

On Target Supplies & Logistics. Ltd.

Texas Employee Benefits

2024



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BENEFITS OVERVIEW

Eligibility

Full-Time Employees working a minimum of 30 hours per week are eligible to enroll in benefits. **Coverage begins first of the month follow 60 days of employment.**

Eligible dependents may include:

- A legal spouse or a common-law spouse where applicable by state law.
- Children under age 26. This includes natural children, children that you have legally adopted or have been placed with you while you are in the process of legal adoption, stepchildren, foster children, or children for whom you have obtained legal guardianship or conservatorship.
- A Domestic Partner and Domestic Partner's Children. Please contact HR or refer to the plan documents to determine whether you're able to meet the definition of a domestic partnership.

Qualifying Status Change - Life Events

Changes to your level of coverage and/or your benefit program during the year are permitted only when you have a Family Status Change—for example, a marriage, birth or divorce—as defined by the IRS. If you experience one of the following Qualifying Status Changes during the plan year, you may be able to make changes to your current elections or enroll yourself and/or your eligible dependents:

- You have a change in the size of your family (resulting from marriage, divorce, legal separation, annulment, birth, adoption, placement for adoption or death of a covered family member).
- A court issues a judgment, decree or order (including a QMCSO) resulting from divorce, legal separation, annulment, or change in legal custody that requires health coverage for your dependent child.
- A dependent no longer satisfies the definition of eligible dependent due to age (such as reaching age 26).
- You or your spouse experiences a substantial change in employment (such as changing between full and part-time employment, a strike or lockout, commencement of or return from unpaid leave of absence).
- Your spouse gains employment or loses a job.
- You, your spouse or your dependent experiences a significant change in residence or work site.
- You or your dependents lose or gain healthcare coverage through your spouse's employer or through any group health coverage sponsored by a governmental or educational institution
- You or your eligible dependent becomes eligible for Medicare or Medicaid (other than solely for pediatric vaccines) or you lose your eligibility for either of these programs.
- Your spouse's employer offers benefits with a different Open Enrollment period.

Changes must be made within 31 days after the qualifying event (60 days if you lose eligibility for Medicaid); after 31 days, a change will not be permitted until the next open enrollment period unless you experience a second qualifying event. The effective date of the change will be the date following the Qualifying Status Change. The type of benefit change allowed depends on, and must be consistent with, the type of event.

Locating an In-Network Provider

On the medical plan you must see an in-network provider in order to receive benefits. There is no coverage out-of-network unless it is an emergency situation. On the dental and vision plan, you can choose any doctor you wish to see – regardless of whether they are in-network. However, the plan will pay a higher percentage to an in-network provider in most cases. In addition, in-network providers have agreed to accept a contracted rate. They cannot bill you for any additional costs outside of this allowable amount. Out-of-network providers can choose to bill you for any remaining amount the carrier does not cover. This is on top of the amount applied to your deductible, co-insurance or co-pay.

Medical, Dental, and Vision:

Go to www.bcbstx.com. Select “Find Care” tab at the top of the page then select “Find a Doctor or Hospital” from the dropdown menu. On the next page choose the type of directory you are looking for and enter the state you are looking for a provider in. Choose the “Blue Advantage HMO [BVA]” network and enter your search criteria. **A primary care physician must be selected and referrals are required.**

Online Access to Your Benefits

You can log on to the carrier Web sites to obtain a temporary ID card to use until the card arrives in the mail. This access can also be used during the year to view and manage your benefits and claims.

Medical, Pharmacy, and Dental: Log on to www.bcbstx.com and “Register Now” under the log in. Enter your information as it appears on your ID card. If you don’t have your ID card, select n. Create a user name and password.

Vision: Log on to www.bcbstx.com. Select “Register Now” on the top left-hand side. Enter your personal information and create a user name and password.

Terms to Know

Deductible – The amount you are required to pay each calendar year before any coinsurance payments will be made. Copays do not apply towards the deductible. **Deductible resets January 1st of each year.**

Coinurance – Plans pay a set percentage of the allowed amount of the covered expense. The amounts listed in your summary of benefits reflect your responsibility up to the OOP (Out-of-Pocket) Maximum.

In-Network OOP Maximum – The highest amount you are required to pay in copays, coinsurance and deductibles for any covered expenses performed by an in-network provider in any calendar year. **OOP Maximum resets January 1st of each year.**

Out-of-Network OOP Maximum – The highest amount you are required to pay in copays, coinsurance and deductibles for covered expenses performed by an out-of-network provider in any calendar year. Using out-of-network providers may result in additional costs not included in this maximum if the provider bills more than the allowed amount. **OOP Maximum resets January 1st of each year.**

Preventive Care – Services include routine physical exams, certain routine test and immunizations. The plans pay 100% for these services performed in-network when they are coded by the provider as preventive services and are performed in accordance with age and frequency requirements.

MEDICAL BENEFITS

by BlueCross BlueShield of TX

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 healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses.

	Base- HSA / HDHP - HMO MTBAB301H	Core - HMO MTBAB042	Buy-Up - HMO MTBAB028
Network	Blue Advantage	Blue Advantage	Blue Advantage
PCP Referrals are required			
Calendar Year Deductible CYD: (Individual/Family)	\$7,500 / \$15,000	\$5,000 / \$14,700	\$3,000 / \$9,000
Coinurance: (member pays % after CYD, up to the OOP)	0% after CYD	20% after CYD	20% after CYD
Calendar Year Out-of-Pocket Maximum (OOP): (Individual/Family)	\$7,500 / \$15,000	\$7,350 / \$14,700	\$8,150 / \$16,300
Services			
Preventive Care (subject to age / gender specific)	Covered at 100%		
Office Visits	0% after CYD	PCP \$45 Copay Specialists \$90 Copay	PCP \$35 Copay Specialists \$70 Copay
Urgent Care		\$75 Copay	\$75 Copay
Emergency Room		\$500 Copay / 20% after CYD	\$500 Copay / 20% after CYD
Surgery — Outpatient		20% after CYD	20% after CYD
Lab & X-ray in Outpatient Facilities		20% after CYD	20% after CYD
Prescription Drugs: Advantage 4 Tier Formulary			
Retail Tier 1 / 2 / 3 / 4 (30-day supply)	10% / 10% / 20% / 30% after CYD	\$0 / \$10 / \$50 / \$100	\$0 / \$10 / \$50 / \$100
Mail Order* Tier 1 / 2 / 3 / 4 (90-day supply)	10% / 10% / 20% / 30% after CYD	\$0 / \$30 / \$150 / \$300	\$0 / \$30 / \$150 / \$300
Specialty Drugs	40% / 50% after CYD	\$150 / \$250	\$150 / \$250
Out-of-Network Services			
	Not Covered	Not Covered	Not Covered

* Mail order prescriptions are administered by Prime Therapeutics. Visit www.myprimemail.com to print an order form, refill a prescription and check the status of an order.

Note: CVS and Sam's' Club are not participating pharmacies. Preferred Pharmacies: Walgreens, Walmart, Albertsons, Brookshire's, HEB, and Health Mart Atlas* (group of independent pharmacies).

