Frequency		1 per 12 months
Frame Frequency		1 per 12 months
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Plan Year	January 1st, 2024 - December 31st, 2024	
Network Name	EyeMed; Group Number: 9943754	
Member Website	www.eyemed.com	
Customer Service Phone Number	1-888-581-3648	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$0.00	
Employee + Spouse	\$2.26	
Employee + Child(ren)	\$1.39	
Family	\$4.39	



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Term Life Insurance

Lincoln Financial Group | Term Life Insurance

Plan Explanation

If you work on average 30 hours per week you will be automatically enrolled in our Basic Life and AD&D Insurance program at no cost to you. This benefit provides \$50,000 of Basic Life and AD&D coverage for employees under the age of 65. Employees over the age of 65 are eligible for \$32,500 of Basic Life and AD&D coverage.

LIFE INSURANCE BENEFITS

Life Insurance Coverage	\$50,000
Accidental Death & Dismemberment	\$50,000
Age Reduction Schedule	At age 65, benefits will reduce by 35% of the original amount; At age 70, benefits will reduce an additional 15% of the original amount.
Beneficiary	Having a designated beneficiary for life insurance is crucial as it ensures that, in the event of the policyholder's death, the intended individuals receive the financial protection and support provided by the insurance policy without complications or delays.
Taxation of Benefit	Not taxable to your beneficiaries

PLAN INFORMATION

Plan Year	January 1st, 2024 - December 31st, 2024
Member Website	www.lincolngroup.com
Customer Service Phone Number	1 (877) 275-5462

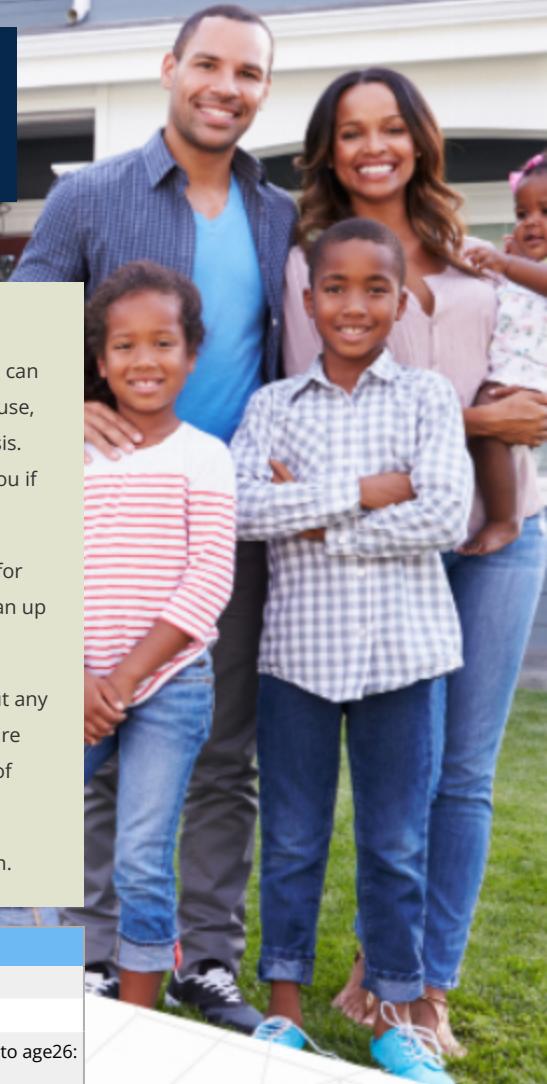
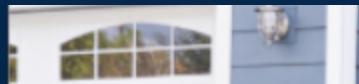


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Voluntary Term Life

Lincoln Financial Group | Voluntary Term Life Insurance



Plan Explanation

The Voluntary Life and AD&D Insurance Plan is a voluntary, employee paid group life insurance plan which you can elect to supplement your employer-provided life insurance. You may purchase coverage for yourself, your spouse, and your dependent children. Payments are conveniently handled through payroll deduction on a post-tax basis. Unlike employer-provided life insurance, Voluntary Life Insurance is totally portable, and you can take it with you if you terminate employment.

