THE ELMET GROUP

2027 OPEN ENROLLMENT

November 2 to November 13, 2026

Review your benefits and make your elections for January 1, 2027.

SCAN TO ENROLL

This is a passive enrollment.
If you don't make changes, your current elections continue for 2027. You must re-elect your FSA if you want one.
Enroll online by **11:59pm ET on November 13** or by phone by **5pm ET on November 13**. You'll get a confirmation statement by email when you finish.

HOW TO ENROLL

Online: go to **elmetbenefits.com** and click Enroll Now!, or visit **elmet.zevobenefits.com**.

- First-time users: click Get Started Now and create your account.
- Returning users: click Log In. Use Forgot your password? if needed.
- Click Begin Enrollment and follow the prompts.

By phone: call **866-833-8915** by 5pm ET on November 13. A Benefits Specialist will review your options and submit your elections.

2027 Rates

Employee medical premiums increase 3.0%. Dental, vision, accident, critical illness, and hospital indemnity rates don't change.
Full rates are in the 2027 Benefits Guide at elmetbenefits.com.

Changes after Open Enrollment

Your elections last all year unless you have a qualifying life event, such as marriage, birth, adoption, or a change in other coverage. Report it within 30 days (60 days for Medicaid or CHIP).

WHAT'S NEW FOR 2027

- **New pharmacy vendor:** VeracityRx replaces FairosRx.
- **Medical:** no plan design or network changes. HPI remains your medical plan administrator.
- **New medical ID cards** for all members. Show them at your first 2027 visit.
- **TextCare:** 24/7 care by text, app, phone, or video, replacing Doctor On Demand.
- **Premium Incentive Wellness Program:** earn a $400 medical premium reduction.
- **Gym Reimbursement:** get up to $250 back per year for a qualified fitness membership.
- **Nox Sleep Care:** sleep testing and care.
- **Chronic condition support:** Living Well from MedWatch
- **Transitions Benefit Group:** free Medicare, retirement, and Social Security guidance.
- **Higher HSA limits:** $4,500 individual and $9,000 family (IRS).
- **Healthcare FSA limit:** 2027 IRS limits to be announced

Reminders

- Re-elect your FSA for 2027 if you want one.
- Attest truthfully to your tobacco or nicotine use.
- Adding a dependent? Watch for an email requesting documents.
- Review your life insurance beneficiaries.
- HSA Plan: The Elmet Group adds up to $500 when you contribute to your Empower HSA.
- Earn $400: complete three wellness activities between January 1 and March 31, 2027.

Questions? The Elmet Group Benefits Service Center
866-833-8915 | questions@elmetbenefits.com | Mon to Thu 8am to 6pm ET, Fri 8am to 5pm ET

THE ELMET GROUP



THE ELMET GROUP

2027 BENEFITS GUIDE

Benefits for employees of The Elmet Group and their families

ENROLL BY PHONE OR ONLINE

866-833-8915 | elmetbenefits.com

WELCOME TO YOUR BENEFITS

This guide gives an overview of the benefits The Elmet Group offers you and your family for the 2027 plan year and explains how each plan works. You'll find important resources and contact information throughout. More information is available at **elmetbenefits.com**.

Whatever your needs, start with The Elmet Group Benefits Service Center.

BENEFITS SERVICE CENTER
866-833-8915
questions@elmetbenefits.com
Monday to Thursday, 8am to 6pm ET
Friday, 8am to 5pm ET



IN THIS GUIDE

Your Benefits and Enrollment	3 to 5
Medical and Pharmacy	6 to 20
Spending Accounts	21 to 22
Dental and Vision	23 to 24
Life and Disability	25 to 26
Voluntary Benefits	27 to 29
Support and Resources	30 to 33
Contacts	34
Required Notices	35 to 41

About this guide
This guide is a general summary of your benefit options. For details, refer to each plan's Summary Plan Description (SPD), available at elmetbenefits.com. Every effort has been made to make sure this guide accurately describes the benefits offered. If there's any difference between this guide and the SPD, the SPD governs. This guide isn't a guarantee of benefits.

YOUR 2027 BENEFITS

The Elmet Group offers a full package of benefits to protect your health, your finances, and your family.

Benefit	Who pays	What it covers
Medical	Shared	PPO Gold, PPO Silver, or HSA Plan through HPI
Pharmacy	Shared	VeracityRx, working with ProCare Rx as the pharmacy benefit manager
TextCare virtual care	Included with medical	24/7 care by text, app, phone, or video, at $0 per visit
Health and wellness programs	Included with medical	Premium Incentive Wellness Program, Gym Reimbursement, Living Well disease management, and Nox Sleep Care (copay or deductible applies)
Dental	Shared	Exams, cleanings, and restorative care through Northeast Delta Dental
Vision	Shared	Exams and glasses or contacts through Ameritas (VSP or EyeMed)
Basic Life and AD&D	The Elmet Group	1.5 times base annual earnings, up to $500,000, through OneAmerica
Short Term Disability	The Elmet Group	Income replacement for up to 25 weeks, through OneAmerica
Long Term Disability	The Elmet Group	Income replacement from day 181 to Social Security normal retirement age, through OneAmerica
Employee Assistance Program	The Elmet Group	24/7 confidential support through GuidanceResources
Transitions Benefit Group	The Elmet Group	Free Medicare, retirement, and Social Security guidance for you and your family
Health Savings Account	Shared	Up to $500 per year from The Elmet Group when you contribute
Flexible Spending Accounts	You	Healthcare, Limited Purpose, and Dependent Care FSAs through Medcom
Voluntary Life and AD&D	You	Extra coverage for you, your spouse, and your children, through OneAmerica
Critical Illness, Accident, Hospital Indemnity	You	Cash benefits through Voya
Site-specific benefits	Varies	401(k) and retirement; see your local HR

Union employees: if you're enrolled in the union-contracted Allegiant Care plan, you aren't eligible for the PPO Gold, PPO Silver, or HSA Plan.

ENROLLING AND MAKING CHANGES

ENROLL ONLINE

1. Go to **elmetbenefits.com** and click **Enroll Now!**, or go directly to **elmet.zevobenefits.com**.
2. First-time users click **Get Started Now** and create an account. Returning users click **Log In**.
3. Click **Begin Enrollment** and follow the prompts.

ENROLL BY PHONE

Call the Benefits Service Center at **866-833-8915**. A Benefits Specialist will review your options and submit your elections.

Who's eligible
Benefits-eligible employees 30+ hours and their eligible dependents.

New hire coverage begins on date of hire. You must enroll within 30 days.

