

Stuppy
GREENHOUSE

2025 BENEFITS GUIDE



Important Contacts

	Human Resources	Sabrina Simon ssimon@stuppy.com (816) 285-3706
	Benefits Broker	Jenelle Iverson jeiverson@holmesmurphy.com (816) 857-7847
	Medical	Group ID: 46484000 1-(800) 872-3862 www.bluekc.com
	Dental, Vision, Life and AD&D, Short-Term and Long-Term Disability	Group ID: G000BMKS 1-(800) 877-5176 www.mutualofomaha.com
	Flexible Spending Account (FSA) and Health Savings Account (HSA)	(800) 279-3200 https://login.alerus.com

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Welcome to Your Benefits!

Stuppy, Inc. is proud to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This booklet was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this booklet to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

This booklet highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this booklet and the legal plan documents, the plan documents are the final authority. Stuppy, Inc. reserves the right to change or discontinue its employee benefits plans at any time.



CORE VALUES



WE MAKE PLANTS HAPPY

THE PARTS WE MAKE, DESIGNS WE CREATE & SERVICE WE PROVIDE HELP PEOPLE GROW PLANTS AND FILL STOMACHS.



OUR WORD IS OUR WORD

WE CLEARLY COMMUNICATE & DELIVER ON PROMISES. WHEN WE CAN'T WE ENDEAVOR TO FIND A SOLUTION.



WE LOVE WHAT WE DO

WE SHOW WE CARE WITH ENTHUSIASM & PASSION TO HELP OUR CUSTOMERS & CO-WORKERS WHILE HAVING FUN.



WE GET IT RIGHT

OTHERS DEPEND ON OUR PERFORMANCE. WE OFFER OUR CUSTOMERS & CO-WORKERS OUR BEST EFFORT, EVERY TIME.



WE GROW

WE LEARN & GROW BY SEEKING OPPORTUNITIES THROUGH INNOVATION WITHOUT FEAR OF FAILURE.

Benefits at a Glance

Benefits	Funding	Coverage
<p>Medical Insurance</p>	<p>Premium paid by Employer & Associate</p>	<p>Associates can choose between 3 medical plans, provided by Blue Cross and Blue Shield of Kansas City:</p> <ul style="list-style-type: none"> \$3,000 Deductible Plan \$5,000 Deductible Plan \$6,500 Deductible Plan (HSA-Eligible) <p>All medical plans are provided by BlueCross BlueShield of KC.</p>
<p>Dental Insurance</p>	<p>Premium paid by Employer & Associate</p>	<p>Associates can elect a PPO dental plan that is provided by Mutual of Omaha. The annual maximum is \$1,000 per person per year and preventive work is covered at 100%.</p>
<p>Vision Insurance</p>	<p>Premium paid by Associate</p>	<p>Associates can elect a vision plan that is provided by Mutual of Omaha. The plan includes an eye exam and lens or contacts with a minimum copay.</p>
<p>Life with AD&D</p>	<p>Premium paid by Employer</p>	<p>All associates have a Life with AD&D benefit. The benefit amount varies by years of service and salary.</p>
<p>Disability Insurance</p>	<p>Premium paid by Associate</p>	<p>Associates can elect a Group Short-Term and/or Long-Term Disability policy to protect against loss of income due to illness or injury. The rates vary based on age and salary. Policies are provided by Mutual of Omaha.</p>

Eligibility

Eligible associates can enroll in Health, Dental, Vision, Life/AD&D, and Disability Insurance benefits on **the 1st day of the month following 30 days of employment**. Eligibility for 401k is the **1st of the month following 90 days of employment**. You may also enroll dependents, including:



Benefits terminate on the last day of the month of your employment termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a qualified life event. If you do not make changes to your benefits within **30 days** of the qualified life event, you will have to wait until the next annual open enrollment period to make changes (unless you experience another qualified life event).

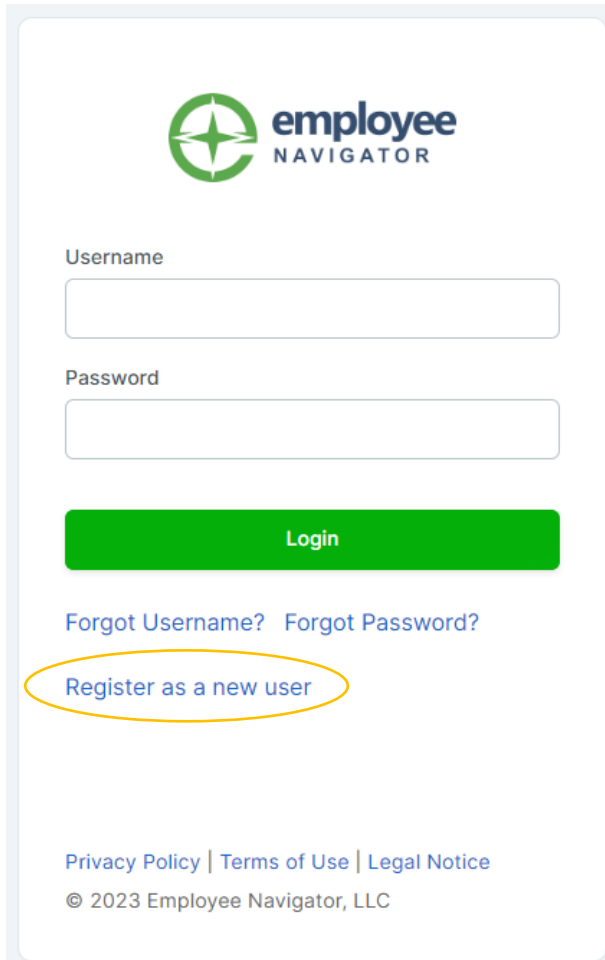
Qualified Life Event	Documentation Needed	
Change in Marital Status	Marriage	Copy of marriage certificate
	Divorce/legal separation	Copy of divorce decree
	Death	Copy of death certificate
Change in Number of Dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in Employment	Change in your eligibility status (i.e., full time to part time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