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		PPO Plan	
		MTBCB038	
		In-Network	Out-of-Network
Network		Blue Choice	
Calendar Year Deductible (CYD): (Individual/Family)		\$5,000 / \$14,700	\$10,000 / \$29,400
Coinsurance: (member pays % after CYD, up to the OOP)		30% after CYD	50% after CYD
Calendar Year Out-of-Pocket Maximum (OOP): (Individual/Family)		\$5,600 / \$14,700	Unlimited / Unlimited
Services			
Preventive Care (subject to age / gender specific)		Covered at 100%	
Office Visits		PCP \$45 Copay Specialists \$90 Copay	50% after CYD
Urgent Care		\$75 Copay	50% after CYD
Emergency Room		\$500 Copay / 30% after CYD	
Surgery — Outpatient		30% after CYD	50% after CYD
Lab & X-ray in Outpatient Facilities		30% after CYD	50% after CYD
Prescription Drugs: Advantage 4 Tier Formulary			
Retail Tier 1 / 2 / 3 / 4 (31-day supply)		\$0 / \$10 / \$50 / \$100	\$10 / \$20 / \$70 / \$120 + 50% add. fee
Mail Order* Tier 1 / 2 / 3 / 4 (90-day supply)		\$0 / \$30 / \$150 / \$300	Not Covered
Specialty Drugs		\$150 / \$250	\$150 / \$250 + 50% add. fee

* Mail order prescriptions are administered by Prime Therapeutics. Visit www.myprimemail.com to print an order form, refill a prescription and check the status of an order.

Note: CVS and Sam's Club are not participating pharmacies. Preferred Pharmacies: Walgreens, Walmart, Albertsons, Brookshire's, HEB, and Health Mart Atlas* (group of independent pharmacies).

MEDICAL BENEFITS

by BlueCross BlueShield of TX

Monthly Rates:	Base-HSA / HDHP- HMO	Core - HMO	Buy-Up - HMO	PPO
	MTBAB301H	MTBAB042	MTBAB028	MTBCB038
Annual Salary—Under \$45K				
Employee Only	\$0.00	\$297.43	\$349.74	\$555.21
Employee + Spouse	\$1,174.27	\$1,665.64	\$1,709.76	\$2,195.51
Employee + Child(ren)	\$316.84	\$534.99	\$582.14	\$841.33
Employee + Family	\$1,987.20	\$2,818.71	\$2,893.36	\$3,715.36
Annual Salary— \$45K—\$60K				
Employee Only	\$66.93	\$330.48	\$388.60	\$616.90
Employee + Spouse	\$1,174.27	\$1,665.64	\$1,709.76	\$2,195.51
Employee + Child(ren)	\$352.04	\$594.43	\$646.82	\$934.81
Employee + Family	\$1,987.20	\$2,818.71	\$2,893.36	\$3,715.36
Annual Salary—Above \$60K				
Employee Only	\$101.94	\$503.34	\$591.86	\$939.58
Employee + Spouse	\$1,174.27	\$1,665.64	\$1,709.76	\$2,195.51
Employee + Child(ren)	\$536.18	\$905.35	\$985.15	\$1,423.77
Employee + Family	\$1,987.20	\$2,818.71	\$2,893.36	\$3,715.36



BlueCross BlueShield of Texas

Understanding Your HMO

Blue Advantage HMOSM

A Health Maintenance Organization (HMO) is a type of health plan designed to be easy to understand, easy to use, and easy on your wallet.

What Makes Blue Advantage HMO a Good Choice?

- **It's Personal.** Our plans are designed to give you personalized care. You'll choose a Primary Care Physician (PCP) to take care of you when you're sick or guide you if you need more care. Whether you're maintaining your wellness or managing a medical condition, you'll always have someone in your corner making sure you get the care you need.
- **It's Coordinated.** Blue Advantage HMO is designed to help you stay healthy. Having a PCP means you have one doctor to coordinate all your care. This helps you manage your medical costs and keep your health on track.
- **It's Affordable.** Control your medical costs through preventive health care services that can help you avoid more serious and costly medical conditions. With Blue Advantage HMO, you'll also have predictable costs. Most of your expenses are simply your monthly premium, office copays and a set deductible for the year.

Care that's personal, coordinated and affordable. That's Care. Simplified.



Your Health Plan is PCP-Powered

Think of your PCP as your personal care physician. Health care works best when your doctor has a view of your whole health. Because they know your health history, your PCP can help make sure you get the right care at the right time and at the right place.

Your PCP Belongs to a Provider Network

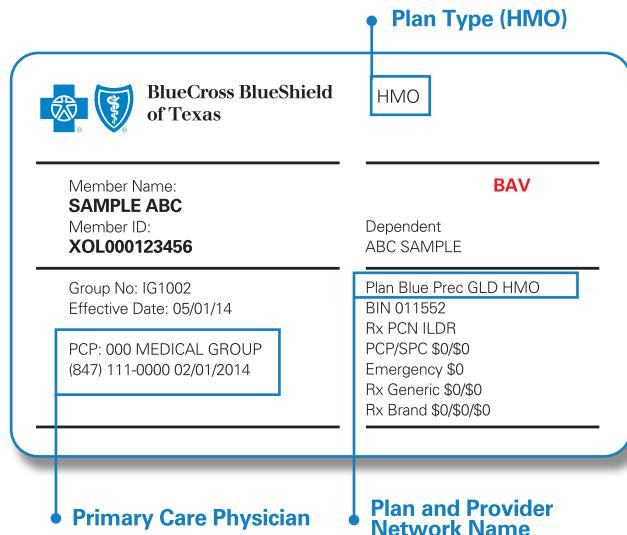
Blue Advantage HMO has a select group of doctors, hospitals and other health care providers you can use when you need care. This is called your provider network. If you need special care, your PCP can help you find in-network providers. This is important because, except for emergencies, medical expenses are only covered when you stay in-network.

Referrals

When you need to see a specialist, like a heart doctor or cancer expert, or if you need hospital care, your PCP will give you a referral. A referral tells us that you and your PCP have talked about the visit, treatment or hospital stay and that you're going to the right place for care. Without a referral, you won't have benefits for specialist care, so make sure to talk with your PCP before you see a specialist.

The ER Is Only for Emergencies

If your illness or injury is serious or life-threatening, call 911 or go to the nearest emergency room. You don't need to stay in-network or get a referral for true emergencies — just connect with PCP's office as soon as possible.



Use Provider Finder® to find in-network doctors, hospitals and other providers. Just go to bcbstx.com, then click **Find Care**.

KNOW WHERE TO GO FOR CARE

	Average Costs	Average Wait Times	Examples of Health Issues
Virtual visits Convenient and lower cost	\$	Average of 10 minutes or less	<ul style="list-style-type: none"> • Allergies • Cold and flu • Nausea • Sinus infections • Asthma • Pink eye
Your Doctor's Office Your doctor knows your medical history best	\$	Average of 24 minutes	<ul style="list-style-type: none"> • Fever, colds, and flu • Sore throat • Minor burns • Stomach ache • Ear or sinus pain • Physicals • Shots • Minor allergic reactions
Retail Health Clinic Convenient, low-cost care in stores and pharmacies	\$	Average of 15 minutes	<ul style="list-style-type: none"> • Infections • Cold and flu • Minor injuries or pain • Shots • Flu shots • Sore and strep throat • Skin problems • Allergies
Urgent Care Clinic Immediate care for issues that are not life-threatening	\$\$\$\$	Average of 11 - 20 minutes	<ul style="list-style-type: none"> • Migraines or headaches • Cuts that need stitches • Abdominal pain • Sprains or strains • Urinary tract infection • Animal bites • Back pain
Hospital Emergency Room For serious or life-threatening conditions	\$\$\$\$\$	Average of 4 hours	<ul style="list-style-type: none"> • Chest pain, stroke • Seizures • Head or neck injuries • Sudden or severe pain • Fainting, dizziness, weakness • Uncontrolled bleeding • Problem breathing • Broken bones

BCBS Value Added Program

Health and Wellness Management

Provider Network

Where you go for care can make a difference. All medical plan options offered by the Company utilize the Blue Cross BlueShield of Texas (Blue Advantage HMO or Blue Choice) networks. To find an in-network provider visit bcbstx.com or contact BCBSTX at 800.521.2227.

