

# 2025-2026 Benefit Guide

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 26-27 where Notice of Creditable Coverage begin for more details.

## Benefits Overview

Spitzer Industries is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 or more hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Spitzer Industries provides other benefits at no cost to you (life & accidental death & dismemberment, long term disability). In addition, there are voluntary benefits with affordable group rates that you can purchase through payroll deductions.

### Benefits Offered

- Medical
- Health Savings Account (HSA)
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Long Term Disability
- Voluntary Critical Illness
- Voluntary Hospital Indemnity
- Voluntary Accident
- Retirement
- Travel Assistance
- Identity Theft
- Employee Assistance Program

### Eligibility

You and your dependents are eligible for Spitzer Industries benefits on the first of the month following or coinciding with your waiting period of employment.

Eligible dependents include your spouse, children under age 26, or disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days.

# The Spitzer Industries Benefit Advocate Center

Your One-Stop Resource for Benefits Information

You have a busy life. With so much going on, it can be difficult to slow down and focus on the small details. Who can you turn to when you need help understanding your benefits? The Benefit Advocate Center is available to answer your questions and address any issues. When you call or email the Benefits Center, an experienced benefits advocate will be ready to help. Below are examples of how the Benefit Advocate Center can help you and your covered dependents:

Answer questions about covered services & expenses	Explain your plan options and answer enrollment questions
Clarify benefits eligibility	Help you understand your claims and resolve claim issues
Bilingual representatives available	Find an in-network doctor, facility, or pharmacy

## Contact the Benefit Advocate Center

Trained advocates who speak both English and Spanish are available Monday-Friday, 8:00 am-6:00 pm CST.

 855-803-8188       Spitzer\_benefits@ajg.com

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## Federal and State Benefits (such as Medicare)

Spitzer is partnering with FedLogic to provide you and the members of your household with an independent resource to help you navigate federal and state benefits, such as Medicare and Medicaid. Many major illnesses and situations make you eligible for federal and state programs, such as giving birth to a premature baby or being diagnosed with end stage renal disease (ESRD). You also have access to monthly seminars and mini-podcast series covering a variety of topics such as:

- Retirement & Maximizing Your Benefits
- Disability/Inability to Work
- Medicare & Medicaid
- Spousal & Ex-Spousal Benefits
- Survivor's Benefits
- Children's Benefits
- Premature Baby Birth
- Major Illness

 877-837-4196       Visit [Fedlogicgroup.com](https://www.fedlogicgroup.com)  
Access Code: SPIN25

## Medical Benefits

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Spitzer Industries.

Spitzer Industries provides you with three medical plan options to choose from.

	Core Plan	HDHP Silver Plan	HDHP Gold Plan	
	In-Network Only*	In-Network Only*	In-Network*	Out-of-Network*
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited	Unlimited	
<b>Annual Deductible</b>	\$2,500 single / \$5,000 family	\$6,000 single / \$12,000 family	\$3,300 single / \$6,600 family***	\$9,000 single / \$18,000 family
<b>Annual Out-of-Pocket Maximum</b>	\$5,000 single / \$10,000 family	\$6,000 single / \$12,000 family	\$6,000 single / \$12,000 family	\$18,000 single / \$36,000 family
<b>Coinsurance</b>	20%	0%	20%	50%
<b>Doctor's Office</b>				
<b>Primary Care Office Visit</b>	\$30 copay**	0% after deductible	20% after deductible	50% after deductible
<b>Specialist Office Visit</b>	\$60 copay**	0% after deductible	20% after deductible	50% after deductible
<b>Preventive Care (screening, immunization)</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	50% after deductible
<b>Diagnostic Test (x-ray, blood work)</b>	Plan pays 100%	0% after deductible	20% after deductible	50% after deductible
<b>Imaging (CT/PET scans, MRIs)</b>	20% after deductible	0% after deductible	20% after deductible	50% after deductible
<b>Prescription Drugs</b>				
<b>Retail—Generic Drugs (30-day supply)</b>	\$15 copay**	0% after deductible	20% after deductible	50% after deductible
<b>Retail—Preferred Drugs (30-day supply)</b>	\$35 copay**	0% after deductible	20% after deductible	50% after deductible
<b>Retail—Non-Preferred Drugs (30-day supply)</b>	\$50 copay**	0% after deductible	20% after deductible	50% after deductible
<b>Retail—Specialty Drugs (30-day supply)</b>	\$250 copay**	0% after deductible	20% after deductible	50% after deductible
<b>Mail Order—Generic Drug (90-day supply)</b>	\$30 copay**	0% after deductible	20% after deductible	Not covered
<b>Mail Order—Preferred Drugs (90-day supply)</b>	\$70 copay**	0% after deductible	20% after deductible	Not covered
<b>Mail Order—Non-Preferred Drugs (90-day supply)</b>	\$100 copay**	0% after deductible	20% after deductible	Not covered
<b>Hospital Services</b>				
<b>Emergency Room</b>	\$250 copay, plus 20% (Copay is waived if admitted)	0% after deductible	20% after deductible	20% after deductible
<b>Inpatient</b>	20% after deductible	0% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	0% after deductible	20% after deductible	50% after deductible
<b>Ambulance Service</b>	20% after deductible	0% after deductible	20% after deductible	20% after deductible

