



APPLIED MECHANICAL SYSTEMS, INC.



2025 BENEFITS

WELCOME

OPEN ENROLLMENT

Open enrollment for the medical, dental, vision and ancillary benefits begins **Monday, November 4th, and runs through close of business day, Wednesday, November, 27th**. The effective date for all changes will be January 1, 2025.

ELIGIBILITY INFORMATION

All regular full-time employees working at least 30 hours per week are eligible to enroll or apply for the benefits listed on the following pages as long as the eligibility requirements are met.

Domestic partnership coverage is not an offering of the Applied Mechanical Systems program. If you have questions regarding this, please contact HR.

MAKING CHANGES DURING THE YEAR

Please remember that the only time enrollment changes can be made outside of open enrollment is in the case of a qualifying event. Examples of qualifying events include but are not limited to: birth, adoption, death, divorce and marriage. It is your responsibility to notify HR of a qualifying event. The appropriate paperwork must be submitted to the carrier within 30 days of the event.

ENROLLMENT INSTRUCTIONS

If you are enrolling in benefits for the *first* time or making *changes* to your current benefits, you will need to complete paper enrollment forms and turn them into HR by:
MONDAY, NOVEMBER 27TH

QUESTIONS?

If you have any questions regarding the AMS benefit package, please reach out to the AMS Human Resources department at **1-888-854-3073** or **email hr@appliedmechanicalsys.com**. If you have specific questions about the benefits, please feel free to also reach out to our McGohan Brabender account team, at 937.293.1600, and ask for Jordyn Craft (jcraft@mcgohanbrabender.com) Jack Gillespie (jgillespie@mcgohanbrabender.com), or Lorin Bassler (lbassler@mcgohanbrabender.com).



APPLIED MECHANICAL SYSTEMS, INC.

WHAT YOU NEED TO KNOW & DO

MEDICAL:

Our carrier will continue to be **UMR** utilizing the **UHC Choice Plus network**. Our pharmacy benefit will continue to be **Express Scripts**.

***If making a plan change or enrolling for first time, complete the UMR enrollment form.**

GARNER:

A free health benefit that helps you find top performing doctors and pays a portion of your out-of-pocket medical bills if you follow the proper steps. More information can be found on pages 14-16

DENTAL:

Our carrier will continue to be **Superior Dental Care**. Eligible dependent children can be covered till 26. More information on the dental benefit, can be found on pages 17-19.

***If making a change or enrolling for first time, complete the Superior Dental election form.**

VOLUNTARY VISION:

Our carrier will continue to be **EyeMed** for voluntary vision, more information can be found on pages 20-21.

GROUP LIFE AND SHORT TERM DISABILITY:

The coverages will be remaining with **Mutual of Omaha**. The Short Term Disability benefit amount has increased to 60% of pre-disability earnings to a maximum of \$600 per week. Because AMS pays for these benefits on your behalf, you are automatically enrolled in the group term life and disability benefit. More information can be found on page 22.

VOLUNTARY LONG TERM DISABILITY:

Our carrier will continue to be **Mutual of Omaha** for voluntary Long Term Disability more information can be found on page 23.

VOLUNTARY LIFE:

This coverage will remain with **Mutual of Omaha**. If you would like to enroll yourself or dependents for the first time you will need to indicate amount of coverage and complete the beneficiary information. Mutual of Omaha is offering a **true open enrollment** this year only. Employees and spouses may increase their current election up to the Guarantee Issue with **no medical questions**.

If you would like to increase your current election amount above the guarantee issue amount of \$100,000, you can do so, but will be required to complete an Evidence of Insurability form and must be approved. If you want to add coverage for a child, you can do so without going through EOI.

Keep in mind if you are electing spousal coverage, your spouse can elect 100% of your elected amount to a max of \$50,000. For example: Employee elects \$100,000 in voluntary coverage, therefore, their spouse cannot take out more than \$50,000 in voluntary coverage.

***If choosing to elect additional coverage, increase benefit, or enroll for the first time, complete Mutual of Omaha election form and Evidence of Insurability (as required by benefit election).**

WHAT YOU NEED TO KNOW & DO

EMPLOYEE ASSISTANCE PROGRAM:

Our EAP will be offered through **Optum** and is available for all full-time benefit eligible employees of AMS, regardless if you elect medical coverage. Information regarding the EAP are on pages 24-25.

REGENEXX:

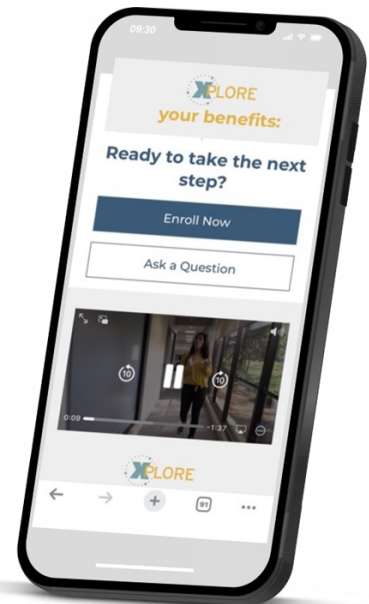
Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries More information on the Regenexx benefit, can be found on page 26.

AIRROSTI:

Airrosti provides highly effective, personalized care for acute and chronic musculoskeletal pain and conditions. Airrosti's goal is for each patient to have rapid and successful recoveries in an average of three visits. More information on the Airrosti benefit, can be found on pages 27-28.

XPLORE:

We'd like to introduce to you a new way to navigate benefits! Meet XPlore, a microsite where AMS employees can access benefits when they need them most. You can scan the QR code below input your name and email address and you'll be sent to a one-stop hub for your AMS benefits. Information such as benefit summaries, rates, enrollment forms and a brief overview of the benefit are available in one easy to navigate site.



WORKING SPOUSE INSURANCE RULE

Working Spouse Insurance Rule

If your spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under AMS' group health plan.

2024



Forms will be sent out to all employees enrolled in a employee+ spouse or employee+family health insurance plan



Turn your completed forms into Human Resources



Any spouse who is no longer eligible for AMS' Health Insurance Plan should contact their employer to get enrolled in their Health Insurance Plan

2025



Spouses who are no longer eligible for our plan will not be covered effective January 1, 2025

If your spouse's eligibility with their employer changes at any time of the year, contact HR and they will be able to get on or off our health plan at that time. This does not apply to dental or vision insurance.

If your spouse does not work or is not eligible for health insurance at their current employer then this rule will not effect them. You will still be required to complete and turn in the given form.

We will be emailing the forms out. They must be returned by November 27, 2024. These forms are HIPPA complaint and no information will be shared.

Contact HR with any questions at hr@appliedmechanicalsys.com or by calling 1-888-854-3073

WELLNESS INCENTIVE PROGRAM

Wellness Incentive Program



Biometric Screening



Annual Physical



Age/Gender Preventative Cancer Screenings



No weekly Surcharge

2025



If all your screenings are not completed by 12/31/2024, a \$20 surcharge to your weekly insurance deduction will be added for the 2025 plan year



A new set of physical, biometric, and age appropriate cancer screenings are due between January 1st and December 31st 2025

2026



You must have a registered Garner account to avoid the \$30 surcharge



Another set of physical, biometric, and age appropriate cancer screenings are due between January 1st and December 31st 2025



This now applies to any **spouse** on the AMS Medical Insurance Plan



If your, and your spouse if applicable, screenings are not completed by 12/31/2025, a **\$30** surcharge to your weekly insurance deduction will be added in 2026

You will be receiving two forms to have your doctors office sign when the required steps are completed. If you are not due for any age/gender preventative cancer screenings, your Primary Care Physician will still sign the cancer screening form.

All employees must turn in the two forms with physical, biometrics and age/gender cancer screening to HR by 12/31/24 to avoid a surcharge in 2025 and by 12/31/25 (plus a registered Garner account) to avoid a surcharge in 2026. These forms are HIPPA compliant and no confidential information will be shared.