Make Preventive Care a Priority

The Preventive Care benefit covers most routine outpatient physical examinations at 100% (in-network). Talk to your doctor to decide which screenings and vaccines are right for you. Below are some examples:

- Well baby care
- Routine annual physical examination (including pap smears)
- Annual hearing examinations
- Immunizations (childhood and adult)
- Routine tests for detection of colorectal cancer
- Routine lab and x-rays
- Routine mammogram

Choosing Quality Care for you and your Family

Under your plan, you have access to designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a Blue Distinction® Center (BDC) doctor or hospital, you will receive the most from your benefits and know that the doctor or hospital has a record of providing proven, effective specialty care. There are approximately 2,480 BDCs nationwide. To find a BDC near you, log in to Blue Access for Members (BAM) at bcbstx.com/member.

Virtual Visits

Virtual Visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE, are a convenient alternative for treatment of more than 80 health conditions, including

- Allergies
- Cold/Flu
- Nausea
- Sinus infections and more

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
 - Depression
 - Stress management
- and more



Activate your MDLive account today:

- Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the MDLIVE app

BCBSTX App

Manage your benefits on the go right from your phone, with BCBSTX App.

Some of the robust features of the BCBSTX App include:

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card

Visit the App Store or Google play to download the BCBSTX app or text BCBSTX to 33633.

24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. They can also answer health questions about

- Asthma
- Dizziness or severe headaches
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying and much more

Call the 24/7 Nurseline number on the back of your member ID card.

BCBS Value Added Program

Retrain your Brain

More than half of people will struggle with a mental health concern at some point in their lives. Learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help. An online assessment helps pinpoint the right programs for you.

This program is included at no added cost through your BCBSTX plan:

- Log in at bcbstx.com.
- Click **Wellness**.
- Choose **Digital Mental Health**.

Or tap **Digital Mental Health** in the BCBSTX App.

Register a Minor

BCBSTX members 13 to 17 years old can also use the programs. Once you've logged in to Learn to Live using the steps above, go the **Resources** tab. Then find the **Register a Minor** link to send your teen a registration email.

Special Beginnings

The Special Beginnings maternity program supports you from early pregnancy until six weeks after delivery. An experienced Blue Cross and Blue Shield of Texas staff member will contact you and:

- Ask your questions to determine what support you will need
- Send you information about having a healthy pregnancy and baby
- Answer any questions you have and help you plan your care with your doctor
- Assist you with managing high-risk conditions such as gestational diabetes and preeclampsia

Visit the Special Beginnings website to view a video library and week-by-week pregnancy information. To access the site, log into Blue Access for Members (BAM) by visiting bcbstx.com and click on the "My Health" tab.

Tobacco Cessation

Quitting smoking is one of the most important things you can do for your health. In the year after people quit smoking, their chances of getting heart disease is cut in half.

Use of counseling or medicine — or using them together — can be part of an effective plan to quit tobacco use, which is also referred to as tobacco cessation.

Tobacco cessation services are among the many preventive benefits available through your health plan as long as you visit a doctor in your health plan's provider network. There are no out-of-pocket costs like copays or coinsurance, even if you haven't met your deductible. Talk to your doctor about taking the next steps.

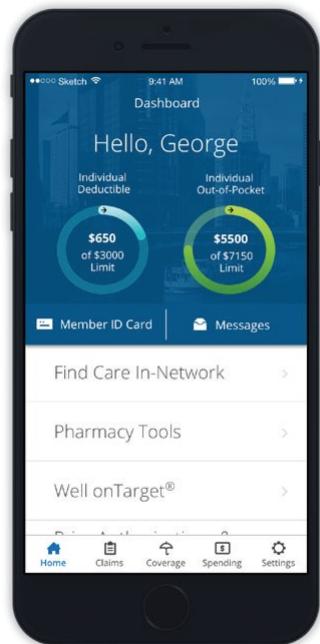
To learn more about tobacco cessation contact 800.521.2227 or log in to your Blue Access for Members (BAM) account.

Well on Target Fitness

Since you are a BCBSTX member you have access to the Well on Target Fitness Program. This program offers flexible options to get in shape and stay active. Choose from a network of gyms offering tier-pricing that fits your budget and lifestyle. This program also includes pay-as-you-go classes and is available to you and your covered dependents (16 and older).

Sign up is easy! Visit bcbstx.com, log in to your account, under quick links choose "Fitness Program" and "Enroll Now".

Or contact
888.762.2583.





Online Tools

Prescription Drug Information
...Whenever You Want It

Your prescription drug coverage through Blue Cross and Blue Shield of Texas (BCBSTX) offers many options, resources and advantages:

- **Cost savings:** Using generic drugs, when right for you, can help you save money. If you are taking or are prescribed a brand drug, visit [bcbstx.com](http://www.bcbstx.com) to find out if generic options are available.
- **Convenience:** A broad pharmacy network allows you to choose a contracting retail pharmacy close to you.
- **Time savings:** Through mail service, you can have long-term (maintenance) medications delivered directly to you.
- **Safety programs:** BCBSTX has programs that help identify potential safety concerns.

To get started,
just follow these steps:

- 1 Go to [bcbstx.com](http://www.bcbstx.com).
- 2 Log in to **Blue Access for MembersSM**.
- 3 Click **Prescription Drugs** in the *Quick Links* box on the right. This will take you to *MyPrime.com*, the member site of BCBSTX's pharmacy benefit manager. From there, you can...

The screenshot shows the BCBSTX website with three numbered steps overlaid:

- 1 A callout box points to the browser address bar containing the URL <http://www.bcbstx.com>.
- 2 A callout box points to the "Log In" button in the top right corner of the main navigation bar.
- 3 A callout box points to the "Prescription Drugs" link located in the "Quick Links" box on the right side of the member site, *MyPrime.com*.

MyPrime.com

At **MyPrime.com** you will find a variety of tools that can help you learn more about your medicines, estimate prescription drug costs and help you better communicate with your doctor about your prescription drug options.

Use *MyPrime.com* to:

- Find out if a drug is on your plan's drug list, also known as a formulary.
- See a list of generic options for a brand drug and learn more about generic drugs.
Using generic drugs can often save you money.
- Calculate your estimated cost for a 30-day or 90-day supply of a covered drug.

1 Find Medicine

See if your medicines are covered, get pricing and learn about ways to save, including available generic options.

You also can check for drug interactions or find information about potential side effects.

2 Prescription History

View your detailed prescription history and out-of-pocket costs.

See claims as far back as the previous calendar year.

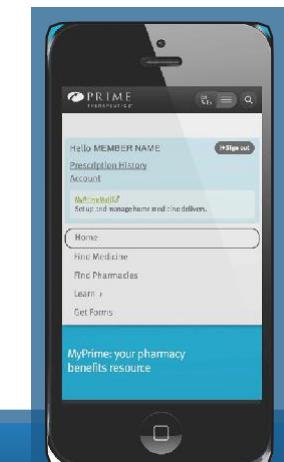
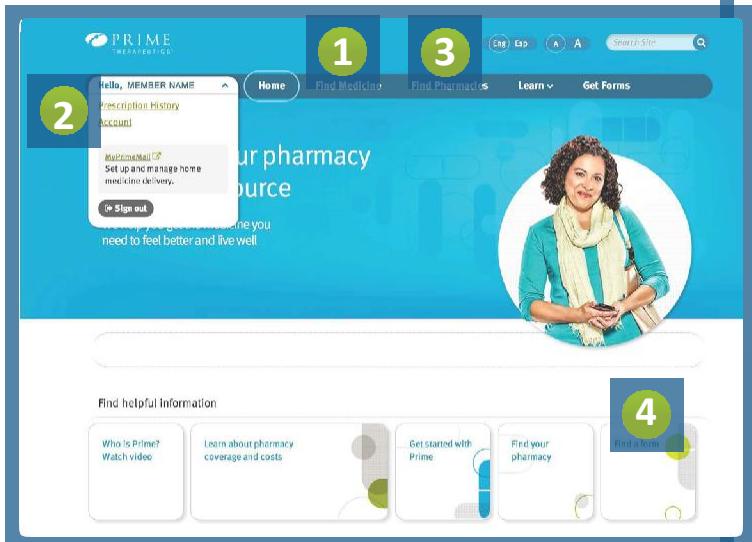
3 Find Pharmacies

Use the pharmacy locator tool to find a contracting pharmacy near you.