\* Network: The providers and facilities that a plan has contracts with to provide services to you at a discounted cost.

\*\* Copay: A set dollar amount you pay for a service, usually when you receive the service.

\*\*\*Please note that the Gold HDHP deductible slightly increased from the July 2024 plan year.



## Dental Benefits

Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Spitzer Industries dental benefit plan.

Services	In-Network DHMO Plan	In-Network and Out-of-Network DPPO Plan
Annual Deductible	None	\$50 per person; \$150 family limit
Annual Benefit Maximum (Per Person)	Varies by service; see Cigna Benefit Schedule for details	Year 1: \$1,500 Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800*
Preventive Dental Services (routine cleaning, x-rays)		100%
Basic Dental Services (fillings, root canals)		80% after deductible
Major Dental Services (bridges, crowns)		50% after deductible

\* Cigna offers a Wellness Incentive Program where members progress to the next maximum level by utilizing one preventive care service the prior calendar year. Call [800.244.6224](tel:800.244.6224) to find out more about participating in this program.



## Vision Benefits

### Administered by Cigna

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

Cigna's vision insurance accesses the national EyeMed network. Please make sure to check that your vision provider is in network by visiting this direct link to the Cigna vision directory:

<https://eyedoclocator.eyemedvisioncare.com/cigna/en>

Service	In-Network (EyeMed Network)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Up to \$45
<b>Lenses — once every 12 months</b>		
Single Vision Lenses	\$10 copay	Up to \$32
Lined Bifocal Lenses	\$10 copay	Up to \$55
Lined Trifocal Lenses	\$10 copay	Up to \$65
Lenticular Lenses	\$10 copay	Up to \$80
Frames — once every 24 months	\$150 allowance, 20% off remaining balance	Up to \$83
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Elective	\$150 allowance	Up to \$120
Medically Necessary	Covered in full	Up to \$210



## Health Savings Account (HSA)

Administered by HSA Bank

Looking after your health means that you are likely to incur out-of-pocket expenses. If you enroll in the HDHP Silver or HDHP Gold you can use a Health Savings Account to reduce the cost of those expenses\*. We provide Health Savings Accounts through HSA Bank and, at our discretion, an annual lump sum contribution to your HSA account.

\*By law, you are not allowed to contribute to an HSA if you are enrolled in Medicare.

### How does it work

An HSA allows you to save pre-tax dollars to pay for qualified expenses for you and your eligible dependents. This includes doctor visits, prescriptions, dental and vision expenses and more.

Summary of Features	
<b>**Contribute</b>	You choose how much you want to contribute to your HSA. Spitzer Industries will make an initial deposit into your HSA to get you started: \$250 if you choose individual coverage, \$500 if you cover yourself plus any dependents. The total contributions paid into your HSA by you and Spitzer Industries combined cannot exceed the annual IRS maximum limit. In 2025, the limits are: \$4,300 if you choose individual coverage, \$8,550 if you cover yourself and any dependents. If you are 55 or older, you can contribute an additional \$1,000 as a catch-up contribution. Please note that the employer contribution is not guaranteed.
<b>Grow</b>	The dollars in your HSA earn interest.
<b>Spend or save</b>	All of the dollars in your HSA are yours to spend or save. You can spend them on doctor visits, prescriptions, dental and vision expenses, and more — or you can choose to pay another way and save your dollars for future expenses. Please note that some purchases may have tax implications.
<b>Roll over</b>	Any unused dollars at the end of a calendar year stay in your HSA so you can use them in the future: you could even use your HSA to save for retirement. The dollars in your HSA are always yours, including those contributed by Spitzer Industries, even if you change medical plans, jobs, or retire.
<b>Tax advantages</b>	Your contributions are not taxed, the interest you earn is not taxed, and the dollars you spend on qualified expenses are not taxed. All dollars in an HSA grow tax-deferred until age 65, when they can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses.

