2026 EMPLOYEE BENEFITS GUIDE

LARKSFIELD
PLACE

LARKSFIELD PLACE Benefits

At Larksfield Place, we know our dedicated employees—YOU—are key to our overall success as an organization. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

YOUR BENEFITS

Benefit Eligibility

New Hires:

To elect your benefits, you must enroll online through the **Paycom** system. The benefits coverage selected during the enrollment period will remain **in effect until December 31, 2026** unless you experience a qualifying event.

Eligibility:

Employees who work a **minimum of 30 hours per week** are eligible for benefits on the **first of the month following 30 days** of continuous employment.

Dependents:

- Spouse/legally Registered Domestic Partner (same and opposite sex couples)*
- Child(ren) and children of Domestic Partner up to age 26*

**Premiums for a Domestic Partner and their children are taxable.*

Qualifying Events for Changing Benefits

Because your premiums for medical, dental and vision are deducted from your salary on a pre-tax basis, the IRS has established strict rules regarding the operation of your plans. The choices made by you during your enrollment period must remain in effect for the entire plan year (until December 31). Exceptions are permitted under IRS rules when an employee has a qualifying event. If you have an event, you are required to notify the Human Resources team within 30 days, enter the appropriate changes in Paycom. Documentation of the qualifying event may be required. Some examples of qualifying events include:

- Change in marital status
- Birth or adoption of a child
- Death of a covered dependent
- Loss of eligibility status by a covered dependent
- Change in employment status that affects eligibility for coverage
- Losing or gaining healthcare coverage eligibility under Medicare or Medicaid

Consistency Rules

In order for a change in status to qualify for a midyear election change, the change in status must be “on account of,” and must correspond to, a change in status that affects the eligibility of an employee, Spouse/domestic partner, or dependent for coverage under an employer’s plan.

Benefit Enrollment

Enrolling or Waiving Benefits

To enroll in or waive benefits you must do so through Paycom, our online benefits portal.

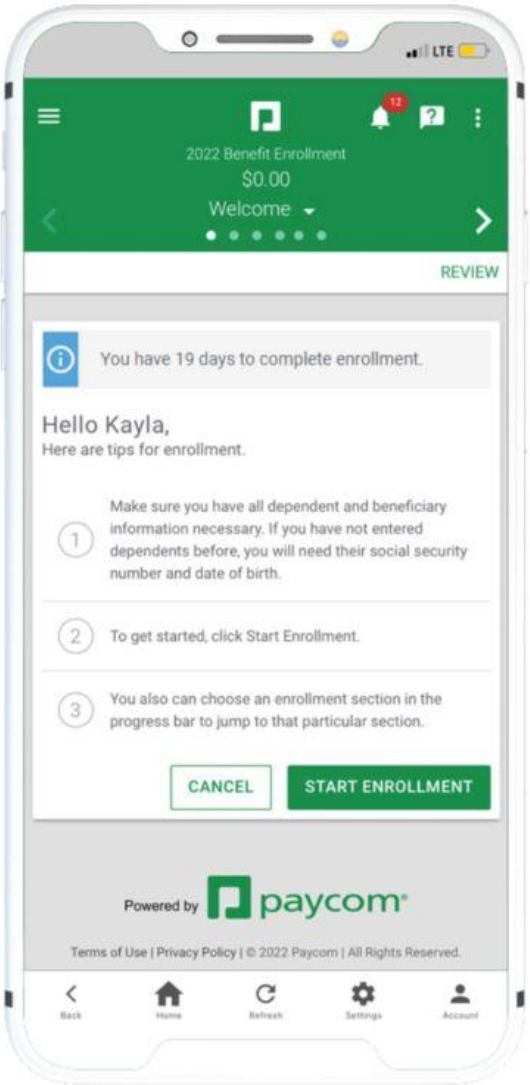
Step 1: From the Notifications Center, tap the current year's Benefits Enrollment. Review the instructions and tap "Start Enrollment."

Step 2: Review your information. Tap "Edit" to change anything or "Next" to continue.

Step 3: Complete the Pre-Enrollment Questions and tap "Save and Next."

Step 4: Choose to enroll in or decline a plan by checking the appropriate option. If necessary, choose which dependents to add. When finished, tap "Enroll." Continue for each benefit plan.

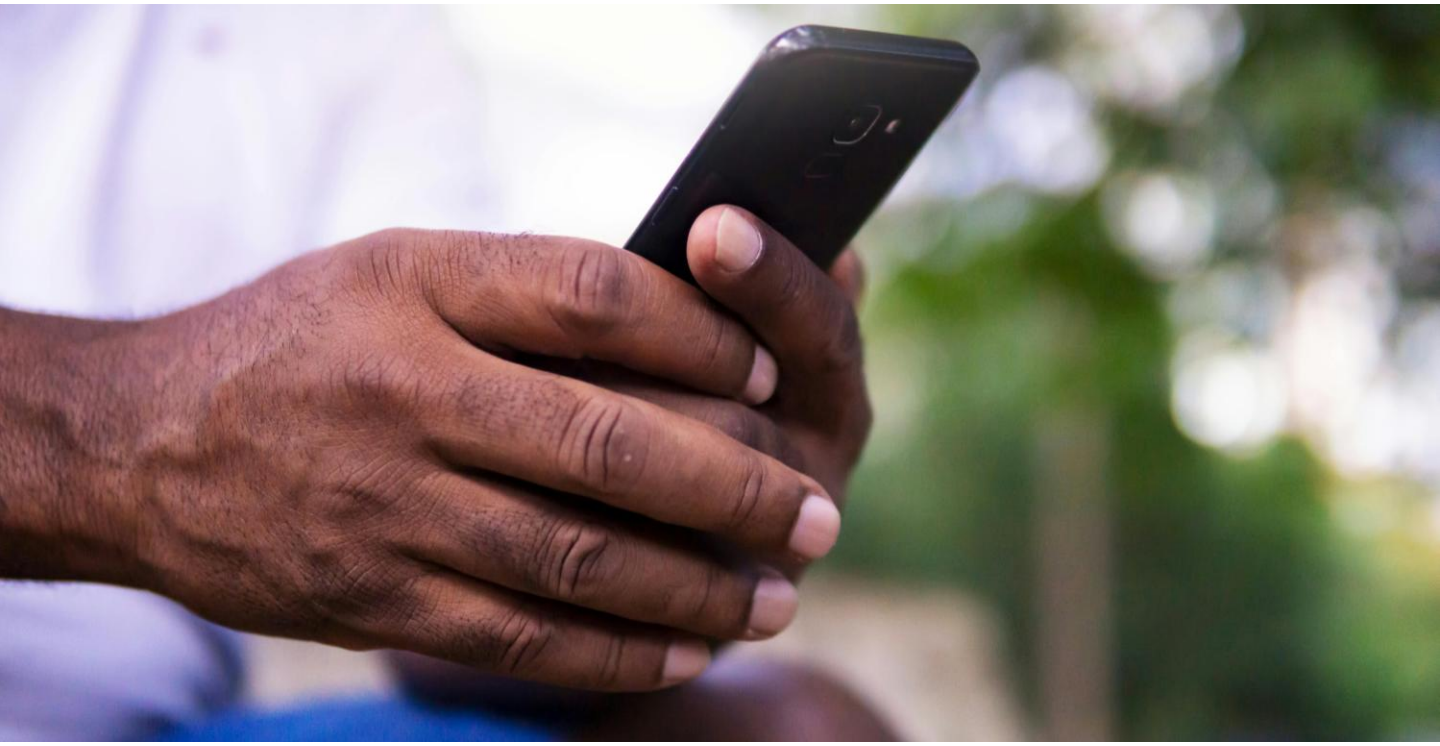
Step 5: When finished, review your enrollment and tap "Finalize." Then, tap "Sign and Submit" in the pop-up window.



The 2025 open enrollment is **November 17, 2025 - November 25, 2025.**

Benefit elections made during open enrollment will become effective January 1, 2026.