You can search by ZIP code, pharmacy name, city and state, or find 24-hour pharmacies.

4 More Resources:

Get tips on using *MyPrime.com* and *MyPrimeMail.com*, get forms and other helpful information.



MyPrime.com is also Mobile Friendly!

When you use PrimeMail®, a convenient home delivery option, you can have your long-term prescriptions delivered right to you.

Visit myprimemail.com to print an order form, refill a prescription and check the status of an order.

Go to bcbstx.com ○ Log in to Blue Access for Members ○
Click Prescription Drugs in the Quick Links box.

Prime Therapeutics LLC is an independent pharmacy benefit management company. PrimeMail is a home delivery pharmacy service operated by Prime Therapeutics. Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics to provide pharmacy benefit management and home delivery pharmacy services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

PrimeMail is a registered trademark of Prime Therapeutics LLC. MyPrime.com and MyPrimeMail.com are online resources offered by Prime Therapeutics.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

DENTAL BENEFITS

by BlueCross BlueShield of TX

Good oral care enhances overall physical health, appearance 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 On-Target Supplies & Logistics, Ltd. dental benefit plan.

	DTNBM41 Base	DTNLR58 Buy-Up
	In-Network	In-Network
Calendar Year Deductible (CYD)	\$25 Individual / \$75 Family	\$50 Individual / \$150 Family
Calendar Year Maximum <i>Includes Diagnostic & Preventive Services</i>	\$750 per person	\$1,000 per person
Preventive & Diagnostic Services <i>(Example: Cleanings)</i>	100% (Deductible Waived)	100% (Deductible Waived)
Basic Services <i>(Example: Fillings)</i>	80%	80%
Major Dental <i>(Example: Crown)</i>	N/A	50%
Orthodontic Services <i>(dependent children under age 19)</i>	N/A	50% Lifetime Maximum: \$1,000

When using out-of-network providers, you pay any amount over the allowable charge.

Monthly Rate	DTNBM41	DTNLR58
Employee Only	\$12.85	\$34.53
Employee + Spouse	\$25.71	\$69.06
Employee + Child(ren)	\$38.35	\$81.10
Employee + Family	\$57.07	\$126.30

VISION BENEFITS

by BlueCross BlueShield of TX

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

BlueCross BlueShield 300 V		
Vision Coverage	In-Network	Out-of-Network ¹
Annual Eye Exam (<i>Every 12 months</i>)	\$10 copay	Up to \$30
Lenses (<i>Every 12 months</i>)	\$25 copay	Single Vision: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$55
Frames (<i>Every 24 months</i>)	\$0 Copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Medically Necessary Contacts Lenses (<i>Every 12 months</i>) <i>in lieu of lenses and frames</i>	\$0 Copay, paid-in-full	Up to \$210
Elective Contacts	\$0 Copay, \$130 allowance, 15% off balance over \$130	Up to \$104

Frequency is based on your last date of service.

¹*Participant pays full fee to the provider, and BlueCross BlueShield reimburses the participant for services rendered up to the maximum allowance. Please see benefit summary or certificate of coverage for specific details.*

Monthly Rate	
Employee Only	\$7.60
Employee + Spouse	\$14.44
Employee + Child(ren)	\$15.20
Employee + Family	\$22.35

This information is intended as a guide and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. If there is any discrepancy between the plan documents and this Benefit Guide, the legal plan documents are the final authority. Full plan documents are available by contacting Gallagher Benefit Services or Human Resources. The plan sponsor reserves the right to amend, modify, reduce, change or terminate these benefits at any time. This Benefits Program does not create a contract or guarantee of employment between the company and any individual. Please retain this information for your records. When members use a Preferred/Participating Provider, they avoid balance billing other than applicable deductibles, coinsurance and/or copayment and out-of-pocket maximums. Reimbursement for out-of-network services may be based on a "reasonable and customary (R&C)" or "usual, customary, and reasonable (UCR)", such as 80% of R&C or 80% of UCR, or as stated above, based on some percentage of Medicare. Because there is no contract between the plan and the non-participating provider, the non-participating provider is not obligated to accept the plan's allowance as "reasonable and customary" and may bill the member for any balance. Please note, these differentials can be substantial.

BASIC LIFE AND AD&D

by BlueCross BlueShield of TX

The company provides you Life and AD&D in an amount of \$50,000. Life insurance provides financial security for the people who depend on you. If your death is the result of an accident, your beneficiary will receive two times the life amount (\$100,000). On-Target Supplies & Logistics, Ltd. provides Basic Life and AD&D coverage at no cost to you.

All eligible full time employees have a built in employee assistance program through BlueCross BlueShield of TX called Disability Resource Services (please reference page 43 for additional information):

- Face-to-face sessions
- Unlimited telephonic counseling
- Web-based services



VOLUNTARY LIFE AND AD&D

by BlueCross BlueShield of TX

On-Target Supplies & Logistics, Ltd. provides you with the opportunity to elect additional Life and AD&D coverage for yourself and your dependents. All employees will be able to enroll in the Guaranteed Issue amount listed below during this enrollment period only. If you elect coverage any time after this enrollment period and Evidence of Insurability form will be required.

Guaranteed Issue		Life and AD&D Benefit
Employee	\$100,000	Available in increments of \$25,000; up to \$100,000 max
Spouse	\$25,000	Available in increments of \$5,000 up to \$50,000 (can not exceed 50% of employee amount)
Child(ren)	\$10,000	Birth to 15 days: \$100 Age 15 days to 6 months: \$1,000 Age 6 months to age 26: Available in \$1,000 increments up to \$10,000 (cannot exceed 100% of employee amount)

The rates for Voluntary Life and AD&D are age banded and vary depending on the amount elected. For ease of calculation, please visit ExponentHR to view rates.

VOLUNTARY SHORT TERM DISABILITY (STD)

by BlueCross BlueShield of TX

Meeting your basic living expenses can be a challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income.

Weekly Benefit	60% of weekly earnings, up to \$500
Benefits Begin	0 days for Injury ; 8th day for sickness
Duration of Benefits	26 weeks
Definition of Earnings	Average Weekly Benefit
Pre-Existing Condition	An injury, sickness, or pregnancy for which you've seen a medical practitioner or taken medication in the 3 months before your coverage effective date. If your disability begins in the first 12 months of your coverage and is due to a pre-existing condition, full benefits are not payable.

The rates for Short Term disability are age banded and vary depending on covered salary. For ease of calculation, please visit ExponentHR to view rates.

VOLUNTARY LONG TERM DISABILITY INSURANCE (LTD)

by BlueCross BlueShield of TX

Meeting your basic living expenses can be a challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income.

Monthly Benefit	60% of monthly earnings, up to \$5,000
Benefits Begin	181st day of disability
Duration of Benefits	Reducing Benefit Duration with Social Security Normal Retirement Age
Definition of Earnings	Basic earnings and loss of duties
Earnings Test	80% own occupation or 60% any occupation
Pre-Existing Condition	An injury, sickness, or pregnancy for which you've seen a medical practitioner or taken medication in the 3 months before your coverage effective date. If your disability begins in the first 12 months of your coverage and is due to a pre-existing condition, full benefits are not payable.

The rates for Long Term disability are age banded and vary depending on covered salary. For ease of calculation, please visit ExponentHR to view rates.

Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a plan that provides payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

Accidental Injury Benefits	Plan Benefits
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250
Coma Benefit	\$7,500
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown \$200 Filling \$25 Extraction \$100
Eye Injury Benefit	\$300
Accident - Medical Services & Treatment Benefits	Plan Benefits
Ambulance Benefit	Ground: \$300 Air: \$1,000
Emergency Care Benefit	\$75 – \$150 depending on location of care
Non-Emergency Initial Care Benefit	\$75
Physician Follow-Up Visit Benefit	\$75
Therapy Services Benefit (including physical therapy)	\$35
Medical Testing Benefit	\$150
Medical Appliance Benefit	\$75 – \$750 depending on the appliance
Transportation Benefit	\$300
Pain Management Benefit (for epidural anesthesia)	\$75
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500
Modification Benefit	\$1,000



Accident Insurance

Blood/Plasma/Platelets Benefit	\$400
Surgical Repair Benefit	\$150-\$1,500 depending on the type of surgery
Exploratory Surgery Benefit	\$150
Other Outpatient Surgery Benefit	\$300
Hospital Benefits	Plan Benefits
Admission Benefit	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	\$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	\$150 per day
Accidental Death Benefit	Plan Benefits
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits	Plan Benefits
Dismemberment/Functional Loss	\$750 – \$20,000 depending on the injury
Paralysis	\$10,000 - \$20,000 depending on the number of limbs
Other Benefits	Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits

- Fracture and Dislocation benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit - Common Carrier Benefit - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- Health Screening Benefit – The Health Screening Benefit is not available in all states.
- Lodging Benefit – The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

Accident Insurance

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ³	Benefit Amount
Ambulance (ground)	\$300
Emergency Care (\$75 - \$150 depending on location of care)	\$150
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$150
Concussion	\$250
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,200

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members!⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	
Coverage Options	Monthly Rates
Employee	\$10.55
Employee & Spouse	\$20.85
Employee & Child(ren)	\$24.24
Employee & Spouse/Child(ren)	\$29.62

Accident Insurance

¹ Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

⁵ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Hospital Indemnity Insurance

Coverage to help pay for expenses such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife, you'll have a plan which provides lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.^A

Covered Benefits ^B

Please contact MetLife for detailed definitions and state variations of covered benefits.

Hospital Benefits			
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Admission Benefit	1 time(s) per calendar year	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement ²	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$200
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement ³	\$50
Other Benefits			
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$50

² If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

³ The Newborn Confinement Period Begins Immediately following the child's birth.



Hospital Indemnity Insurance

Benefit Payment Example

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	\$1,000
ICU Supplemental Admission (1x)	\$1,000
Regular Hospital Confinement (3 total days)	\$600
ICU Supplemental Confinement (1 day)	\$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$2,800

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

- A. Enroll for coverage through your employer.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

- A. You are eligible to enroll yourself and your eligible family members.^c You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

- A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

- A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier.^d

Q. What is the coverage effective date?

- A. The coverage effective date is 01/01/2022.

Q. Who do I call for assistance?

- A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant.

Hospital Indemnity Insurance

Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance

Coverage Options	Monthly Cost to You
Employee	\$35.52
Employee & Spouse	\$74.02
Employee & Child(ren)	\$51.04
Employee & Spouse/Child(ren)	\$89.54

^A Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

^B Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

^C Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage.

^D Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Critical Illness Insurance

Benefits that may help cover expenses that are not covered by your medical plan.

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	Choice of \$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren) ³	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**⁴ for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Plan Design – Covered Conditions		
Initial Benefit means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.		
Recurrence Benefit means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.		
<u>Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit

Critical Illness Insurance

Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	NONE
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE

Critical Illness Insurance

Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
 - Coma
 - Loss of: Ability to Speak; Hearing; or Sight
 - Paralysis
 - Severe Burn

Health Screening Benefit MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$20,000

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$20,000 or 100%
Kidney Failure — first verified diagnosis, two years later	Initial Benefit payment of \$20,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$20,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Questions & Answers

Q. Who is eligible to enroll for this critical illness coverage?

- A. You are eligible to enroll yourself and your eligible family members!⁵ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

- A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

- A. Yes, you can take your coverage with you.⁶ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

- A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Critical Illness Insurance

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium For: \$10,000 of Coverage				
Employee Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$4.90	\$10.00	\$7.40	\$12.50
25–29	\$5.60	\$11.40	\$8.10	\$13.90
30–34	\$6.80	\$13.90	\$9.40	\$16.40
35–39	\$8.40	\$17.00	\$10.90	\$19.60
40–44	\$11.30	\$23.00	\$13.80	\$25.50
45–49	\$15.50	\$31.30	\$18.00	\$33.80
50–54	\$22.80	\$44.80	\$25.30	\$47.30
55–59	\$32.20	\$61.70	\$34.70	\$64.20
60–64	\$45.10	\$85.30	\$47.60	\$87.80
65–69	\$63.60	\$118.90	\$66.10	\$121.40
70–74	\$85.10	\$160.10	\$87.60	\$162.60
75+	\$115.30	\$220.40	\$117.80	\$222.90

Monthly Premium For: \$20,000 of Coverage				
Employee Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$9.80	\$20.00	\$14.80	\$25.00
25–29	\$11.20	\$22.80	\$16.20	\$27.80
30–34	\$13.60	\$27.80	\$18.80	\$32.80
35–39	\$16.80	\$34.00	\$21.80	\$39.20
40–44	\$22.60	\$46.00	\$27.60	\$51.00
45–49	\$31.00	\$62.60	\$36.00	\$67.60
50–54	\$45.60	\$89.60	\$50.60	\$94.60
55–59	\$64.40	\$123.40	\$69.40	\$128.40
60–64	\$90.20	\$170.60	\$95.20	\$175.60
65–69	\$127.20	\$237.80	\$132.20	\$242.80
70–74	\$170.20	\$320.20	\$175.20	\$325.20
75+	\$230.60	\$440.80	\$235.60	\$445.80

Critical Illness Insurance

Monthly Premium For: \$30,000 of Coverage				
Employee Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$14.70	\$30.00	\$22.20	\$37.50
25–29	\$16.80	\$34.20	\$24.30	\$41.70
30–34	\$20.40	\$41.70	\$28.20	\$49.20
35–39	\$25.20	\$51.00	\$32.70	\$58.80
40–44	\$33.90	\$69.00	\$41.40	\$76.50
45–49	\$46.50	\$93.90	\$54.00	\$101.40
50–54	\$68.40	\$134.40	\$75.90	\$141.90
55–59	\$96.60	\$185.10	\$104.10	\$192.60
60–64	\$135.30	\$255.90	\$142.80	\$263.40
65–69	\$190.80	\$356.70	\$198.30	\$364.20
70–74	\$255.30	\$480.30	\$262.80	\$487.80
75+	\$345.90	\$661.20	\$353.40	\$668.70

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

³ Dependent Child coverage varies by state. Please contact MetLife for more information.

⁴ Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

⁵ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

⁶ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

HEALTH SAVINGS ACCOUNT (HSA) by HSA Bank

If you enrolled in the High Deductible Health Plan offered by On-Target Supplies & Logistics, Ltd. you are able to contribute pre-tax dollars to an HSA, a unique tax-advantaged account that you can use to pay for current or future healthcare expenses.

In order to be eligible/contribute to an HSA:

- Enrolled in a qualified high deductible health plan
- Not covered under any other health plan that is not a HDHP and has not contributed to a “Regular” Health FSA in the calendar year
- Not enrolled in any part of Medicare, and
- Not eligible to be claimed as a tax dependent by another person.

What is an HSA?