\*\*The annual maximum is based on a calendar year. These numbers are subject to change annually.





## Life and Accidental Death & Dismemberment Insurance

Administered by New York Life

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away while employed by Spitzer Industries. You will be enrolled in basic life insurance of two times your base earnings (rounded to the next higher \$1,000) up to \$400,000 for you; \$10,000 for your spouse; and \$10,000 for your children from 15 days old to 26 years old (\$500 for your children from birth to 14 days old) at no cost to you.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Spitzer Industries provides AD&D coverage of two times your base earnings (rounded to the next higher \$1,000) up to \$400,000 for you. This coverage is in addition to your company-paid life insurance described above.

## Voluntary Life and AD&D Insurance

Administered by New York Life

You may purchase Life and AD&D insurance in addition to the company-provided coverage. You may also purchase Life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$200,000 of your salary, and up to \$50,000 for your spouse and up to \$10,000 for your child(ren)) without answering medical questions if you enroll when you are first eligible. During the annual enrollment period, if you are eligible for the voluntary life insurance but you have not previously enrolled, you may be insured under the policy for up to \$100,000, without satisfying the Evidence of Insurability Requirement (EOI). If you are currently insured for a benefit less than \$100,000, you may increase your benefit up to \$100,000 without completing EOI. If you are insured for more than \$100,000 but less than \$200,000, you have the option of increasing your voluntary life insurance benefit by up to two units of \$10,000 as long as it does not exceed \$200,000, without having to satisfy EOI. To increase coverage in excess of amounts listed previously, you must satisfy the EOI requirement.

**Employee**— Up to three times your salary in increments of \$10,000; \$500,000 maximum amount

**Spouse**— Up to \$200,000 in increments of \$5,000 (not to exceed 50% EE's amount)

**Children**— \$250 from birth to 6 months old, \$10,000 from 6 months old to 26 years old

\*Employee and spouse voluntary life insurance benefits are subject to age reductions beginning at age 65.

## Disability Insurance

Spitzer Industries also provides disability insurance through New York Life. This benefit replaces a portion of your income if you become disabled and are unable to work. Spitzer Industries is proud to offer Long-Term Disability at no cost to you. You have the option to purchase Short-Term Disability insurance.

	How it Works	Who Pays for the Benefit
<b>Voluntary Short-term Disability</b>	You receive 60% of your base earnings* up to \$1,500 per week. Benefits begin after 14 calendar days of absence from work and continue for up to 12 weeks.	Employee
<b>Long-term Disability</b>	You receive 60% of your base earnings* up to \$10,000 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age.	Spitzer Industries

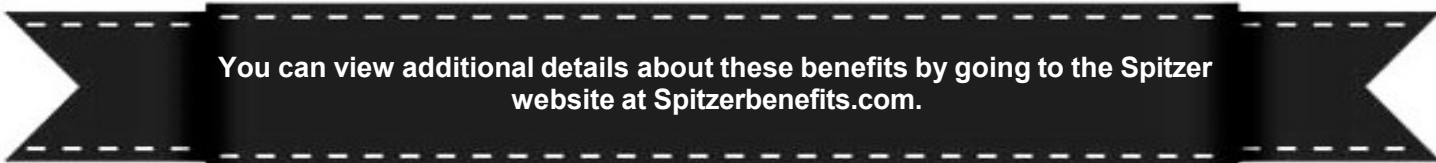
\*Base earnings is the base compensation paid to the employee excluding bonuses, incentives and overtime pay, for example: Joe earns \$1,000 regular earnings and \$300 overtime wages per week. Joe's STD benefit is \$600 (1000 x 60%) per week.

## Voluntary Benefits

All eligible employees have the opportunity to enroll in voluntary benefits administered through Cigna. These voluntary benefits are designed to supplement and strengthen your overall benefits package so that you are covered in the event of an accident, critical illness or hospitalization. These benefits allow you to customize your coverage based on your needs and affordability.

### Key Features to Consider

- ▶ **Ownership**  
Policies are fully portable and belong to you, even if you change jobs.
- ▶ **Benefits paid directly to YOU**  
Cash benefits are paid directly to you as the policyholder, not a hospital or doctor.
- ▶ **Benefits paid in addition to other coverage**  
Cash benefits are paid on top of your Medical/Rx coverage.
- ▶ **100% Guaranteed Issue**  
No medical history questionnaires or evidence of insurability forms necessary!
- ▶ **You're in control**  
Voluntary benefits are designed to provide additional cash flow and can be used entirely at your discretion.