How to Enroll in Benefits

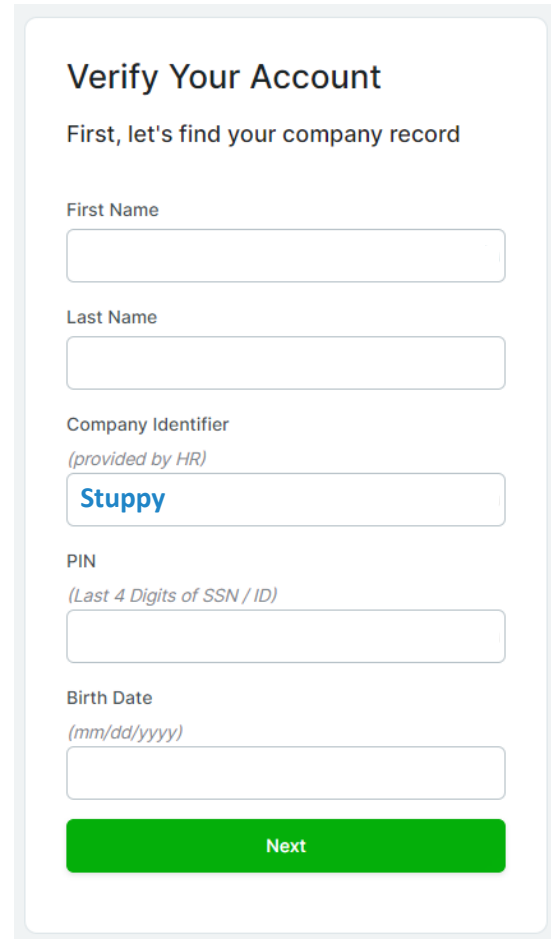
Stuppy, Inc. will utilize Employee Navigator, an online enrollment portal. All employees can elect and waive benefits online through Employee Navigator.

Directions are provided below.

- Go to <https://hma.employeenavigator.com>
- Click 'Register as a new user' and use the following information to create your account:
 - Name
 - Company Identifier: **Stuppy**
 - Pin: Last 4 of SSN
 - Birthdate



The image shows the Employee Navigator login and registration interface. At the top is the logo for Employee Navigator, which consists of a green compass rose icon and the text "employee NAVIGATOR". Below the logo are two input fields: "Username" and "Password". A green "Login" button is positioned below these fields. Underneath the login button are two links: "Forgot Username?" and "Forgot Password?". The link "Register as a new user" is circled in yellow. At the bottom of the form, there are links for "Privacy Policy", "Terms of Use", and "Legal Notice", followed by the copyright notice "© 2023 Employee Navigator, LLC".



The image shows the "Verify Your Account" form. The title is "Verify Your Account" and the instruction is "First, let's find your company record". The form contains several input fields: "First Name", "Last Name", "Company Identifier" (with a note "(provided by HR)" and the value "Stuppy" entered), "PIN" (with a note "(Last 4 Digits of SSN / ID)"), and "Birth Date" (with a note "(mm/dd/yyyy)"). A green "Next" button is located at the bottom of the form.

Medical

Administered by Blue Cross and Blue Shield of Kansas City

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits. All plans utilize the "Preferred Care Blue Network. To view in-network providers, visit www.bluekc.com.

Network: Preferred Care Blue	\$3,000 Deductible PPO		\$5,000 Deductible PPO		\$6,500 Deductible Health Savings Account	
	IN- NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK
Calendar Year Deductible						
Individual	\$3,000	\$3,000	\$5,000	\$5,000	\$6,500	\$6,500
Family	\$6,000	\$6,000	\$10,000	\$10,000	\$13,000	\$13,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$9,100	\$20,000	\$9,100	\$20,000	\$6,500	\$13,000
Family	\$18,200	\$40,000	\$18,200	\$40,000	\$13,000	\$26,000
Coinsurance/Copays	50% / 50%	50% / 50%	50% / 50%	50% / 50%	100% / 0%	80% / 20%
Preventative Care	100% Covered	Deductible + 50%	100% Covered	Deductible + 50%	100% Covered	Deductible + 20%
Primary Care Physician	\$40/Visit ^	Deductible + 50%	\$40/Visit ^	Deductible + 50%	Deductible	Deductible + 20%
Specialist	\$40/Visit ^	Deductible + 50%	\$40/Visit ^	Deductible + 50%	Deductible	Deductible + 20%
Lab/X-Ray	Deductible + 50%	Deductible + 50%	Deductible + 50%	Deductible + 50%	Deductible	Deductible + 20%
Hospital Stay	Deductible + 50%	Deductible + 50%	Deductible + 50%	Deductible + 50%	Deductible	Deductible + 20%
Urgent Care	\$40/Visit ^	Deductible + 50%	\$40/Visit ^	Deductible + 50%	Deductible	Deductible + 20%
Emergency Room <small>Copay waived if admitted</small>	\$100/Visit then In-Network Deductible, then 50%		\$100/Visit then In-Network Deductible, then 50%		In-Network Deductible	
Pharmacy						
Retail (Tier 1/2/3/4) <small>Up to 34 Day Supply</small>	\$15 / \$70 / \$110 / \$200	In-Network Copays + 50%	\$15 / \$70 / \$110 / \$200	In-Network Copays + 50%	Deductible	Deductible + 50%
Mail Order (Tier 1/2/3)	2.5x Retail Copay	2.5x Retail Copay + 50%	2.5x Retail Copay	2.5x Retail Copay + 50%	Deductible	Deductible + 50%

^ Deductible does not apply

Contributions for Medical Benefits

\$3,000 Deductible PPO

	BCBS Monthly Rate	Stuppy, Inc. Pays Per Month	Associate Pays Per Month	Associate Pays Per Pay Period
Associate Only	\$ 717.10	\$ 537.83	\$ 179.28	\$ 82.74
Associate + Spouse	\$ 1,807.29	\$ 813.28	\$ 994.01	\$ 458.77
Associate + Child(ren)	\$ 1,383.38	\$ 691.69	\$ 691.69	\$ 319.24
Associate + Family	\$ 2,050.55	\$ 717.69	\$ 1,332.86	\$ 615.17