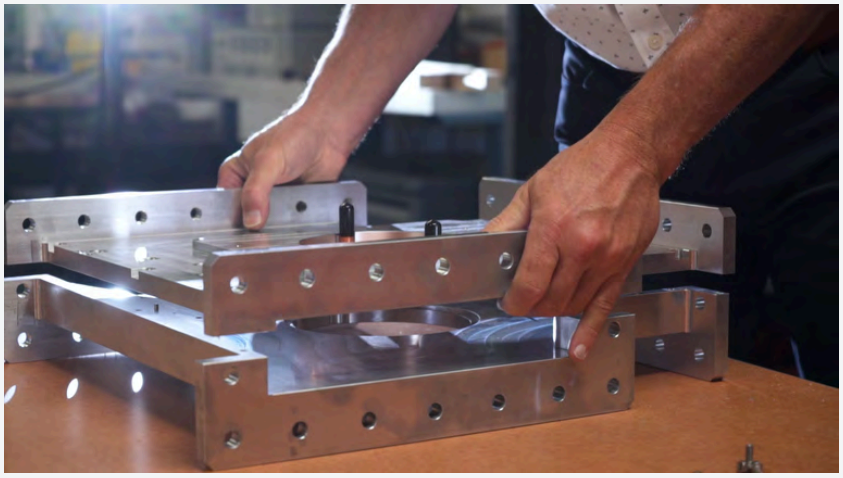
CHANGING YOUR BENEFITS DURING THE YEAR

Your elections last all plan year unless you have a qualifying life event, such as:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- Gain or loss of other coverage

30 If you experience a Qualifying Life Event (QLE) and need to make changes to benefits, you have 30 days from the date of the event to make change and send documentation to the Benefits Service Center

Medicaid and CHIP events allow 60 days. If you miss the deadline, you'll wait until the next Open Enrollment unless you have another event.



COVERING YOUR DEPENDENTS

If you add a dependent to your medical, dental, or vision coverage, the Benefits Service Center will email you after enrollment to request verification documents. Send them by the deadline in the email so your dependent stays covered. This keeps premiums from being spent on ineligible members.

- Only legal spouses and registered domestic partners are eligible.
- Children are eligible until their 26th birthday.

Dependent	Documents required
Spouse or registered domestic partner	Marriage certificate or Affidavit of Domestic Partnership AND a joint document dated within the last six months: one document listing both of you, or two separate documents showing the same address (such as a mortgage statement, bill, bank statement, or tax return)
Child	Birth certificate naming the employee as the child's parent
Stepchild/Children of Domestic Partners	Birth certificate naming your spouse or Domestic Partner as the child's parent
Adopted child	Amended birth certificate showing the employee as parent, OR adoption decree or court order naming the employee as adoptive parent or legal guardian, plus a document showing the child's age
Disabled child	Child documentation above AND a statement of disability

The insurance carrier may require additional paperwork.

MEDICAL PLANS

The Elmet Group offers three medical plans administered by **Health Plans, Inc. (HPI)**:

- **Inside New England:** Harvard Pilgrim Health Care (HPHC) network
- **Outside New England:** UnitedHealthcare (UHC) Choice network

Preventive care is covered at 100% before the deductible on every plan when it's coded as preventive.

HPI MEMBER SERVICES
888-340-5487
hpiTPA.com
ID cards, claims, coverage questions

PPO GOLD

Lowest deductible and out-of-pocket maximum, with copays for office visits, urgent care, ER, and prescriptions.

PPO SILVER

A middle option with copays for office visits, urgent care, ER, and prescriptions.

HSA PLAN

A high deductible health plan that lets you contribute to a Health Savings Account, with a contribution from The Elmet Group.

HOW THE PLANS WORK

PPO plans
You pay copays for office visits, urgent care, ER visits, and prescriptions. For most other services, you pay the deductible and then coinsurance until you reach the out-of-pocket maximum. Copays don't count toward the deductible, but they do count toward the out-of-pocket maximum.

HSA Plan
You pay the full cost of care, except for preventive care, until you meet the deductible. You don't have to open an HSA, but contributing lowers your taxable income and lets you pay for eligible medical, dental, vision, and prescription costs tax-free at the federal level.

Out-of-network: you pay the out-of-network deductible and coinsurance until you reach the out-of-pocket maximum.

MEDICAL AND PHARMACY COVERAGE

In-network coverage	HSA Plan	PPO Silver	PPO Gold
Employer HSA contribution	$500	N/A	N/A
Plan structure			
Deductible (individual / family)	$2,700 / $5,600	$1,250 / $2,500	$500 / $1,000
Embedded deductible	No	Yes ($1,250)	Yes ($500)
Coinsurance (you pay)	25%	20%	20%
Out-of-pocket max (individual / family)	$5,600 / $11,000	$5,000 / $10,000	$3,500 / $7,000
Embedded out-of-pocket max	$5,600	$5,000	$3,500
Medical and Rx out-of-pocket combined	Yes	Deductible doesn't apply to Rx	Deductible doesn't apply to Rx
Office visits and therapy			
Primary care	deductible, then 25%	$25 copay	$25 copay
Specialist	deductible, then 25%	$60 copay	$50 copay
Chiropractic (40 visits)	deductible, then 25%	$30 copay	$25 copay
Outpatient PT, OT, ST (60 visits combined)	deductible, then 25%	$30 copay	$25 copay
Testing, surgery, and hospital			
Lab and X-ray	deductible, then 25%	$50 copay	$50 copay
MRI, MRA, CT, and PET	deductible, then 25%	deductible, then 20%	deductible, then 20%
Outpatient and inpatient surgery	deductible, then 25%	deductible, then 20%	deductible, then 20%
Emergency and urgent care			
Emergency room	deductible, then 25%	$500 copay (waived if admitted)	$500 copay (waived if admitted)
Ambulance	deductible, then 25%	$150 copay	$150 copay
Urgent care	deductible, then 25%	$45 copay	$35 copay
Prescriptions (30 day supplies; 90 day supplies are 2.5x the 30 day supply copay)			
Generic	deductible, then 25%	$5 copay	$5 copay
Preferred brand	deductible, then 25%	$30 copay	$30 copay
Non-preferred brand	deductible, then 25%	$50 copay	$50 copay
Specialty	Not Covered; Contact Veracity Rx for assistance	Not Covered; Contact Veracity Rx for assistance	Not Covered; Contact Veracity Rx for assistance

2026 Medicare Part D status: PPO Silver and PPO Gold are creditable. The HSA Plan is non-creditable. If you're Medicare eligible or will be soon, talk with a Medicare advisor about what this means for you.

2027 MEDICAL RATES

Your cost per paycheck depends on the plan you choose, who you cover, and whether you use tobacco.

WEEKLY DEDUCTIONS - TOBACCO-FREE INCENTIVE RATES

Coverage tier	PPO Gold	PPO Silver	HSA Plan
Employee	$66.62	$54.40	$22.85
Employee + Spouse	$140.11	$114.16	$57.42
Employee + Child(ren)	$121.70	$95.65	$46.72
Family	$189.96	$163.20	$81.62

BIWEEKLY DEDUCTIONS - TOBACCO-FREE INCENTIVE RATES

Coverage tier	PPO Gold	PPO Silver	HSA Plan
Employee	$133.23	$108.80	$45.69
Employee + Spouse	$280.22	$228.33	$114.84
Employee + Child(ren)	$243.40	$191.30	$93.44
Family	$379.91	$326.40	$163.25

STANDARD RATES (WEEKLY)

Coverage tier	PPO Gold	PPO Silver	HSA Plan
Employee	$73.50	$61.29	$29.73
Employee + Spouse	$153.88	$127.93	$71.19
Employee + Child(ren)	$128.58	$102.53	$53.61
Family	$203.73	$176.97	$95.39

STANDARD RATES (BIWEEKLY)

Coverage tier	PPO Gold	PPO Silver	HSA Plan
Employee	$147.00	$122.57	$59.46
Employee + Spouse	$307.76	$255.87	$142.38
Employee + Child(ren)	$257.17	$205.07	$107.21
Family	$407.45	$353.94	$190.79

Tobacco free incentive rates include a discount for healthy living choices. If you are interested in exploring a tobacco-free lifestyle, please see information on Elmet's Tobacco Cessation program, on the next page.