All required screenings are covered 100% by both of our insurance plans, so there will be no cost to you for any of the initial screenings.

Please contact HR with any questions at hr@appliedmechanicalsys.com or by calling 1-888-854-3073

EMPLOYEE CONTRIBUTIONS

Coverage		Weekly Employee Contribution Per Pay
Medical—PPO Carrier: UMR (www.umar.com) Network: <u>UHC Choice Plus</u> Dependent Age Limit: 26	Employee Only	\$58.00
	Employee + Spouse	\$112.00
	Employee + Child(ren)	\$107.00
	Family	\$118.00
Medical—HDHP Carrier: UMR (www.umar.com) Network: <u>UHC Choice Plus</u> Dependent Age Limit: 26	Employee Only	\$44.00
	Employee + Spouse	\$82.00
	Employee + Child(ren)	\$80.00
	Family	\$85.00
Dental Carrier: Superior Dental Care (www.superiordentalcare.com) Dependent Age Limit: 26	Employee Only	\$0.00 - No Cost
	Employee + Spouse	\$10.50
	Employee + Child(ren)	\$10.50
	Family	\$10.50
Voluntary Vision Carrier: EyeMed Employee paid	Employee Only	\$1.47
	Employee + Spouse	\$2.79
	Employee + Child(ren)	\$2.94
	Family	\$4.31
Life/AD&D and Short Term Disability Carrier: Mutual of Omaha		Employer Paid
Voluntary Long Term Disability Carrier: Mutual of Omaha		Employee Paid
Voluntary Life/AD&D Carrier: Mutual of Omaha		Employee Paid based on enrollee's age
Employee Assistance Program Carrier: Optum		Employer Paid

MEDICAL PLAN — PPO OPTION

Medical Benefit Summary

Effective January 1, 2025

Third Party Administrator: UMR

Network: UHC Choice Plus

Pharmacy: Express Scripts



APPLIED MECHANICAL SYSTEMS, INC.

Covered Benefit	In-Network	Out-of-Network
Deductible: (Embedded)	Individual - \$2,000 Family - \$4,000	Individual - \$5,000 Family - \$10,000
Out of Pocket Maximum: (Includes Deductible, Embedded)	Individual - \$6,500 Family - \$13,000	Individual - \$10,000 Family - \$20,000
Co-Insurance:	80%	50%
Routine Preventive Care:	100%, no deductible	50%, after deductible
Emergency Room Services:	\$250 Co-Pay, then 80% co-insurance	\$250 Co-Pay, then 80% co-insurance
Urgent Care:	\$50 Co-Pay	50%, after deductible
Office Visit:		
Primary Care:	No Charge	50%, after deductible
Specialist:	\$100 Co-Pay	
Inpatient Hospitalization:	80%, after deductible	50%, after deductible
Outpatient Surgery:	80%, after deductible	50%, after deductible
Chiropractic Care (limit 12 visits):	\$100 Co-Pay	50%, after deductible
Routine Eye Exam with Refraction (limit 1 per year):	No Charge	Not Covered
Prescription Drugs:	\$250 Single / \$500 Family Deductible Applies before Co-Pays (separate from medical deductible)	
ACA Standard Preventive Meds	\$0	Not Covered
Retail - 30 day supply	\$0/\$50/\$100	Not Covered
Home Delivery - 90 day supply	\$0/\$125/\$250	Not Covered

1) This benefit description is intended to be a brief outline of benefits. Certain services may have limits on the number of visits, days or dollar amounts that will be covered.

2) Please refer to the Summary of Benefits/Summary Plan Description for a complete listing of benefits. In the event of a conflict between this description and the group contract, the terms of the group contract will prevail.

MEDICAL PLAN — HDHP OPTION

Medical Benefit Summary

Effective January 1, 2025

Third Party Administrator: UMR

Network: UHC Choice Plus

Pharmacy: Express Scripts



APPLIED MECHANICAL SYSTEMS, INC.

Covered Benefit	In-Network	Out-of-Network
Deductible: (Embedded)	Individual - \$3,500 Family - \$7,000	Individual - \$8,000 Family - \$16,000
Out of Pocket Maximum: (Includes Deductible, Embedded)	Individual - \$4,500 Family - \$9,000	Individual - \$12,000 Family - \$24,000
Co-Insurance:	80%	60%
Routine Preventive Care:	100%, no deductible	60%, after deductible
Emergency Room Services:	80%, after deductible	80%, after in-network deductible
Primary Care Physician:	80%, after deductible	60%, after deductible
Urgent Care:	80%, after deductible	60%, after deductible
Inpatient Hospitalization:	80%, after deductible	60%, after deductible
Outpatient Surgery:	80%, after deductible	60%, after deductible
Chiropractic Care (limit 12 visits):	80%, after deductible	60%, after deductible
Routine Eye Exam with Refraction (limit 1 per year):	No Charge	Not Covered
Prescription Drugs:	Medical Deductible Applies	
ACA Standard Preventive Meds	\$0	Not Covered
Retail - 30 day supply	\$10/\$35/\$60	Not Covered
Home Delivery - 90 day supply	\$25/\$90/\$150	Not Covered

1) This benefit description is intended to be a brief outline of benefits. Certain services may have limits on the number of visits, days or dollar amounts that will be covered.

2) Please refer to the Summary of Benefits/Summary Plan Description for a complete listing of benefits. In the event of a conflict between this description and the group contract, the terms of the group contract will prevail.

MEDICAL PLAN DEFINITIONS

Embedded deductible: What this means is that no one family member may contribute more than the individual deductible amount to the family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance and prescription co-pays. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance and prescription co-pays.

Co-Payment on Plans: You will not have co-payments until after you meet your deductible. Once your deductible has been met then you will have prescription co-pays until you meet your out-of-pocket maximum.

Co-Insurance: The percentage the insurer will pay once the deductible has been met. For example, '100% after deductible.' means that the insurance carrier will pay 100% of medical expenses after the deductible has been met.

Out-of-Pocket Limit: You will meet the difference from the deductible to out-of-pocket maximum with prescription co-pays. When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period.

Preventive Care: Unlike diagnostic care which is used to find the cause of existing illnesses, preventive care helps protect you from getting sick. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. Exclusions and limitations may apply. Check your medical policy for details.

HEALTH SAVINGS ACCOUNT

Two Separate Products Working Together

UMR - HDHP	HSA
<ul style="list-style-type: none"> Insurance portion of the plan All medical/Rx services apply to the deductible. 100% coverage for medical & Rx after out of pocket max has been met. 	<ul style="list-style-type: none"> Employee funded bank account. Account and all funds owned by employee. 100% of unused funds roll over each year – no "use it or lose it". Funds can be used for medical, dental, & vision expenses.

What is a HDHP?

- It is the insurance portion of the plan. (Stands for High Deductible Health Plan)
- Deductible must be met before insurance pays (no co-pays)
- You receive UMR's discounted rate for all in-network service
- All** covered expenses count toward deductible
- Preventive Care – 100% coverage

What is an HSA?

- An HSA (Health Savings Account) is a bank account created exclusively for you
 - You OWN the account
 - Management of the account is your responsibility
- Use it to pay for IRS qualified medical, dental, vision and hearing expenses on a tax free basis.
- Funds may be deposited by the employee via pre-tax payroll deduction .
- The HSA is not a "use it or loss it" proposition. All funds remaining in the HSA at the end of the year are rolled over and added to the next year's contributions.
- Interest bearing account that allows you to save for future health care expenses (including into retirement) by investing your money in various investment platforms.

Do I qualify for an HSA?

HSA Participant Eligibility Rules

- Must Be Enrolled in High Deductible Health Plan.
- Not Eligible if also Enrolled in a non HDHP Plan, Tricare benefits or VA (certain situations)
- Not Eligible if also Enrolled in a health FSA/HRA (*unless enrolled in a LIMITED health FSA/HRA*).
- Not Eligible if Enrolled in ANY type of Medicare Benefits.
- Not Eligible if claimed as a dependent on another person's tax return.