\$5,000 Deductible PPO

	BCBS Monthly Rate	Stuppy, Inc. Pays Per Month	Associate Pays Per Month	Associate Pays Per Pay Period
Associate Only	\$ 677.81	\$ 576.14	\$ 101.67	\$ 46.93
Associate + Spouse	\$ 1,708.26	\$ 939.54	\$ 768.72	\$ 354.79
Associate + Child(ren)	\$ 1,307.58	\$ 849.93	\$ 457.65	\$ 211.22
Associate + Family	\$ 1,938.19	\$ 969.10	\$ 969.10	\$ 447.27

\$6,500 Deductible Health Savings Account

	BCBS Monthly Rate	Stuppy, Inc. Pays Per Month	Associate Pays Per Month	Associate Pays Per Pay Period
Associate Only	\$ 618.87	\$ 556.98	\$ 61.89	\$ 28.56
Associate + Spouse	\$ 1,559.71	\$ 857.84	\$ 701.87	\$ 323.94
Associate + Child(ren)	\$ 1,193.87	\$ 776.02	\$ 417.85	\$ 192.86
Associate + Family	\$ 1,769.65	\$ 973.31	\$ 796.34	\$ 367.54

**These amounts are deducted on a pre-tax basis.*

Choosing the Right Health Plan

Choosing the right health plan during open-enrollment or a qualifying-life-event is of the utmost importance since it dictates the medical care and associated costs for the year. With so many options, acronyms, and policy rules to consider, picking a plan can feel tricky.

\$6,500 Deductible Health Savings Account

The \$6,500 Deductible Health Savings Account health plan features higher deductibles and out-of-pocket maximums with lower monthly premiums.

This plan can be ideal for associates who only make occasional visits to their doctors. With higher deductibles and out-of-pocket maximums, the value of this plan can start to diminish as visits, procedures, and prescriptions become more frequent.

\$3,000 Deductible PPO and \$5,000 Deductible PPO

A preferred provider organization (PPO) is a health insurance plan that works with a network of providers who offer certain rates for those enrolled in the plan. PPOs typically have a higher monthly premium for these health plans than the \$6,500 Deductible Health Savings Account health plan.

On the flip side, PPO plans typically have a lower deductible and lower out-of-pocket maximum than the \$6,500 Deductible Health Savings Account. For associates who visit their doctor often, lower deductibles and out-of-pocket maximums could help lead to savings once all their medical expenses are paid.

For example, let's say an associate received a medical bill for \$8,000. Under the \$6,500 Deductible Health Savings Account, their deductible will be \$6,500. That means they'll be required to cover \$6,500 of the bill before their insurance provider covers the rest. Under the \$3,000 Deductible PPO or the \$5,000 Deductible PPO, they might only have to contribute \$3,000 or \$5,000, respectively, before their coverage kicks in.

Choosing the Right Health Plan

What is the difference between the \$6,500 Deductible Health Savings Account Health Plan and the Preferred Provider Plans (PPOs)?

\$6,500 Deductible Health Savings Account	\$3,000 Deductible PPO \$5,000 Deductible PPO
Lower Monthly Premiums	Higher Monthly Premiums
Higher Deductible and Out of Pocket Maximums	Lower Deductible and Out of Pocket Maximums
Grants Access to an HSA	Not Eligible for an HSA but can Partner with an FSA

\$6,500 Deductible Health Savings Account

If an associate enrolls in the \$6,500 Deductible Health Savings Account health plan, they are eligible for a Health Savings Account (HSA). An HSA can be used to cover the costly deductibles in a high deductible health plan, as well as prescription medications or other medical expenses. Funds are not taxed and are deposited into an HSA as part of a payroll deduction.

\$3,000 Deductible PPO and \$5,000 Deductible PPO

If an associate enrolls in the \$3,000 Deductible PPO health plan or the \$5,000 Deductible PPO health plan, they are eligible for a Flexible Savings Account (FSA). Like HSAs, FSAs can help cover out-of-pocket medical expenses. Funds are nontaxed and are deposited into an FSA as part of a payroll deduction. However, FSAs typically come with more restrictions than HSAs; including rollover limits and lower deposit maximums.

HSA

Administered by Alerus

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the \$6,500 Deductible Health Savings Account health plan.

How a Health Savings Account Works



Eligibility

You must be enrolled in the \$6,500 Deductible Health Savings Account Health Plan.

Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of **\$4,300** in 2025 if you enroll only yourself, or **\$8,550** in 2025 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.



Eligible Expenses

You may use your HSA funds to cover medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Your HSA is Always Yours — No Matter What.

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Stuppy, Inc. or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.



HSA Eligibility

To be eligible for an HSA, you must be enrolled in the \$6,500 Deductible Health Savings Account Health Plan.

Additionally:

- You cannot be covered under a health plan (as a spouse or dependent) that is not a High Deductible Health Plan (HDHP)
- You cannot be claimed as a dependent on someone else's tax return
- You cannot be enrolled in Medicare
- If you are also covered by a medical flexible spending account (FSA) or health reimbursement arrangement (HRA), it must be a limited FSA or HRA

Eligible Expenses

You choose what to do with the money in your HSA

- Use it to pay medical expenses for yourself, spouse and dependents. Your family members do not need to be enrolled in Stuppy, Inc.'s health plan. You can keep our children on your health plan until they turn 26, but you can only use your HSA to pay for their eligible medical expenses while they are your tax dependents
- Use it to pay other qualified expenses such as dental, orthodontia and vision expenses
- Save the money in your account for future health care expenses

Tax Advantages

- Contributions you make to your HSA reduce the amount of taxes you pay
- Health care expenses you pay from your HSA are paid with tax-free dollars
- Any interest or investment earnings your account earns grow tax-free

FSA

Administered by Alerus

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars.

If you do not spend all the money in your Health Care, Limited Purpose, or Dependent Care FSA by **March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited per IRS regulations for pretax contributions.**

How FSAs Work

Two Types of FSAs are available to you:

- Health Care FSA
- Dependent Care FSA

If you elect to contribute to one or both of the FSAs, you choose an annual amount to be taken from each of your paychecks pre-tax and deposited into your account throughout the year. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself. The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. If you enroll in the \$6,500 Deductible Health Savings Account Health plan, you cannot enroll in the Health Care FSA or the Dependent Care FSA.

Health Care FSA

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by another health plan. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays
- Coinsurance amounts
- Amounts you pay for prescription drugs
- Amounts you pay for certain over-the-counter items
- Eyeglasses, contacts, and other vision-related expenses not covered by the vision plan
- Orthodontia expenses not covered by dental plan

For a complete list of eligible expenses, visit www.irs.gov/publications/p502

Use It or Lose It

With both accounts, the IRS requires you to use all the money in your account by the end of the year or you lose it. This is called the “use it or lose it” rule.

However, you may carryover up to \$660 in account balances from one plan year to the next if you re-enroll during Open Enrollment.

Annual Contribution Amount

You can up to \$3,300 per year to the Health Care FSA in 2025. Please note: Annual limits budget subject to change by IRS.

At the end of the plan year, associates can roll over up to \$660 of unused funds into the next plan year.

Associates will have up to **45 days** to submit expenses for the prior year.

Dependent Care FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be employed, a full-time student for at least five months during the plan year, or mentally or physically disabled and unable to provide care for themselves.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

Eligible Dependent Care Expenses

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes.
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents

- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care

Annual Contribution Amount

You can contribute \$100 to \$5,000 per year to the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500. It's important to keep copies of all your receipts—even if you are not required to submit them as proof of your expense. That way, if the IRS asks for substantiation of your expenses, you will have the receipts.



Access Your HSA, FSA, and DCFSA

Administered by Alerus



HOW TO ACCESS

- ✓ Go to <https://login.alerus.com>
- ✓ If this is your first time you logging in, you will need to create an account by visiting: <https://login.alerus.com/signup>
- ✓ Next, you will be presented with an electronic consent form and terms and conditions. Review and click **Accept**.
- ✓ Select a phone number and your preferred method of authentication (text or call). Review and click **Submit**.
- ✓ Enter the six-digit code sent via text or call and click **Submit**.
- ✓ From the My Alerus dashboard, select your HSA or FSA plan under **Accounts**.

ACCOUNT FEATURES

- ✓ File a claim/upload documents
- ✓ Add/update banking information
- ✓ Update username at any time
- ✓ View HSA and FSA statements and tax forms
- ✓ Report lost/stolen card
- ✓ Add a debit card to mobile payment
- ✓ **Eligible Expense Scanner**: Scan products to identify eligible expenses based on the 213(d) eligible expense list
- ✓ **HSA Investment Detail**: Manage your HSA investments on the mobile app – view, transfer, realign, and more.

Finding Medical Providers

Administered by Blue Cross and Blue Shield of Kansas City

1. Visit <https://www.bluekc.com/consumer/member-benefits/find-a-doctor/doctors-hospitals>
2. Log into your account or click “Find Care as a Guest”
3. Select “I have or might get a Blue KC health plan through my employer”
4. Select “Select a Medical Network” drop down and click on “Preferred Care Blue”
5. Search for providers by entering your city, state, or zip code
6. Explore your options

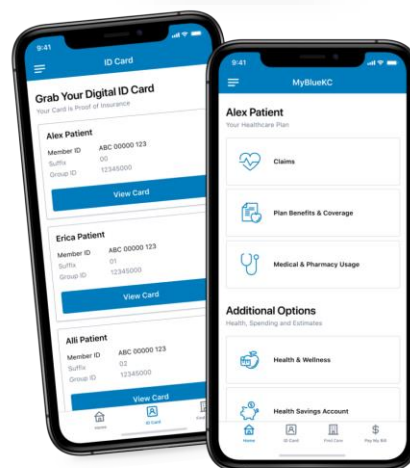
Medical Portal

Create or log-in to your Blue Cross and Blue Shield account online at [MyBlueKC.com](https://www.MyBlueKC.com). Quickly view:

- ✓ My Information | Print, text, or email your medical ID card
- ✓ Plan Benefits | View your coverage and pharmacy information
- ✓ Claims and Usage | View claims, EOBs, deductible, and Out-of-Pocket Maximums
- ✓ Health and Wellness | Access a HeathierYou
- ✓ Find Care | Find In-Network doctors, hospitals, pharmacies, and dental providers
- ✓ Ask Us | Get answers to your questions

Blue KC Mobile App

Download the free MyBlueKC app to help make the most of your Blue KC plan. With new and improved features, the MyBlueKC app gives you easy access to your health care coverage 24/7, wherever you are.








Virtual Care

Administered by Blue Cross and Blue Shield of Kansas City


When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

Register Today so You are Ready When You Need Care




-  Avoid germs in the ER, urgent care clinic or doctor's office.
-  See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
-  Get treated for more than 80 common conditions including colds, flu, allergies and more.
-  Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
-  Avoid costly copays and deductibles associated with the emergency room and urgent care clinics.

Using Telemedicine is as Easy as One, Two, Three


- 

Register Now

Setting up your secure account takes only minutes

Visit [BLUEKCVirtualCare.com](https://www.bluemc.com/virtualcare)
- 

Request a Visit

You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app.
- 

Feel Better

Get treated by a doctor who can prescribe medication if necessary.

Mindful by BlueKC

Administered by Blue Cross and Blue Shield of Kansas City

Mindful by Blue KC is a **behavioral health** initiative dedicated to reducing the stigma around behavioral health in our communities while making care more accessible and affordable.

In a unique role exclusive to Blue KC health plans, there is a Mindful Advocate available to help 24/7 for:

- In-the-moment support
- Help locating and referring to in-network providers
- Care navigation
- Help connecting to expedited treatment options in crisis situations

Mindful Advocates are licensed behavioral health clinicians who can help members access tools including in-person, text, online therapy and virtual visit options specific to the members' behavioral healthcare needs. Visit [MindfulBlueKC.com](https://www.mindfulbluekc.com) for more information.

Call (833) 302-6463 or the Number on Your ID Card

Routine Prevention Services

Covered by your BlueKC Health Plan

A few moments of prevention can lead to a lifetime of good health. From immunizations to routine check-ups to cancer screenings, getting the best healthcare means making smart decisions about routine preventive care services that can help keep you healthy. Common services include:

- Childhood Immunizations
- Annual Physicals
- Well Women Exams and Mammograms
- Generic Contraceptives
- PSA Tests
- Colorectal Cancer Exams
- Breastfeeding Support

Many types of routine preventive care and the related office visit are 100% Covered with no out-of-pocket costs when you go to an in-network doctor or facility.