Carrier Contacts



Benefit	Contact Information
Medical UMR	1.800.862.9781 www.umr.com
Telemedicine TELADOC	1.800.835.2362 www.teladoc.com
Pharmacy Savings SMITHRx	1.844.454.5201 www.smithrx.com
FSA & HSA EMPOWER	1.316.687.3444 www.empowerflex.com
Dental DELTA DENTAL OF KANSAS	1.800.234.3375 www.deltadentalks.com
Vision EYEMED VISION CARE	1.866.939.3633 www.eyemedvisioncare.com
Life & AD&D, Vol Life & AD&D, STD, LTD PRINCIPAL	1.800.986.3343 www.principal.com
Worksite Benefits UHC	1.866.556.8298 www.myuhcfp.com
Employee Assistance Program EMPAC	1.800.234.0630 www.empac-eap.com
Pet Health Insurance NATIONWIDE	877.738.7874 www.petinsurance.com
401(k) EMPOWER	1.855.756.4738 https://participant.empower-retirement.com/

Medical / Rx

UMR: UHC Choice Plus

	Option 1 PPO	Option 2 QHDHP
Plan Year	Jan 1 – Dec 31	Jan 1 – Dec 31
Deductible Individual | Family	$1,500 | $3,000	$3,400 | $6,800
Co-Insurance Plan | Member	80% | 20%	100% | 0%
Out-of-Pocket Max Individual | Family (Includes Deductible, Coinsurance, and Med & Rx Copays)	$5,000 | $10,000	$3,400 | $6,800
FSA or HSA Eligibility	FSA	FSA or HSA
Network	UHC Choice Plus	UHC Choice Plus
Benefits		
Preventive Care	Plan pays 100%	Plan pays 100%
Office Visit Primary | Specialist	$0 Copay | $30 Copay	Deductible
Referral Required	No	No
Telemedicine (Teladoc)	$0 Copay	$0 Copay
Urgent Care Visit	$15 Copay	Deductible
Emergency Room Visits	$300 Copay, then Ded & Coins	Deductible
Diagnostic Testing (X-Ray, Bloodwork)	Ded & Coins	Deductible
Advanced Imaging	$50 Copay	Deductible
Inpatient Hospital & Outpatient Facility	Ded & Coins	Deductible
Outpatient Mental Health	$0 Copay for office visit Ded & Coins for outpatient (facility)	Deductible
Spinal Manipulations *limited to 25 visits per year	$5 Copay	Deductible
Physical Therapy	Ded & Coins	Deductible
Prescriptions	No Deductible	Medical Deductible
Generic (Tier 1) Retail & mail order available	$10 Copay	Deductible
Preferred (Tier 2) Retail & mail order available	$50 Copay	Deductible
Non-Preferred (Tier 3) Retail & mail order available	$75 Copay	Deductible
Specialty (retail only)	$100 Copay	Deductible
Mail Order	2.5x Retail Copay	Deductible

The above table reflects in-network benefits. Out-of-network benefits are paid differently than in-network benefits. Please see the SBC for out-of-network benefits.

Medical / Rx Rates

UMR: UHC Choice Plus

Pre-tax Payroll Deductions

	Total Monthly Premium	Larksfield Place Portion Per Month	Employee Portion Per Month	Employee Portion Per Pay Period (24)
Option 1 – PPO				
Employee Only	$832.98	$632.98	$200.00	$100.00
Employee + Spouse	$1,553.74	$1,063.74	$490.00	$245.00
Employee + Child(ren)	$1,388.37	$938.37	$450.00	$225.00
Family	$2,280.93	$1,590.93	$690.00	$345.00
Option 2 – HDHP				
Employee Only	$832.98	$802.98	$30.00	$15.00
Employee + Spouse	$1,553.74	$1,253.74	$300.00	$150.00
Employee + Child(ren)	$1,388.37	$1,118.37	$270.00	$135.00
Family	$2,280.93	$1,780.93	$500.00	$250.00

FIND A DOCTOR

How to find a network doctor:

1. Go to: Find a provider
2. Select “UnitedHealthcare Choice Plus” for the network.
3. Click “view providers”.
4. Be sure to update the location/zip code.
5. Search a location by provider, place, service, condition, or search cost estimate.

HDHP v. PPO

What is a High Deductible Health Plan?

A QHDHP is a Qualified High Deductible Health Plan:

- has a higher deductible than your traditional copay plans
- provides a lower monthly paycheck deduction, but you may pay more when you seek care

How does it work?

Charges for all services will apply to the deductible. There is no first dollar coverage. The exception to this is your preventive care is covered 100% by the plan.

Why consider a HDHP?

You may be relatively healthy with few, if any, prescriptions. You mostly see your doctor for preventive care, but not much else. The HDHP allows you to elect a plan that provides you with just the right amount of insurance.

You may have a condition that requires ongoing treatment and higher cost prescriptions, and you want a lower total out of pocket maximum, even if it means you have a higher deductible.

You want to set aside pre-tax money for medical expenses without losing what you don't use. The HDHP plan allows you to open and contribute to a health savings account.

What plan is right for me?

HDHP

- In- and out-of-network benefits.
- Lowest cost per paycheck.
- Highest deductible.
- Deductible applies to all covered health services except preventive care.
- After you pay the deductible, you pay coinsurance for all covered health services.
- You can fund a health savings account (HSA)

PPO

- In- and out-of-network benefits
- Highest cost per paycheck
- You pay copays for office visits.
- You pay the deductible and coinsurance for all other covered health services.
- You can fund a health care FSA
- Individual deductible and out-of-pocket maximum apply regardless of whether or not you cover your family members.

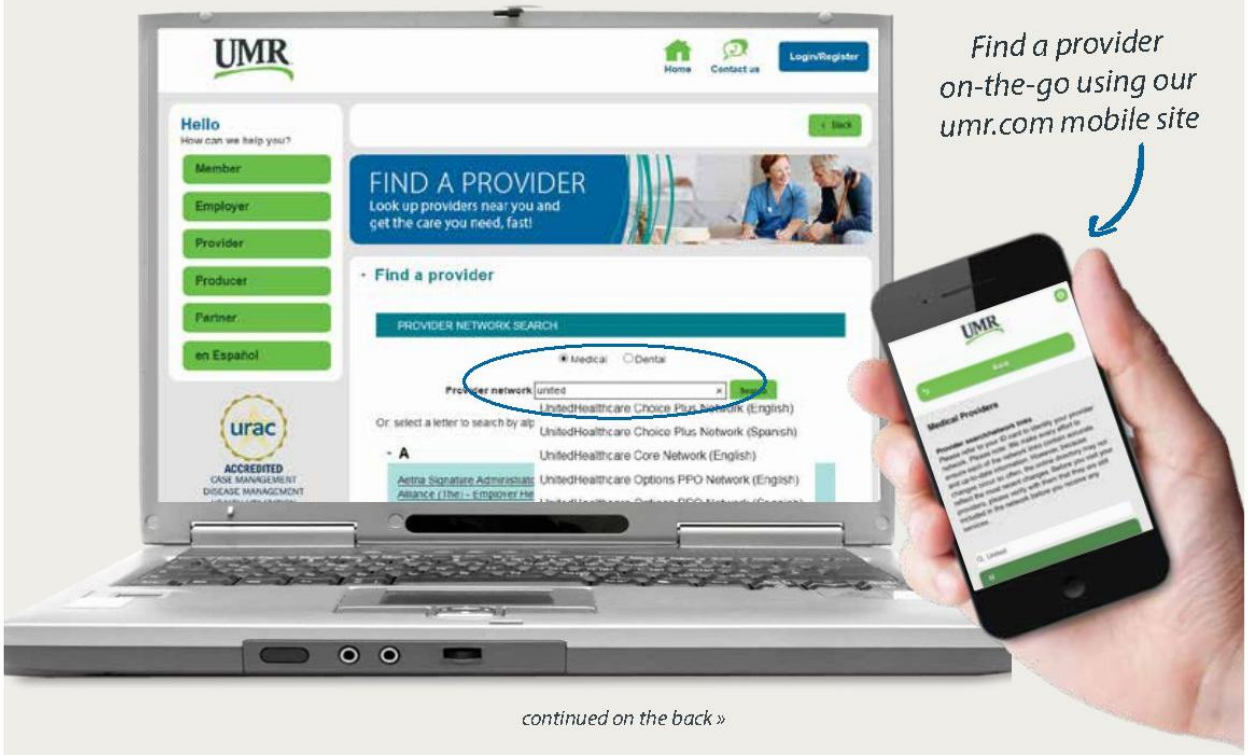
Medical Tools

Find a provider

Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select **"Find a provider"**