**You can view additional details about these benefits by going to the Spitzer website at [Spitzerbenefits.com](https://www.spitzerbenefits.com).**

## Accident Insurance

Accidents can happen to anyone, at any time. While comprehensive Medical/Rx Insurance is designed to cover the cost of treatment, this supplemental off-the-job Accident policy offered through Cigna can help to pay for those out-of-pocket costs, or it can help to pay for whatever you need—groceries, utilities, etc.

## Critical Illness Insurance

Being diagnosed with a critical illness can be devastating personally as well as financially. While comprehensive Medical/Rx Insurance is designed to cover the cost of treatment, the Critical Illness policy offered through Cigna provides a lump sum payment that can be used at your discretion so you can focus on your health.

## Hospital Indemnity Insurance

Spitzer offers a supplemental Hospital Indemnity policy to all eligible employees. Being confined to a hospital can be financially devastating. While comprehensive Medical/Rx insurance is designed to assist with this cost, Cigna's supplemental Hospital Indemnity policy pays a policyholder (you) a lump sum benefit that can be used at your discretion.

## Retirement

Administered by John Hancock

Saving for the future when you've got other priorities now can be hard. We provide a Retirement Savings Plan through John Hancock to make it easier.

### How does it work?

A Retirement Savings Plan allows you to save pre-tax dollars for your retirement. With a Retirement Savings Plan, you also have options for Roth savings. To find out more call [800.294.3575](tel:800.294.3575).

Feature	Summary
<b>Eligibility</b>	You must be 18 years of age and complete 6 months of service to be eligible. The plan excludes non-resident Aliens and citizens of Puerto Rico.
<b>Entering the Plan</b>	Participants who are entering the plan for the first time are eligible to start contributing the first of the quarter following or coinciding with 6 months of service.
<b>Contribute</b>	You choose how much you want to contribute to your Retirement Savings Plan.*
<b>Employer Match</b>	Spitzer Industries matches 100% of your contribution up to 3%, and 50% of your contribution up to an additional 2%. To take advantage of the full match, you would need to contribute 5%.
<b>Grow</b>	You choose how to invest the dollars in your Retirement Savings Plan from a range of investments provided by John Hancock.
<b>Tax advantages</b>	Your contributions are not taxed and your Retirement Savings Plan earnings are not taxed. All dollars in your Retirement Savings Plan grow tax-deferred until you make a withdrawal, when ordinary tax rates apply, but there is a penalty fee if you make a withdrawal before age 59½.
<b>Changes to contribution/ investments</b>	Changes are allowed at any time. Participants can start and stop their deferral, change the deferral amount, or change investment options at any time during the plan year.

\* You can contribute up to 100% of your eligible compensation to the Plan as long as you do not exceed the IRS contribution limit.

- The contribution limit for 2025 is \$23,500.
- If you are at least 50 years old, you can make an additional "catch-up" contribution of \$7,500, for a total allowable contribution of \$31,000.
- These numbers are subject to change annually.

### I need assistance making decisions about my Retirement Savings Plan – who can I speak to?

John Hancock provides a range of tools and assistance to help you make decisions about how much to contribute, how to invest, and more. A guide to the Retirement Savings Plan, including the tools and assistance available, can be found in the downloads section.

### How do I enroll into and manage my Retirement Savings Plan?

Visit [myplan.johnhancock.com](https://myplan.johnhancock.com), download the 'mylifenow' app or call [800.294.3575](tel:800.294.3575).

## Employee Assistance Options

Administered by New York Life

### Employee Assistance Program

Spitzer Industries is proud to offer employees access to the Employee assistance program administered by New York Life. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three sessions, per issue, per year.

### Guidance Resources

When you need information quickly to help handle life's challenges, you can visit [guidanceresources.com](https://guidanceresources.com) for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

### Well-being Coaching

Sometimes you may need help with your personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

### Family Source

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

### Financial Connect

Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect® you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFP®) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community. In addition, on [guidanceresources.com](https://guidanceresources.com), you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.

### Legal Connect

If you are facing a difficult legal challenge and don't know where to start, LegalConnect® can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.

### Estate Guidance

This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. EstateGuidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

### Contact Info:

Employee Assistance and Wellness Support 24/7

Phone Number: (800)-344-9752

Website: [guidanceresources.com](https://guidanceresources.com)

WebID: NYLGBS

# LegalConnect<sup>®</sup>

Support for all types of personal legal questions.