Union employees: see Teamsters Local 340 for Allegiant Care rates and offerings.

TOBACCO CESSATION

The Elmet Group is committed to supporting the health and well-being of all employees. Employees who use tobacco or nicotine products will be subject to the Standard Medical Contribution Rates, while employees who do not use these products will qualify for the Tobacco-Free Incentive Rates.

During your enrollment in Zevo, you will be required to attest to your tobacco/nicotine usage status. Truthful attestation is required. False attestation can lead to disciplinary action.

Examples of tobacco and nicotine products include, but are not limited to, the following:

- Cigarettes
- Cigars
- Pipes
- Chewing tobacco
- Snuff
- E-cigarettes or vaping devices
- Any other tobacco or nicotine product, however it's used

ACHIEVEHEALTH TOBACCO CESSATION PROGRAM

A tobacco-free life is within reach. AchieveHealth, through HPI, offers coaching tailored to you, your life, and your health.

- Free to you
- Individualized to your goals
- Convenient phone coaching
- A quit plan and help with triggers and cravings

If you are currently a Tobacco/Nicotine user, and would like to qualify for the Tobacco-Free Incentive Rates...

- Complete at least six scheduled phone coaching sessions
- Sessions last 15 to 30 minutes. Coaches call Monday to Thursday, 8am to 10pm EST, and Friday, 8am to 6pm EST.
- Call **866-234-4635** or visit enroll.hpiachievehealth.com.

HEALTHCARE EXCELLENCE HUBS

PAY NOTHING OUT OF POCKET FOR HIGH-QUALITY CARE

Distance and cost should never keep you from the best care. The Elmet Group waives your deductible and out-of-pocket costs when you get eligible care at a Healthcare Excellence Hubs hospital or provider.

PATHWAYS CONCIERGE
888-340-5487
PathwaysConcierge@urmedwatch.com

HOW IT WORKS

1. **Call Pathways first.** Before you get care, call Pathways or email them to see if your care is eligible.
2. **Work with a concierge nurse** who coordinates your care at a top-quality facility.
3. **Pay nothing out of pocket** for eligible covered services, including your entire deductible.

Covered procedures
- Cancer treatment
- Joint replacement
- Back surgery
- Heart procedures
- Organ transplant

Other procedures may be covered case by case.

Participating facilities
New England: Beth Israel Deaconess, Boston Children's Hospital, Brigham and Women's, Dana-Farber Cancer Institute, Lahey Clinic, Mass Eye and Ear, New England Baptist Hospital, New England Medical Center, Tufts New England
Ohio: Cleveland Clinic
Michigan: University of Michigan Health

Travel benefit: if you live more than 50 miles from a participating provider, the program covers most, if not all, travel expenses.
HSA Plan members: you must meet the IRS minimum deductible ($1,750 individual/$3,500 family) before care is free. All employees, spouses, and children enrolled in a medical plan through The Elmet Group are eligible.

HPI ONLINE ACCESS AND PATHWAYS

HPI MY PLAN PORTAL

1. Go to **hpiTPA.com**.
2. In the Members section, click **Get Registered**.
3. Create your username and password.

Then, 24/7 on your computer or phone:

- View, print, or order ID cards
- Review claims and check benefits
- Search the provider network and find a PCP
- Request claim reimbursements
- View tax forms and download claim reports

Dependents need the home ZIP code and the last four digits of the employee's Social Security number.

PATHWAYS CONCIERGE

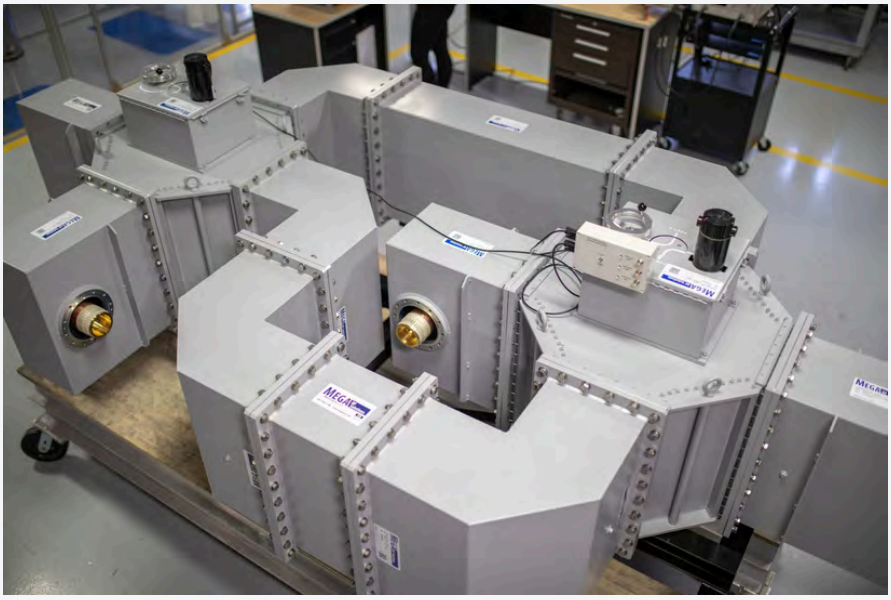
Healthcare can be confusing. The Pathways team knows your benefits and can help with anything healthcare related, at no cost to you.

Call about:

- Finding a doctor or hospital
- Your plan, a bill, or a claim
- What a procedure will cost
- Your condition or prescriptions (talk with a nurse)
- Scheduling appointments and transportation
- Lower-cost care options

Pathways Concierge: 888-340-5487, Monday to Friday, 8am to 8pm ET

Pathways is provided by MedWatch, part of the HPI family of companies. Your information is confidential and secure.



THE ELMET GROUP

NEW FOR 2027

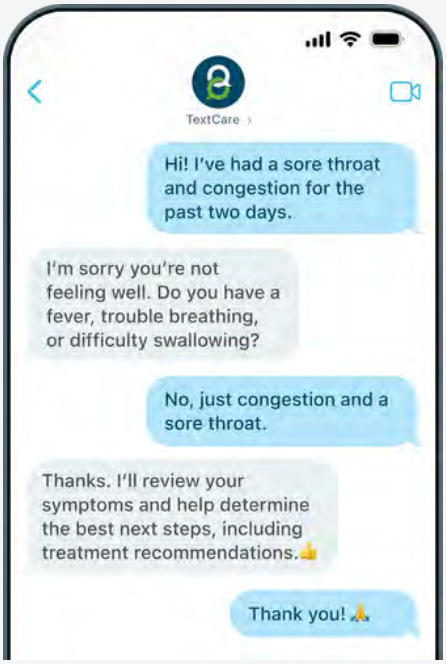
TEXTCARE: YOUR CARE TEAM BY TEXT

textcare®

YOUR HEALTHCARE TEAM IS JUST ONE TEXT AWAY.