HEALTH SAVINGS ACCOUNT, CONT'D

HEALTH SAVINGS ACCOUNT ANNUAL LIMITS

Employees can contribute up to the 2025 annual maximums of:

\$4,300 Single

\$8,550 Family

\$1,000 Catch up contribution for employees 55 and over

How do I use my HSA?

At the Doctor's Office...

- Show your UMR identification card (no co-pay is required)
- You will receive an Explanation of Benefits (EOB) from UMR. Refer to page 23 and 24 on how to read your EOB
- You will also receive a bill in the mail from the Dr.'s office, showing the discounted rate
- You may use your HSA to pay for any amounts you owe (provided you have the funds available) or you may elect to pay for this from your own account and leave the money in your HSA to "save" for a later date

At the Pharmacy...

- Show your UMR identification card
- The Pharmacist will enter your insurance information and the discounted carrier price will be automatically calculated
- Cost Saving Tip** consider asking for a generic to cut down on your costs
- You may use your HSA to pay for any amount you owe (provided you have funds available) or you may elect to pay for this from your own account and leave the money in your HSA to "save" for a later date

For Mail Order...

- Receive a new 90-day mail order prescription from your provider
- Complete the Express Scripts mail order form and mail it along with the prescription from your provider
- You may use your HSA to pay for any amounts you owe (provided you have funds available) or you may elect to pay for this from your own account and leave the money in your HSA to "save" for a later date
- 90-days supply will require a 90-day payment.

Keeping Receipts and Paying Bills?

- **YOU MUST** keep your receipts as proof that your purchases were eligible expenses, in case of an IRS audit.
- You may use your HSA debit card or optional checks to pay medical bills or providers directly.
- You may save your bills for several years and pay yourself back in the future, once your account has grown in value, provided all receipts are dated since account opening date.

Get access to the top 20% of doctors

You'll get reimbursed for your out-of-pocket medical costs when you see them.

Create a Garner account. Then, use the Garner Health app or website to search for the very best doctors in your area. These Top Providers are automatically added to your list of approved providers as soon as they are visible on your screen. Once Top Providers are on your list of approved providers, you can get reimbursed for qualifying* out-of-pocket costs.

Top Providers have shown to:

- ✓ Practice based on the latest medical research
- ✓ Get the highest patient satisfaction ratings
- ✓ Successfully diagnose problems
- ✓ Produce the best patient outcomes



Garner analyzes the largest medical claims dataset in the U.S. to objectively evaluate doctor performance.



The Garner Health app gives you information on high-quality doctors in your network, with appointment availability.



Recommendations are based solely on independent analysis, not commissions or fees. Garner has no financial relationships with doctors.

***Your out-of-pocket medical costs will qualify for reimbursement if:**

- You have created a Garner account and added the provider to your list of approved providers prior to the date of service.
- Your provider is in-network and the cost was covered by your health insurance plan. (Check your health insurance plan.)
- The type of cost qualifies for reimbursement under your Garner plan. Depending on your Garner plan, costs for things like prescription drugs or emergency services may or may not qualify for reimbursement. (Check the "Your benefit" page in the Garner Health app to learn more.)
- If your health insurance plan is paired with an HSA, you will need to incur costs greater than the minimum deductible. (Check the "Your benefit" page in the Garner Health app to see if this requirement applies.)

Questions?

Message the Concierge through the Garner Health mobile app, online at getgarner.com or email concierge@getgarner.com.

Create account



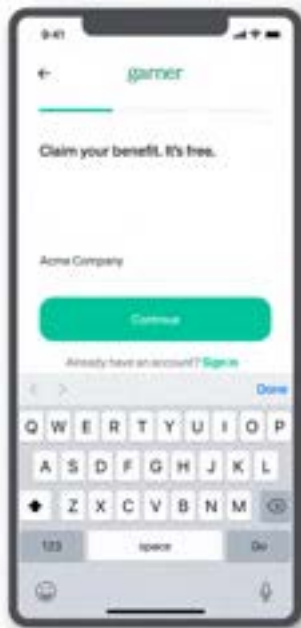
Go to garner.us/learn

GARNER, CONT'D

How to create a Garner account

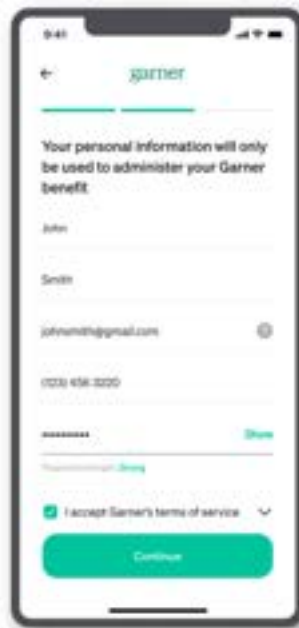
Create your account and get access to the top 20% of doctors in your area.

Create your account at garner.guide/start.



1 Enter your organization's name

Search for your organization's name by entering it in the form field. You may be presented with a few options of similar names. Select the one that was recommended in your Open Enrollment session.



2 Enter your full legal name

Garner protects your personal information and will never sell or share it.



3 Verify your identity

Enter your birth date and the last four digits of your Social Security number. This is for your protection and to verify we have the right person.



4 Get started

Once you create an account, you can begin searching for the best doctors in your area who are in-network and have availability to see you.

Recommendations are based solely on independent analysis, not commissions or fees. Garner has no financial relationships with doctors.

Use Garner to find the very best care for you and your family. Create a Garner account at garner.guide/start or download the Garner Health mobile app from the **Apple App Store** or **Google Play Store**.

Questions? Message the Concierge through the Garner Health mobile app, online at getgarner.com or email concierge@getgarner.com.



How to use your Garner benefit

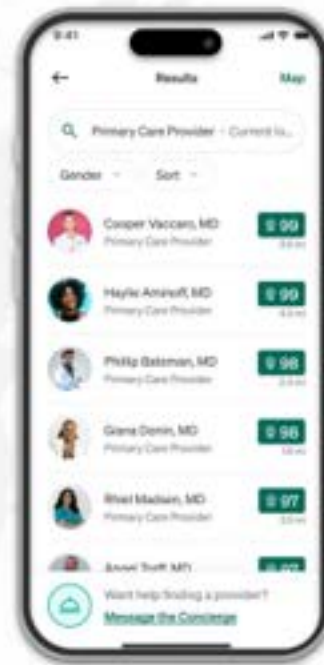
What is Garner?

Garner is a benefit covered by your employer that helps you find the **best doctors** in your area and **reimburses you for your qualifying costs when you visit them**. These doctors follow best practices and **keep you healthier**. We know this based on **real patient outcomes**.

Follow the steps below to create your account and find Garner's recommended providers through our app or on our website.

How do I use Garner?

- 1. Sign up for an account**
Once you've created an account, you'll be able to access detailed information about your benefit and coverage through the app.
- 2. Find Top Providers**
Search for doctors in your area based on your symptoms, their name, or the type of care you need.
- 3. Get reimbursed**
Receive reimbursement for qualifying medical costs provided by a Top Provider who has been added to your account *before your appointment*.



Scan the QR code with your mobile phone to get started.

Or visit Garner.Guide/Start to sign up for an account. When creating your account, make sure to use **your full legal name**.



Need help?

Once you create an account, you can message the Concierge via in-app chat, phone, or email concierge@getgarner.com.

DENTAL PLAN



SUPERIOR DENTAL CARE

Schedule of Benefits – Plan #1633	In Network	Out of Network
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Contract Maximum	\$1,000.00	\$1,000.00
Deductible (applies to Basic and Major services)	\$50/\$150	\$50/\$150
Orthodontia	50%	50%
Lifetime Ortho Max	\$500.00	\$500.00
Copay (applies to eligible oral evaluations)	None	None

Contract Period – The defined time during which your benefits will apply. This is typically a 12 month period of time; however please check with your employer to be sure.