If legal uncertainties arise and you don't know where to start, LegalConnect<sup>®</sup> can help. This program provides access to unlimited phone consultations with a staff of expert, licensed attorneys. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction if you choose to work with them. Information on low cost and no legal options are available. Referrals to consumer advocacy groups and governmental organizations are also available.

## Topics include:

- › Estate planning/wills/probate
- › Power of attorney
- › Real estate
- › Bankruptcy
- › Landlord/tenant issues
- › Adoption/guardianship
- › Divorce
- › Personal injury

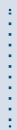


## Expert Guidance on ID Theft

- › Unlimited legal assistance by phone
- › Step-by-step guidance from an attorney to complete the restoration process
- › Financial information from a financial professional to address credit issues

Sometimes legal issues can be stressful. The team of legal and financial professionals can also connect you with available support services to help you and your family.

Contact Info  
LegalConnect<sup>®</sup>



Phone: (800) 344-9752



Website: [guidanceresources.com](https://guidanceresources.com)  
Registration Web ID: NYLGBS

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. Services are provided exclusively by ComPsych<sup>®</sup> effective January 1, 2023. ComPsych is solely responsible for its services and is not affiliated with New York Life Insurance Company or any of its affiliates.

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New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America or New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT  
SOLUTIONS



# Additional protection when you travel.

Emergencies can happen while traveling, but help is only a phone call away.

New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.

Pre-trip planning	Traveling assistance	Emergency assistance*
<ul style="list-style-type: none"><li>• Immunization requirements</li><li>• Visa and passport requirements</li><li>• Embassy/consular referrals</li><li>• Foreign exchange rates</li><li>• Travel advisories and weather conditions</li><li>• Cultural information</li></ul>	<ul style="list-style-type: none"><li>• 24-hour multilingual assistance and referral to interpretation and translation services</li><li>• Referrals to physicians, dentists, medical facilities and legal assistance providers</li><li>• Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**</li><li>• Assistance with lost or stolen items, including luggage and prescription replacement services**</li><li>• Emergency cash advances, up to \$1,500**</li><li>• Advancement of bail**</li></ul>	<ul style="list-style-type: none"><li>• Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***</li><li>• Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency</li><li>• Cover round-trip transportation as well as accommodations, up to \$150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days</li><li>• Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial</li><li>• Emergency message relay, toll-free</li><li>• Assistance with making emergency travel arrangements**</li></ul>



## NYL GBS Secure Travel

From the United States and Canada, call **(888) 226-4567**

From other locations, call collect **(202) 331-7635**

Fax: **(202) 331-1528**

Email: [ops@us.generaliglobalassistance.com](mailto:ops@us.generaliglobalassistance.com)

**Emergency services must be coordinated through Generali Global Assistance. Services coordinated outside of this program may not be eligible for payment.**

Policyholder name: \_\_\_\_\_

Policy # \_\_\_\_\_ Group#57

## M To learn more, call (888) 226-4567

\* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America. All other NYL GBS Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

\*\* Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

\*\*\* Initial transport by ambulance following a covered medical emergency is excluded.

NYL GBS Secure Travel is provided under a contract with Generali Global Assistance (GGA). Neither GGA nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy Forms: GA-00-1000 et al.; BA-01-1000 et al. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the NYL GBS Secure Travel program. See the plan documents for details.

Generali Global Assistance is not affiliated with New York Life Insurance Company.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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811361 | 0521 SMRU 1903054 Exp. Date 06.09.2025



GROUP BENEFIT  
SOLUTIONS

# Where to go from here.

## NYL GBS Survivor Assurance program.



### Timely services when you need them most.

At New York Life Group Benefit Solutions (NYL GBS), we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, as part of the NYL GBS Survivor Assurance program,<sup>1</sup> we offer services to support beneficiaries when they need it most, including:

#### › A NYL GBS Survivor Assurance account in your name.

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.



If you have questions about your NYL GBS Survivor Assurance account call us at **(800) 570-3778** weekdays between 8:00 am and 7:00 pm (EST).