TextCare gives you and your household 24/7 healthcare by text, secure app, phone, or video chat. Use it when you feel sick, have an urgent concern, need help managing a chronic condition, or just have a health question.

Your care team can recommend next steps, prescribe medication when appropriate, send prescriptions to your pharmacy, and refer you to high-quality, low-cost providers and specialists.



TEXT ANYTIME
207-548-5213

Launches January 1, 2027
Your care team responds within 5 minutes. No appointment needed.

AVAILABLE 24/7/365
Text, call, video chat, or use the secure app.

$0 PER VISIT
Prescriptions, labs, referrals, and in-person care may cost extra.

REAL PEOPLE
A dedicated team of health care professionals.

USE TEXTCARE WHEN YOU...

- Wake up feeling sick
- Need care after hours
- Have a health concern
- Need a referral
- Have a child with a fever
- Aren't sure where to start
- Need care now
- Need a prescription or refill

URGENT CARE OR THE ER?

Text TextCare first. Your care team can help you decide where to go and may save you a long trip to the ER. **For a medical emergency, call 911 or go to the nearest ER.**

Who can use it?
All participants in The Elmet Group medical plans and their enrolled dependents.

Is my information private?
Yes. TextCare is managed by One to One Health, which follows HIPAA. The Elmet Group doesn't see your health information.

Save the TextCare number to your phone

Download the TextCare app

NEW FOR 2027

PREMIUM INCENTIVE WELLNESS PROGRAM

EARN A $400 MEDICAL PREMIUM REDUCTION.

Complete three activities between **January 1 and March 31, 2027**. You'll earn a $400 reduction in your medical premiums, spread across your paychecks from May to December 2027.

YOUR REWARD

$400

medical premium reduction, divided across your pay periods from May to December 2027

COMPLETE ALL THREE ACTIVITIES

1. TALK WITH A MEDWATCH HEALTH COACH

Contact and scheduling details are coming soon.

2. REGISTER FOR TEXTCARE

Text **207-548-5213** or download the TextCare app to register. See the TextCare page for details.

3. TAKE THE SLEEP CHECK-UP

Complete the Sleep Check-up with Nox Sleep Care. See the Nox Sleep Care page for details.

KEY DATES

JANUARY 1 TO MARCH 31, 2027
Complete all three activities.

→

MAY TO DECEMBER 2027
Your $400 reduction is applied, divided across your pay periods.

Who's eligible

- Only employees enrolled in an Elmet HPI medical plan (PPO Gold, PPO Silver, or HSA Plan) can participate.
- Enrolled spouses aren't required to participate, and no additional credit is given for spouses.
- The $400 is the total reduction for the full incentive period, May through December 2027.

NEW FOR 2027

GYM REIMBURSEMENT PROGRAM

GET UP TO $250 BACK FOR YOUR GYM MEMBERSHIP.

The Elmet Group reimburses up to $250 per year toward a membership at a qualified health and fitness club. HPI reviews and processes every request.

MAXIMUM BENEFIT

$250

per year, for the employee only

WHO QUALIFIES

Employees enrolled in an Elmet HPI medical plan. Dependent memberships and charges aren't eligible.

WHEN TO SUBMIT

Monthly, quarterly, or once a year. Your benefit ends for the year once you reach $250.

HOW TO SUBMIT

Online through My Plan at hpiTPA.com, or by mail. See the next page for steps.

WHAT QUALIFIES

- Full-service health and fitness facilities with cardiovascular and strength-training equipment, such as health clubs, fitness centers, YMCAs, YWCAs, Jewish Community Centers, and municipal fitness centers
- Fitness studios that offer yoga, Pilates, Zumba, aerobic or group classes, indoor cycling, kickboxing, CrossFit, strength training, tennis, or indoor rock climbing
- Personal training by a certified instructor at a fitness facility or studio
- Memberships or subscriptions that come with fitness equipment

WHAT DOESN'T QUALIFY

- The purchase of gym equipment
- Health club initiation fees
- Group classes or personal training outside a fitness facility or studio
- Dance studios, country club memberships, and social club memberships, such as skiing, riding, or hiking clubs
- Spas, gymnastics facilities, martial arts schools, and pool-only facilities
- Road race fees, sports camps, ski passes, sports teams or leagues, and school athletic fees

Keep your receipts. You'll need copies of your receipts and your fitness club membership agreement for every request.

HOW TO SUBMIT A GYM REIMBURSEMENT

Submit your fitness membership costs to HPI online or by mail. Either way, include copies of your receipts and your fitness club membership agreement.

ONLINE THROUGH MY PLAN

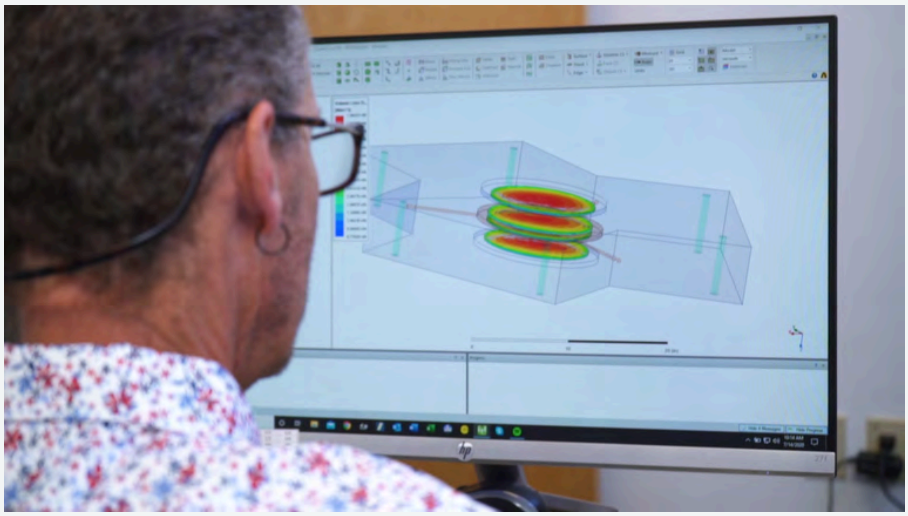
1. Go to **hpiTPA.com** and log in to My Plan from the Members section. New user? Click **Get Registered for My Plan** and create your username and password.
2. On your My Plan page, click **My Online Forms** under My Claims.
3. Click **General Reimbursement**. Complete the form and upload your receipts and membership agreement.
4. Review your claim information and click **Submit**.

Fitness claims use the General Reimbursement form.