- A tax-advantaged savings account that you use to pay for eligible medical expenses as well as deductibles, co-insurance, prescriptions, vision and dental care incurred by employees and dependents.
- Account holders will be issued a debit card to pay for eligible HSA expenses.
- Your tax dependents are also eligible to use HSA funds.
- Contributions are made pre-tax from your paycheck.
- Once enrolled in Medicare, you are no longer eligible to contribute to an HSA. However, you can continue to use the funds in your account.
- There is NO “use it or lose it penalty.” Your account is portable and will remain yours if you leave Continental Electronics Corporation.
- Additional retirement savings: Age 65+, HSA funds can be withdrawn for any purpose without penalty.

Contributions:

- Contributions can be made by anyone – individual, employers, eligible family member or combination
- 2024 Calendar Year Maximum contribution amounts are regulated by the IRS

(Subject to cost of living adjustment in future years):

- \$4,150 Individual / \$8,300 Family
- \$1,000 Catch-up contributions at age 55+

No contributions to an HSA permitted if Medicare enrolled

ADDITIONAL SERVICES AND THINGS TO KNOW

GoodRx

GoodRx coupons will help you pay less than the cash price for your prescription. They are free to use and are accepted at virtually every U.S. pharmacy. Your pharmacist will know how to enter the codes on the coupon to pull up the lowest discount available.

You can print the coupon from their website, email or text the coupon to yourself, or use the GoodRx app.

GoodRx is not affiliated with your BCBS TX medical coverage.

Locating an In-Network Provider

On the medical plan you must see an in-network provider in order to receive benefits. There is no coverage out-of-network unless it is an emergency situation. On the dental and vision plan, you can choose any doctor you wish to see – regardless of whether they are in-network. However, the plan will pay a higher percentage to an in-network provider in most cases. In addition, in-network providers have agreed to accept a contracted rate. They cannot bill you for any additional costs outside of this allowable amount. Out-of-network providers can choose to bill you for any remaining amount the carrier does not cover. This is on top of the amount applied to your deductible, co-insurance or co-pay.

Medical, Dental, and Vision:

Go to www.bcbstx.com. Select “Find Care” tab at the top of the page then select “Find a Doctor or Hospital” from the dropdown menu. On the next page choose the type of directory you are looking for and enter the state you are looking for a provider in. Choose the “Blue Advantage HMO [BVA]” network and enter your search criteria. **A primary care physician must be selected and referrals are required.**

Please note that CVS is not a participating pharmacy under the BCBSTX plan.

Health Screening Wellness Benefit through Metlife

If you are enrolled in Critical Illness and/or Hospital Indemnity, MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. If you are enrolled in both Critical Illness and Hospital Indemnity, you are eligible to submit claims under each plan for a \$50 benefit, for a total of \$100.

COVID-19 Diagnosis can be a payable benefit under Critical Illness through Metlife

If you are enrolled in Critical Illness, and have been diagnosed with COVID-19, you may be eligible for submit a claim form for payable benefits.



Take Advantage of Preventive Services

Your family's race to better health begins with a single step: Taking advantage of preventive health care services

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.

55919.1219

bcbstx.com

**FOR ADULTS**

Annual preventive medical history and physical exam

**SCREENINGS FOR**

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity and diabetes
- Sexually transmitted infections, HIV, HPV and hepatitis
- Tuberculosis

COUNSELING FOR

- Alcohol misuse
- Domestic violence
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Use of aspirin to prevent heart attacks

JUST FOR WOMEN

- Aspirin for preeclampsia prevention
- Breast cancer screening, genetic testing and counseling
- Breastfeeding support, supplies and counseling
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- Counseling for alcohol and tobacco use during pregnancy
- Diabetes mellitus screening after pregnancy
- Folic acid supplementation during pregnancy
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteruria, Rh(D) compatibility, preeclampsia and perinatal depression
- Urinary incontinence screening

FOR CHILDREN

Annual preventive medical history and physical exam

**SCREENINGS FOR**

- Autism
- Cervical dysplasia
- Critical congenital heart defect screening for newborns
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Vision screening

ASSESSMENTS AND COUNSELING

- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling

CERTAIN VACCINES

Learn more on immunization recommendation and schedules by visiting: www.cdc.gov/vaccines



- Diphtheria, Pertussis, Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered.

To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.



Make Your Fitness Program Membership Work for You!

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Texas (BCBSTX) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Base	Core	Power	Elite
Monthly Fee	\$19	\$29	\$39	\$99
Gym Facility Network Size [†]	3,000	7,500	12,000	12,400
\$19 Initiation Fee				

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

* Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.



Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the Whole Health Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at whlchoices.com.
- **Blue PointsSM:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.***
- **Web Resources:** You can go online to find fitness locations and track your visits.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to bcbstx.com and log in to Blue Access for MembersSM.
2. Under "Quick Links," choose "Fitness Program." On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click "Enroll Now." Then search and select the fitness location that is best for you. Remember, you can visit any participating fitness location in your plan after you sign up.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).



Find fitness buddies, take a class and try something new!
Join the Fitness Program today to help you reach your health and wellness goals.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

***Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.



Mobilize Your Vision Plan

Vision Benefit App, Powered by EyeMed

The EyeMed member app was the first of its kind. But innovation—like your life—never stops. Your vision benefit is powered by EyeMed, which means you are able to download the EyeMed member app to access ahead-of-the-game resources wherever you are—before, during and after your eye appointment.

Here's How to Access the EyeMed Member App



1. DOWNLOAD

Search “EyeMed Members” in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



REGISTER

You'll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It's that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	<input checked="" type="checkbox"/>	
On-the-fly appointment scheduling	<input checked="" type="checkbox"/>	
Turn-by-turn directions and map	<input checked="" type="checkbox"/>	
Eye exam and contact lens reminders		<input checked="" type="checkbox"/>
Electronic ID card for office visits		<input checked="" type="checkbox"/>
Save vision prescriptions		<input checked="" type="checkbox"/>
Benefit plan details		<input checked="" type="checkbox"/>
Answers to common questions	<input checked="" type="checkbox"/>	
Direct line to member support	<input checked="" type="checkbox"/>	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL



There's More in Store Online

Eyesight changes. How you buy eyewear is changing, too. That's why you can shop for eyewear at neighborhood retailers, your favorite eye doctor—or simply go online. With Blue Cross and Blue Shield of Texas vision benefits, you can buy without boundaries.

Shop and buy frames, contacts and sunglasses just like you would in the store—but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.

Convenient Online Shopping

- Choose from hundreds of brand-name frames and contacts
- Instantly apply your in-network benefits at checkout
- Enjoy free shipping and returns



lenscrafters.com



targetoptical.com



ray-ban.com/insurance



glasses.com



contactsdirect.com

Don't have a current prescription?

Our provider locator on eyemedvisioncare.com/bcbstxvis will help you find the right place for an eye exam.

Get a clear view.

Visit eyemedvisioncare.com/bcbstxvis to learn more.



Innovative Answers for Smart Shoppers



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
VISION[®]

OPTICAL[®]



Travel Resource Services™

Your Ticket to Safe and Worry-Free Travel

Whether traveling for business or pleasure, a trip can be disrupted by a medical emergency, a lost prescription or instability in a foreign country. This is why we teamed up with Generali Global Assistance, Inc. to offer employees an easy and convenient way to get the assistance they need should the unexpected happen.

Available to All New Group Life Customers with 51 or More Employees

Generali Global Assistance, Inc. (GGA) provides 24-hour services that can help an employee access emergency assistance when traveling more than 100 miles from home. GGA is there when a crisis strikes to help employees obtain the care and attention they need.



Key Services

Medical Search and Referral

GGA will assist in finding physicians, dentists and medical facilities.

Medical Monitoring

During the course of a medical emergency, professional case managers, including physicians and nurses, will monitor the case to determine whether the care is appropriate or if evacuation/repatriation is needed.