Use these tips and go to [BlueKC.com/preventive](https://www.bluekc.com/preventive) to find a listing of services and more information.

Dental

Administered by Mutual of Omaha

Stuppy, Inc. offers comprehensive dental insurance. Good oral healthcare enhances overall physical health, appearance, and mental well-being. Problems with teeth and gums are common and easily treated health problems. Keep teeth healthy and smiles bright with the Mutual of Omaha plan. While associates may always see the dental provider of their choice, they will receive the deepest discounts when they use an in-network provider.

Dependent children can stay on dental plans until age 26.

Find an In-Network Dental Provider

- 1. Online Provider Search:** Visit MutualofOmaha.com/Dental and click "Find a Dentist"
- 2. Call the Dental Customer Service Team:** (800) 927-9197
- 3. Contact a Provider:** If you choose to call a provider directly, be sure to ask if they accept the Mutually Preferred Network powered by DenteMax Plus

	Dental Plan	
Calendar Year Plan Maximum	IN-NETWORK	OUT-OF-NETWORK
Per Individual	\$1,000	
Calendar Year Deductible		
Individual	\$50	
Family	\$150	
Preventive Care Deductible is Waived for Preventative Care	100%	100%
Exams, Cleanings, X-Rays		
Basic Services	90%	80%
Oral Surgery, Fillings, Endodontics, Periodontics		
Major Procedures	60%	50%
Crowns, Inlays/Onlays, Dentures, Repairs		

Contributions for Dental Benefits

	Monthly Rate	Stuppy, Inc. Pays Per Month	Associate Pays Per Month	Associate Pays Per Pay Period
Associate Only	\$30.32	\$20.00	\$10.32	\$4.76
Associate + Spouse	\$63.33	\$20.00	\$43.33	\$20.00
Associate + Child(ren)	\$66.07	\$20.00	\$46.07	\$21.26
Associate + Family	\$98.63	\$20.00	\$78.63	\$36.29

**These amounts are deducted on a pre-tax basis.*

Vision

Administered by Mutual of Omaha

Healthy eyes and clear vision are an important part of your overall health and quality of life.

Find an In-Network Vision Provider

- 1. Online Provider Search:**
Visit MutualofOmaha.com/Vision, click "Extensive Network", and "Locate a Provider"
- 2. Call the Vision Customer Service Team:** (833) 279-4358
- 3. In-Network Retail Providers**



LENSCRAFTERS



Vision Plan		
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam*	\$10 Copay	\$37 Allowance
Lenses* Single Vision Bifocal Trifocal	\$25 Copay	\$20 Allowance \$36 Allowance \$64 Allowance
Frames**	\$130 Allowance	\$58 Allowance
Contact Lenses*		
Medically Necessary	\$0 Copay	\$210 Allowance
Elective	\$130 Allowance	\$89 Allowance
<p>* Eye exam, lenses, and contacts are limited to one (1) every 12 months ** Frames are limited to one (1) every 24 months</p>		

Contributions for Vision Benefits

	Monthly Rate	Associate Pays Per Pay Period
Associate Only	\$6.86	\$3.17
Associate + Spouse	\$14.39	\$6.64
Associate + Child(ren)	\$12.35	\$5.70
Associate + Family	\$23.09	\$10.66

*These amounts are deducted on a pre-tax basis.

Life and AD&D

Administered by Mutual of Omaha

Life and Accidental Death & Dismemberment (AD&D) insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death or in the case of a covered accidental injury.

Life and AD&D For You

1st Year of Employment

\$15,000

**After 1st Year, employee may receive up to their annual salary (rounded to the nearest thousand)
plus \$10,000, up to a max of**

\$50,000

100% Company-Paid

Beneficiary Information

To ensure your family's financial security, keep your beneficiary information up-to-date. Be sure to designate a beneficiary through Employee Navigator.

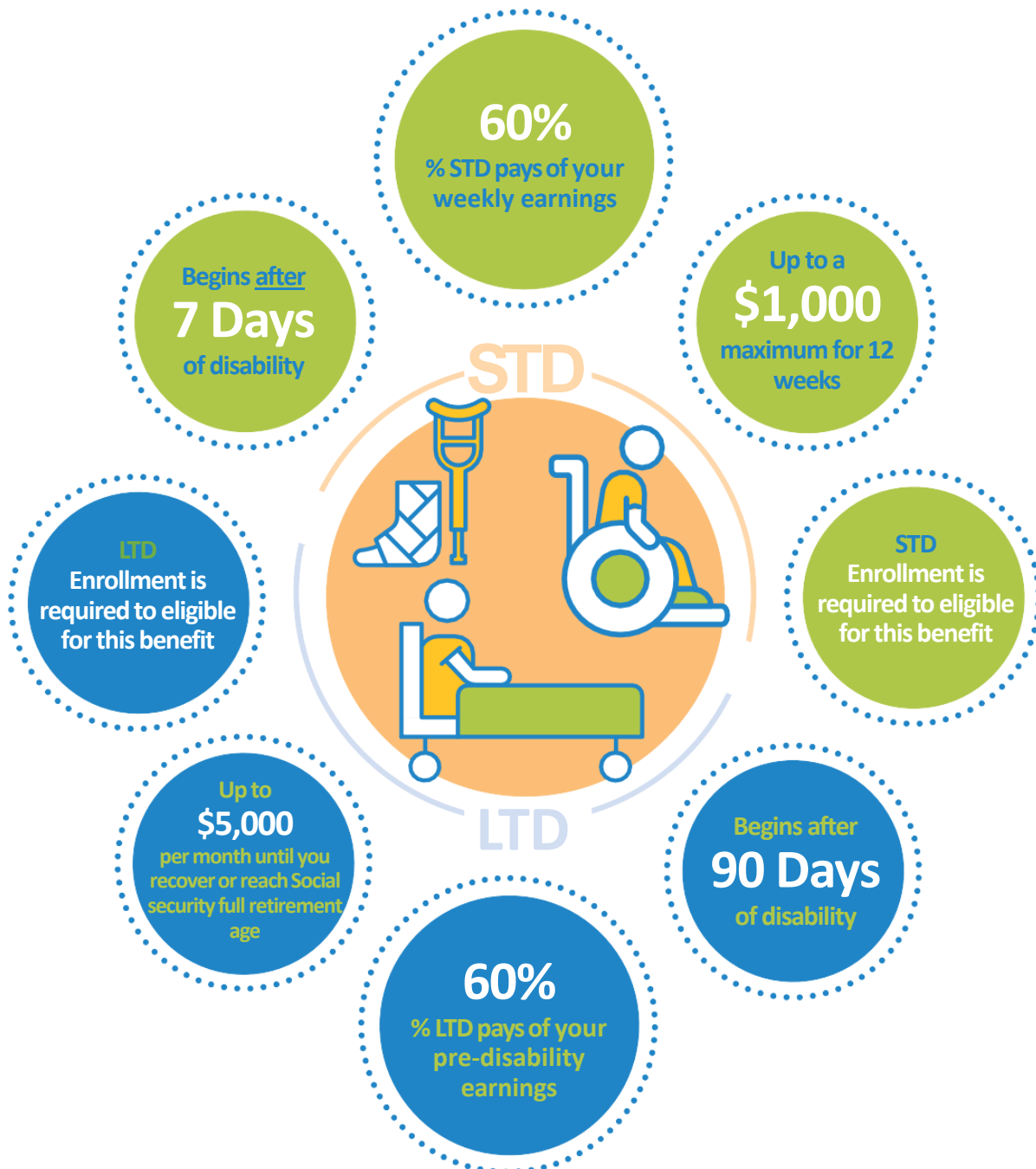
You must choose at least one beneficiary for each plan; however, you can update or change your beneficiary at any time during the year.

Disability

Administered by Mutual of Omaha

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive an income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

Note: If you do not elect disability insurance when you are first eligible you will be required to submit Evidence of Insurability (EOI) before coverage can begin.



Contributions for Disability

Short-Term Disability Based on Age	
	Monthly Rates per \$10 of Weekly Benefits
Age 0 – 24	\$0.47
Age 25 – 29	\$0.47
Age 30 – 34	\$0.47
Age 35 – 39	\$0.47
Age 40 – 44	\$0.47
Age 45 – 49	\$0.47
Age 50 – 54	\$0.47
Age 55 – 59	\$0.47
Age 60 – 64	\$0.47
Age 65+	\$0.47

Long-Term Disability Based on Age	
	Monthly Rates per \$100 of Covered Payroll
Age 0 – 24	\$0.08
Age 25 – 29	\$0.13
Age 30 – 34	\$0.18
Age 35 – 39	\$0.25
Age 40 – 44	\$0.35
Age 45 – 49	\$0.52
Age 50 – 54	\$0.83
Age 55 – 59	\$1.05
Age 60 – 64	\$1.12
Age 65 – 69	\$1.18

**These amounts are deducted on a post-tax basis.*

Note: Your total cost will be calculated in Employee Navigator during enrollment.

Hospital Indemnity

Administered by Mutual of Omaha

Hospital Indemnity Insurance pays a supplemental cash benefit when an illness or injury results in a hospital stay. It pays in addition to any other insurance associates may have and they're free to use the benefits for anything they need.

The cash benefit from Hospital Indemnity Insurance can be used to:

- ✓ Pay for out-of-pocket medical expenses
- ✓ Cover hospital deductibles and co-pays
- ✓ Pay for services not covered by health insurance
- ✓ Supplement daily living expenses
- ✓ Pay mortgage and rent
- ✓ Cover adult and childcare

Hospital Indemnity Insurance	
Benefit	Amount
Hospital Admission*	\$1,000 per Admission
ICU Admission*	\$2,000 per Admission
Daily Hospital Confinement**	\$100 per Day
Daily ICU Confinement**	\$200 per Day
Daily Newborn Nursery Care Confinement	\$75 per Day, Up to 2 Days per Policy Year
Additional Benefit: Express Benefit (equal to 1 daily hospital confinement benefit)	\$100 per Hospital Admission

***Hospital Admission**—limited to a combined total of 2 admissions, with a claim separation of 30 days, per policy year. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

****Hospital Confinement**—limited to a combined total of 30 days per policy year. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits.

	Associate Cost per Paycheck
Associate Only	\$9.14
Associate + Spouse	\$21.03
Associate + Child(ren)	\$12.62
Associate + Family	\$25.24

Critical Illness

Administered by Mutual of Omaha

If an associate is diagnosed with a serious illness, one of the last things they want to worry about is their finances. Critical Illness Insurance helps protect associates from a variety of covered conditions, so they can focus on getting well.

Critical Illness Insurance pays a lump-sum benefit upon diagnosis of a covered condition. A check is sent to the policy holder, not the health care provider. Simple as that. The lump-sum payment can be used any way the policy holder chooses.

- ✓ Replace Lost Income
- ✓ Health Insurance Deductibles or Copayments
- ✓ Household Expenses such as Mortgage Payments, Groceries, Utilities
- ✓ Travel to Receive Treatment

Critical Illness Insurance	
Covered Conditions	Percentage of Benefit Amount
	First Occurrence
Internal Cancer	100%
Heart Attack	100%
Stroke	100%
Alzheimer's Disease	100%
Major Organ Transplant	100%
Blindness	100%
Paralysis	100%
Deafness	100%

Voluntary Critical Illness Associate or Spouse Cost Per Pay Period (26 Payroll Deductions)			
Age	\$5,000	\$10,000	\$15,000
0 – 29	\$0.95	\$1.89	\$2.84
30 – 39	\$1.64	\$3.28	\$4.92
40 – 49	\$3.48	\$6.97	\$10.45
50 – 59	\$7.29	\$14.58	\$21.88
60 – 69	\$15.23	\$30.46	\$45.69
70 – 79	\$28.36	\$56.72	\$85.08
80+	\$39.07	\$78.13	\$117.21

Note: Your total cost will be calculated in Employee Navigator during enrollment.