Contract Maximum – The amount of dental expenses allotted to each member per Contract Period. Typically includes all benefits paid under the Preventive, Basic, Major categories.

Deductible – The amount of dental expense, which you are responsible for before SDC begins calculations of benefits. Deductibles follow the contract period and have individual and family maximums.

Lifetime Ortho Maximum – The amount of orthodontia benefit, per member per lifetime, while enrolled with SDC. Any orthodontia payments made by SDC are applied toward the Lifetime Maximum. The orthodontia Lifetime Maximum is separate from the Contract Maximum and does not refresh. Timely submission of ortho claims is necessary for prompt consideration of benefit.

Copay - This amount is applied to eligible oral evaluations in the Preventive Category only and is to be paid per Covered Person per occurrence, at the time of the visit.

PREVENTIVE SERVICES

ORAL EVALUATIONS 2x contract period; **PROPHYLAXIS** (cleaning) 2x contract period; **TOPICAL APPLICATION OF FLUORIDE** 1 treatment per contract period for children under 15; **BITEWING X-RAYS** up to 4 Bitewings per contract period; **FULL MOUTH X-RAYS OR PANORAMIC SURVEY** 1x 5 years; **INTRAORAL PERIAPICAL X-RAYS** 3 per contract period; **MINOR EMERGENCY TREATMENT** for the temporary relief of pain, bleeding or swelling; **SPACE MAINTAINERS** 1x lifetime per area for children under 19

BASIC SERVICES

SPECIALIST EXAMINATIONS 1x per contract period for endodontics, periodontics, or oral surgery; **ORAL SURGERY** (includes local anesthesia/routine postop care); **Extractions** (Pre-orthodontics are included in the Major Category); **Removal of Periapical and Follicular Cysts**; **Intraoral Incision and Drainage**; **Exposure of Tooth to Aid Eruption**; **Frenectomy**; **General Anesthesia or IV Sedation** - in connection with oral surgery (excluding simple extractions); **ENDODONTICS** (includes local anesthesia, x-rays and routine postop care); **Root Canal Treatment** 1x 3 years per tooth; **Surgical Endodontics** 1x lifetime per tooth; **RESTORATIVE** (includes local anesthesia); **Restorations** (amalgam and composite) - to restore teeth damaged by decay or traumatic injury 1x 3 years per surface; **Sedative Filling** 1x 3 years per tooth; **Pins** 1x 3 years per tooth; **Prefabricated Crowns** (replaceable after 3 years in place); **Recementation** (onlays, crowns and bridges) 1x 2 years; **REPAIRS** (includes repairs to crowns, bridges, and complete or partial dentures) 1x 2 years; **PERIODONTICS/SURGICAL PERIODONTICS** (includes local anesthesia and postop care); **Periodontal Scaling and Root Planing** 1x 2 years each quadrant; **Periodontal Maintenance** (root planing followed by osseous surgery - a single course of treatment) 2x 2 years during a course of full mouth periodontal treatment; **Complete Occlusal Adjustment** 1x 2 years following periodontal surgery; **Gingivectomy** each quadrant/area 1x 2 years; **Gingival Grafts** 1x 2 years each quadrant/area; **Osseous Surgery** 1x 2 years each quadrant/area

MAJOR SERVICES

ORAL SURGERY Pre-Orthodontic Extractions of Permanent Teeth; **Alveoplasty, Vestibuloplasty** 1x 8 years; **Removal of Exostosis or Tori**; **PROSTHODONTICS** (replaceable after 8 years in place) **Bridge Abutments** (See Crowns and Onlays); **Pontics** (See Crowns and Onlays); **Removable Partial Dentures**; **Complete Dentures**; **Rebasing**; **Relining** 1x 3 years; **CROWNS AND ONLAYS** (replaceable after 8 years in place); (treatment for decay or traumatic injury and when teeth cannot be restored with a filling material or when the tooth is an abutment. Applies interchangeably to onlays, crowns, abutments, and pontics for the same tooth); **Crowns, Onlays, Post and Core**; **IMPLANTS** 1x lifetime per tooth; **Surgical placement of implant, Implant supported prosthetics, Repair of an implant, Removal of an implant**; **SEALANTS** (posterior permanent teeth only) 1x lifetime per tooth for children under 15

DENTAL PLAN, CONT'D

ORTHODONTIC SERVICES

Superior Dental Care's (SDC) orthodontia benefits are limited to members under 20. Coverage is for a "Treatment Plan" evaluated through a pre-determination of benefits. Treating dentists providing this service must supply SDC with films and study models upon request. The one-time Record/Diagnosis fee consists of initial exam, diagnosis and consultation, x-rays, and study models. This fee can be submitted for payment separately and will apply to the member's lifetime maximum. Ortho payments for members will be made monthly beginning after the first month of treatment, and continue for the estimated duration of the treatment plan, as long as the patient is in active treatment. Retention is not covered. For treatment in progress at the time of eligibility, SDC will review the initial treatment months and total cost to determine benefit eligibility. All calculations are based on the appropriate plan percentage, up to the plan's allowable orthodontic lifetime maximum, and for the remaining months of estimated treatment. Benefits will automatically terminate when the patient ceases to be eligible.

EXCLUSIONS

The following items are not covered under SDC dental plans unless your plan indicates otherwise on the reverse side of this document.

1. Services performed for cosmetic reasons, including personalization or characterization of dentures 2. Services or supplies that are considered experimental according to standard dental practice 3. Services or procedures started prior to the effective date of coverage. Prosthetic devices and crowns will not be covered if impressions are taken before the effective date of coverage 4. Services or procedures completed after the date of termination, unless stated elsewhere in this Evidence of Coverage 5. Missed appointment charge 6. Replacement of lost or stolen prosthetic devices unless it is after the limitation date 7. Analgesics or other drugs and prescriptions 8. Hospital related charges 9. Appliances or restorations, other than full dentures, for the primary purpose of increasing vertical dimension or restoring occlusion 10. Any restoration done for reasons of erosion, abrasion, and/or wear 11. Veneers 12. Inlays and related services 13. Crown lengthening 14. Services for educational purposes 15. Splinting 16. Services covered under Workers Compensation, Federal or State agencies 17. Services performed by other than a licensed dentist, except for legally delegated services to a licensed dental hygienist or licensed expanded functions auxiliary 18. Surgery, treatment and x-rays for Craniomandibular disorders (TMJ) 19. Orthognathic surgery 20. Crowns or Onlays for teeth where there is no opposing tooth 21. Laboratory charges 22. Services performed on a tooth with poor prognosis 23. Coverage for permanent crowns and prosthetics for members under the age of 17 24. Services performed for which no payment would normally be required 25. Temporary/Provisional Services 26. Pre-Orthodontic extractions; but, only when the selected plan includes no orthodontic benefits 27. Implants and related services 28. Appliances or devices such as occlusal guards, bite planes, tongue thrust, etc. used for the primary purpose of correcting harmful habits such as: grinding or clenching of teeth, tongue thrust, or thumb sucking, etc.

NATIONAL NETWORK

While SDC is licensed to sell to groups domiciled in Ohio, Kentucky and Indiana, our network of participating dentists and specialists offers coverage across the country with **over half a million access points nationwide**. SDC members are encouraged to seek service from a Participating Dentist or Specialist. **You may access our directory of Participating Dentists on our website superiordental.com. Participating dentists are prohibited from collecting any amount beyond the assigned member responsibility and SDC's reimbursement.** Unless otherwise contracted, SDC's payments for out of network services will be directed to the Enrollee. Members receiving SDC payment for services performed by a non-participating dentist will be responsible for the full payment to that dentist. Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service.

PLAN SPECIFICS

Pre-determination of Benefits

Pre-determination of Benefits is necessary for services \$400.00 or more and for periodontal services. Alternate benefits may be received when there is more than one acceptable course of treatment.