Medical Evacuation/Return Home

In the event of a medical emergency, when a physician designated by GGA determines that it is medically necessary for the employee to be transported under medical supervision to the nearest hospital or treatment facility or be returned to their place of residence for treatment, GGA will arrange and pay for the transport under proper medical supervision.

Traveling Companion Assistance

If a travel companion loses previously made travel arrangements due to the employee's medical emergency, GGA will arrange for the traveling companion's return home.

Dependent Children Assistance

If any dependent children under the age of 18 traveling with the employee are left unattended because the employee is hospitalized, GGA will arrange and pay for their economy class transportation home. Should transportation with an attendant be necessary, GGA will arrange for a qualified escort to accompany the children.

Visit by Family Member/Friend

If the employee is traveling alone and must be or is likely to be hospitalized for seven consecutive days, GGA will arrange and pay for round-trip transportation for one member of his or her immediate family, or one friend designated by the employee, from his or her home to the employee's place of hospitalization.

Return of Mortal Remains

In the event of the employee's death while traveling, GGA will arrange and pay for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to the place of residence for burial.

Replacement of Medication and Eyeglasses

GGA will arrange to fill a prescription that has been lost, stolen or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses. Costs of shipping of medication and eyeglasses, or a prescription refill, etc. are the responsibility of the employee.

GGA provides 24-hour services that can help an employee access emergency assistance when traveling more than 100 miles from home.

Emergency Travel Arrangements

If appropriate, GGA will make new travel arrangements or change airline, hotel and car rental reservations.

Emergency Cash

GGA will advance up to \$500 after satisfactory guarantee of reimbursement from the employee. Any fees associated with the transfer or delivery of funds are the responsibility of the employee.

Legal Assistance/Bail

GGA will locate an attorney and advance bail bond, where permitted by law, with satisfactory guarantee of reimbursement from the employee. (The employee also pays attorney fees.)

Interpretation/Translation

GGA will assist with telephone interpretation in all major languages or will refer the employee to an interpretation or translation service for written documents.

Pre-Trip Information

GGA offers a wide range of informational services before an employee leaves home, including:

- Visa, passport, inoculation and immunization requirements
- Cultural information
- Temperature and weather conditions
- Embassy and consulate referrals
- Foreign exchange rates
- Travel advisories

Conditions and Exclusions

GGA shall not evacuate or repatriate anyone if an GGA designated physician determines that such transport is not medically advisable or necessary or if the injury or illness can be treated locally.

GGA provides the services in all countries of the world. However, GGA may determine that services cannot be provided in certain countries or locales because of situations such as war, natural disaster or political instability. GGA will attempt to assist the employee consistent with the limitations presented by the prevailing situation in the area. GGA cannot be held responsible for failure to provide or for delay in providing services when such failure or delay is caused by conditions beyond its control, including but not limited to flight conditions, labor disturbance and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disasters, acts of God or where rendering service is prohibited by local law or regulations.

Travel Resource Services is administered by Generali Global Assistance, Inc. (GGA). GGA is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services. GGA is solely responsible for the products and services described in this flier.

For broker/employer use only. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



When are employees eligible for these services?

Employees, their spouses and dependent children are eligible for this program. Pre-trip informational services are available at any time. All other services take effect when the covered person is on a trip 100 miles or more from home, lasting 90 days or fewer.

Who is responsible to pay for these services?

After coverage has been verified, GGA will arrange and pay for the following, to a limit of \$150,000 and subject to the program guidelines:

- Medical evacuation/return home
- Visit by a family member or friend
- Return of mortal remains
- Dependent children assistance



Beneficiary Resource Services™

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning, coping with grief and financial uncertainties. That's why Blue Cross and Blue Shield of Texas offers Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support, as well as online will preparation. Beneficiary Resource Services is provided by Morneau Shepell.

Beneficiary Resource Services is available to groups with 51 or more insured employees at no additional cost. It is available to:

1. Beneficiaries (and their families) of an insured person who dies;
2. Insured people who qualify for an accelerated benefit from a group life insurance program; and
3. All insureds and their families for online will preparation and online funeral planning.

Beneficiary Resource Services is available for up to one year from the day the contact is initiated with Morneau Shepell.



Services for Beneficiaries and Their Families

The following services are available after a life claim or for those that qualify for an accelerated death benefit:

Unlimited Phone Contact

Available for up to one year with a grief counselor, legal advisor or financial planner.

Face-to-Face Working Sessions*

Five face-to-face working sessions are available to the insured person or beneficiary. All five sessions may be used with one grief counselor or legal advisor, or they may be split among the two types of counselors or advisors in geographically accessible locations. A one-hour financial consultation on the phone is also available.

Referrals and Support Services

Morneau Shepell maintains a comprehensive directory of qualified and accessible grief counselors and legal and financial consultants.

Follow Up

Counselors will initiate follow-up calls when necessary for up to one full year from the date of initial contact.

Morneau Shepell's nationwide network of experienced professionals can offer counseling for individuals facing difficult emotional, financial or legal issues. Morneau Shepell's counselors are available 24 hours a day, 365 days a year. All calls are completely confidential.

Services for Insureds and Their Families

Online Will Preparation

A will is one of the most important documents every adult should have, and creating one has never been easier.

Insureds and their families have access to a full legal library with many estate planning documents, including an online will. Insureds can create their own wills online in a safe and secure way, right from their homes. The will can be saved and updated as family situations change. Creating a will provides security and peace of mind for several reasons:

- Appoints a guardian for children
- Controls where property and assets go
- Provides family security
- Without one, the state can make these decisions

**EMPLOYEES CAN ACCESS THESE
VALUABLE RESOURCES, BY VISITING**
beneficiaryresource.com

Username: beneficiary

Online Funeral Planning

Insureds and beneficiaries have access to an online funeral planning site that features a variety of helpful tools and information, such as:

- A downloadable funeral planning guide for insureds to document vital information their loved ones will need when making final arrangements
- Calculators to estimate and compare expenses for various types of funeral arrangements
- Information on funeral requirements and various religious customs
- Directories to locate funeral homes and cemeteries in the insured's area
- Insureds can create a will or access the online funeral planning website by visiting beneficiaryresource.com and entering the username provided.
- Additional information is provided upon enrollment.

*May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation.

For broker/employer use only. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

Beneficiary Resource Services is provided by Morneau Shepell. Morneau Shepell is an independent organization that does not provide Blue Cross and Blue Shield of Texas (BCBSTX) or Dearborn Life Insurance Company products or services. Morneau Shepell is solely responsible for the products and services described in this flier. Legal services will not be provided for court proceedings or for the preparation of briefs for legal appearances or actions or for any action against any party providing Beneficiary Resource Services. Legal services provided under Beneficiary Resource Services are not intended for adversarial matters. May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation. Neither Morneau Shepell, BCBSTX nor Dearborn Life Insurance Company are responsible or liable for care or advice rendered by any referral resources.

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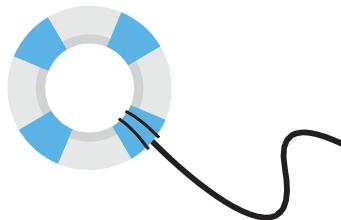


Disability Resource Services™

Extra Help When It's Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services to employees and their immediate family.

Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.



Disability Resource Services™

In the U.S. and Canada call

866-899-1363

TDD: 800-697-0353

guidanceresources.com

Enter Your Company ID: DISRES



BlueCross BlueShield
of Texas

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Face-to-Face Sessions

Disability Resource Services provides three face-to-face sessions in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling

Disability Resource Services also provides unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us and their immediate family. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To Access Your Services

Call: 866-899-1363



You will be asked what type of insurance policy you have: LTD, STD or life insurance. If you are unsure, consult with your HR representative.



Online: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES

Your Guide to GuidanceResources® Online

GuidanceResources.com

What about financial concerns?

Financial issues can arise at any time, from dealing with debt to saving for college. Guidance Resources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

How can I manage all of my life's little details and the issues my family faces?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

Where can I get answers to all my legal questions?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

Guide to using GuidanceResources.com

1. Once on the **GuidanceResources.com** home page, click on the tab at the top labeled **“Register.”**
2. Enter your **company ID: DISRES**. Create a **username and password**. The username has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you **complete all required fields, noted with red asterisks**.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, **click on the “Submit” button** at the bottom of the page.

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing.

Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.



ONLINE ACCESS: GuidanceResources.com

- Click “Register” to create a new account.
- Enter Your Company ID: DISRES
- FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com** or **877-595-5289**.

Disability Resource Services™

In the U.S. and Canada call

866-899-1363

TDD: 800-697-0353

guidanceresources.com

Enter Your Company ID: DISRE



**BlueCross BlueShield
of Texas**

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For employees of On Target Supplies and Logistics, Ltd only. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. ComPsych® Corporation is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services. ComPsych® Corporation is solely responsible for the products and services described in this flier.

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CONTACT INFORMATION

If you have specific questions about any of the benefit plans, please contact the administrator.

Benefit	Administrator	Phone	
Medical – #306850, #306851, #306852	BlueCross BlueShield of TX	877-299-2377	
Dental- #306850			
Vision- #F026265			
Life and AD&D Insurance - #F026265			www.bcbstx.com
Vol Life and AD&D Insurance- #F026265		877-442-4207	
Long-Term Disability- #F026265			
Short-Term Disability- #F026265			
Accident	MetLife		
Hospital Indemnity		800-438-6388	www.metlife.com
Critical Illness			
HSA	HSA Bank	800-357-6247	www.hsabank.com
Benefit Advocate Center	Gallagher	833-940-3987	bac.otsl@ajg.com
Human Resources	On-Target	214-356-1990	Lorene Smith SVP / Compliance Officer Email: lsmith@otsl.com
Enrollment Counselors	N-Gage	Scan QR Code Below	https://n-gage.as.me/On-Target



This booklet highlights the main features of many of the benefit plans sponsored by On-Target Supplies & Logistics, Ltd. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. On-Target Supplies & Logistics, Ltd reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an employment contract. On-Target Supplies & Logistics, Ltd reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This Benefits Guide 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 Modifications and should be kept with your most recent Summary Plan Descriptions(s).



Gallagher

Insurance | Risk Management | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

1

Explanation of benefits

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

2

Prescription challenges

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

3

Benefits questions

Are you unsure if the insurance company will pay for a certain procedure?

4

Claim issues

Did you receive a bill from a doctor but don't know why?

5

Difficult situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

A licensed healthcare benefits advocate is ready to handle any situation in a discreet and confidential manner.

Hours of operation

Monday – Friday

8 a.m. – 6 p.m.

Connect With Us

ajg.com **The Gallagher Way.** Since 1927.

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HIPAA Special Enrollment Rights

On-Target Supplies & Logistics, Ltd. Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the On-Target Supplies & Logistics, Ltd. Health Plan (to actually participate, you must complete an enrollment form and 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 Lorene Smith - Sr. VP/Compliance Officer at 214-356-1990 or lsmith@otsl.com.

Important Warning

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

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).

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HSA/HDHP - HMO MTBAB301H (Individual: 0% coinsurance and \$7,500 deductible; Family: 0% coinsurance and \$15,000 deductible)

Plan 2: Base - HMO MTBAB042 (Individual: 20% coinsurance and \$5,000 deductible; Family: 20% coinsurance and \$14,700 deductible)

Plan 3: Buy-Up – HMO MTBAB028 (Individual: 20% coinsurance and \$3,000 deductible; Family: 20% coinsurance and \$9,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 214-356-1990 or lsmith@otsl.com.

Lifetime Limit

The lifetime limit on the dollar value of benefits under On-Target Supplies & Logistics, Ltd or BCBS no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information, contact Lorene Smith at 214-356-1990 or BCBS of Texas.

Dependents to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the On-Target Supplies & Logistics, Ltd health plan. Individuals may request enrollment for such children within 30 days from the date of notice. Enrollment will be effective January 1, 2024. For more information, contact Lorene Smith at 214-356-1990.

Patient Protections Disclosure

The On-Target Supplies & Logistics, Ltd. Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, BlueCross BlueShield of TX designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the BlueCross BlueShield of TX at 877-299-2377 or www.bcbstx.com.

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

You do not need prior authorization from BlueCross BlueShield of TX or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the BlueCross BlueShield of TX at 877-299-2377 or www.bcbstx.com.

Preventive Care

Preventive Care coverage will no longer have an annual maximum for services using a BCBS of Texas contracted network provider. Preventive Care coverage is subject to national recommended guidelines based on age and gender.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

On-Target Supplies & Logistics, Ltd. is committed to the privacy of your health information. The administrators of the On-Target Supplies & Logistics, Ltd. Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Lorene Smith - Sr. VP/Compliance Officer at 214-356-1990 or lsmith@otsl.com.

Notice of Creditable Coverage

Important Notice from On-Target Supplies & Logistics, Ltd.

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 On-Target Supplies & Logistics, Ltd. 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. On-Target Supplies & Logistics, Ltd. 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 coverage with the Group may be affected.

If you do decide to join a Medicare drug plan and drop your current with the Group, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with On-Target Supplies & Logistics, Ltd. 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 On-Target Supplies & Logistics, Ltd. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	January 01, 2024
Name of Entity/Sender:	On-Target Supplies & Logistics, Ltd.
Contact—Position/Office:	Lorene Smith - Sr. VP/Compliance Officer
Office Address:	1133 S Madison Ave Dallas, Texas 75208-6726 United States
Phone Number:	214-356-1990

COBRA General Notice

Model 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."

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; 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: Lorene Smith.

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, Medicare, 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 period¹ 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.

¹<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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>.

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

On-Target Supplies & Logistics, Ltd.

Lorene Smith - Sr. VP/Compliance Officer

1133 S Madison Ave

Dallas, Texas 75208-6726

United States

214-356-1990

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA - Medicaid	ALASKA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: ipp@dhcs.ca.gov
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA - Medicaid	INDIANA - Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/</p> <p>Phone 1-800-457-4584</p>
IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members</p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-766-9012</p>
KENTUCKY - Medicaid	LOUISIANA - Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328</p> <p>Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahpp</p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE - Medicaid	MASSACHUSETTS - Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840</p> <p>TTY: (617) 886-8102</p>
MINNESOTA - Medicaid	MISSOURI - Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</p> <p>Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>
MONTANA - Medicaid	NEBRASKA - Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p> <p>Email: HHSHPPIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>

NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY - Medicaid and CHIP	NEW YORK - Medicaid
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid	NORTH DAKOTA - Medicaid
Website: https://medicaid.ncdhhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP	OREGON - Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid and CHIP	RHODE ISLAND - Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA - Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid	UTAH - Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT - Medicaid	VIRGINIA - Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON - Medicaid	WEST VIRGINIA - Medicaid and CHIP
Website: https://www.hca.wa.gov Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN - Medicaid and CHIP	WYOMING - Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit².

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Lorene Smith.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

²An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name On-Target Supplies & Logistics, Ltd.	4. Employer Identification Number (EIN) 75-2593466	
5. Employer address 1133 S Madison Ave	6. Employer phone number 214-356-1990	
7. City Dallas	8. State Texas	9. ZIP code 75208-6726
10. Who can we contact about employee health coverage at this job? Lorene Smith		
11. Phone number (if different from above)	12. Email address lsmith@otsl.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - X Some employees. Eligible employees are: Full time employees
- With respect to dependents:
 - X We do offer coverage. Eligible dependents are: Spouses and Children
 - We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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