BY MAIL

- Complete and sign the HPI Fitness Reimbursement Form. Check **Employee** as the participant.
- Employer name: Elmet Technologies.
- Group number: BX7HW
- Attach copies of your receipts and your fitness club membership agreement.
- Mail everything to: **Health Plans, Inc., PO Box 5199, Westborough, MA 01581**

QUESTIONS ABOUT A REIMBURSEMENT?
Contact HPI Customer Service at the phone number or website on the back of your medical ID card.



DISEASE MANAGEMENT: LIVING WELL

Living Well With Chronic Conditions

A NURSE COACH WHO KNOWS YOUR CONDITION.

Living Well with Chronic Conditions, from MedWatch, supports members who have or are at risk for chronic conditions such as asthma, coronary artery disease, congestive heart failure, and diabetes. It's part of your Elmet HPI medical plan, at no cost to you.

YOUR TOTAL LIFESTYLE COACH

800-386-5475

LivingWell@urmedwatch.com
Call or email as often as you like. The call is free.

HOW IT WORKS

YOU MAY HEAR FROM US

MedWatch reaches out to members identified through medical claims, a Health Assessment, or blood work results. You can also call to get started.

MEET YOUR COACH

A Total Lifestyle Coach is a professional nurse who specializes in your condition and serves as your advocate, teacher, and guide.

REACH YOUR GOALS

Your coach helps you understand your condition, set goals you can measure, and stay on track with education and support.

WHAT TO EXPECT

- Your coach explains your condition and the programs that can help you most.
- With your permission, your coach may request records from your providers to understand your history.
- You decide how often you talk, based on your goals and your condition.
- When you reach your goals, you graduate from the program, and your coach is still there if you need support.

GOOD TO KNOW

- **It's voluntary.** How much you take part is up to you.
- **It's free.** The program is provided by your medical plan at no cost to you.
- **It's confidential.** Your information is never shared with The Elmet Group, and isn't shared with other providers without your permission.

Who can use it? Employees, spouses, and dependents enrolled in an Elmet HPI medical plan.

THE ELMET GROUP

NEW FOR 2027

NOX SLEEP CARE

YOUR PREFERRED SLEEP HEALTH BENEFIT.

Starting January 1, 2027, Nox Sleep Care is your in-network sleep health Center of Excellence provider, offering continuous support and evidence-based care for all your sleep needs. Nox diagnoses and treats sleep apnea, insomnia, periodic limb movements and restless legs syndrome, and circadian rhythm disorders.

GET STARTED

noxsleepcare.com/Elmet
877-615-7257, option 1
Monday to Friday, 8am to 9pm ET;
Saturday, 9am to 5pm ET
sleep@noxhealth.com

Receiving care through Nox Sleep Care will result in lower out-of-pocket costs and a more streamlined member experience. No preauthorization is needed.

GET STARTED IN FOUR STEPS

1. Go to **noxsleepcare.com/Elmet**.
2. Register or log in.
3. Take the Sleep Check-up, which takes up to 10 minutes. It's required for the Wellness Incentive.
4. Schedule a teleconsult with a board-certified sleep physician in the Nox Sleep Care app.

ALREADY IN TREATMENT?

- Your sleep therapy deserves a check-in now and then. Call 877-615-7257, option 2, to transfer your care to Nox.
- If you own your PAP device, you may be able to keep using it with Nox.
- Most members already in treatment or with recent test records won't need a new sleep study.

WHAT YOU PAY

Service	PPO Gold	PPO Silver	HSA Plan
Sleep Check-up, report, and education	$0	$0	$0
Teleconsult with a sleep physician	$0	$0	$0
Home sleep test and diagnosis	$0	$0	$0
Treatment, including PAP device and supplies	$25 copay	$25 copay	Deductible applies

Start risk-free: the teleconsult and at-home sleep test cost $0. Before treatment starts, Nox gives you a cost estimate and accepts HSA and FSA payments.

WHO SHOULD REACH OUT

- Anyone who struggles with sleep, snores, or feels tired during the day
- Members taking a GLP-1 medication
- Members with conditions linked to sleep, such as high blood pressure, diabetes, heart conditions, obesity, depression, or anxiety

Part of the Wellness Incentive. The Sleep Check-up is one of the three activities that earn the $400 medical premium reduction.

Available to eligible employees and dependents age 18 and older enrolled in an Elmet medical plan.

PHARMACY BENEFITS: VERACITYRX

For HPI medical plan members, **VeracityRx** manages your pharmacy benefits, working with **ProCare Rx**, your pharmacy benefit manager. VeracityRx helps you process prescriptions, coordinate specialty medications, find the lowest-cost pharmacy, and get alerts when savings are available. Your copays are on the Medical and Pharmacy Coverage page.

VERACITYRX MEMBER SUPPORT

888-388-8228
Available 24/7
Rxhelp@OneVeracity.com
(weekdays, 8am to 6pm ET)
OneVeracity.com/members

FILL AT THE RIGHT PHARMACY

Your plan has two pharmacy options. You can use most pharmacies, but using SmartChoice pharmacies results in lower healthplan costs, which in turn keeps renewals lower.

SmartChoice: best value to the health plan
Independent and grocery store pharmacies

StandardChoice: higher cost to the health plan
- CVS
- Target
- Walgreens
- Walmart

WAYS TO SAVE

- **Choose generic when you can.** If a generic is available and you choose the brand-name drug, you'll pay the brand copay plus the difference between the brand and generic prices. The extra cost doesn't count toward your out-of-pocket maximum.
- **Fill a 90-day supply** to save time and trips to the pharmacy. SmartChoice pharmacies are the only places that offer 90-day supplies.
- **Check prices before you fill.** Use the VeracityRx app or member portal to compare real-time prices, find the lowest-cost pharmacy near you, and switch pharmacies if needed.

GET THE APP AND PORTAL

Download the VeracityRx app

Register and log in to the member portal

MAIL ORDER

Contact Veracity for information on mail order prescriptions.

Pharmacy issue at the counter? Make sure the pharmacist enters the BIN, ID, and Group numbers from your new ID card. If a claim is rejected or denied, call 888-388-8228 while you're still at the pharmacy.

SPECIALTY AND IMPORTATION PROGRAMS

SPECIALTY MEDICATION SUPPORT

Specialty medications can be complex. With VeracityRx, a dedicated pharmacy specialist coordinates with your provider and pharmacy, helps with approvals, and works to avoid delays.

1. Go to OneVeracity.com/members.
2. Complete the VeracityRx enrollment form.
3. A VeracityRx specialist contacts you to guide next steps.

Examples of specialty drugs
Actemra, Acthar, Cosentyx, Dupixent, Gilenya, Humira and biosimilars, Ilaris, Ingrezza, Rebif, Stelara, Taltz, and Zenpep
This is a sample list. Call VeracityRx to check your medication.

PERSONAL IMPORTATION PROGRAM

Get eligible medications for $0. Certain high-cost brand medications can be filled through a trusted partner pharmacy in Canada and shipped to your home at no cost to you. Each medication has the same active ingredient, comes from the same parent company, and is reviewed by Health Canada, Canada's equivalent of the FDA.