2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box



Find a provider on-the-go using our umr.com mobile site

continued on the back »

UMR
A UnitedHealthcare Company

Medical Tools

Get all your answers ***quick*** and ***easy*** @ **umr.com**

UMR
A UnitedHealthcare Company

Make **umr.com** your first stop

You want managing your health care to be fast and easy, right? You got it.
At **umr.com**, you'll find everything you want to know – and need to do – as soon as you log in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

Log in now to:

- View **My taskbar**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

Note: *The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.*

UMR Mobile App

Check your health benefits **on the go**

UMR
A UnitedHealthcare Company

As a UMR member, you can access your benefit and claim information anytime using your mobile device. There's no app to download. Simply log in to umr.com on your smart phone using the same username and password you use for our full site.

Simplified navigation

- **Home** – Return to the main menu.
- **Menu** – Display the menu.
- **Gear** – Log out or learn more about UMR and our mobile site.

What's new

Find out about new tools and information to help you live a healthier life.

Log in

Log in here to get instant access to all our mobile inquiry tools.

Find a provider

Find an in-network provider while you are "on the go".

Look up claims

Look up a claim for yourself or an authorized dependent.

Check your benefits

View medical and/or dental benefits, as well as persons covered.

Access account balances

Look up balances for your special accounts.

View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

Estimate health care costs

See what you can expect to pay before receiving care.

Note: *The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and/or company benefits.*

Where Should I Go For CARE?

Seeking care at an appropriate place of treatment can help you save money and time. Use the chart to help guide you to the most time and cost-effective place of treatment.

Virtual Care – Minor Medical Conditions

Access virtual care to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you.

- Colds and flu
- Rashes
- Sore throats
- Headaches
- Stomachaches
- Fever
- Allergies
- Acne
- Urinary tract infections and more

› Costs the same or less than a visit with your primary care provider (PCP)
› Appointments typically in an hour or less
› No need to leave home or work

Convenience Care Clinic

Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.

- Colds and flu
- Rashes or skin conditions
- Sore throats, earaches, sinus pain
- Minor cuts or burns
- Pregnancy testing
- Vaccines

› Same or lower than provider's office
› No appointment needed

Health Care Provider's Office

The best place to go for routine or preventive care, or to keep track of medications. Many primary care physicians offer virtual care. Contact your PCP to schedule an in-person or virtual care visit.

- General health issues
- Preventive care
- Routine check-ups
- Immunizations and Screenings

› May charge copay / coinsurance and / or deductible
› Usually need appointment
› Short wait times

Urgent Care

For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.

- Fever and flu symptoms
- Minor cuts, sprains, burns rashes
- Headaches
- Lower back pain
- joint pain
- Minor respiratory symptoms
- UTIs

› Cost lower than emergency room (ER)
› No appointment needed
› Wait times vary

Emergency Room

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. "Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

- Sudden numbness, weakness
- Uncontrolled bleeding
- Seizures or loss of consciousness
- Shortness of breath
- Chest pain
- Head injury/major trauma
- Blurry or loss of vision
- Severe cuts or burns
- Overdose

› Highest cost
› No appointment needed
› Wait times may be long

Medical

Telemedicine

TELADOC

The right care when you need it most.

Get the most out of your virtual care benefits

Teladoc: Care from anywhere

Teladoc provides access to care through your health benefits from anywhere you are. Talk to a U.S. board–certified doctor, therapist or psychiatrist, get an online dermatology review, speak with a nutritionist, or get expert medical advice by phone, video, web or app. We're here for you when you need us. Set up or log in to your account to see what services are covered under your plan.

Set up your Teladoc account in minute

Access all of your virtual care services from our secure, award–winning app.

- Download the app, go online or call us
- Enter your first and last name, date of birth and ZIP code to get started
- Provide basic information to confirm your benefits
- Select your health provider and finish creating your account
- Schedule a confidential virtual care visit or consult at your convenience

Teladoc.com
1-855-Teladoc (835-2362)

General Medical

Talk to a U.S. board-certified doctor for non-emergency conditions 24/7 from anywhere you are.

- Bronchitis
- Flu
- Rashes
- Sinus Infections
- Sore Throats
- And more

Mental Health Care

Talk to a therapist or psychiatrist 7 days a week (7 a.m. to 9 p.m. local time) from wherever you are.

- Anxiety
- Depression
- Not feel like yourself
- Marital issues
- Stress
- And more

Dermatology

Upload images of a skin issue online or on the app and get a custom treatment plan within 2 business days.

- Acne
- Eczema
- Skin infection
- Psoriasas
- Rosacea
- And more

+7,000
U.S.-licensed, board-certified doctors

24/7
Access to doctors by phone, video, web or app from home

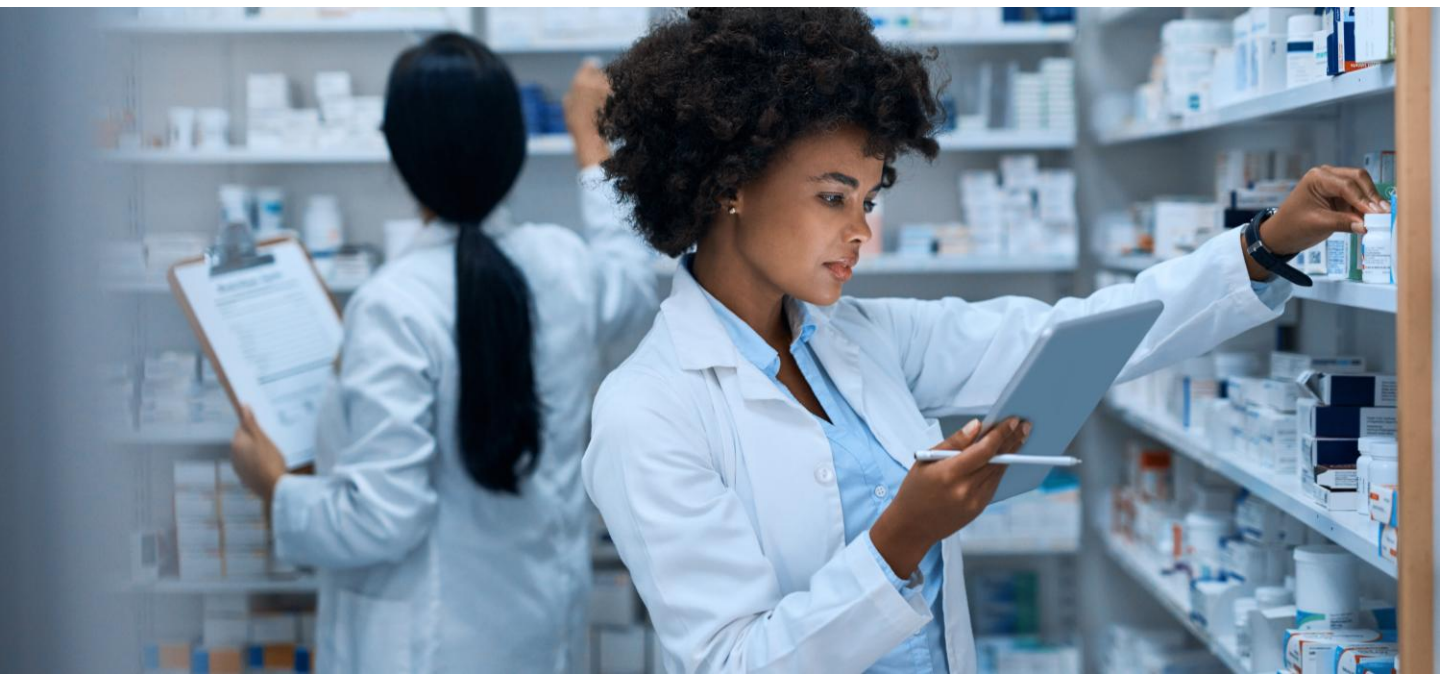
+450
Our experts cover over 450 medical specialties

Prescriptions

SMITHRX

Taking cost-effective prescription drugs helps save you money. The chart below provides examples of types of medications your provider may prescribe. Knowing what tier your prescription falls into may help save you money.

DRUG TIERS	WHAT DOES THAT MEAN?
$ **Generic**	Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs generally cost less than brand-name drugs.
$$ **Preferred Brand**	Preferred brand drugs are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs.
$$$ **Non-Preferred Brand**	Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
$$$$ **Specialty**	Specialty medications are one prescribed for a patient with a complex or chronic medical condition, typically requiring additional patient education and support, and often associated with high monthly cost. Specialty medications are not usually readily stocked in retail or local pharmacies.



Prescription Coverage

SMITHRX

Your pharmacy coverage will be through SmithRx. Your medical ID card will include your medical and Rx information, which you'll need to present to your pharmacist before filling prescriptions. The chart below reflects in-network copays depending on the tier your medication falls under.

	IN-NETWORK BENEFITS	
	Medical Plan Option 1: PPO	Medical Plan Option 2: HDHP
Formulary	Essential	Essential
Generic drugs (Retail | Mail-Order)	$10 copay | $25.00 copay	Subject to deductible
Preferred brand drugs (Retail | Mail-Order)	$50 copay | $125.00 copay	Subject to deductible
Non-preferred brand drugs (Retail | Mail-Order)	$75 copay | $187.50 copay	Subject to deductible
Specialty drugs (Retail Only)	$100 copay	Subject to deductible

How do I get my prescriptions at the pharmacy?

Provide your new medical and Rx ID card to your pharmacy and ask them to update your insurance profile. The pharmacy will need the BIN, PCN, Member ID and Rx Group number to process covered prescriptions.

Is my local pharmacy in-network?

There are over 75,000 in-network retail pharmacies. For specific in-network pharmacy questions or to check whether your local pharmacy is in-network, simply contact your dedicated Member Support team at **1-844-454-5201.**

Who is my mail-order service provider?

Most non-specialty medications can be filled through Serve You DirectRx. To utilize the mail order pharmacy, follow one of these simple steps:

- **E-prescribe or Fax:** Have your doctor electronically prescribe or fax your prescription to *866-494-0364*. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- **Phone:** Your doctor can call in the prescription to *800-759-3203* and utilize their inter voice recognition option. ***Note** – This is the quickest delivery option if your prescription is running low.

What is a formulary?

A formulary is a list of drugs that your doctor may prescribe for you that includes information related to coverage and cost of these drugs. This list may change over time.

Where can I find the drug formulary?

You can access your drug formulary by visiting **www.mysmithrx.com.** If you have questions regarding your prescription coverage you can also contact SmithRx Member Support for assistance at 1-844-454-5201.

What if my medication is not on the formulary?

The formulary is designed to provide access to medication in all therapeutic areas. If your medication is not covered, there may be a lower cost alternative available. If you have explored all alternatives, your doctor can work directly with SmithRx to determine if an exception to coverage can be made.

Prescription Coverage

SMITHRX

What medications need prior authorization?

If your physician prescribes a medication requiring a prior authorization, you will need to go through an additional authorization process. Our Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s).

To see if your medication(s) require prior authorization, please contact SmithRx Member Support at (844) 454-5201.

What medication needs step therapy and what does this mean?

In some cases, your plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may require your physician to prescribe Drug A first. If Drug A does not work for you, your plan may cover Drug B.

Is there an online member portal?

SmithRx's online Member Portal allows you to access important forms, review your pharmacy transactions, print IDcards, find Member Support contact information, and more.

To register for your account, go to **www.mysmithrx.com/login** and click on "Create An Account". Please have your ID card available.

How can SmithRx help lower your drug costs?

Did you know your local retail pharmacy may not always be the lowest cost option?

SmithRx Connect can help you navigate alternative sources and supports you throughout the process. Smith Rx will do the work so you can stay healthy and happy.

Patient Assistance Program?

Many high cost specialty medications can be accessed through Patient Assistance Programs. SmithRx will help you navigate through the process while you reduce out of pocket costs on the medications that work for you.

CoPay Coupon Maximization?

Did you know it's possible to leverage additional savings on traditional branded medications? If Patient Assistance is not available, our team will work with preferred pharmacy partners to capture coupon savings through our Copay Max program.

SmithRx

Rx Savings Program

INTERNATIONAL Rx SOURCING

Larksfield Place is partnering with IMA Pharmacy Advocates to find alternative sourcing options for specialty medications.

How Does the Program Work?

IMA Pharmacy Advocates provides a unique opportunity to help employees save money on high-cost specialty medications. **This is a free and confidential benefit that will support you in managing your specialty medications and healthcare budget.**

Are the Prescriptions Safe?

Yes! The tier 1 countries (Canada, Australia, New Zealand and UK) where medications are being sourced from meet or exceed U.S. Food and Drug Administration (FDA) requirements.

Who Should Participate?

IMA's Pharmacy Advocate Program is available for employees and dependents on Larksfield Place health insurance taking specialty medications.

Why Participate?

Through the IMA Pharmacy Advocate Program & International Sourcing, team members and their family members enrolled in our pharmacy program are eligible to receive their medication at no cost.

What Medications Qualify for the Program?

The Pharmacy Advocates are targeting high cost specialty medications such as:

- Ambrisentan
- Biktarvy
- Descovy
- Dupixent
- Eliquis
- Enbrel
- Farxiga
- Humira
- Januvia
- Jardiance
- Linzess
- Ozempic
- Rexulti
- Rinvoq
- Rybelsus
- Stelara
- Taltz
- Tremfya
- Trulicity
- Vraylar
- Xarelto
- Xeljanz
- Xolair

How Much Will My Medication Cost If I Participate?

Nothing! participants will receive specialty medications **at no cost!**

What if I already get my medication for free?

While you may be getting your specialty medication at no cost, it is likely costing Larksfield Place plan. Participating in this program could help save premiums long term.

If I Participate Does Larksfield Place Have Access to My Health Information?

No, IMA Pharmacy Advocates are separate from Larksfield Place. Larksfield Place will see who is eligible to participate but will not receive any Protected Health Information.

How Do I Qualify?

Employees and/or dependents on Larksfield Place health insurance will be identified by IMA Pharmacy Advocates.

How Do I Get Started?

If a medication you and/or dependents are taking is eligible to participate in this program, you may contact IMA's Pharmacy Advocate by emailing imarx@imacorp.com or by calling 844-681-8783 Monday—Friday 10am-6pm EST. To ensure your medication arrives on time, we ask that you call, text, or email the pharmacy weeks prior to your next refill being delivered.

Then, IMA Pharmacy Advocates work directly with doctor's offices and pharmacies to enroll members in this program plan benefit. Please note: IMA Pharmacy Advocates must speak directly with spouse and dependents over the age of 18.

What is my responsibility once enrolled?

- **Calling your local pharmacy** to discontinue necessary prescription refills.
- **Complete, sign and submit** all required program participation forms.
- **Appropriately plan** for all medication deliveries (initial prescription fill and prescription refills). All deliveries require a signature (see UPS Informed Delivery Service).
- **Notify us of any changes such as**: insurance benefit changes, medication therapy (dose changes, medication changes, therapy discontinuation), or changes with your contact information (address, phone number, etc.).
- **Handling and returning** Specialty Refrigeration Packaging through International Sourcing (when applicable).
- **Not returning** your specialty cooler packaging may result in a fee. Not receiving, rescheduling, or not picking up your medication on time with UPS, may result as a financial loss and medication that is unrecoverable.

For Lost, Stolen or Damaged medications please contact us at **866.530.9989**. Medication replacements are not offered through this benefit program when delivery attempts have been made and returned to the pharmacy.

Communication provided by: IMA Benefits

Prescriptions

Blink Health:

Blink Health is the new way to save on their prescriptions. With their proprietary technology, everyone now has access to one, low negotiated price on over 15,000 medica- tions. Simply pay online before you pick up at your pharmacy to save. No matter if you are insured, uninsured we offer some of the lowest prices

HOW IT WORKS:

ORDER ONLINE: Select how to get your meds and pay online and save
GET YOUR MEDICATION: Free local pickup @ the pharmacy or get your meds delivered with free shipping

Clever Rx:

Clever RX was created to help address the rising drug costs and to help save you money. Using Clever RX can save you up to 80% off prescription drugs and often beats the average copay price.

HOW IT WORKS:

DOWNLOAD: Download the FREE Clever RX App to unlock exclusive savings (Use Group ID 1174 & Member ID 1000)

SEARCH: Compare prices & choose a pharmacy nearby
PRESENT: Show offer to the pharmacist to get your savings

GoodRx:

GoodRx is the #1 medical app for iOS and Android. Get prescription drug prices on-the-go, with coupons built into the app. Just show your iPhone or An- droid smartphone to the pharmacist to save.

HOW IT WORKS:

COMPARE PRICES: GoodRx collects prices & discounts from over 60,000 U.S. pharmacies
PRINT FREE COUPONS: Or send coupons to your phone by email or text message
SAVE UP TO 80%: Show the coupon to your pharmacist for massive savings on your meds

OneRx:

Find the lowest price for your medication. Search with your insurance to see your personal co-pay and insurance restrictions, before going to the pharmacy. Discover new coupons and discounts for your prescription.

HOW IT WORKS:

SEARCH: Type the drug name and confirm Rx details
CHOOSE: Compare prices & choose a pharmacy nearby
REDEEM: Show offer to the pharmacist to get your savings

Paying for your Healthcare

Larksfield Place offers accounts that allow you to save on your out-of-pocket health care costs through Empower.

The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. Basically, it is like using a 25% off coupon for your health care and dependent care expenses!

Health SAVINGS account versus Flexible SPENDING account: **Which is right for you?**

Did you know that you can save 25% on your health care?*

- Health SAVINGS account
- Health care flexible spending account

*Actual savings is based on your tax rate

	HSA	FSA	DC FSA
Eligible plan members	HDHP members only (Option 2)	Full time eligible Employees	Full time eligible Employees
Money is available	Deposited each pay period	1st Day of plan's effective Date	Deposited each pay period
Annual 2026 contribution limits	Employee only medical coverage: **$4,400** All other coverage levels: **$8,750**	**$3,400**	**$7,500**
Rollover	Full amounts rollover every year	$680 maximum rollover into the 2027 plan year.	No rollover
Option to invest and grow money	Yes	No	No
Eligible expenses	Medical/RX, Dental & Vision	Medical/RX, Dental & Vision	Daycare Expenses

On the FSA's, you will have **90 days** to submit claims after the end of the plan year (December 31st) for reimbursement for services rendered during the plan year.

Health Savings Account (HSA)

EMPOWER

If you enroll in Option 2 - QHDHP medical plan, you will be able to open a Health Savings Account (HSA) through Empower. With an HSA, you can deposit money into your account on a pre-tax basis through payroll deductions and use the HSA money to pay for eligible medical, dental and vision expenses.

Your HSA is completely portable. Whether you change jobs, change medical coverage, change marital status, become unemployed or move to another state, you keep your HSA.

How the HSA Works:

- The Health Savings Account (HSA) allows you to save money on a pre-tax basis to cover eligible medical, dental, and vision expenses.
- You decide how much you want to contribute to your account each year (up to the maximum annual amounts), and then an equal portion of your annual election will be deducted from your gross pay (before Federal, State, and Social Security taxes are taken out).

HSA Annual Contribution Maximums:

- The 2026 plan year annual maximum, per person, is **$4,400**. A family's annual maximum contribution amount is **$8,750**.
- Employees age 55 or older may contribute an additional 'catch-up' amount of $1,000 per year.

Who can have an HSA?

The individual must be:

- covered by a HDHP;
- not covered under other health insurance;
- not enrolled in Medicare; and
- not another person's dependent.

If I switch jobs, do I lose my money? No. The money in your HSA is yours. Whatever money you contribute to your HSA is yours, just like if you had a bank savings account. If you do not use all your HSA money during the year, it will roll over to the next year.

Can my HSA be used for dependents not covered by the health insurance? Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents, even if they are not insured by a qualified HDHP.

Do I need to keep any records when I use my HSA? Although your HSA administrator does not request receipts to validate the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts, so they are available when you need them.

What if I do not use all the money in my HSA account by the end of the year? All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.

Flexible Spending Account (FSA)

EMPOWER

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated). There are two different types of FSA accounts.

The easiest way to manage your account is online at www.empowerflex.com or with the EMPOWER Mobile App.

You can not change your election amount during the plan year, unless you experience a change in status or qualifying event. **Our Health Care FSA offers a roll over feature in which members can roll over up to $680 into the 2027 plan year.** Outside of the rollover, any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your dependent care FSA by the end of the plan year.

The TWO Types of FSAs:

Health Care FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

The maximum amount you can contribute is $3,400 per year. Funds are available day of the plan effective date.

Dependent Care FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your childcare credit on your annual tax return may be more beneficial.

The maximum amount you can contribute is $7,500 per year, dependent on your marital and tax-filing status.

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.

You have 90 days after the Plan Year ends to submit any claims incurred during the Plan Year.

Flexible Spending Account (FSA)

EMPOWER

QUALIFYING HEALTH CARE EXPENSES

- Alcoholism / Drug / Substance Abuse Treatment
- Allergy and Sinus Medications
- Allergy Medications and Testing
- Chiropractor
- Contact Lenses
- Copays
- Dental Treatment
- Diabetic Monitors, Test Kits, Strips, and Supplies
- Flu Shots
- Feminine products such as sanitary napkins, menstrual pain medication, UTI tests, etc.
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Over-the-counter meds
- Oxygen
- Physical Examination
- Prescription Eyeglasses & Sunglasses
- Prescription Medications
- Psychiatric Care / Psychologist
- Surgery
- Vision Correction Surgery
- X-Ray

HEALTH CARE EXPENSES NOT ALLOWED

- Baby Sitting
- Baby Wipes
- Cosmetics
- Cosmetic Surgery
- Dancing Lessons
- Deodorants
- Diaper Service
- Electrolysis or Hair Removal
- Field Trips
- Finance Charges
- Food
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Insurance Premiums
- Illegal Operations and Treatments
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Pedicures
- Perfume
- Physical Exams for Caregivers
- Shampoo and Conditioner
- Skin Care
- Sun-tanning Products
- Swimming Lessons
- Teeth Whitening
- Toothbrushes
- Veterinary Fees
- Weight-Loss Program

If you have extra FSA dollars to spend at the end of the year visit FSASTORE.COM

Dental

DELTA DENTAL OF KANSAS

	Dental Plan: In-Network Benefits
Benefit Period	Jan 1 – Dec 31
Network	Premier
Maximum Benefit(s) Per Person	$1,500
Deductible Individual | Family (Applies to Basic & Major Services)	$25 | $75
Diagnostic & Preventive (Cleanings – Unlimited, Oral Exams, X-Rays, Topical Fluoride, Space Maintainers, Sealants)	100% covered
Basic Services (Ancillary, Oral Surgery, Fillings (except gold), Endodontics, Non-surgical periodontics) **Covered 100% for dependents under age 12 when using an in-network Delta Dental Premier Provider**	50% covered after deductible
Major Services (Bridges, Crowns, Dentures) **Covered 100% for dependents under age 12 when using an in-network Delta Dental Premier Provider!**	50% covered after deductible
Dental Implant Services Lifetime max per insured, per arch	Covered at 50% after deductible up to max of $1,500
Orthodontia For Dependent children under age 19	Not covered

RIGHT START 4 KIDS (RS4K):
Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.

The table above reflects in-network benefits. Out-of-network benefits are paid differently than in-network benefits.

Dental

DELTA DENTAL OF KANSAS

Pre-tax Payroll Deductions

	Employee Monthly Premium	Employee Portion Per Pay Period (24)
Employee Only	$36.04	$18.02
Employee + Spouse	$76.32	$38.16
Employee + Child(ren)	$72.08	$36.04
Family	$110.24	$55.12

FIND A DENTIST

How to find a network dentist:

1. Go to **www.deltadentalks.com**
2. Select “Find a Dentist”
3. Select Specialty in drop down menu
4. Select “Delta Dental Premier” in “Plan” drop down menu
5. Select “No” under Search by current location and enter zip code, city, or address.
6. Click “Find a Dentist”
7. Complete fields and click “submit”

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Vision

EYEMED

	Vision Plan: In-Network Benefits
Plan Year	Jan 1 – Dec 31
Exam (once every 12 months)	$10 copay
Network	Insight
Lens/Contact Lens Frequency*	Once every 12 months
Frames Frequency*	Once every 24 months
Standard Frames	$130 Allowance; 20% off remaining balance
Lenses** (Single, Bifocal, Trifocal, Lenticular)	$10 Copay
Elective Contact Lenses***	$130 Allowance + 15% off balance over $130
Standard Contact Lens Fitting	Up to $40
Medically Necessary Contact Lenses***	Covered in full

Additional savings for members – 40% off additional pairs of glasses.
Lasik or PRK 15% discount off retail prices or 5% off promotional price.
20% off any item not covered by the plan – including non-prescription sunglasses

* *Frequencies are based on Date of Service, not Calendar Year.*
** *Lens Copay only covers Single, Bifocal, Trifocal and Lenticular lenses. Progressive Lenses and other lens options are available at an additional cost.*
*** *Contact lens allowance is in lieu of standard glass lenses.*

The table above reflects in-network benefits. Out-of-network benefits are paid differently than in-network benefits.

	Employee Monthly Premium	Employee Portion Per Pay Period (24)
Employee Only	$7.33	$3.67
Employee + Spouse	$13.93	$6.97
Employee + Child(ren)	$14.67	$7.34
Family	$21.56	$10.78

FIND A PROVIDER

How to find a network provider:

1. Go to **www.eyemedvisioncare.com**
2. Hover over "Members & Consumers" and select "Find an Eye Doctor"
3. Choose the "Insight Network" and use your location or input your zip code.

Basic Life and AD&D

PRINCIPAL

Basic Life and Accidental Death & Dismemberment Plan

Larksfield Place provides all eligible employees with a basic life insurance and accidental death & dismemberment (AD&D) benefit at **no cost to you**! This benefit provides valuable income protection in the case that you suffer a sever accident or loss of life. An accelerated death benefit is also included. This benefit is provided to you automatically and does not require an election.*

Plan Information	
Employee life benefit	$50,000
Employee AD&D benefit	$50,000

NOTE: Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 70, amounts reduce to 65%. At age 75, amounts reduce to 45%.

Voluntary Life and AD&D

PRINCIPAL

Voluntary Life and AD&D Plan

As an employee of Larksfield Place, you have the option of purchasing additional life insurance for yourself, a spouse and/or children. This benefit provides valuable income protection if you suffer a sever accident or loss of life. Any amounts over the Guarantee Issue amount will require an Evidence of Insurability form to be completed and sent to Principal for underwriting approval. Since this benefit is voluntary, **employees pay the full premium.**

	Employee	Spouse	Child(ren)
Coverage Options	$10,000 increments	$5,000 Increments	$1,000 (birth – 14 days old) $10,000 (14 days to age 26)
Guarantee Issue Amount*	$150,000 (under age 70) $10,000 (over age 70)	$30,000 (under age 70) $10,000 (over age 70)	$10,000
Maximum Amount	$500,000	$100,000 Not to exceed 100% of employee coverage amount	$10,000

*amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information

- In order to elect dependent coverage, you must first elect life insurance for yourself.

You must name a beneficiary for your Life and AD&D benefits. Beneficiary changes may be made at any time during the plan year.
NOTE: Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%.

Voluntary Life and AD&D

PRINCIPAL

Pre-tax Payroll Deductions

Spouse's rates are based on spouse's age.

	Monthly	Per Pay Period (24)	Monthly	Per Pay Period (24)
	Employee Rates – per $10,000		Spouse Rates – per $5,000	
<29	$1.07	$0.54	$0.54	$0.27
30-34	$1.20	$0.60	$0.60	$0.30
35-39	$1.75	$0.88	$0.88	$0.44
40-44	$2.54	$1.27	$1.27	$0.64
45-49	$3.78	$1.89	$1.89	$0.95
50-54	$5.99	$3.00	$3.00	$1.50
55-59	$9.34	$4.67	$4.67	$2.34
60-64	$14.08	$7.04	$7.04	$3.52
Child Life and AD&D	$2.00	$1.00		

Calculate your Cost:

1. Enter the Coverage amount you want
2. Divide it by the increment amount
3. Multiply by the Per Pay Period rate in the rate table (find your age)
4. Enter your cost

	Coverage Amount	Increment Amounts	Multiply by the rate	Total Per Pay Period Cost
Employee	$_____	÷ $10,000 = $_____	x $____	= $_____
Guarantee Issue amount when first eligible = $150,000 (under age 70)				
Spouse	$_____	÷ $5,000 = $_____	x $____	= $_____
Guarantee Issue amount when first eligible = $30,000 (under age 70)				
Child	$10,000	÷ $10,000 = $	x $1.00	= $1.00
			TOTAL	= $_____

Disability

PRINCIPAL

Long Term Disability (LTD) Plan

Larksfield Place provides all eligible employees with Long-Term Disability from Principal at **no cost to you**. Upon eligibility, you are automatically enrolled in this benefit. Long-Term Disability replaces a portion of your income if you are unable to work because of an injury or illness that occurs off the job.

Plan Highlights	
Benefit Amount	66.67% of basic monthly earnings
Benefit Maximum	$10,000/month
Elimination Period	90 Days
Benefit Duration	Up to 5 years
Pre-Existing Conditions	3 months prior / 12 months insured

Short Term Disability (STD) Plan

Larksfield Place offers voluntary short term disability to all eligible employees from Principal. **Employees are responsible for the full premium**. Short term disability replaces a portion of your income if you are unable to work because of an injury or illness that occurs off the job.

Plan Highlights	
Benefit Amount	60% of weekly earnings
Benefit Maximum	$2,900/week
Elimination Period	14 Days (benefits begin on day 15)
Benefit Duration	Up to 11 weeks
Pre-Existing Conditions	3 months prior / 12 months insured

Pre-existing condition:
Benefit will not be paid for 12 months due to sickness or accidental injury when medical treatment or a prescribed medication was taken 3 months prior to the enrollment effective date.

Disability

PRINCIPAL

Short Term Disability Monthly Rates

RATES PER $10 OF WEEKLY BENEFIT	
AGE BAND	**Rate**
Under Age 25	$ 0.55
25-29	$ 0.64
30-34	$ 1.14
35-39	$ 0.55
40-44	$ 0.42
45-49	$ 0.33
50-54	$ 0.38
55-59	$ 0.49
60-64	$ 0.58
65-69	$ 0.63
70 and Over	$ 0.67

Step 1	Step 2	Step 3	Step 4
Determine your weekly earnings (This will be 60% of your regular weekly earnings)	Divide your earnings by 10	Multiply by your desired rate from the table above	Your monthly premium
	/ 10= _____	X _____	

Worksite Benefits

UHC

Critical Illness

Serious illnesses such as a heart attack or stroke can have a serious impact on your financial health. Critical Illness insurance can help provide the financial peace of mind you need in the event of a serious health event. You will receive a lump sum benefit upon diagnosis of a covered health event, with additional benefits paid for things like hospital stays and continuing care.

Plan Information	
Employee Election Amount	$10,000 or $20,000
Spouse Election Amount	50% of Employee Amount
Child(ren) Election Amount	50% of Employee Amount
Guaranteed Issue (Employee)	$20,000
Wellness Benefit	$50 per person per year
Covered Illness:	
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
Chronic Renal Failure	100%
Coronary Artery Bypass Surgery	50%
Cancer Coverage:	
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	$250
Supplemental Critical Illness	
Benign Brain Tumor	100%
Coma	100%
Paralysis	100%
Advanced Alzheimer's	25%
Advanced Parkinson's	25%
Childhood Illnesses (i.e., cerebral palsy, cleft lip, muscular dystrophy, etc.)	100%

For a complete list of qualified critical illnesses, please refer to the plan summary.

Worksite Benefits

UHC

Critical Illness Rates

Pre-tax Payroll Deductions - Spouse rates are based on Employee age and smoker status

	Option 1: EE $10,000 / SP $5,000 / CH $5,000 Monthly Premiums							
	EE Only		EE + Spouse		EE + Child		Family	
Age Range	**Non Tobacco**	**Tobacco**	**Non Tobacco**	**Tobacco**	**Non Tobacco**	**Tobacco**	**Non Tobacco**	**Tobacco**
Under 25	$1.70	$1.80	$2.90	$3.05	$3.20	$3.30	$4.40	$4.55
25-29	$2.30	$2.60	$3.70	$4.20	$3.80	$4.10	$5.20	$5.70
30-34	$3.10	$3.60	$4.80	$5.65	$4.60	$5.10	$6.30	$7.15
35-39	$4.10	$5.20	$6.35	$8.10	$5.60	$6.70	$7.85	$9.60
40-44	$6.00	$8.50	$9.25	$13.25	$7.50	$10.00	$10.75	$14.75
45-49	$9.00	$14.00	$14.05	$22.70	$10.50	$15.50	$15.55	$24.20
50-54	$13.30	$23.80	$21.00	$38.15	$14.80	$25.30	$22.50	$39.65
55-59	$17.40	$32.80	$28.55	$55.10	$18.90	$34.30	$30.05	$56.60
60-64	$22.10	$43.60	$39.00	$79.85	$23.60	$45.10	$40.50	$81.35
65-69	$32.30	$69.10	$53.55	$115.95	$33.80	$70.60	$55.05	$117.45
70-74	$50.50	$107.70	$76.50	$162.30	$52.00	$109.20	$78.00	$163.80
75+	$64.80	$122.80	$100.20	$190.60	$66.30	$124.30	$101.70	$192.10

	Option 2: EE $20,000 / SP $10,000 / CH $10,000 Monthly Premiums							
	EE Only		EE + Spouse		EE + Child		Family	
Age Range	**Non Tobacco**	**Tobacco**	**Non Tobacco**	**Tobacco**	**Non Tobacco**	**Tobacco**	**Non Tobacco**	**Tobacco**
Under 25	$3.40	$3.60	$5.80	$6.10	$6.40	$6.60	$8.80	$9.10
25-29	$4.60	$5.20	$7.40	$8.40	$7.60	$8.20	$10.40	$11.40
30-34	$6.20	$7.20	$9.60	$11.30	$9.20	$10.20	$12.60	$14.30
35-39	$8.20	$10.40	$12.70	$16.20	$11.20	$13.40	$15.70	$19.20
40-44	$12.00	$17.00	$18.50	$26.50	$15.00	$20.00	$21.50	$29.50
45-49	$18.00	$28.00	$28.10	$45.40	$21.00	$31.00	$31.10	$48.40
50-54	$26.60	$47.60	$42.00	$76.30	$29.60	$50.60	$45.00	$79.30
55-59	$34.80	$65.60	$57.10	$110.20	$37.80	$68.60	$60.10	$113.20
60-64	$44.20	$87.20	$78.00	$159.70	$47.20	$90.20	$81.00	$162.70
65-69	$64.60	$138.20	$107.10	$231.90	$67.60	$141.20	$110.10	$234.90
70-74	$101.00	$215.40	$153.00	$324.60	$104.00	$218.40	$156.00	$327.60
75+	$129.60	$245.60	$200.40	$381.20	$132.60	$248.60	$203.40	$384.20

Worksite Benefits

UHC

Accident

This policy provides cash benefits to you when an insured family member suffers a covered accident. 1 out of 8 people seek medical attention for an injury. This is a 24-hour benefit, no underwriting involved, no coordination of benefits with other medical coverages, and no network restrictions. Below are a few of the benefits offered, please see the full plan summary for additional details.

	Plan Information
Product Type	Non-Occupational
Benefits:	
Emergency Room Services	$150
Physician Office / Urgent Care (per visit)	$150
Ambulance (Ground | Air)	$300 | $900
Physical Therapy (per visit; up to 10 visits)	$30
Hospital Admission	$1,500
Hospital Confinement (per day)	$300
Intensive Care (per day)	$600
Blood & Plasma	$400
Injuries	
Fractures – Open & Closed Reduction	$225 to $6,000
Dislocations – Open & Closed Reduction	$375 to $6,000
Lacerations	Up to $600
Ruptured Disc	$600
Tendons/Ligaments	Up to $1,200
Burns	Up to $12,000
Skin Graft	25% of burn benefit
Catastrophic Loss	
Employee - Accidental Death	$60,000
Spouse - Accidental Death	$60,000
Child - Accidental Death	$30,000
Coma	$15,000
Paralysis – Paraplegia | Quadriplegia	$7,500 | $15,000

	Monthly	Per Pay Period (24)
Employee	$6.14	$3.07
Employee + Spouse	$9.79	$4.90
Employee + Child(ren)	$13.31	$6.66
Employee + Family	$20.19	$10.10

Worksite Benefits

UHC

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. UHC's hospital indemnity coverage can help you and your loved ones have additional financial protection. UHC pays benefits for hospitalizations resulting from a covered injury or illness. Coverage continues after the first hospitalization, to help you have protection for future hospital stays.

	Plan Information
Hospital Admission	$1,500
Limit to Number of Occurrences	Once per year
Daily Hospital Confinement Benefit	$200
Maximum Number of Days	29 days per year
Daily ICU Confinement Benefit	$200
Maximum number of Days	29 days per year
Pre-Existing Condition	None
Benefit	
Pregnancy	Included
Pregnancy Waiting Period	None

Pre-tax Payroll Deductions

	Monthly	Per Pay Period (24)
Employee	$19.81	$9.91
Employee + Spouse	$37.53	$18.77
Employee + Child(ren)	$36.48	$18.24
Employee + Family	$58.25	$29.13

Employee Assistance Program

EMPAC

Larksfield Place Retirement Communities, Inc. has partnered with EMPAC to provide all employees and their family members free confidential short-term counseling. These licensed counselors are effective and experienced in real life concerns you or your family may face. You will receive **6 free sessions**, per household, per year.

empac
EMPLOYEE ASSISTANCE PROGRAMS

A guide to *empac* services. Larksfield Place

When you or a household member need trusted, professional help, ***empac*** is just a phone call away. For more than 40 years, ***empac*** has been helping employees thrive in their personal and professional lives by providing caring and compassionate support.

Free, confidential, *empac* services include:

6 phone, video, or in-person sessions per household per year for personal and professional needs such as:

- Stress, depression, anxiety
- Family and parenting concerns
- Marital and relationship challenges
- Workplace conflicts
- Alcohol or drug dependency
- Grief and loss

WorkLife Services

- Financial consultation and resources for debt management and consolidation, identity theft, budgeting, and credit report information.
- Legal consultation with an attorney for issues relating to family law, estate planning, traffic citations, landlord conflicts, and many others. Discounted legal fees.
- Dependent care resources and referrals.
- Elder care resources and referrals.
- Self-help resources on a variety of topics via a member only website.
- Monthly newsletters for employees and supervisors.

Get started. Make your free appointment.

☎ 316.265.9922 | ☎ 800.234.0630 | txt 316.710.7374 | empac-eap.com

316.265.9922
www.empac-eap.com
200 W. Douglas, Suite 250
Wichita, KS 67202

Pet Health Insurance

NATIONWIDE

You work hard to provide your family with everything they need. Whether your family includes kids with two feet or four paws, we want to help you find affordable care for your furry, feathered and scaly friends. With Nationwide Pet Insurance, you can be reimbursed for certain medical expenses, and Larksfield Place employees receive preferred pricing.