Coordination of Benefits

SDC coordinates benefits with other carriers and with other SDC plans. SDC follows the rules established by state law for Coordination of Benefits to decide which plan pays first. The birthday rule applies for covered dependents – the parent's birthday first in the calendar year is considered the primary carrier. If a divorce has occurred, the plan follows the divorce decree.

Evidence of Coverage

Your Evidence of Coverage is on file with your employer or you may call our office to request a copy. Additional access is provided on our website at superiordental.com. Important information addressed in the Evidence of Coverage includes: claims appeal procedures, exclusions, coordination of benefit rules, contact information for SDC's Member Services Team, for State Departments of Insurance, for State Dental Associations and more.

Claim Submission

All claims must be submitted and resolved within one year from the date of service to be considered for payment, regardless of enrollment status.

VALUE-ADDED BENEFITS

SMILERIDER®

Dentists who participate in our Smilerider program offer a 15% discount for elective services such as teeth whitening, veneers, bonding and porcelain facings. This discount comes with the SDC dental plan at no additional charge.

EyeMed Vision Care® Discount Plan

SDC offers a vision discount plan through EyeMed Vision Care at eyemed.com. This program offers significant savings and there are no limitations on the frequency of use. Please contact your employer to confirm this benefit is available to you. After confirming this benefit, be sure to mention to your eyecare provider that you are a member of Superior Dental Care. This plan is not vision insurance.

Free Second Opinion

SDC will provide a Free Second Opinion by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

General SDC Information

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Superior Dental Care | 6683 Centerville Business Parkway, Centerville, Ohio 45459 | Local 937.438.0283 | Toll-Free 800.762.3159 | Fax 937.291.8695
superiordental.com | Facebook Superior.Dental.Care | Twitter SDCsmiles | LinkedIn Superior Dental Care

Plan #1633 6/6/19

Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.

DENTAL PLAN, CONT'D

Convenient online access

Easy-to-use online tools and resources give you quick access to your plan information.



ONLINE ACCESS

Superior Direct Connect, our secure online account management system, allows you to view benefit levels, check claim status, make changes to contact information, view and print EOB's (Explanation of Benefits), print a temporary ID card, request a new ID card and more.



FIND-A-DENTIST

Available from any page at superiordental.com, our Find-A-Dentist tool allows you to find a network dentist near you or quickly determine if your current dentist participates in SDC's network.



SDC MOBILE

Our app, SDC Mobile, provides you 24/7 access to your Mobile ID card and more! Through the app, ID cards can be printed, saved to photos, and even sent via text or email to covered dependents. You can also view plan information, see claims, find a participating network dentist, and call or chat online with an SDC member service representative.

SDC Mobile is available for iOS through the Apple App Store and for Android™ devices on Google Play™—search "Superior Dental Care".

Dental check-ups go way beyond your smile

During a dental check-up, your dentist can detect much more than just problems with your teeth, including:

Oral cancer: Lesions in the mouth can be a sign of oral cancer.

Heart disease: Inflamed gums and loose or missing teeth can be signs of heart disease.

High blood pressure: Red, swollen gums can indicate high blood pressure.

Osteoporosis: Accelerated bone loss around teeth may be associated with osteoporosis.

Acid reflux: Erosion of the enamel on the back of teeth can indicate acid reflux.

Diabetes: Discolored gums that pull away from the teeth, bad breath and dry mouth can signal diabetes.

Sleep apnea: Dry mouth, red inflamed gums and increased rate of decay or wear on the teeth can signal sleep apnea.

Kidney disease: Sweet-smelling breath can be a sign of kidney disease.

VOLUNTARY VISION

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Provider	\$0 copay	Up to \$40
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit & Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit & Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame at PLUS Provider	\$0 copay; 20% off balance over \$180 allowance	Up to \$91
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$110 - 225 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$91
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$91
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every plan year	Once every plan year
Frame	Once every other plan year	Once every other plan year
Lenses	Once every plan year	Once every plan year
Contacts Lenses	Once every plan year	Once every plan year
(Plan allows member to receive either contacts and frame, or frame and lens services)		

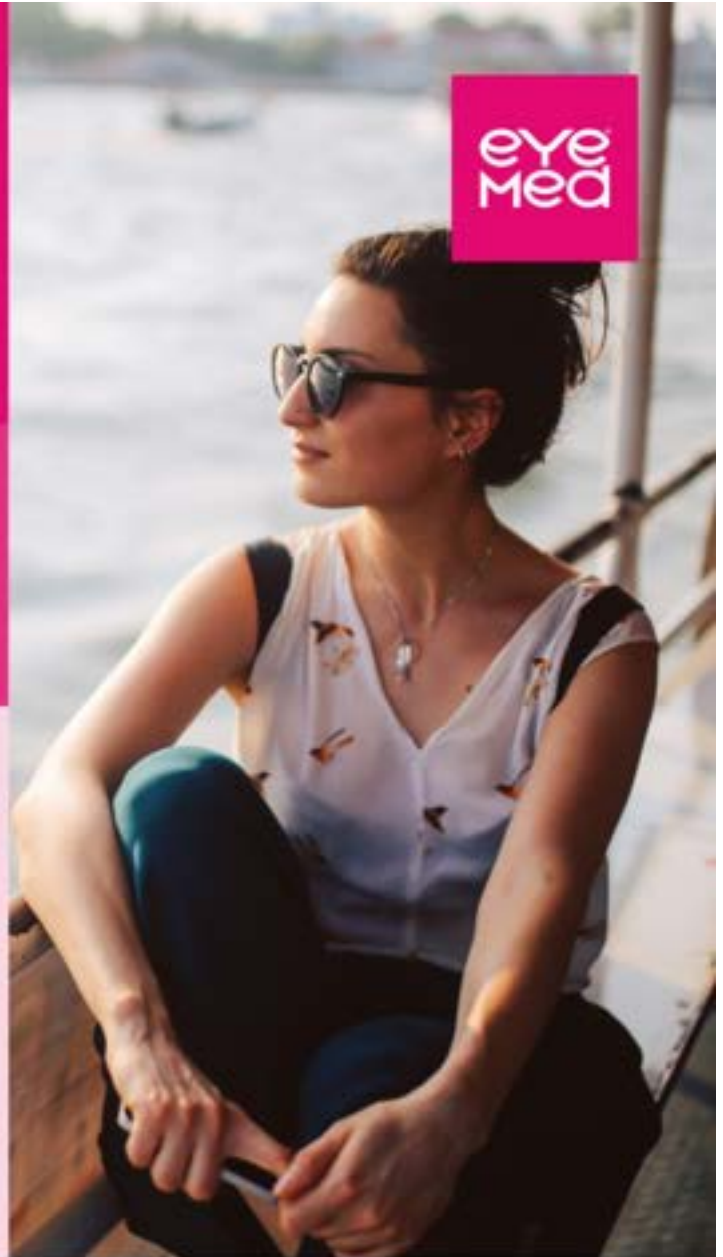
VOLUNTARY VISION, CONT'D

Expect more from your benefits

EyeMed vision benefits include access to PLUS Providers to help you save even more

You save more at an in-network provider – an average of 71% more off the retail price of eye exams and glasses.* Choosing a PLUS Provider can boost those savings.

Since PLUS Providers are already in our network, the extra perks are built right into your vision benefits. No promo codes, no coupons, no paperwork, no claims. The same vision care, plus a little more savings.



The choice is yours

Find plenty of in-network eye doctors—including PLUS Providers—on our Provider Locator.

Just look for the PLUS.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

LIFE, SHORT TERM DISABILITY & VOL. LIFE



Mutual of Omaha

Group Life (Company-paid)

- Term Life Benefit Amount: \$15,000
- Accidental Death & Dismemberment Benefit Amount: \$15,000

Short Term Disability (Company-paid)

- Up to 60% of pre-disability earnings to a maximum of \$600 per week.
- Maximum benefit period of 24 weeks
- Elimination Period, benefit begins: 15th day of disabling injury / 15th day of disabling illness

Voluntary Life (Employee-paid) **TRUE OPEN ENROLLMENT**

- **Employee Benefit - \$250,000 maximum or 5x annual salary**
 Guarantee Issue: 5x annual salary up to \$100,000
- **Spouse Benefit - 100% of employee benefit to a maximum of \$50,000**
 Guarantee Issue: \$35,000
- **Child(ren) Benefit - \$10,000**
- **Accidental Death & Dismemberment Benefit – 75% of Vol. Life benefit up to \$100,000**
- **Age Reduction – 65% at age 70 / 45% at age 75 / 30% at age 80**
- **Portable - Yes**

EMPLOYEE PREMIUM TABLE (52 PAYROLL DEDUCTIONS PER YEAR)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
30 - 34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
35 - 39	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
40 - 44	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
45 - 49	\$0.97	\$1.94	\$2.91	\$3.88	\$4.85	\$5.82	\$6.78	\$7.75	\$8.72	\$9.69
50 - 54	\$1.48	\$2.95	\$4.43	\$5.91	\$7.38	\$8.86	\$10.34	\$11.82	\$13.29	\$14.77
55 - 59	\$2.24	\$4.48	\$6.72	\$8.95	\$11.19	\$13.43	\$15.67	\$17.91	\$20.15	\$22.38
60 - 64	\$3.42	\$6.83	\$10.25	\$13.66	\$17.08	\$20.49	\$23.91	\$27.32	\$30.74	\$34.15
65 - 69	\$6.02	\$12.05	\$18.07	\$24.09	\$30.12	\$36.14	\$42.16	\$48.18	\$54.21	\$60.23
70 - 74	\$10.66	\$21.32	\$31.98	\$42.65	\$53.31	\$63.97	\$74.63	\$85.29	\$95.95	\$106.62
75 - 79	\$17.49	\$34.98	\$52.48	\$69.97	\$87.46	\$104.95	\$122.45	\$139.94	\$157.43	\$174.92
80+	\$35.26	\$70.52	\$105.78	\$141.05	\$176.31	\$211.57	\$246.83	\$282.09	\$317.35	\$352.62

Disclaimer

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VOLUNTARY LONG TERM DISABILITY

ELIGIBILITY - VLTD ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

WEEKLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>	
List your monthly earnings (Maximum is \$8,333.33)	\$ _____	\$	3,333.33
Multiply by the premium factor	_____		0.0010846
Your Estimated Weekly Premium**	\$ _____	\$	3.62

AGE	PREMIUM FACTOR
< 20	0.0001615
20 - 24	0.0001846
25 - 29	0.0003000
30 - 34	0.0004385
35 - 39	0.0006462
40 - 44	0.0010846
45 - 49	0.0018231
50 - 54	0.0031385
55 - 59	0.0041308
60 - 64	0.0043385
65 - 69	0.0045692
70+	0.0047769

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.



Mutual of Omaha

EMPLOYEE ASSISTANCE PROGRAM

Optum


APPLIED MECHANICAL SYSTEMS, INC.



If you have a lot on your mind, we're here to help

Your job is super stressful every day. Some days, it can feel like too much to handle on your own – especially if your personal life is causing stress, too.

In those moments, Emotional Wellbeing Solutions is here for you. It's a modern, flexible employee assistance program (EAP) that offers support for everyday life. Call anytime to speak with an Emotional Wellbeing Specialist who'll listen to your needs and connect you with resources that can help.



To learn more, scan the QR code or visit liveandworkwell.com.

To find the right support for you, register with your HealthSafe ID® or enter your company access code:
AMS

24/7 availability | Confidential | No cost to you

EMPLOYEE ASSISTANCE PROGRAM

Help is available over the phone or online, anytime

Emotional Wellbeing Specialists are available by phone to provide help with a range of life concerns and stressors, including:

- Relationship problems
- Workplace conflicts and changes
- Parenting and family issues
- Stress, anxiety and depression
- Eldercare support
- Legal and financial concerns

Call anytime to speak with an Emotional Wellbeing Specialist who'll listen to your needs and connect you with resources that can help. You can also access 3 counseling visits either in person or virtually with a provider in our large network – at no cost. All conversations are confidential, and we never share your personal records with your employer or anyone else without your permission. You can also access helpful resources online, anytime, at liveandworkwell.com.

Connect with Emotional Wellbeing Solutions



Sign in to liveandworkwell.com
Register with your HealthSafe ID or enter your
company access code: AMS



Or call us 24/7 at **855-205-9185**

Optum® Emotional Wellbeing Solutions is known as Employee Assistance Program (EAP) in California.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply. Stock photo used.

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EMPLOYEE ASSISTANCE PROGRAM



Stress less, sleep better and live more mindfully

Give your wellbeing a boost with Calm, the top-rated wellness app.



Calm can help you tackle stress, get a good night's sleep and feel more present in your life. It's one of the most popular apps worldwide – and it's available at no cost to you as part of your benefits. With the convenience of an app, you can use Calm whenever it fits your schedule to work on whatever's most important to you.



Relieve stress and anxiety

Explore practical tools, breathing exercises and quick courses designed to help you manage symptoms of stress and anxiety and help to settle them in the moment.



Sleep better

Relax and fall asleep more easily with soothing sleep stories read by celebrities, meditations, natural sounds and exclusive music selections.



Live more mindfully

Get daily mindfulness, wisdom and encouragement to quiet your mind, build healthy habits and nurture positivity with short, guided sessions and courses.

Available 24/7 | Confidential | No additional cost

Ready to get started?

To register and download the app, scan the QR code for the Calm registration page and enter your company access code AMS



Already have the Calm app?

1. Open the app
2. Go to: Profile > Settings > Link Organization Subscription
3. Enter organization code "Optum EWS"
4. In the "group code" field, enter your company access code AMS



APPLIED MECHANICAL SYSTEMS, INC.

Calm and Calm Health should not be used for urgent care needs. If you are experiencing a medical emergency, call 911 or go to the nearest emergency room. If you are experiencing a non-life-threatening mental health crisis, call or text 988. Calm and Calm Health are not intended to diagnose or treat depression, anxiety or any other mental or physical health condition. The use of Calm or Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care or treatment of a health condition should be directed to your physician or health care provider. Calm and Calm Health are mental wellness products. Participation is voluntary and subject to the Calm and Calm Health terms of use.

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APPLIED MECHANICAL SYSTEMS, INC.

866-693-1116

regenexxbenefits.com/ams



WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced orthobiologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

YOUR REGENEXX BENEFIT

Regenexx is covered as an in-network benefit within the Applied Mechanical Systems health plans.

In-network benefits for specialist services within your plan and in-network copays, coinsurance, deductibles, and out-of-pocket maximums apply for all **Regenexx** services.

Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network.

CONDITIONS TREATED

Ankle/Foot

- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow

- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip

- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee

- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder

- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine

- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

To register for one of our weekly webinars, visit regenexxbenefits.com/webinar?mailer.

Call us today at 866-693-1116 or visit regenexxbenefits.com/ams to learn more.

AIRROSTI



AIRROSTI.COM | (800) 404-6050



APPLIED MECHANICAL SYSTEMS, INC.



Pain We Treat.

Below are some common injuries our doctors successfully treat on a daily basis.



Back/Neck



Knee



Shoulder



Foot



Hip



Plus More!

Quality Care. Rapid Recovery.

Airrosti's quality approach to care leads to rapid recovery and lasting results – while helping patients avoid surgeries, pharmaceuticals, MRIs and other costly procedures.



We Fix Pain Fast

Lasting Relief from Acute and Chronic Injuries

Airrosti provides highly effective, personalized care for acute and chronic musculoskeletal pain and conditions. Each Airrosti treatment plan, in-person or virtual, includes:

- Thorough assessment and orthopedic testing to provide an accurate diagnosis and injury education.
- Conservative manual treatment to restore function, increase mobility, and reduce pain.
- Personalized, active rehab and at-home exercises designed to speed recovery and prevent future injuries.

Our goal is to give patients a quick and safe return to activity.



Book your no cost, no obligation chat with an Airrosti Provider!



99.6%

Patient Satisfaction



88.3%

Injury Resolution



15,000+

Physician Recommended Surgeries Avoided



43%

Reduction in Cost

Based on patient-reported outcomes and third party claims analyses.

AIRROSTI, CONT'D

In Person and Virtual Care Options

Airrosti proudly offers two convenient, highly effective care options to help you live life pain free. Experience the Airrosti difference.



1. Expert Diagnosis

Your provider will perform a thorough orthopedic and functional evaluation to accurately diagnosis your injury and develop your targeted care plan.



2. Effective Care

Airrosti's safe and efficient care results in increased strength, function and range of motion, as well as a dramatic decrease in pain.



3. Personalized Plan

You will receive a customized exercise and recovery plan designed to target the source of your pain and speed recovery.

CHOOSE YOUR PATH TO RECOVERY



IN-CLINIC CARE

- 250+ Locations in TX, WA, OH, and VA
- One Full Hour of One-on-One Care
- Evidence-Based Manual Therapy to Eliminate Pain and Restore Function
- Active Care Exercises to Speed Recovery



AIRROSTI.COM



VIRTUAL CARE

- Connect remotely with an Airrosti Provider for video consultations and guided exercise prescription
- Receive an Airrosti Remote Recovery Kit with tools to perform self-myofascial release and eliminate pain
- Video check-ins and unlimited in-app messaging give you access to clinical support anywhere, anytime



AIRROSTI.COM/REMOТЕРECOVERY

Whichever path you choose, your Airrosti Provider will be with you every step of the way to help you stay on track and support you during your recovery.



Call or scan today to begin your path to recovery  (800) 404-6050

EXPRESS SCRIPTS—PREVENTATIVE MEDICATION LIST

2024 Consumer Directed Healthcare (CDH) Preventive Medications - Standard

This list provides examples of commonly prescribed preventive medications. It is not an all-inclusive list; however, many examples of the medications are listed in each category.

This list does not indicate coverage. Please check with your plan administrator and/or benefit information materials if you have questions on coverage. Your cost share will be determined by your plan's drug coverage and formulary plan.

Coverage prior to the deductible being met may not be provided for every strength or dosage form of a listed medication.

Please note: When feasible, brand names are shown in capitals in each category. If generic is available, it is listed in lowercase next to the brand name. If only generics are available (for example, brands are no longer available), they will only be listed in lowercase.

ASTHMA

ARNUITY ELLIPTA
 ASMANEX HFA
 ASMANEX TWISTHALER
 budesonide oral inhalation
 Peak flow meters
 QVAR REDIHALER

BONE DISEASE AND FRACTURES

ACTONEL (risedronate)
 ATELVIA DR (risedronate DR)
 BINOSTO
 BONIVA oral (ibandronate)
 DUAVEE
 EVISTA (raloxifene)
 FOSAMAX (alendronate)
 FOSAMAX D
 RECLAST (zoledronic acid)

CAVITIES

CLINPRO
 GEL-KAM
 periomed
 PREVIDENT
 sodium fluoride rinse, gel, cream,
 paste, tabs and drops

COLONOSCOPY PREPARATION*

gavilyte-c
 gavilyte-n
 GOLYTELY solution (PEG-3350/
 electrolytes, gavilyte-g)

COLONOSCOPY PREPARATION* (CONTINUED)

sodium, potassium and
 magnesium sulfates
 SUFLAVE
 SUTAB

DEPRESSION

citalopram
 escitalopram
 fluoxetine
 fluoxetine DR
 fluvoxamine
 fluvoxamine ER
 PAXIL (paroxetine)
 PAXIL CR (paroxetine ER)
 sertraline

DIABETES

INSULINS

BASAGLAR
 HUMALOG
 HUMULIN
 LYUMJEV
 SEMGLEE
 TOUJEO MAX SOLOSTAR
 TOUJEO SOLOSTAR
 TRESIBA
 TRESIBA FLEXTOUCH

INSULIN/GLP-1 RECEPTOR AGONIST COMBINATIONS

SOLIQUA

NON-INSULINS

ACTOS (pioglitazone)
 ACTOPLUS MET
 (pioglitazone/metformin)
 AMARYL (glimepiride)
 BRENZAVVY
 BYDUREON
 BYETTA
 CYCLOSET
 DUETACT
 (pioglitazone/glimepiride)
 FARXIGA
 glipizide
 glipizide/metformin
 Glucometers
 GLUCOTROL XL (glipizide ER)
 glyburide
 glyburide/metformin
 GLYNASE (glyburide micronized)
 GLYXAMBI
 JANUMET
 JANUMET XR
 JANUVIA
 JARDIANCE
 metformin
 metformin ER
 miglitol
 MOUNJARO

EXPRESS SCRIPTS—PREVENTATIVE MEDICATION LIST

2024 CDH Preventive Medications - Standard

NON-INSULINS (CONTINUED)

nateglinide
OSENI
OZEMPIC
PRECOSE (acarbose)
repaglinide
repaglinide/metformin
RIOMET (metformin solution)
RIOMET ER suspension
RYBELSUS
saxagliptin
saxagliptin/metformin
SEGLUROMET
STEGLATRO
SYMLINPEN
SYNJARDY
SYNJARDY XR
TRIJARDY XR
TRULICITY
XIGDUO XR

HEART DISEASE AND STROKE

BLOOD THINNERS

aspirin, 81 mg* & 325 mg
aspirin/dipyridamole ER
BRILINTA
clopidogrel
dabigatran
dipyridamole
DURLAZA ER
EFFIENT (prasugrel)
ELIQUIS
jantoven
warfarin
XARELTO
ZONTIVITY

CHOLESTEROL LOWERING

HMG-COA REDUCTASE INHIBITORS*

ATORVALIQ
atorvastatin
FLOLIPID suspension
fluvastatin
LESCOL XL (fluvastatin ER)
LIVALO
lovastatin
pravastatin
rosuvastatin
simvastatin
ZYPITAMAG

OTHER CHOLESTEROL LOWERING AGENTS

CADUET (amlodipine/atorvastatin)
colesevelam
COLESTID (colestipol)
ezetimibe
ezetimibe/simvastatin
FENOGLIDE (fenofibrate)
FIBRICOR (fenofibric acid)
LOPID (gemfibrozil)
NEXLETOL
NEXLIZET
NIACOR
niacin
NIASPAN (niacin ER)
QUESTRAN (cholestyramine)
QUESTRAN LIGHT (cholestyramine light, prevalite)
REPATHA
ROSZET
TRILIPIX (fenofibric acid DR)
VASCEPA (icosapent ethyl)

HIGH BLOOD PRESSURE (HBP)

ACE INHIBITORS

ACCUPRIL (quinapril)
ALTACE (ramipril)
captopril
fosinopril
LOTENSIN (benazepril)
moexipril
perindopril
trandolapril
VASOTEK (enalapril)
ZESTRIL (lisinopril)

ACE INHIBITORS/DIURETIC COMBINATIONS

ACCURETIC (quinapril/HCTZ)
captopril/HCTZ
fosinopril/HCTZ
LOTENSIN HCT
(benazepril/HCTZ)
VASERETIC (enalapril/HCTZ)
ZESTORETIC (lisinopril/HCTZ)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
eprosartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/HCTZ
irbesartan/HCTZ
losartan/HCTZ
olmesartan/HCTZ
telmisartan/HCTZ
valsartan/HCTZ

BETA BLOCKERS

acebutolol
betaxolol
bisoprolol
CORGARD (nadolol)
LOPRESSOR
(metoprolol tartrate)
metoprolol succinate ER
nebivolol
pindolol
propranolol
propranolol ER
TENORMIN (atenolol)
timolol

BETA BLOCKER/ DIURETIC COMBINATIONS

metoprolol/HCTZ
propranolol/HCTZ
TENORETIC
(atenolol/chlorthalidone)
ZIAC (bisoprolol/HCTZ)