- Enroll at OneVeracity.com/members. A specialist contacts you within 24 to 48 business hours.
- Your provider sends a new prescription for up to a 90-day supply to the partner pharmacy.
- Your medication ships to your home in 7 to 10 days at a $0 copay, with tracking.
- If you need medication before your shipment arrives, call 888-388-8228 to arrange a temporary local fill at your regular copay.

Examples of eligible drugs
Eliquis, Farxiga, Jardiance, Januvia, Ozempic, Trelegy Ellipta, Trulicity, Xarelto, Breo Ellipta, Biktarvy, Enbrel, Skyrizi, Rinvoq, Otezla, and Victoza
This is a sample list and may change.

COORDINATION OF BENEFITS

If you're covered by two medical plans, such as your spouse's plan and a plan through The Elmet Group, the plans share your claims. This is called coordination of benefits (COB). Having two plans doesn't mean everything is covered at 100%, and in most cases the extra premium costs more than it saves.

HOW COB WORKS
Both plans share responsibility, but total benefits never exceed your eligible charges. Deductibles, copays, and coinsurance will likely still apply under both plans.

WHO PAYS FIRST
The plan that covers you as an employee pays first. A plan that covers you as a dependent pays second. Other rules apply for COBRA, retirees, and separated or divorced families.

CHILDREN: THE BIRTHDAY RULE
For dependent children, the plan of the parent whose birthday falls earlier in the year pays first.

YOUR COSTS
Even with two plans, you may still owe deductibles and other cost shares under both.

For details, see the HPI medical plan SPD for Elmet Technologies and the SPD or certificate for your other plan. This is a general overview and not a guarantee of benefits.



HEALTH SAVINGS ACCOUNT

FREE MONEY FOR YOU AND YOUR FAMILY.

If you enroll in the HSA Plan, you can save for healthcare with a Health Savings Account (HSA) through Empower, the new HSA bank for 2027. Unused money rolls over every year, and your HSA is yours to keep, even if you leave your job or change health plans.

THE ELMET GROUP CONTRIBUTES

$500 a year

$41.67 per month, when you also contribute

Empower: 855-375-3050

HOW IT WORKS

1. When you enroll in the HSA Plan, also elect an HSA account and choose how much to contribute each paycheck, up to the IRS limit.
2. Use your funds as they're deposited.
3. Pay with your **Empower Benefit Accounts card**, or pay yourself back for eligible costs. Save your receipts.
4. Once you reach your plan's investment minimum, you can invest your HSA. Investing involves risk, including possible loss of principal.

SET UP YOUR EMPOWER ACCOUNT

- Starting January 1, log in at **empowermyretirement.com** or the Empower app with your workplace retirement account login.
- New to Empower? Choose Register, select I do not have a PIN, and create a username and password.
- In the Account dropdown, select your HSA, click Overview, and then select Visit website.
- Add direct deposit for faster reimbursements: click your name, choose Profile, and edit Reimbursement Method.
- Employees will no longer need to provide Elmet with their HSA account number and routing number, as this information will now automatically be transmitted for payroll contributions and deductions

2027 IRS CONTRIBUTION LIMITS

Coverage	Annual limit
Individual	$4,500
Family	$9,000
Catch-up (age 55 and older)	+$1,000

The limits include The Elmet Group's contribution.

MOVE YOUR BALANCE TO EMPOWER

- Have an HSA at KeyBank or another provider? Log in at empowermyretirement.com.
- Select your HSA in the Account dropdown, click Overview, then Visit website.
- Click the HSA Transfer banner and follow the prompts to select your prior provider and give consent.
- Consider taxes, fees, and expenses before moving money.

Who can contribute
You must be covered by the HSA Plan, have no other non-HSA health coverage, not be enrolled in Medicare or TRICARE, and not be claimed as a dependent on someone else's tax return. See IRS Publication 969.

Nearing Medicare?
Part A can start up to six months before you apply, but not before the month you turn 65. Stop HSA contributions six months before you apply for Medicare or Social Security. After 65, non-medical withdrawals are taxed as income.

FLEXIBLE SPENDING ACCOUNTS

FSAs through **Medcom** let you pay out-of-pocket costs with pre-tax dollars. Your election doesn't carry over to the next year; you must re-elect each year.

HEALTHCARE FSA

2026: $3,400 - Current IRS max
2027: Up to IRS max (not yet announced)

Deductibles, copays, coinsurance, prescriptions, over-the-counter drugs, dental, and vision expenses. You get a debit card to pay at the time of service.

LIMITED PURPOSE FSA

2026: $3,400 - Current IRS max
2027: Up to IRS max (not yet announced)

For HSA Plan members. Covers dental and vision expenses only, so you can keep contributing to your HSA.

DEPENDENT CARE FSA

$7,500 per household

Daycare, after-school programs, and program fees for children under 13, plus certain adult day care. Both parents must be working, looking for work, full-time students, or disabled.

Carryover: current IRS limits allow you to roll over up to **$680 (to be increased to 2027 IRS max, once announced)** of unused healthcare FSA funds to the next plan year.

Medcom: 800-523-7542, option 1 | medcombenefits.com | MedcomReceipts@medcombenefits.com

DENTAL

With **Northeast Delta Dental**, you can see any dentist. Choose a dentist in the **Delta Dental PPO** network for the biggest discount, or the **Delta Dental Premier** network for lower costs than out of network. Premier dentists can bill you up to their maximum allowable fee. Find a dentist at nedelta.com.

Delta Dental PPO and Premier	You pay
Calendar year deductible	$50 individual / $150 family
Calendar year maximum	$1,500 per person
Orthodontia lifetime maximum	$1,500
Type A: Preventive Exams and cleanings (two per 12 months), bitewing X-rays (once per 12 months), fluoride and sealants for children to age 19	$0, no deductible
Type B: Basic restorative Fillings, root canals, periodontal maintenance, denture repair, emergency treatment, oral surgery	20% after deductible
Type C: Major restorative Crowns, onlays, implants, bridges, dentures, rebases, and relines	50% after deductible
Orthodontia (adults and children)	50%, no deductible

Tier	Weekly	Biweekly
Employee	$2.89	$5.79
Employee + 1	$5.49	$10.99
Family	$9.97	$19.94

Northeast Delta Dental
800-832-5700 | nedelta.com
CustomerService@nedelta.com

VISION

Vision insurance through **Ameritas** lets you choose the **VSP Focus** network or the **EyeMed Insight** network. Your network stays the same for the full plan year. Find providers at ameritas.com (Find a Provider, Vision).

Benefit	VSP In network	VSP Out of network	EyeMed In network	EyeMed Out of network
Eye exam	$10 copay	Up to $45	$10 copay	Up to $52
Contact lens fitting	Up to $60	Not reimbursable	Standard up to $40; premium 10% off	Not reimbursable
Frames	$130 allowance*	Up to $70	$130 allowance	Up to $104
Single / bifocal / trifocal lenses	$10 copay	$30 / $50 / $65	$10 copay	$68 / $96 / $130
Lenticular lenses	$10 copay	Up to $100	20% discount	Not reimbursable
Progressive lenses	Varies by option	Not reimbursable	Varies by option	Not reimbursable
Contacts (conventional or disposable)	Up to $130	Up to $105	Up to $130	Up to $104
Medically necessary contacts	Covered in full	Up to $210	Covered in full	Up to $200
LASIK and PRK	N/A	N/A	Average 15% off retail or 5% off promo (US Laser Network)	N/A

*Costco and Walmart frame allowances are applied at the wholesale equivalent. One lens or contact benefit and one frame every 12 months; exams every 12 months. Lens treatments may cost extra.

Tier	Weekly	Biweekly
Employee	$1.62	$3.23
Employee + 1	$3.21	$6.42
Family	$4.31	$8.62

Ameritas
800-877-7195 | ameritas.com

LIFE AND AD&D INSURANCE

BASIC LIFE, PAID BY THE ELMET GROUP

All benefits-eligible employees receive Basic Life insurance at no cost, equal to **1.5 times base annual earnings**, rounded up to the next $1,000, up to **$500,000**.

Age reductions
Benefit that remains, Basic Life: 65% at age 65, 40% at 70, 25% at 75
Benefit that remains, Voluntary Life: 40% at age 70, 25% at 75
Spouse reductions are based on the employee's age.

VOLUNTARY LIFE AND AD&D, PAID BY YOU

Buy extra coverage at group rates. Every plan includes AD&D, which pays an additional amount equal to the life benefit for an accidental death or covered loss. You must insure yourself for at least as much as your spouse. Spouse rates are based on the employee's age.

Who's covered	Coverage options	Guaranteed issue for new hires
Employee	$1,000 increments, $10,000 minimum, up to the lesser of 5 times annual earnings or $750,000	$200,000
Spouse	$5,000 increments up to $250,000, not more than 100% of the employee amount	$30,000
Child(ren) under age 26	$5,000 or $10,000	$10,000

Name your beneficiary. You can update your life insurance beneficiaries any time by calling the Benefits Service Center at 866-833-8915.

DISABILITY AND LEAVE

The Elmet Group pays the full cost of Short Term and Long Term Disability. Disability coverage replaces part of your income if a non-work-related illness or accident keeps you from working.

Short Term Disability	
Weekly benefit	60% of base weekly earnings
Weekly maximum	$2,500
Benefits begin	Day 8 for accident or sickness
Benefits last	Up to 25 weeks

Long Term Disability	
Monthly benefit	60% of base monthly earnings
Monthly maximum	$11,000
Benefits begin	After 180 days, when STD ends
Benefits last	Up to Social Security normal retirement age (some exceptions apply)

Pre-existing conditions (LTD): a disability in your first 12 months of coverage isn't covered if it results from a condition you were treated for, or had symptoms of, in the 3 months before coverage began. See your certificate for details.

FILE A DISABILITY CLAIM

If you can't work due to illness, injury, or pregnancy, contact **OneAmerica**. If your absence qualifies under FMLA, OneAmerica can coordinate with the FMLA administrator.
1-855-517-6365
disability.claims@oneamerica.com

FAMILY AND MEDICAL LEAVE (FMLA)

Eligible employees may take up to 12 weeks of unpaid, job-protected leave for qualifying medical and family reasons. **AbsenceResources** administers FMLA.
absenceresources.com | AbsenceNow app
877-GO2-FMLA (877-462-3652)

Always follow your location's call-off procedures in addition to reporting your leave. Contact your local site HR for company rules and FMLA requirements.

CRITICAL ILLNESS INSURANCE

Voya Critical Illness insurance pays a **flat cash benefit** if you're diagnosed with a covered illness while your coverage is in force. There's **no pre-existing condition exclusion**.

Who's covered	Benefit amount
Employee	$5,000 to $30,000
Spouse	50% of employee amount
Child(ren)	50% of employee amount

Plan notes

- New hires can elect coverage with no health questions.

Covered condition	Benefit
Cancer (except skin cancer)	100%
Carcinoma in situ	25%
Skin cancer	10%
Heart attack	100%
Stroke	100%
Coronary artery bypass	25%
Benign brain tumor	100%
Coma	100%
Sudden cardiac arrest	100%
Major organ transplant	100%
Multiple sclerosis	100%

Covered childhood conditions (100% of the child amount): cerebral palsy, congenital birth defects, cystic fibrosis, Down syndrome, type 1 diabetes, Gaucher disease type 2 or 3, infantile Tay-Sachs, sickle cell anemia, type 4 glycogen storage disease, Niemann-Pick disease, Pompe disease, and Zellweger syndrome.

Your rate is calculated when you enroll, based on coverage amount, age, tobacco status, and coverage tier. Spouse rates use the employee's age and tobacco status.

ACCIDENT INSURANCE

Voya Accident insurance pays cash when you have a covered accident that needs medical treatment. Highlights are below; see the certificate for full details.

Benefit	Amount
Accidental death (employee / spouse / child)	$40,000 / $20,000 / $8,000 ($85,000 / $40,000 / $20,000 for a common carrier accident)
Loss of hands, feet, or sight	$10,000 to $24,000
Loss of fingers or toes	$1,400 to $2,400
Fractures / dislocations	Up to $5,600 / up to $4,000
Burns	$1,000 to $10,000
Coma / concussion	$9,000 / $75
Lacerations / eye injury	$20 to $320 / $60 to $225
Ambulance (ground / air)	$250 / $1,000
ER or urgent care / office visit	$150 / $60
X-rays / CT or MRI	$50 / $125
Physical therapy / chiropractic	$30 per visit (up to 10 / up to 6 visits)
Transportation	$500 per trip, up to 3 trips
Hospital admission / ICU admission	$750 / $1,050
Hospital confinement	$175 per day, up to 365 days
ICU confinement	$350 per day, up to 30 days
Prosthetics / medical appliances / blood	$500 to $800 / $80 / $300
Rehabilitation facility confinement	$150 per day, up to 90 days
Health screening	$100 per person per year
Organized sports	+25%, up to $1,000 per person per year

Tier	Weekly	Biweekly
Employee	$1.49	$2.99
EE + Spouse	$2.72	$5.44
EE + Child(ren)	$2.84	$5.68
Family	$4.06	$8.13

Exclusions include accidents caused by felonies, substance abuse, suicide attempts, war, self-inflicted injury, alcohol, infection, cosmetic dental or plastic surgery, food poisoning, armed forces service, aircraft, parachuting, motor vehicle racing or stunts, paid competitive athletics, bungee jumping, and other activities in the certificate.

HOSPITAL INDEMNITY INSURANCE

Voya Hospital Indemnity insurance pays a **fixed cash benefit** for eligible hospital stays. Use it however you choose, such as for deductibles and coinsurance.

Benefit	Low Plan	High Plan
Initial hospital confinement	$1,100	$2,200
Daily hospital confinement	$100 per day, up to 31 days per confinement	$200 per day, up to 31 days per confinement
Daily critical care unit	$200 per day, up to 31 days per confinement	$400 per day, up to 31 days per confinement
Inpatient rehabilitation facility	$100 per day, up to 31 days per confinement	$200 per day, up to 31 days per confinement
Observation unit	$250 per day, 1 day per calendar year	$250 per day, 1 day per calendar year
Spouse and child(ren)	100% of employee amount	100% of employee amount

Tier	Low weekly	Low biweekly	High weekly	High biweekly
Employee	$3.07	$6.15	$6.06	$12.11
EE + Spouse	$6.15	$12.30	$12.12	$24.23
EE + Child	$6.61	$13.21	$13.02	$26.04
Family	$9.68	$19.36	$19.08	$38.16

Voya (Critical Illness, Accident, and Hospital Indemnity)
877-236-7564 | presents.voya.com/EBRC/elmettechnologies

EMPLOYEE ASSISTANCE PROGRAM

Someone to talk to, anytime, anywhere.

Your ComPsych **GuidanceResources** program, through OneAmerica, offers no-cost, confidential help for life's challenges, 24/7.

GUIDANCERESOURCES
855-387-9727
guidanceresources.com
Web ID: **ONEAMERICA3**
App: GuidanceResources Now

Emotional support
Help with anxiety, depression, stress, grief, loss, and relationship conflicts.

Work-life solutions
Referrals for child and elder care, movers, home repair, event planning, and pet care.

Legal guidance
Help with divorce, adoption, wills, and trusts, plus a free 30-minute consultation and 25% off fees.

Financial resources
Help with retirement planning, taxes, mortgages, budgeting, debt, and more.

Online support
Articles, podcasts, videos, on-demand trainings, and Ask the Expert.

Online will preparation
EstateGuidance helps you create a will, name a guardian, and leave instructions.

TDD: **800-697-0353**

TRANSITIONS BENEFIT GROUP

MEDICARE, RETIREMENT, AND SOCIAL SECURITY GUIDANCE.

SPEAK WITH A LICENSED AGENT
800-936-1405
transitionsrbg.com

Transitions Benefit Group is a free benefit from The Elmet Group, available to all employees and their families. Talk with a licensed insurance agent about your options as you plan for Medicare and retirement.

MEDICARE PLANNING AND ENROLLMENT

Learn the parts of Medicare, get a free cost-benefit analysis, and coordinate Medicare with your group plan to avoid coverage gaps or late enrollment penalties.

RETIREMENT READINESS

Get help with retirement planning, finances, maximizing Social Security benefits, long-term care options, and more.

HSA GUIDANCE

Learn how Medicare affects HSA contributions if you're Medicare eligible and contributing to an HSA.

BENEFITS CONTINUITY

Get guidance on options to supplement your health plan and on planning your legacy.

Transitions may not offer every plan available in your area. Any information they provide is limited to those plans they do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE for information on all your options.

Transitions is not connected or affiliated with any United States Government or State agency.

EMPLOYEE PERKS AND 2-1-1

EMPLOYEE PERKS PROGRAM: START SAVING TODAY

Discounts on electronics, appliances, apparel, cars, flowers, fitness memberships, gift cards, groceries, hotels, movie tickets, rental cars, special events, theme parks, and more.
theelmetgroup.savings.workingadvantage.com

2-1-1: HELP STARTS HERE

Call **2-1-1** or visit **211.org** for free, confidential help, available anonymously and in 180 languages. You can also text or use web chat.

HOUSING EXPENSES

Find options to pay rent, mortgage, or utilities and stay in your home.

UTILITIES ASSISTANCE

Get help with electric, gas, water, phone, or internet bills.

MENTAL HEALTH

Find long-term resources, talk through a problem, or explore treatment options.

SUBSTANCE USE

Find counseling and treatment programs for yourself or someone you care about.

LOCATION-SPECIFIC BENEFITS



401(K) AND RETIREMENT

See your local site Human Resources representative for 401(k) and retirement options available to you.

IMPORTANT CONTACTS

THE ELMET GROUP BENEFITS SERVICE CENTER

866-833-8915 | questions@elmetbenefits.com | elmetbenefits.com
Monday to Thursday, 8am to 6pm ET | Friday, 8am to 5pm ET

Benefit	Vendor	Phone	Website or email
Medical	Health Plans, Inc. (HPI)	888-340-5487	hpitpa.com
Medical concierge	Pathways Concierge	888-340-5487	PathwaysConcierge@urmedwatch.com
Gym reimbursement	Health Plans, Inc. (HPI)	Number on your ID card	hpiTPA.com (My Plan)
Pharmacy	VeracityRx (ProCare Rx)	888-388-8228	Rxhelp@OneVeracity.com
Mail order pharmacy	VeracityRX (ProCare Rx)	888-388-8228	Rxhelp@OneVeracity.com
Virtual care	TextCare	Text 207-548-5213	mytextcare.com
Disease management	MedWatch Living Well	800-386-5475	LivingWell@urmedwatch.com
Sleep care	Nox Sleep Care	877-615-7257	noxsleepcare.com/Elmet
Tobacco cessation	AchieveHealth	866-234-4635	enroll.hpiachievehealth.com
Dental	Northeast Delta Dental	800-832-5700	nedelta.com
Vision	Ameritas	800-877-7195	ameritas.com
Life and disability	OneAmerica	800-553-5318	oneamerica.com
Disability claims	OneAmerica	855-517-6365	disability.claims@oneamerica.com
Life insurance claims	OneAmerica	800-553-3522	lifeclaims.employeebenefits@oneamerica.com
FMLA	AbsenceResources	877-462-3652	absenceresources.com
Employee Assistance Program	GuidanceResources (ComPsych)	855-387-9727	guidanceresources.com, Web ID ONEAMERICA3
Medicare and retirement guidance	Transitions Benefit Group	800-936-1405	transitionsrbg.com
Critical Illness, Accident, Hospital Indemnity	Voya	877-236-7564	presents.voya.com/EBRC/elmettechnologies
Flexible Spending Accounts	Medcom	800-523-7542, opt. 1	medcombenefits.com
Health Savings Account	Empower	855-375-3050	empowermyretirement.com
Travel assistance	On Call International	866-816-2103	mail@oncallinternational.com

REQUIRED 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 July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

REQUIRED NOTICES (CONTINUED)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	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

REQUIRED NOTICES (CONTINUED)

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	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
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

REQUIRED NOTICES (CONTINUED)

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
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	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

REQUIRED NOTICES (CONTINUED)

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	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	

To see if any other states have added a premium assistance program since July 31, 2026, 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 5/31/2029)

REQUIRED NOTICES (CONTINUED)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

REQUIRED NOTICES (CONTINUED)

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Elmet Benefits Service Center.

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



QUESTIONS ABOUT YOUR BENEFITS?

THE ELMET GROUP BENEFITS SERVICE CENTER

866-833-8915

questions@elmetbenefits.com | elmetbenefits.com
Monday to Thursday, 8am to 6pm ET | Friday, 8am to 5pm ET

This guide is a general summary of your benefit options. For details, refer to each plan's Summary Plan Description (SPD), available at elmetbenefits.com. If there's any difference between this guide and the SPD, the SPD governs.

THE ELMET GROUP