ENROLLMENT PROCESS

1. Go directly to the dedicated URL we've created for your company: **https://benefits.petinsurance.com/larksfield**
2. Call 877-738-7874 and mention that you are an employee of Larksfield Place Retirement Communities Inc. to receive preferred pricing.
3. Visit **petsnationwide.com** or scan the QR code and enter your company name.

During the enrollment, you may be asked for the following information:

- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of your pet
- Pet's species (canine, feline, etc.)
- Payment information / plan

401(k) Plan

Empower Retirement

A 401(k) Plan is a retirement savings plan designed to allow eligible employees to supplement any existing retirement and pension benefits by saving and investing before or after-tax dollars through a voluntary salary contribution. Contributions and earnings on pre-tax contributions are tax-deferred until money is withdrawn. Taxes on Roth contributions are paid at the time the contribution is made and earnings on Roth contributions are not subject to taxes when withdrawn, so long as you have maintained the Roth for 5 or more years.

Eligibility

You are eligible to participate after:

- Attaining age 21
- Completing 2 months of service
- The first day of the month after you become eligible to participate
- Complete your account Setup by following the instructions on the Online Enrollment Process Form

Contributions & Vesting

You can contribute 1% - 75% of your pay.

Choose the amount you want to save by following the instructions on the online enrollment process form. You can use:

- Pre-tax deferrals
- Roth deferrals
- The contribution limit is $24,500 (2026) if you are under the age of 50
- If you are 50 or older you are eligible to make a catch-up contribution. The catch-up contribution limit for 2026 is $8,000
- If you are 60-63 years old you can contribute an additional $4,000 in 2026 (subject to change)

Learn More

Empower-Retirement.com or contact Empower directly at 800-547-7754. Access the website to set up an account, change deferral amounts or update your beneficiary.

Larksfield Place Human Resources: Contact for more information about retirement benefits and programs, including applicable summary plan description.

Andrew Skaff: Retirement Plan Manager, IMA Retirement 972-759-3720 or andrew.skaff@imacorp.com for questions about your retirement plan investments or how to make sure you are on track for retirement.

Matching

You can receive a contribution from your employer if you participate in the plan. Whether you elect to make Roth contributions, Pre-Tax contributions, or both, Larksfield Place will match your contributions with Pre-Tax dollars.

The Match Formula

- $1 for each $1 on the first 4% you contribute if you have completed less than 5 years of service
- $1 for each $1 on the first 8% you contribute if you have completed more than 5 years of service

Vesting Schedule

The matching contribution is subject to a vesting schedule. The entire match goes into your account, but if you leave employment, you only take the vested portion.

Years	Vesting %
1	0
2	20%
3	40%
4	60%
5	80%
6	100%

Enroll for First-Time Access:

You can access your account online at:
https://participant.empower-retirement.com/
Select “Register” on the Empower homepage and follow the prompts to create your username and password.

Mental Health Resources

988 Suicide & Crisis Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

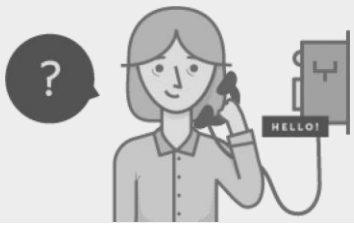
First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you with a skilled, trained crisis worker.

Then, a trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support and get you the help you need.

Lifeline Center calls are FREE and CONFIDENTIAL, and we're available 24 / 7.



For more information on resources or to chat online with Lifeline visit
www.988lifeline.org

988 Suicide & Crisis Lifeline

988

CHAT WITH LIFELINE

Notices

CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Option 1 PPO **Option 2 HDHP**	**None (all plans are creditable)**

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at *https://www.shiphelp.org*.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE:	1/1/26
NAME OF ENTITY/SENDER:	Larksfield Place Retirement Communities
CONTACT—POSITION/OFFICE:	Human Resources
ADDRESS:	7373 E. 29th Street N.
	Wichita, KS 67226
PHONE NUMBER:	316-636-1000

Notices

NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, 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 stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	**You have the right to:** ❖ Get a copy of your health and claims records ❖ Correct your health and claims records ❖ Request confidential communication ❖ Ask us to limit the information we share ❖ Get a list of those with whom we've shared your information ❖ Choose someone to act for you ❖ File a complaint if you believe your privacy rights have been violated
Your Choices	**You have some choices in the way that we use and share information as we:** ❖ Answer coverage questions from your family and friends ❖ Provide disaster relief ❖ Market our services and sell your information
Our Uses and Disclosures	**We may use and share your information as we:** ❖ Help manage the health care treatment you receive ❖ Run our organization ❖ Pay for your health services ❖ Help with public health and safety issues ❖ Do research ❖ Comply with the law ❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director ❖ Address workers' compensation, law enforcement and other government requests ❖ Respond to lawsuits and legal action

Notices

Your Rights	**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you**.**
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	❖ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9. ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	❖ Share information with your family, close friends, or others involved in payment for your care ❖ Share information in a disaster relief situation *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we *never* share your information unless you give us written permission:	❖ Marketing purposes ❖ Sale of your information

Notices

Our Uses and Disclosures	**How do we typically use or share your health information.** We typically use or share your health information in the following ways.	
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	***Example:*** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: Your Rights Under HIPAA | HHS.gov.

Help with public health and safety issues	We can share health information about you for certain situations such as: ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone's health or safety
Do research	❖ We can use or share your information for health research
Comply with the law	❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: ❖ For workers' compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

Notices

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: Your Rights Under HIPAA | HHS.gov.

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

If 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."

Notices

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 the contact person shown at the end of these notices.

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 (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

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

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

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

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

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

Notices

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. 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.

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

Notices

NOTICE: 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 **(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 **(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, 2025. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

Notices

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for- medicaid-health-insurance-premium-payment-program- hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

Notices

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

For more information, contact:

NAME: Hailee Hamby
TITLE: VP, Human Resources
ADDRESS: 7373 E. 29th Street N.
Wichita, KS 67226
PHONE NUMBER: 316-636-1000

Effective date of this notice: 1/1/26

Notices

CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Option 1 PPO **Option 2 HDHP**	**None (all plans are creditable)**

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at *https://www.medicare.gov/Contacts/#resources/ships*.

NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For 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 co-insurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

Notices

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at *www.healthcare.gov*.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
  a) You would no longer be paying for insurance on a pre-tax basis
  b) You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)

You would navigate any questions you have directly with the insurance company you choose…HR will not be able to assist you with your public Marketplace plan

- Should you desire to come back to our plan in the future, you will either need to:
  a) experience a "qualifying event" recognized by our plan as a mid-year election change, or
  b) wait until our next annual open enrollment

Notices

SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of 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.

SPECIAL ENROLLMENT PROVISION

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage**. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage (or if the employer stops contributing toward it). However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **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 with you 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 Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP 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 HR.

IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE."

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee 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 CHIP) 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 CHIP 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 CHIP with respect to coverage under this plan.

Notices

PREMIUM ASSISTANCE UNDER MEDICAID OR 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 **premium assistance that can help pay for coverage through your employer**, 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 premium assistance but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at 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 (1-877-543-7669)** or visit www.insurekidsnow.gov and also ask about premium assistance.

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

The below list of States may offer premium assistance to residents (last updated July 31, 2024).

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – MEDICAID	**INDIANA – MEDICAID**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

Notices

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – MEDICAID	**NEW HAMPSHIRE – MEDICAID**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – MEDICAID AND CHIP	**NEW YORK – MEDICAID**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – MEDICAID	**NORTH DAKOTA – MEDICAID**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – MEDICAID AND CHIP	**OREGON – MEDICAID**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075

Notices

PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct 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: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – MEDICAID	**VIRGINIA – MEDICAID AND CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – MEDICAID	**WEST VIRGINIA – MEDICAID**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – MEDICAID AND CHIP	**WYOMING – MEDICAID**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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.

LARKSFIELD

PLACE

Benefits Enrollment Guide

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.