In order to purchase coverage for your Spouse and/or Child(ren), you must first purchase additional coverage for yourself. Both employee and spouse rates are based on employee age, and children are covered under this plan up to age 26. Insurance benefits and Guarantee Issue amounts are subject to age reductions starting at age 70.

Electing coverage during New Hire Enrollment allows you to secure coverage up to the Guarantee Issue without any health questionnaire, unless you have been previously declined. If you elect to add coverage outside of New Hire Enrollment or elect coverage above the guaranteed issue limits, you will be required to complete an Evidence of Insurability (EOI) form and could be denied coverage for health reasons.

Per paycheck rates will be calculated in the online enrollment platform based on your age and benefit selection.

LIFE INSURANCE BENEFITS

Employee Life Insurance Coverage	5 times your annual salary to a maximum of \$500,000
Spouse Life Insurance Coverage	100% of the employee coverage amount up to \$250,000
Child(ren) Life Insurance Coverage	Age 1 day to 14 days: \$1,000 Age 15 days to 6 months: \$1,000 Age 6 months to age26: \$10,000
Accidental Death & Dismemberment	Employee: \$10,000 increments to exceed 5x your annual salary or \$500,000 Spouse: \$5,000 increments not to exceed 100% of the employee amount Dependents: 0 days - 6 months \$1,000; 6 months - age 26 \$2,000 increments to a \$10,000 maximum
Age Reduction Schedule	At age 70, benefits will reduce by 35% of the original amount; At age 75, benefits will reduce an additional 20% of the original amount At age 80, benefits will reduce an additional 15% of the original amount At age 85, benefits will reduce an additional 10% of the original amount At age 90, benefits will reduce an additional 5% of the original amount
Guaranteed Insurability	Up to \$200,000 during original open enrollment period for employees. Up to \$50,000 during original open enrollment period for spouses. Up to \$10,000 for Children
Beneficiary	Having a designated beneficiary for life insurance is crucial as it ensures that, in the event of the policyholder's death, the intended individuals receive the financial protection and support provided by the insurance policy without complications or delays.
Taxation of Benefit	Not taxable to your beneficiaries
PLAN INFORMATION	
Plan Year	January 1st, 2024 - December 31st, 2024
Member Website	www.lincolngroup.com
Customer Service Phone Number	1 (877) 275-5462

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Short Term Disability

Lincoln Financial Group | Short Term Disability

Plan Explanation

If you work on average 30 hours per week you will be automatically enrolled in our Short Term Disability Insurance Plans at no cost to you. In the event of disability, STD will replace 60% of your weekly, pre-disability earnings up to a maximum of \$1,500 per week. Benefits begin after a 7- day elimination period and last for up to 90 days, providing you remain disabled and unable to work.

After 5 years of service, Harmonia will use PTO to off-set the disability benefit and employees will be covered at 100% of their pay while out on disability.

STD INSURANCE BENEFITS

How does my insurance carrier define Disability?	Unable to perform one or more of the Main Duties (but not each and every duty) of his or her Own Occupation; or is unable to perform such duties full-time; and is engaged in Partial Disability Employment.
Weekly Benefit	60% of pre-disability income to a maximum to \$1,500
When do benefits start? (Elimination period)	Following the 8th Day of Disability
How long do my benefits pay out?	12 Weeks
Are there any limitations on coverage for Pre-Existing conditions?	No Pre-existing conditions limitation
Is Maternity Covered?	Yes, 12 week benefit duration
Guaranteed Insurability	All coverage is guaranteed with no medical questions or evidence of insurability
Taxation of Benefit	Income received from disability is taxable to the individual

PLAN INFORMATION

Plan Year	January 1st, 2024 - December 31st, 2024
Member Website	www.lincolngroup.com
Customer Service Phone Number	1 (877) 275-5462



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Long Term Disability

Lincoln Financial Group | Long Term Disability

Plan Explanation

If you work on average 30 hours per week you will be automatically enrolled in our Long-Term Disability Insurance Plan at no cost to you. Should you remain disabled and unable to work after 90 days, you will be eligible to transition into Long-Term Disability. LTD will replace 60% of your monthly, pre-disability earnings to a maximum of \$10,000 per month. Benefits begin after a 90-day elimination period and will continue as long as you remain disabled and unable to work, up to your social security retirement age.

LTD INSURANCE BENEFITS

How does my insurance carrier define Disability?	Unable to perform one or more of the Main Duties (but not each and every duty) of his or her Own Occupation; or is unable to perform such duties full-time; and is engaged in Partial Disability Employment.
Monthly Benefit	60% of pre-disability income to a maximum to \$10,000
When do benefits start? (Elimination period)	Following 90 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 180 calendar day period
How long do my benefits pay out?	The Insured Employee's Social Security Normal Retirement Age,
Are there any limitations on coverage for Pre-Existing conditions?	Subject to a 3/12 pre-existing limitation
Own Occupation Limitation	To age 65
Guaranteed Insurability	All coverage amounts are guaranteed without evidence of insurability.
Taxation of Benefit	Disability income is not considered taxable to the insured
PLAN INFORMATION	
Plan Year	January 1st, 2024 - December 31st, 2024
Member Website	www.lincolngroup.com
Customer Service Phone Number	1 (877) 275-5462



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Accident Insurance

Lincoln Financial Group | Group Accident Plan

Plan Explanation

We are proud to offer you the opportunity to purchase additional insurance that will step in and provide you with financial support should you face medical challenges. Accident Insurance is a voluntary, employee paid insurance plan, with premiums paid via payroll tax deductions on a post-tax basis. This plan is portable and can be carried with you should you terminate employment. You are eligible to enroll regardless of whether or not you are enrolled in a medical insurance plan with Harmonia.

INJURY	SCHEDULED BENEFIT
Burn - 2nd Degree	Up to \$1,000
Burn - 3rd degree	Up to \$10,000
Coma	\$5,000
Concussion	\$200
Dislocation - Hip	Up to \$3,000
Dislocation - Shoulder	\$600
Partial Dislocation	25% of Dislocation Benefit
Fracture - Hip	\$2,500
Fracture - Skull (Depressed)	\$2,500
Fracture - Arm	\$450
Fracture - Hand	\$450
Quadriplegia	\$20,000
Paraplegia	\$20,000
Loss of Speech	\$20,000
Loss of Hearing in both ears	\$20,000
Wellness Benefit	\$50
Accidental Death & Dismemberment	\$25,000
PLAN INFORMATION	
Plan Year	January 1st, 2024 - December 31st, 2024
Member Website	www.lincolnfinancial.com
Customer Service Phone Number	1 (877) 275-5462

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	\$4.64
Employee + Spouse	\$7.29
Employee + Child(ren)	\$9.31
Family	\$12.59



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Group Critical Illness Insurance

Lincoln Financial Group | Critical Illness

Plan Explanation

We are proud to offer you the opportunity to purchase additional insurance that will step in and provide you with financial support should you face medical challenges. Critical Illness Insurance is a voluntary, employee paid insurance plan, with premiums paid via payroll tax deductions on a post-tax basis. This plan is portable and can be carried with you should you terminate employment. You are eligible to enroll regardless of whether or not you are enrolled in a medical insurance plan with Harmonia.

Per paycheck rates will be calculated in the online enrollment platform based on your age and benefit selection.

Critical Illness Benefit

Minimum Benefit	\$5,000 for Employees and Dependents
Maximum Benefit	\$10,000 for Employees and Dependents
Employee Scheduled Benefit	Options of \$5,000 or \$10,000
Spouse Scheduled Benefit	Options of \$5,000 or \$10,000 not to exceed 100% of the employee amount
Child Scheduled Benefit	50% of the employee benefit amount
Guaranteed Insurability	All coverage amounts at guarantee issue during open enrollment
Pre-Existing Condition Clause	Not Included
Wellness Benefit	\$50

Illness

% of Schedule Benefit

Invasive Cancer	100%
Cancer - Carcinoma in situ	25%
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%

Plan Information

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Pet Insurance

Nationwide | Pet Insurance

Plan Explanation

All employees have access to discounted pet insurance rates through Nationwide. Enroll online at <http://www.petinsurance.com/harmonia>. Rates are determined based on species and state of residence.

Some plan highlights for those who get insurance for a dog or cat include:

- \$250 annual deductible
- \$7,500 maximum annual benefit
- 50%/70%/90% back on vet bills (covered services)



Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage

Important Items to Remember

401(K) Retirement Plan

Harmonia offers all employees the opportunity to participate in the company-sponsored 401(K) plan through John Hancock Pensions.

Eligibility

You may begin participating and contributing on the first day of the month following your start date with Harmonia. All employees are eligible to participate.

Contributions and Matching

Contributions to your 401(K) are made via pre-tax payroll deductions. Please note the following:

- Your contribution amount cannot exceed the IRS 2024 plan limit of \$23,000.
 - If you are 50 or older (or turn 50 within the plan year), the plan permits a catch-up contribution of \$7,500.
- If you are a full-time, salaried, exempt employee, after one year of employment, Harmonia will match your contribution- dollar for dollar up to 5% of your salary. The amount you contribute towards your 401(K) is yours to keep. The amount that Harmonia matches will be fully vested from day one of our match.

Your payroll contributions will be submitted to your John Hancock account within five days of your payroll deduction being made. To make changes to your contributions or view account transactions, you must create an online account using the information below. You can change your contribution rate at any time on the John Hancock website. Contributions must be set as a percentage of salary. Create your account by registering at <http://www.myplan.johnhancock.com>. If you do not choose your investment funds upon enrollment, you will be default enrolled into the funds selected for our contract.

We have contracted with Mand Marblestone to assist with our 401(K) administration. You should contact Mand Marblestone directly with any questions relating to:

- Early Withdrawals
- 401(K) distributions
- 401(K) loans
- Rollovers

401(K) Retirement Savings

John Hancock
Enrollment Access Number: 456036 Contract Number: prem_bajaj@ml.com
39820
1-800-395-1113
www.myplan.johnhancock.com

401(K) Fund Guidance

Prem Bajaj, Merrill Lynch
prem_bajaj@ml.com

401(K) Distributions & Withdrawals

Mand Marblestone
1-215-222-5000
distributions@mand.com

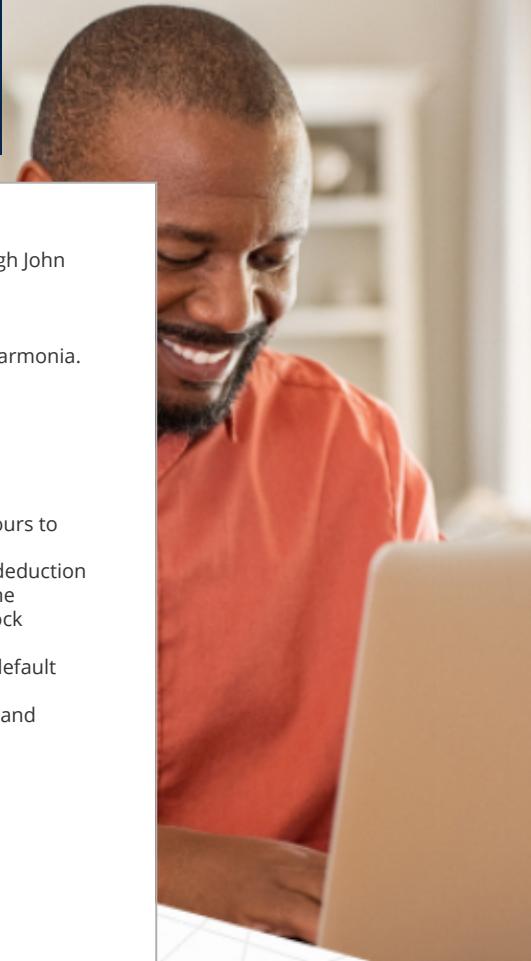
Bonuses

Employee Referral Bonuses

We know there is no greater compliment than recommending Harmonia to your friends and former colleagues as a Great Place to Work, and that the best people to join our team are people who our employees want to work alongside. Therefore, Harmonia rewards employee referrals that result in a hire with a \$2,500 bonus, assuming the following conditions are met:

- The referral must complete 90 calendar days of service.
- Executive Management, Human Resources, and all other Managers, including Project and Program Managers, are excluded from receiving referral bonuses.
- Referral of an immediate family member is not eligible for a bonus. The referral must be for a full-time permanent position and must represent the candidate's first contact with our organization. Temporary, contract, and former employees are not eligible candidates for referral.
- The referral must be confirmed by management.
- The first employee to refer a candidate will be the only employee eligible for this bonus.
- The employee must still be an employee at the time of payout in order to be eligible for the payout.

All candidates will be evaluated for employment consistent with our organization's policies and procedures, and all information regarding the hiring decision will remain strictly confidential. To receive your bonus, please provide proof of referral to Human Resources or complete this form and forward to Human Resources



Workplace Giving & Matching Gifts

We believe in being socially responsible and giving back to our communities, and we are proud to contribute as a company to various causes throughout the year. In addition, we are pleased to offer multiple ways to support the organizations that matter to our employees.

Matching Gift Program

- Our Matching Gift Program is a means through which Harmonia will match a donation made by you to your favorite charitable causes. Matches are limited to up to 10% of your salary per calendar year, and all employees are eligible to participate.

To be qualified for a matching contribution, the organization you donate to must:

- Be a legitimate 501(c)3 organization that is a social service, charitable, or environmental organization focused on bringing about positive social change;
- Be not-for-profit, not politically motivated, and non-religious;
- In no way benefit you or your friends and family directly or indirectly.

Examples of acceptable charitable organizations include the American Red Cross, the American Cancer Society, the Wounded Warrior Project, the Nature Conservancy, and the United Way.

If you intend to request a matching donation from Harmonia, please submit your request to AccountsPayable@harmonia.com prior to making your donation so that we have the opportunity to review and approve the match beforehand. Keep in mind that any matched donation must be your OWN contribution and may not include any donation from non-employees. Harmonia's accounting team may require documentation of the same. Any attempt to fraudulently obtain funds from Harmonia will result in termination of employment, and Harmonia reserves the right to deny any match. If you would like to check the 501(c)3 status of an organization before donating, you can visit <https://apps.irs.gov/app/eos/>.

After a match has been approved and the donation has been made, you must submit a valid receipt from the registered 501(c)3 charity and a copy of the cleared transaction from your bank in order for Harmonia to process the match.

Community Service Match

Not only do we believe in supporting charities and communities financially if able, we also encourage our employees to actively participating in improving their community and assisting those in need. And now your acts of service can go twice as far! Employees who participate in Community Service activities on their own time may share their actions with Harmonia Human Resources in order to receive a comparable donation to that charity or community program -- and may even be eligible for additional incentive. Program Managers are also encouraged to organize Community Service as team-building events.

The decision to match a donation or service action will entirely be the prerogative of Harmonia management.

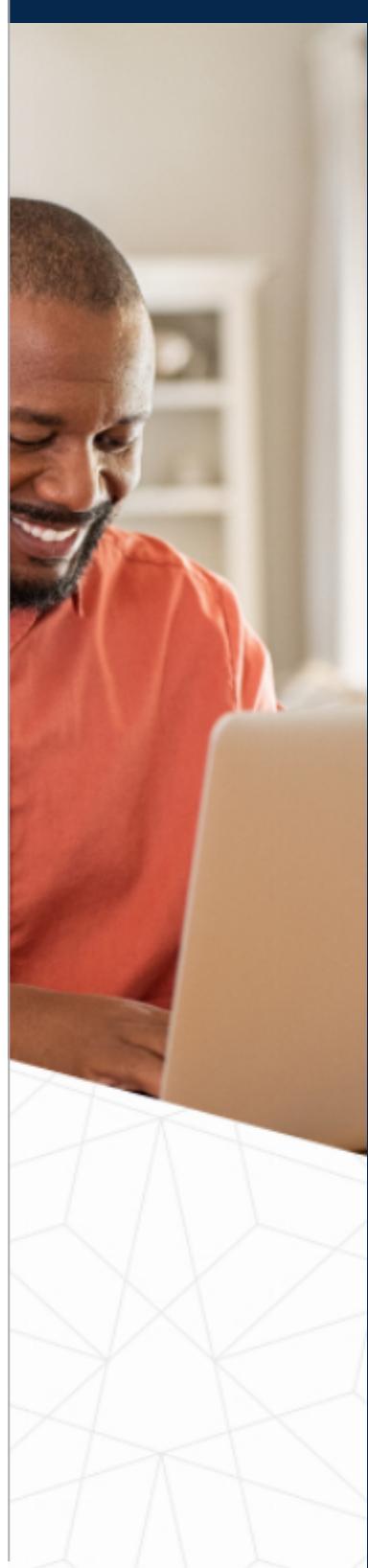
Adoption Reimbursement

It's always exciting to see families grow! Employees who have been with Harmonia for at least one year are eligible to have up to \$5,000 reimbursed for adoption-related expenses. Employees seeking this reimbursement should submit receipts for eligible adoption-related expenses (including legal fees, adoption services, attorney fees) to hr@harmonia.com.

Employee Assistance Program

The EAP will provide you and eligible dependents assistance with issues such as:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions
- Your concerns will be handled in a confidential and respectful manner.
- Up to three free visits with a health care professional per year, per incident
- Unlimited telephone access to EAP Professionals 24/7/365
- 7 days a week
- Telephone assistance and referral
- Legal assistance and financial services
- Telephone financial consultation
- Legal library and online forms
- Financial tools and resources
- Substance abuse and other addictions
- Dependent and elder care assistance
- Access to library of educational articles, handouts, and other resources Lincoln Financial's Employee Assistance Program
- All benefits are for both employees and eligible dependents



GYM & WELLNESS REIMBURSEMENT

Gym membership & wellness reimbursement is available to full-time employees. Employees will be reimbursed up to \$45 per month for eligible gym membership fees, fitness classes, or approved gym equipment. Eligible fees include the annual or monthly fees for the employee's **individual** membership at a fitness center. Family members are not eligible for this program. Payment receipts must be submitted to hr@harmonia.com.

Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc...

EMBEDDED DEDUCTIBLE

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year.

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum.

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

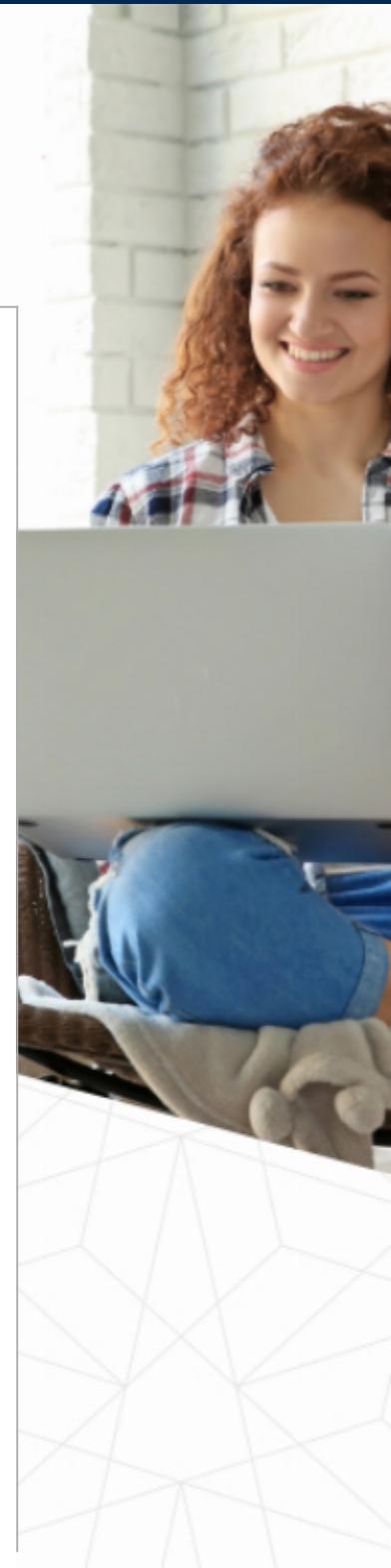
This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible.