Accident

Administered by Mutual of Omaha

Accident Insurance pays a lump-sum cash benefit for covered injuries associates or an insured family member sustains because of an accident. Since Accident Insurance is supplemental, it works in addition to other insurance associates may have.

The cash benefit from Accident Insurance can be used to:

- ✓ Pay for out-of-pocket medical expenses
- ✓ Supplement daily living expenses
- ✓ Cover lost income from unpaid time off

Accident Insurance	
Benefit	Amount
Emergency Room Urgent Care Center	\$300 \$225
Initial Physician Office Visit	\$100
Ground Ambulance Air Ambulance	\$300 \$1,500
Bone Fractures / Joint Dislocations	Amount Ranges
Lacerations	\$125 - \$900 Based on Size
Burns	Amount Ranges
Dental Care: Crown or Filling Repair Extraction	\$300 \$125
Hospital Admission	\$1,500
Daily Confinement (Up to 365 Days per Accident)	\$300 per Day
ICU Confinement (Up to 15 Days per Accident)	\$600 per Day
Rehab Facility Confinement (Up to 30 Days per Accident)	\$200 per Day
Surgical	Amount Ranges
Diagnostic X-Ray	\$75
Diagnostic Exam	\$300
Brain Injury Diagnosis	\$300
Health Screening	\$50

	Associate Cost per Paycheck
Associate Only	\$4.10
Associate + Spouse	\$6.45
Associate + Child(ren)	\$9.18
Associate + Family	\$12.21

401(k)

Stuppy, Inc. uses **Creative Planning** to provide our 401(k) planning investment options and management.

Associates are eligible to enroll in the 401(k) plan on the first of the month following 90 days of employment.

We offer traditional 401(k) and Roth 401(k) plans with a 25% company match on the first 5% of the employee contribution.

Paid-Time Off (PTO)

Stuppy, Inc., encourages associates to take Paid Time Off (PTO) to enjoy family, friends, and to rest and recharge.

Full-time associates receive Paid Time Off to be used for any time away from work for vacations, illnesses, personal time, etc. Associates are required to use available accrued Paid Time Off for any absence from work, excused or unexcused before taking time off without pay.

Associates may rollover up to 80 hours of PTO from one year into the next.

PTO is accrued on a per-pay period basis per the schedule below. Associates will continue to accrue PTO when on a leave of absence or while on PTO.

Years of Service	Accrual Rate per Pay Period	Annual Accrual Hours	Annual Accrual Days
0 – 4 Years	5.232	136	17
5 – 9 Years	6.160	160	20
10+ Years	7.696	200	25

Holidays

The Following is a List of Paid Holidays Observed by Stuppy, Inc.:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Friday After Thanksgiving
- Christmas Eve (Half Day)
- Christmas Day
- December 26th

Floating Holiday

Full-time associates who have been with Stuppy, Inc. for 6 months earn 1 floating holiday per calendar year.

Additional Leave

Bereavement Leave

When a death occurs of an immediate family, (spouse, children, siblings, parents, in-laws, grandparents, and parents' siblings i.e. aunts/uncles) associates may receive three (3) paid days from work under the bereavement policy. This is separate from the normal PTO bank. Paid Time Off (PTO) can also be used if additional time away from work is needed and should be approved by the immediate supervisor.

Parental Leave

Stuppy, Inc., will provide up to two weeks of paid parental leave to associates following the birth of an associate's child or the placement of a child with an associate in connection with adoption or foster care. The purpose of paid parental leave is to enable the associate to care for and bond with a newborn or a newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable. This policy will be in effect for births, adoptions, or placements of foster children occurring on or after May 1, 2023.

Eligible associates must meet the following criteria:

- Be a full- or part-time, regular associate (temporary associates, consultants, and interns are not eligible for this benefit).

In addition, associates must meet one of the following criteria:

- Have given birth to a child
- Be a spouse or committed partner of a woman who has given birth to a child.
- Have adopted a child or been placed with a foster child (in either case, the child must be age 17 or younger). The adoption of a new spouse's child is excluded from this policy.

Family and Medical Leave

Stuppy, Inc. complies with the federal Family and Medical Leave Act (FMLA), which requires employers to grant unpaid leaves of absence to qualified workers for specific medical and family-related reasons.

Stuppy, Inc. also abides by any state and local leave laws. The more generous of the laws will apply to the associate if the associate is eligible under both federal and state laws

Basic Leave Entitlement

The FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible Associates for the following reasons:

- Incapacity due to pregnancy, prenatal medical care, or childbirth
- Care for the associate's child after birth or placement for adoption or foster care;
- Care for the associate's spouse, son or daughter, or parent who has a serious health condition; or
- A serious health condition that makes the associate unable to work.

Eligibility for FMLA

The FMLA defines eligible associates as those who:

- Worked for Stuppy, Inc. for at least 12 months;
- Worked for Stuppy, Inc. for at least 1,250 hours in the previous 12 months; or
- Work at or report to a worksite that has 50 or more associates or is within 75 miles of other Stuppy, Inc. worksites that added together have a total of 50 or more associates

Continuing Education, Professional Certifications & Associations

It is expected that our associates will show interest in their career advancement and join and be active in at least one professional organization. Toward this effort, Stuppy, Inc. will reimburse an associate up to a maximum of \$2,500 per year for continuing education through an accredited program that either offers growth in an area related to their current position or that may lead to promotional opportunities.

This education may include college credit courses, continuing education unit courses, professional memberships, seminars and certification exams that are job-related.

Associate Referral Program

We at Stuppy, Inc. believe in hiring the best. We are always seeking the most qualified, skilled candidates who embody the Stuppy, Inc. values. Associate opinions are also valued in this process, and we have created the following Associate Referral Program to promote participation in our efforts.

Associates are eligible for a referral award when they refer external candidates (excludes returning associates or any temporary associates who were originally hired through a staffing agency). It is the responsibility of the referring associate and the candidate to ensure the referral is documented on the application of employment when the applicant submits their application. Failure to document the referral may negate the referral bonus.

If the candidate referred is hired, the associate will receive a total referral reward of up to \$1,000 – paid to the referring associate as a payroll bonus on the following schedule:

- The first \$250 will be paid after the new associate has been with Stuppy, Inc. for 30 days.
- A second \$250 will be paid after the new associate has been with Stuppy, Inc. for 60 days.
- The final \$500 will be paid after the new associate has been with Stuppy, Inc. for 90 days.

Associates involved in the hiring decision for a particular position are not eligible for referral awards for that position. Only one referral award can be given per candidate. If a candidate is referred by more than one associate, the first referral received will be the one rewarded if the candidate is hired.



Required Notices



IMPORTANT NOTICE FROM STUPPY, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Stuppy, Inc. and about your options under Medicare's prescription drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Stuppy, Inc. has determined that prescription drug coverage on the PPO plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15 to December 7**.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Stuppy, Inc. coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Stuppy, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back. If you or any covered dependents do decide to join a Medicare drug plan and keep your current Stuppy, Inc. coverage, your Stuppy, Inc. prescription drug coverage will be primary for you or your covered dependents that join a Medicare prescription drug plan. This means that you or your covered dependents will receive most prescription drug benefits from your Stuppy, Inc. coverage. Medicare prescription drug coverage will be secondary.

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

You should also know that if you drop or lose your current coverage with Stuppy, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage ...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Stuppy, Inc. changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare Prescription drug coverage:

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

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

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

Date: January 1, 2025

Name of Entity/Sender: Stuppy, Inc.

Contact: Sabrina Simon

Email: ssimon@stuppy.com

Phone: 816-285-3706

Notice of Special Enrollment Rights

HIPAA applies to any employer that has two or more active employees. Under HIPAA group health plans are required to provide active employees, their dependents and COBRA qualified beneficiaries with special enrollment opportunities for certain situations.

The following are just some events that may trigger a Special Enrollment Event:

- Loss of eligibility under other coverage;
 - Due to divorce or legal separation;
 - Dependent loss of eligibility due to age under a parent's plan;
 - Death of an employee's spouse which leaves the spouse with no coverage;
 - Spouse's employment ends, as does insurance coverage; and
 - Spouse no longer eligible due to hours being cut.
- Loss of eligibility under Medicaid/CHIP;
- 18/36-month exhaustion under COBRA;
- Birth/ Adoption/Place for adoption of a child;
- Marriage of an employee; and
- Gain of eligibility for Medicaid/CHIP premium assistance.

You must notify Stuppy, Inc. within 30 days of the Special Enrollment Event taking place.

Coverage will not be provided if the request is made after the 30-day period.

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

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

Enrolling for the first time you must complete an enrollment form and provide the supporting documentation for your Special Enrollment Event. If you are currently enrolled and adding a dependent then a written request is required along with the supporting documentation.

If you have any questions about special enrollment eligibility please contact Human Resources or Holmes Murphy & Associates.

Additional FAQs regarding HIPAA and Special Enrollment Rights can be found at: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/hipaa-consumer.pdf>

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

ALABAMA – MEDICAID
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – MEDICAID
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
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID

Website: Health Insurance Premium Payment (HIPP) Program

<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+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – MEDICAID

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

[flmedicaidtprecovery.com/hipp/index.html](https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html)

Phone: 1-877-357-3268

GEORGIA – 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-](https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

[party-liability/childrens-health-insurance-program-reauthorization-act-](https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

[2009-chipra](https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

Phone: (678) 564-1162, Press 2

INDIANA – MEDICAID

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – MEDICAID AND CHIP (HAWKI)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – MEDICAID

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY – 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: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – MEDICAID

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

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740.

TTY: Maine relay 711

MASSACHUSETTS – MEDICAID AND CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – MEDICAID

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – MEDICAID

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – MEDICAID

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHSHIPPProgram@mt.gov

NEBRASKA – MEDICAID

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – MEDICAID

Medicaid Website: <http://dhcnp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – MEDICAID

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND – MEDICAID AND CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – MEDICAID

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – MEDICAID

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – MEDICAID

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT – MEDICAID

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website: <https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

WASHINGTON – MEDICAID

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID

Website: <https://dhr.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

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – MEDICAID

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

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

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

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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2024)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources Department at ssimon@stuppy.com.

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Stuppy, Inc.	4. Employer Identification Number (EIN) 44-0452760	
5. Employer address 1212 Clay Street	6. Employer phone number 816-285-3706	
7. City North Kansas City	8. State MO	9. ZIP code 64116
10. Who can we contact about employee health coverage at this job? Sabrina Simon		
11. Phone number (if different from above)	12. Email address ssimon@stuppy.com	

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

- **As your employer, we offer a health plan to:**
 - ✓ **All employees. Eligible employees are:**
Full-time employees working 30 hours or more per week
- **With respect to dependents:**
 - ✓ **We do offer coverage. Eligible dependents are:**
 - Legal spouse or registered domestic partner and/or his/her children, where applicable by state law
 - Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions apply)
 - Disabled children aged 26 or older who meet certain criteria

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here’s the employer information you’ll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Women's Health Act

The Women's Health and Cancer Rights Act of 1998 required that all health insurance plans that cover mastectomy also cover the following medical care:

- 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 at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

Continuation Required by Federal Law for You and Your Dependents

The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income. Federal law enables you or your Dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than your gross misconduct). Federal law also enables your Dependents to continue health insurance if their coverage ceases due to your death, divorce or legal separation, or with respect to a Dependent child, failure to continue to qualify as a Dependent.

Continuation must be elected in accordance with the rules of your Employer's group health plan(s) and is subject to federal law, regulations and interpretations.

Newborns' and Mothers' Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

Mental Health Parity Act

According to the Mental Health Parity Act of 1996, the lifetime maximum and annual maximum dollar limits for mental health benefits under the medical plan are equal to the lifetime maximum and annual maximum dollar limits for medical and surgical benefits under this plan. However, mental health benefits may be limited to a maximum number of treatment days per year or series per lifetime.

Health Insurance Portability and Accountability Act (HIPAA)

Stuppy, Inc. in accordance with the HIPAA, protects your Protected Health Information (PHI). Stuppy, Inc. will only discuss your PHI with medical providers and third-party administrators when necessary to administer the plan that provides you your medical, dental, and vision benefits or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources Department.