**Or write to us at:**  
NYL GBS Survivor Assurance  
PO Box 534029  
Pittsburgh, PA 15253-4029

#### › Employee Assistance & Wellness Support.

Emotional support for you and your family members at no additional cost. Access available 24 hours a day, seven days a week. Includes work/life assistance, coaching, online articles, resources, and videos.<sup>2</sup>



Contact info:  
Phone: **(800) 344-9752**



Website: [guidanceresources.com](https://guidanceresources.com)  
Web ID: NYLGBS

#### › Financial, Legal, Estate Support.

Professional support for all types of pressing financial, legal, or estate issues; includes law consultations, tax consultations, credit and tax questions, and much more. Assistance includes identity theft and fraud resolution services, online tools for state-specific wills as well as other important legal documents.<sup>2</sup>

1. The NYL GBS Survivor Assurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from NYL GBS group life and personal accident programs. NYL GBS Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal, or financial assistance and discount programs are not available under policies insured by New York Life Group Insurance Company of NY.
2. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation effective 1/1/2023. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. The partnership is between New York Life Insurance Company and ComPsych® Corporation. ComPsych® is not affiliated with New York Life Insurance Company or any of its affiliates.

GuidanceResources is a registered trademark of ComPsych Corporation. All programs are effective for the member/participant on the first day of coverage.

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New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT  
SOLUTIONS

# Medicare & Benefit *Advocates*



FEDLOGICGROUP.COM

ACCESS CODE: SPIN25

[SERVICES@FEDLOGICGROUP.COM](mailto:SERVICES@FEDLOGICGROUP.COM)



## A team of experts, *ready to help.*

Your employer has partnered with FEDlogic to provide federal and state benefits information and advocacy to you and your household members. FEDlogic's team of experienced and compassionate experts offer their knowledge and guidance to help you discover and maximize your Social Security benefits. **Consultations are always free, unlimited, & confidential for you and your household members.**



### TRUE EXPERT ADVOCACY

All FEDlogic experts have held adjudicatory or supervisory roles within the Social Security Administration for at least ten years. We have real experts with real experience.



### PEACE OF MIND

Without education and advocacy, many people don't tap into all the benefits they've paid into. You'll have the peace of mind knowing you're getting all the benefits you deserve.



### NOTHING TO SELL

FEDlogic is sponsored by your best-in-class employer. As an employee, FEDlogic's consulting services are completely free, unlimited, & confidential to you and your household members.

**877-837-4196**

## Employee Cost Coverage for Benefits

Benefit Plan	Bi-weekly*
<b>Medical/Rx Core Plan</b>	
Employee	\$123.75
Employee + One	\$275.02
Employee + Child(ren)	\$241.94
Family	\$350.14
<b>Medical/Rx HDHP Silver Plan</b>	
Employee	\$6.97
Employee + One	\$102.42
Employee + Child(ren)	\$98.29
Family	\$123.25
<b>Medical/Rx HDHP Gold Plan</b>	
Employee	\$24.22
Employee + One	\$142.32
Employee + Child(ren)	\$128.74
Family	\$174.84

Benefit Plan	Bi-weekly
<b>Dental DHMO Cost</b>	
Employee	\$6.22
Employee + One	\$10.97
Employee + Child(ren)	\$12.98
Family	\$19.21
<b>Dental DPPO Cost</b>	
Employee	\$18.80
Employee + One	\$41.55
Employee + Child(ren)	\$53.46
Family	\$73.77
<b>Vision Cost</b>	
Employee	\$3.11
Employee + One	\$6.21
Employee + Child(ren)	\$6.27
Family	\$9.82

\* An additional \$23.08 will be added to the bi-weekly amounts for those who:

- Did not receive a routine physical between April 1, 2024, and March 31, 2025. In order to avoid the surcharge for the 2026 Plan Year you must complete a routine physical between April 1, 2025 and March 31, 2026.
- Use tobacco or nicotine products
- Elect to enroll spouses into Spitzer's plan when they are eligible for Medical benefits at their respective employer

## Per-paycheck Cost Basic Life and Voluntary Life and AD&D (per \$1,000 of coverage)

**Basic Life:** Spitzer Industries pays the full cost of this coverage

### Voluntary Life and AD&D

Employee Age	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$0.055	\$0.055	\$0.078	\$0.115	\$0.180	\$0.263	\$0.383	\$0.623	\$1.103	\$1.574	\$3.392
Spouse	\$0.055	\$0.055	\$0.078	\$0.115	\$0.180	\$0.263	\$0.383	\$0.623	\$1.103	\$1.574	\$3.392
Child(ren)	\$0.092										