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge -Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

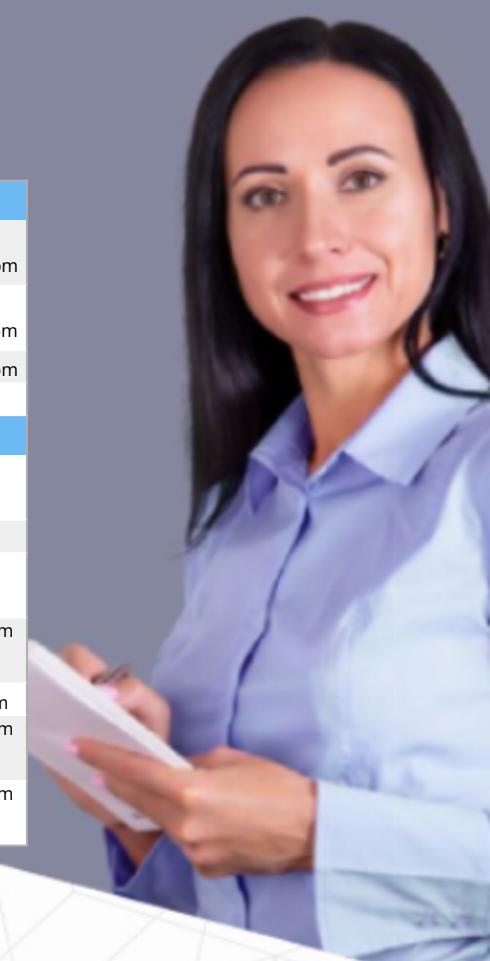
HEALTH SAVINGS ACCOUNT (H S A)

This is an Employee Owned savings account that allows you to pay for Qualified Medical Expenses (IRS Publication 502) through tax free contributions. The maximum contributions for 2024 are \$4,150 for single coverage and \$8,300 for family coverage. Members 55 and older can contribute an additional \$1,000. If you are age 65 or older and enroll in medicare, you are no longer eligible to contribute to the HSA. This is a true savings account plan, so you can rollover all unused funds from year to year. With an HSA, money has to be in the account for you to be able to use it.



Important Contact Information

AGENCY CONTACTS	COMPANY	PHONE	EMAIL
Ben Hodgson	The Capital Group	240-482-8918	ben.hodgson @capgroupfinancial.com
Marian Huller	The Capital Group	301-214-7666	marian.huller @capgroupfinancial.com
Mand Marblestone	John Hancock 401(K)	1-215-222-5000	distributions@mand.com
Prem Bajaj	Merrill Lynch 401(K)		prem_bajaj@ml.com
INSURANCE CARRIER CONTACTS			
Medical/Rx	Meritain Health an Aetna Company	1-800-872-3862	www.meritain.com
Vision	EyeMed	844-225-3107	www.eyemed.com
Life AD&D, Voluntary Life, STD, LTD, & Dental	Lincoln Financial Group	877-275-5462	www.lfg.com
FSA	Health Equity	1-877-924-3967	www.healthequity.com /wageworks
Health Savings Account	Health Equity	1-877-924-3967	www.healthequity.com
Health Care Flexible Spending Account	Health Equity	1-877-924-3967	www.healthequity.com /wageworks
Parking and Transit Flexible Spending	Health Equity	1-877-924-3967	www.healthequity.com /wageworks



General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

What is COBRA continuation coverage?

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

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

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct; The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

RETIREE COVERAGE ONLY:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Harmonia Holdings Group, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Retiree coverage only: Commencement of a proceeding in bankruptcy with respect to the employer; or The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 Days after the qualifying event occurs. You must provide this notice to: Harmonia Holdings Group.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage.

Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period* to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

* <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Petia Sotirova psotirova@harmonia.com

This Benefit Booklet

Presented by



The Capital Group

The Capital Group : <https://www.capgroupfinancial.com/>

Agency Phone number : (301)-214-7666

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