EXPRESS SCRIPTS—PREVENTATIVE MEDICATION LIST

2024 CDH Preventive Medications - Standard

CALCIUM CHANNEL BLOCKERS

amlodipine
CALAN SR (verapamil SR)
CARDIZEM (diltiazem)
CARDIZEM CD (cartia XT,
diltiazem CD)
CARDIZEM LA (diltiazem ER,
matzim LA)
felodipine ER
isradipine
nicardipine
nifedipine
PROCARDIA XL (nifedipine ER)
SULAR ER (nisoldipine ER)
TIAZAC ER (diltiazem ER,
tiadylt ER, taztia XT)
verapamil
verapamil ER
VERELAN PM (verapamil ER PM)

DIURETICS

chlorthalidone
DIURIL suspension
hydrochlorothiazide
indapamide
metolazone

OTHER HBP & COMBINATIONS

amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/HCTZ
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/HCTZ
Blood pressure monitors

OTHER HBP & COMBINATIONS

(continued)
CADUET (amlodipine/atorvastatin)
PRESTALIA
trandolapril/verapamil ER

MALARIA

ARAKODA
chloroquine
mefloquine
MALARONE
(atovaquone/proguanil)
primaquine

MIGRAINE PREVENTION

AIMOVIG
AJOVY
EMGALITY 120mg
QULIPTA

MISC ANTIVIRALS

APRETUDE*
BEYFORTUS
DESCOVY*
emtricitabine/ tenofovir disoproxil
fumarate (TDF) 200mg/300mg*
PREVYMIS
SYNAGIS

OBESITY

ADIPEX-P (phentermine)
benzphetamine
CONTRAVE
diethylpropion
diethylpropion ER
IMCIVREE
LOMAIRA
PLENITY

OBESITY (continued)

phendimetrazine
phendimetrazine ER
QSYMIA
SAXENDA
WEGOVY
XENICAL

SMOKING-CESSATION*

bupropion SR 150mg
CHANTIX (varenicline)
NICOTROL
NICODERM CQ (nicotine patches)
NICORETTE (nicotine gum and
lozenges)
NICOTROL NS

VACCINATION*

Anthrax, BCG, Cholera, COVID-19,
Diphtheria, Haemophilus Influenza
B, Hepatitis A and B, Human
Papillomavirus, Influenza, Japanese
Encephalitis, Measles, Meningococcal,
Monkey/smallpox, Mumps, Pertussis,
Pneumococcal, Poliovirus, Rabies,
Respiratory syncytial virus, Rotavirus,
Rubella, Shingles, Tetanus, Tick-borne
encephalitis, Typhoid, Varicella,
Yellow Fever, Zoster

VITAMINS OR MINERALS

Folic acid*
Prenatal vitamins
Pediatric multivitamins with
fluoride*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call the phone number on your member ID card or visit our website [express-scripts.com](https://www.express-scripts.com).

EXPRESS SCRIPTS—MAIL ORDER

Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with [express-scripts.com](https://www.express-scripts.com) and the Express Scripts® mobile app

Register now so you can experience:

- **More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- **More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://www.express-scripts.com) and select Register, or download the Express Scripts mobile app for free from your mobile device's app store and select Register.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click Register now and you're registered.
- To set preferences,² select Communication Preferences from the menu under Account, then scroll to Communication and Viewing Preferences. Click Edit preferences. Preferences can only be selected via the member website.

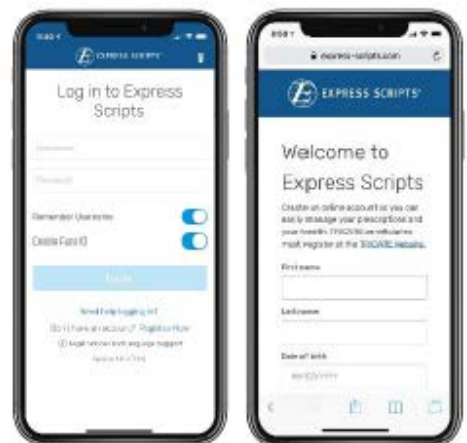
Members who have touch or facial ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.



EXPRESS SCRIPTS—MAIL ORDER

Getting Started with Home Delivery from the Express Scripts PharmacySM

Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts[®] mobile app,¹ you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



To access the member website ...

Log in to express-scripts.com (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts

Or print a form by selecting "Forms & Cards" from the menu under "Benefits." Print a mail order form and follow the mailing instructions.

Or call us and we'll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

If you already have a prescription ...

Check Order Status online or using our app to view details and track shipping.

Transfer retail prescriptions to home delivery. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.



Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals are included, and take care of the rest.

¹ You can search for "Express Scripts" in your app store and download it for free. Then register, if first visit, or log in. © 2019 Express Scripts. All Rights Reserved. Express Scripts and the "E" Logo are trademarks of Express Scripts Strategic Development, Inc.

ADDITIONAL SERVICES

MCGOHAN BRABENDER ADVOCATE TEAM

If you have a question or issue come up with one of your benefits, call the appropriate carrier using the phone number provided on the back of your identification card. If your initial contact with the carrier does not reach a desired resolution, contact our MB Advocate Team. Our dedicated problem-solvers and experienced advocates are here to assist you when issues arise with claims, billing or benefits.

Monday-Friday, 8am-5pm

Phone: 937.260.4300 or 877.635.5372

Fax: 937.499.1160

Email: mbadvocates@mbbenefits.com

QR Code: Scan the QR code to submit an advocate request through our website.



RetireMED

The RetireMED Program guides you through the transition to Medicare coverage upon retirement. Their goal is to keep you informed and provide you with the knowledge and confidence you need to make important decisions that affect your health plan coverage. The program delivers five pillars of service—personalized communication, advisors, access to health care plans, lifelong support and resource libraries—all at no cost to you!



Locations: Dayton and Cincinnati Advisory Centers

Phone: 1.866.600.4266

www.retiremed.com/mb

INDIVIDUAL COVERAGE

Needing coverage for individuals such as dependents, students, early retirees, unemployed or self-employed individuals, etc.? In light of all the changes in the individual market, HealthPlanMed brought to you by RetireMed is here to help. Please go to www.healthplanmed.com to schedule an assessment.

Locations: Dayton and Cincinnati Advisory Centers

Phone: 1.866.600.4266

www.healthplanmed.com

PRESCRIPTIONS

Search for the cheapest price for your generic drugs at www.goodrx.com or www.medtipster.com/mb



ANNUAL COMPLIANCE NOTICES

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

<p style="text-align: center;">ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">ALASKA – Medicaid</p> <p>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</p>
<p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">CALIFORNIA – Medicaid</p> <p>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</p>
<p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>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.mycobibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p style="text-align: center;">FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>

ANNUAL COMPLIANCE NOTICES

<p>GEORGIA – Medicaid</p> <p>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</p>	<p>INDIANA – Medicaid</p> <p>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</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – Medicaid</p> <p>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</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicare.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>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</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: 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</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

ANNUAL COMPLIANCE NOTICES

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>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</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>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</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>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</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>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)</p>

ANNUAL COMPLIANCE NOTICES

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 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 (3272)

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

Paperwork Reduction Act Statement

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

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

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

ANNUAL COMPLIANCE NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Enrollment Notice

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

All stages of reconstruction of the breast on which the mastectomy was performed;
Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and

Treatment of physical complications of the mastectomy, including lymphedema.

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

PPO:	<u>Deductible:</u> \$2,000 Ind / \$ 4,000 Fam
	<u>Coinsurance:</u> 80% Plan / 20% Member
HDHP:	<u>Deductible:</u> \$3,500 Ind / \$ 7,000 Fam
	<u>Coinsurance:</u> 80% Plan / 20% Member

If you would like more information on WHCRA benefits, call your plan administrator at **1-888-854-3073**.

Annual Notice

Do 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 all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **1-888-854-3073** for more information.



APPLIED MECHANICAL SYSTEMS, INC.