## Employee Cost Coverage for Benefits

### Per-paycheck Cost Disability Insurance (per \$10 of coverage)

**Long Term Disability:** Spitzer Industries pays the full cost of this coverage

#### Voluntary Short-Term Disability

Employee Age	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Voluntary Short-Term Disability	\$0.107	\$0.111	\$0.111	\$0.131	\$0.162	\$0.200	\$0.266	\$0.335	\$0.384	\$0.422	\$0.422
For example: Joe makes \$1,000/week. His disability benefit is 60% of his weekly pay. His weekly benefit is \$600. Joe's cost per paycheck is:	\$0.107 x 60 = \$6.42	\$0.111 x 60 = \$6.65	\$0.111 x 60 = \$6.65	\$0.131 x 60 = \$7.86	\$0.162 x 60 = \$9.72	\$0.200 x 60 = \$12.02	\$0.266 x 60 = \$15.95	\$0.335 x 60 = \$20.10	\$0.384 x 60 = \$23.01	\$0.422 x 60 = \$25.31	\$0.422 x 60 = \$25.31

#### Voluntary Hospital Indemnity

Benefit Plan	Bi-weekly
<b>Voluntary Hospital Indemnity</b>	
Employee	\$9.44
Employee + One	\$33.04
Employee + Child(ren)	\$17.37
Family	\$40.97

#### Voluntary Accident

Benefit Plan	Bi-weekly
<b>Voluntary Accident</b>	
Employee	\$5.49
Employee + One	\$10.07
Employee + Child(ren)	\$13.45
Family	\$18.04

Benefit Plan - Bi Weekly	Employee / Employee & Child(ren)			Employee & Spouse / Family		
Voluntary Critical Illness	\$10,000	\$20,000	\$30,000	\$10,000	\$20,000	\$30,000
Age 0-24	\$2.39	\$4.78	\$7.17	\$4.79	\$9.57	\$14.36
Age 25-29	\$2.49	\$4.98	\$7.46	\$5.30	\$10.61	\$15.91
Age 30-34	\$2.82	\$5.64	\$8.46	\$6.16	\$12.32	\$18.48
Age 35-39	\$3.59	\$7.18	\$10.77	\$8.23	\$16.47	\$24.70
Age 40-44	\$4.43	\$8.86	\$13.29	\$10.59	\$21.18	\$31.78
Age 45-49	\$6.46	\$12.91	\$19.37	\$14.51	\$29.02	\$43.53
Age 50-54	\$8.81	\$17.61	\$26.42	\$19.21	\$38.43	\$57.64
Age 55-59	\$13.30	\$26.59	\$39.89	\$26.75	\$53.49	\$80.24
Age 60-64	\$17.57	\$35.14	\$52.71	\$33.74	\$67.49	\$101.23
Age 65-69	\$21.69	\$43.38	\$65.08	\$44.17	\$88.35	\$132.52
Age 70-74	\$26.99	\$53.97	\$80.96	\$57.65	\$115.29	\$172.94
Age 75-79	\$34.93	\$69.86	\$104.79	\$74.48	\$148.96	\$223.44
Age 80-84	\$40.92	\$81.83	\$122.75	\$88.17	\$176.34	\$264.50
Age 85+	\$53.20	\$106.39	\$159.59	\$116.10	\$232.20	\$348.30



## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Group Number	Phone	Website/Email
Medical	Cigna	3339897	800.244.6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental	Cigna	3339897	800.244.6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Cigna	3339897	800.244.6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Health Savings Account	HSA Bank	N/A	800.357.6246	<a href="http://account.hsabank.com">account.hsabank.com</a>
Life and AD&D	New York Life	FLX968437 OK969912	888.842.4462	<a href="http://www.myNYLGBS.com">www.myNYLGBS.com</a>
Voluntary Life and AD&D	New York Life	FLX968438 OK969913	888.842.4462	<a href="http://www.myNYLGBS.com">www.myNYLGBS.com</a>
Voluntary Short Term Disability	New York Life	VDT962596	888.842.4462	<a href="http://www.myNYLGBS.com">www.myNYLGBS.com</a>
Long Term Disability	New York Life	LK965703	888.842.4462	<a href="http://www.myNYLGBS.com">www.myNYLGBS.com</a>
Voluntary Critical Illness	Cigna	CI112232	800.754.3207	<a href="http://www.mycigna.com">www.mycigna.com</a>
Voluntary Accident	Cigna	AI112316	800.754.3207	<a href="http://www.mycigna.com">www.mycigna.com</a>
Voluntary Hospital Indemnity	Cigna	HC111849	800.754.3207	<a href="http://www.mycigna.com">www.mycigna.com</a>
Retirement	John Hancock	N/A	800.294.3575	<a href="http://myplan.johnhancock.com">myplan.johnhancock.com</a> download the app: John Hancock Retirement
Travel Assistance	New York Life	N/A	From the U.S. or Canada: 888.226.4567 From all other locations: 202.331.7635	N/A
Identity Theft	Cigna	N/A	888.724.2262	<a href="http://cigna.mysecureadvantage.com">cigna.mysecureadvantage.com</a>
Healthy Rewards	Cigna	N/A	800.258.3312	<a href="http://www.cigna.com/rewards">www.cigna.com/rewards</a> (password: savings)
Employee Assistance Program	New York Life	N/A	800.344.9752	<a href="http://guideanceresources.com">guideanceresources.com</a> WEBID: NYLGBS
Will Preparation	Cigna	N/A	888.724.2262	<a href="http://cigna.mysecureadvantage.com">cigna.mysecureadvantage.com</a>
Human Resources	Roxanna Cardoza	N/A	832.783.7151	<a href="mailto:roxanna.cardoza@spitzerind.com">roxanna.cardoza@spitzerind.com</a>
Benefit Advocate Center (BAC)	Gallagher Benefits Services	N/A	855.803.8188	<a href="mailto:spitzer_benefits@ajg.com">spitzer_benefits@ajg.com</a>
Federal/State Benefits Guidance	FedLogic	N/A	877-837-4196	<a href="http://Fedlogicgroup.com">Fedlogicgroup.com</a> Access Code: SPIN25
Benefits Website	Spitzer Industries	N/A	N/A	<a href="http://spitzerbenefits.com">spitzerbenefits.com</a>

## Legal Notices

### Patient Protections Disclosure

The Spitzer Industries Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Cigna at 800.244.6224 or [www.mycigna.com](http://www.mycigna.com).

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

You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Cigna at 800.244.6224 or [www.mycigna.com](http://www.mycigna.com).

### Women's Health & Cancer Rights Act

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

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

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

Plan 1: Core Plan (Individual: 20% coinsurance and \$2,500 deductible; Family: 20% coinsurance and \$5,000 deductible)

Plan 2: HDHP Silver Plan (Individual: 0% coinsurance and \$6,000 deductible; Family: 0% coinsurance and \$12,000 deductible)

Plan 3: HDHP Gold Plan (Individual: 20% coinsurance and \$3,300 deductible; Family: 20% coinsurance and \$6,600 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 832.783.7151 or [roxanna.cardoza@spitzerind.com](mailto:roxanna.cardoza@spitzerind.com).

### Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## 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](http://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](http://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](http://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 March 17, 2025. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>

<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program-hipp.html">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program-hipp.html">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Spitzer Industries is committed to the privacy of your health information. The administrators of the Spitzer Industries Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Roxanna Cardoza - Director of Human Resources at 832.783.7151 or [roxanna.cardoza@spitzerind.com](mailto:roxanna.cardoza@spitzerind.com).

## HIPAA Special Enrollment Rights

### Spitzer Industries Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Spitzer Industries Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Roxanna Cardoza - Director of Human Resources at 832.783.7151 or [roxanna.cardoza@spitzerind.com](mailto:roxanna.cardoza@spitzerind.com).

### **Important Warning**

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

## Notice of Creditable Coverage

### Important Notice from Spitzer Industries

#### About Your Prescription Drug Coverage and Medicare

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

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

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

#### When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Spitzer Industries coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Spitzer Industries Plan during the open enrollment period under the Spitzer Industries Plan.

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

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

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Spitzer Industries changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

<b>Date:</b>	<b>July 1, 2025</b>
<b>Name of Entity/Sender:</b>	<b>Spitzer Industries</b>
<b>Contact—Position/Office:</b>	<b>Roxanna Cardoza - Director of Human Resources</b>
<b>Office Address:</b>	<b>20445 State Highway 249 Suite 275</b>
	<b>Houston, Texas 77070</b>
	<b>United States</b>
<b>Phone Number:</b>	<b>832.783.7151</b>

## COBRA General Notice

### Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

#### \*\* Continuation Coverage Rights Under COBRA\*\*

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."



### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Roxanna Cardoza.**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

#### ***Disability extension of 18-month period of COBRA continuation coverage***

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

#### ***Second qualifying event extension of 18-month period of continuation coverage***

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

### **Are there other coverage options besides COBRA Continuation Coverage?**

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

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

#### **Spitzer Industries**

**Roxanna Cardoza - Director of Human Resources**  
**20445 State Highway 249 Suite 275**  
**Houston, Texas 77070**  
**United States**  
**832.783.7151**

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

**Acknowledgement of Disclosure Receipt:**

I hereby acknowledge receipt of the disclosures listed within the guide for the 2025-2026 plan year with Spitzer Industries Inc:

X \_\_\_\_\_

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting