EMPLOYEE

Benefits

OVERVIEW

PLAN YEAR: 2022

Dear Mac Haik Employees,

We value the contribution you make to our company and recognize the important role your families play in supporting your efforts. Offering a high-quality benefit program which promotes and supports the health and welfare of our employees and their families is a top priority.

Despite significant regulatory and administrative challenges, we have worked diligently to provide you with valuable coverage at the best price available to us. This year's portfolio offers an effective balance of quality, access, and affordability.

We want to remind you that being a smart consumer helps to manage healthcare costs and to minimize future increases in premiums or reductions of benefits. By engaging in your benefit and spending decisions, we can work together to achieve your personal health goals, as well as, optimal plan utilization.

The Employee Benefits Guide contains important information to assist with your benefit selection. You are encouraged to spend time reviewing this guide in order to better understand the available options. For answers to specific questions about your coverage, contact PlanSource Benefit Center at 1-833-515-1295, your local human resource representative or send an email to benefits@machaik.com.

Mac Haik

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Eligibility

You're eligible for Mac Haik benefits if you are scheduled to work 30 hours or more per week. Coverage will begin the first of the month following 60 days of employment. You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your:

- Legal spouse
- Natural, adopted, and/or stepchildren up to age 26
- Children for whom the employee-member must provide benefits through a Qualified Medical Child Support Order
- Grandchildren claimed as dependents on your federal income tax return

When to Enroll

You can enroll for coverage within 30 days of your eligibility date or during the annual open enrollment period.

If you don't enroll for coverage within 30 days of your eligibility date, you will not receive health coverage during the plan year, unless you have a qualified change in family status (see Making Changes for details).

Making Changes

The choices you make when you are first eligible are in effect for the remainder of the plan year which ends on December 31st. After you enroll, you must wait until the next open enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

Here are some examples:

- Marriage, divorce, legal separation, annulment or death of spouse
- Birth, adoption or placement for adoption
- Compliance with a court order
- Change in your residence or workplace (if your benefit options change)
- Loss of other health coverage
- Change in your dependent's eligibility status because of age, student status or any similar circumstance

You have 31 days to make changes to your coverage. Keep in mind: Any change you make to your coverage must be consistent with the change in status.

Medical Coverage

As an eligible Mac Haik employee, you have access to three Blue Cross Blue Shield of TX medical plans for convenience and flexibility. Review your options and choose the plan that's right for you and your family. The below percentages are employee paid. This is only a brief summary of the plans. For more details, including limitations and exclusions, please contact Human Resources for a Summary Plan Description.

Plan Features	BCBSTX EPO Plan In-Network Only	BCBSTX HDHP HSA In-Network Only	*Texas Only* BCBSTX HMO Plan In-Network Only
Calendar Year Deductible Individual Family	 $5,000 $10,000	 $5,000 $10,000	 $2,500 $5,000
Calendar Year Out-of-Pocket Maximum Individual Family	(includes deductible and copays) $8,700 $17,400	(includes deductible) $7,050 $14,100	(includes deductible and copays) $8,700 $17,400
Preventive Care	Covered in full	Covered in full	Covered in full
Primary Care Visit	$30	10% after deductible	$30
Specialist Visit	$50	10% after deductible	$50
MDLive	$30	10% after deductible	N/A
Emergency Room	$350	10% after deductible	$350
Urgent Care	$30	10% after deductible	$30
Outpatient Hospital Services	30% after deductible	10% after deductible	20% after deductible
Inpatient Hospital Services	$200 per admit, then 30% after deductible	10% after deductible	20% after deductible
Outpatient Mental Health	$30	10% after deductible	20% after deductible
Inpatient Mental Health	$200 per admit, then 30% after deductible	10% after deductible	20% after deductible
Prescription Drugs: Retail (up to a 30-day supply)			
Pharmacy Network	Performance Drug List (excludes CVS/Target)		
Preferred/Non-Preferred Generic Brand Name Preferred Brand Name Non-Preferred Specialty	$25 $60 $90 $300	10% after deductible	$0/$25 $60 $90 $300
Prescription Drugs: Mail Order (up to a 90-day supply)			
Preferred/Non-Preferred Generic Brand Name Preferred Brand Name Non-Preferred	$62.50 $150 $225	10% after deductible	$0/$30 $105 $225

Find a network provider by:

- Calling 800-521-2227 Monday through Friday, 8 am to 8 pm (CST). Identify yourself as a **BlueChoice PPO or network member or Blue Essentials HMO member**
- Searching online at www.bcbstx.com
  - Click Find a Doctor or Hospital
  - Enter your search criteria

Health Savings Account (HSA)

When you enroll in the BCBSTX HSA Medical Plan and meet the HSA eligibility requirements, you're eligible to contribute to a Health Savings Account to pay for eligible health care expenses with pre-tax dollars. Money in this savings account can help pay the deductible or it can be used for other qualified medical expenses not covered by insurance.

HSA Quick Facts

- You determine how much you want to contribute each year (up to annual IRS maximums).
- Contributions are deducted from your paychecks in equal installments throughout the year.
- Paying for eligible expenses is easy. Simply swipe your HSA debit/credit card or submit carrier forms for reimbursement.
- An HSA gives you triple tax advantages: your contributions are tax-free, payment of qualified expenses is tax-free, and interest accrues tax-free.
- Unused funds roll over year to year and can be used to pay for next year's medical care.
- The HSA is your bank account—if you leave the company, the account goes with you.
- Remember to keep your receipts! You'll want to prove you used your HSA for qualified medical expenses if the IRS ever asks.

Coverage Type	2022 IRS Maximums
Individual Coverage	$3,650
Family	$7,300
Age 55+ Catch-up Contribution: Additional $1,000	

Contributions cannot exceed the IRS maximums

HSA Eligibility Requirements:

- You must be enrolled in a qualified high-deductible health plan (HDHP) to be eligible for an HSA.
- You cannot be covered under another health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) are a tax-saving way to pay for health care and dependent care expenses you'd typically pay for with after-tax dollars. Expenses such as deductibles and copays can add up quickly, and dependent care or elder care expenses can be even more expensive. FSAs let you pay for these expenses with pre-tax dollars. This means the money you set aside is not taxed, so you save money.

Eligibility: Full time employees are eligible to enroll in an FSA after one year of continuous service and may enroll during the following open enrollment period.

Each year you participate, you must choose the amount you want to contribute. For the full plan year January 1 through December 31, please reference the IRS FSA limits for both Health Care FSA and Dependent Care FSA. Both accounts function separately. Contributions are deducted from your paychecks in equal installments throughout the year and deposited into your account(s).

Eligible Expenses for Your FSAs

- Co-payments, deductibles, and co-insurance
- Orthodontia
- Hearing aids and batteries
- LASIK eye surgery
- Chiropracitc care
- Payments for medical services
- Over-the-counter medications as defined by the IRS

Reimbursement from Your FSA

You will receive a debit/credit card to pay for eligible expenses. You may also be reimbursed for out-of-pocket expenses by completing required forms for reimbursement from your account.

FSA Rules to Keep in Mind

FSAs offer huge tax advantages, but is subject to strict IRS regulations:

- Once you enroll in an FSA, you can't change your contribution amount during the year unless you experience a qualified status change, such as marriage or birth of a child.
- Keep your receipts! You may be required to submit receipts to show claims eligibility.

If you're unable to estimate your health care costs accurately, it's better to be conservative and underestimate rather than overestimate your expenses. Since unused funds will NOT roll-over to the next plan year or be reimbursed.

For a detailed list of eligible expenses, visit www.irs.gov/publications and search for Publications 502 (Medical and Dental Expenses) and 503 (Child and Dependent Care Expenses).

Generic or Brand Name Prescriptions?

Advantages of Generic Drugs

Generic drugs are safe and effective medications and cost less than brand name medications. In fact, generics are typically 80% less than brand name drugs!

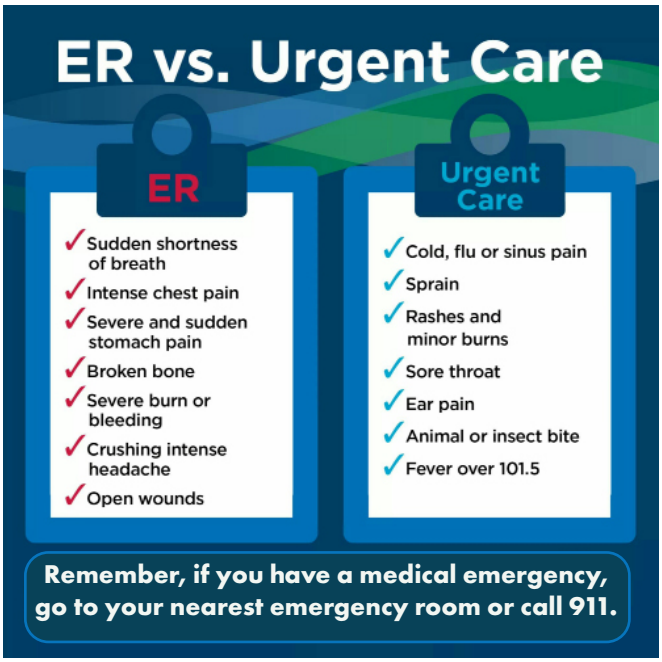
Generics can be substituted for a brand drug if it contains the same active ingredients, the same strength and dosage, and produces the same results. Ask your doctor and pharmacist if generics are available and right for you.

Is Your Medication on the Preferred Drug List?

Blue Cross Blue Shield of TX has a preferred drug list based on a regulatory list of preferred drugs. When you choose drugs on the preferred drug list, you'll save money on copays and coinsurance. Use the preferred drug list as a reference when working with your doctor, but it is up to you and your physician to decide which medication is best for you. You may review your plan's drug list at www.bcbstx.com.

Emergency Room or Urgent Care?

If it's not a true emergency, skip the emergency room. Save time and money by visiting urgent care. Urgent care centers provide quality care just like the ER, but you could save hundreds of dollars and hours of time in the waiting room when you experience non-life threatening issues.



MDLIVE Telehealth Services

Provided by BCBSTX and powered by MDLIVE, telehealth offers live consultations with a physician for non-emergency medical needs.

Call 888-680-8646 for 24/7 advice from health care professionals.
The telehealth program offers:

- Easy claims processing
- Lower cost compared to going to the ER or urgent care centers
- Convenient access to board-certified physicians via telephone 24/7/365
- MDLIVE doctors offer non-emergency care and send prescriptions to a nearby pharmacy (when appropriate) for many common medical conditions.

A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.[1]
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at **express-scripts.com/rx** or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.

Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

Getting Started with Express Scripts® Pharmacy Mail Order

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit express-scripts.com/rx. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to myprime.com and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call 833-715-0942, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit bcbstx.com and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.1 You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call 888-327-9791 for faxing instructions or call the pharmacy at 833-715-0942. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit bcbstx.com. Or call the phone number listed on your member ID card.

Do you need Specialty Medications?

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the FDA for self-administration. Medications that call for administration by a professional are often covered under your medical benefit plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit **bcbstx.com** to see the up-to-date list of specialty drugs.

Condition	Sample Medications[3]
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Norditropin Flexpro, Nutropin AQ, Omnitrope
Hepatitis C	Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif

Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web[4]
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine[4]
- Free standard shipping
- 24/7 support

Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. **To start using Accredo, call 833-721-1619.** An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on **accredo.com** or through the mobile app.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging.

Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered[5]
- Discuss any changes in your condition or answer any questions about your health[5]

One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.

BlueCross BlueShield of Texas

Interested in possible savings?

Call a Benefits Value Advisor to help you compare costs on your next procedure.[1]

A Benefits Value Advisor can:

- Help compare costs at different providers near you[2]
- Help you schedule your appointment
- Help with pre-certification
- Tell you about online educational tools

Which provider will you choose? The same procedure performed in the same area by different providers can vary greatly in cost.

Estimated cost comparison for maternity delivery services	
Provider A: $10,696*	Provider B: $13,677*
Estimated cost comparison for a knee MRI	
Provider A: $374*	Provider B: $2,779*
Estimated cost comparison for a hip replacement surgery	
Provider A: $32,293*	Provider B: $52,307*

*Allowable in-network cost data from Tarrant County. Costs are examples and may not apply to every member's situation.

1. Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.

2. Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers. Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations, exclusions and terms of your plan.

One call may result in big savings!

Call the number on the back of your member ID card before your next procedure.

BlueCross BlueShield of Texas

Introducing Urgent Text

Quickly Find an Urgent Care Center* Close to You

Text** URGENT TX to 33633

Do you need to see a doctor quickly and can't wait for an office appointment?

An urgent care center might be an option for you if you are not having a health emergency that requires an emergency room (ER) visit.

You might want to visit an Urgent Care Center if you have:

1) A cold that hasn't gone away for a few days
2) A cut that needs stitches
3) Flulike symptoms
4) Or, other minor health issues that don't require a trip to the emergency room

To find an urgent care center close to you:

1) Text** URGENT TX to 33633
2) Click on the link that appears
3) Select guest access and choose your network

Text URGENT TX to 33633

Remember, use the ER for emergencies only.

When your injury or illness is serious, call 911 or go to the nearest ER. If it is not an emergency, and it's after-hours, an urgent care center might be able to help.

bcbstx.com

* **IMPORTANT NOTE** – The closest urgent care center may not be in your network. Be sure to check to make sure the center you go to is in-network.
Message and data rates may apply. Terms & Conditions and Privacy Policy are at **bcbstx.com/mobile/text-messaging.

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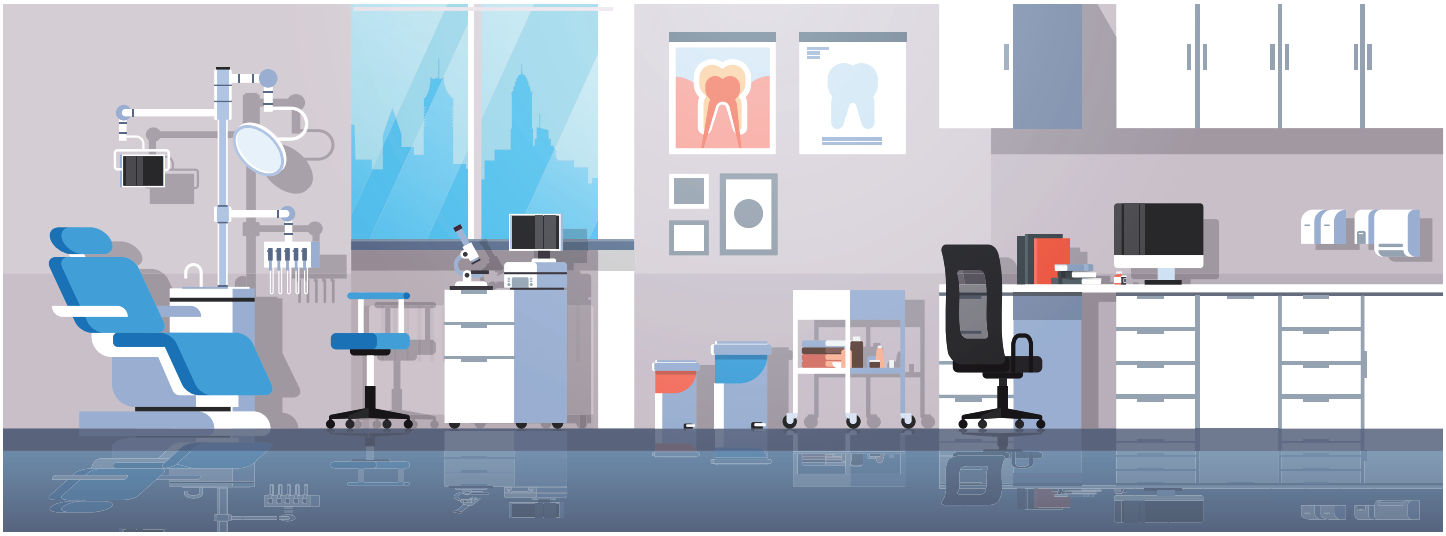


Dental Coverage

Taking care of your teeth is an important part of your overall health. Choose the MetLife dental plan that's right for you. Visit in-network doctors to save money on out-of-pocket expenses.

Plan Features	MetLife PPO High		MetLife PPO Low		MetLife DHMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network Only
Calendar Year Deductible (waived for Preventive Services)	$50 Individual $150 Family		$50 Individual $150 Family		See Benefit Summary for a schedule of copayment amounts
Calendar Year Maximum	$5,000		$1,000		
Diagnostic and Preventive Services	Covered in full	100%	Covered in full	100%	
Basic and Restorative Services	80%	80%	50%	50%	
Major Services	50%	50%	50%	50%	
Orthodontia	50%	50%	50%	50%	
Orthodontia Lifetime Maximum (children to age 19)	$2,000		$1,000		

*Note: If you visit an out-of-network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

Find a MetLife Provider by:

Get a list of MetLife's participating dentists by:

- Searching online at www.metlife.com.
- Calling 800-275-4638.

If you select the PPO plan, you're on the MetLife Preferred Dentist Program (PDP) network. If you select the DHMO plan, you're on the Dental HMO/Managed Care network (MET245-HCR).

Vision Coverage

Annual eye exams are not just for checking your vision, your doctor will review your eye health and watch for signs of other potential health issues. Visit in-network providers for a low exam copay and higher coverage for frames and lenses or contacts.

Plan Features	EyeMed PPO	
	In-Network You pay:	**Out-of-Network Plan reimburses you:**
Exam every 12 months	$10	Up to $45
Frames every 12 months	No copay, $150 allowance	Up to $104
Lenses every 12 months Single Vision (Standard Lenses) Bifocal (Standard Lenses) Trifocal (Standard Lenses) Progressive	 $25 $25 $25 $90-$135	 Up to $35 Up to $50 Up to $65 Up to $70
Contact Lenses: Every 12 months (in lieu of lenses and frames)		
Contact Lenses Fitting Medically Necessary Elective	$25 Covered in full No copay, $170 allowance	Up to $40 Up to $136 Up to $210
LASIK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A

Find an EyeMed Provider by:

- Go to www.eyemed.com.
  - Click Find a Provider
  - Enter your Zip Code, select Insight network
  - Click Get Results
- Or call 866-804-0982.

FREEDOM PASS!

PAID IN FULL FRAME

$0 ANY frame ANY brand ANY price point

- Special offers from Target Optical and Sears Optical
- Good for up to $80 of added value each year

Contact lens offer

$20 off purchase plus free shipping

- Special offer from ContactDirect
- Available for all members to use on their purchase of contact lenses

Life and Disability Coverage

Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D insurance is a financial resource for your loved ones. Basic Term Life will pay a benefit to your beneficiaries in the event of your death. Basic AD&D coverage pays a benefit if you're seriously injured resulting in the loss of an eye or limb, or die as a result of an accident.

Mac Haik Management provides $10,000 of Basic Life Insurance and Accidental Death & Dismemberment (AD&D) to all eligible employees at no cost to you.

Designating your Beneficiary

As part of receiving this life insurance coverage, you must designate a beneficiary to receive benefits upon your death. It is important to keep this information up to date as situations may change. Check with Human Resources to verify or change your beneficiary information.

Voluntary Life Insurance

You have the opportunity to purchase additional life insurance coverage for yourself at group rates. Consider the cost of funeral expenses, legal expenses, and general living expenses for your surviving family members when choosing an appropriate amount of additional coverage.

Employee: You can choose an amount in increments of $10,000 to a maximum of 5x your basic annual earnings or $500,000 (whichever is less). The guaranteed issue amount for employees is $150,000.

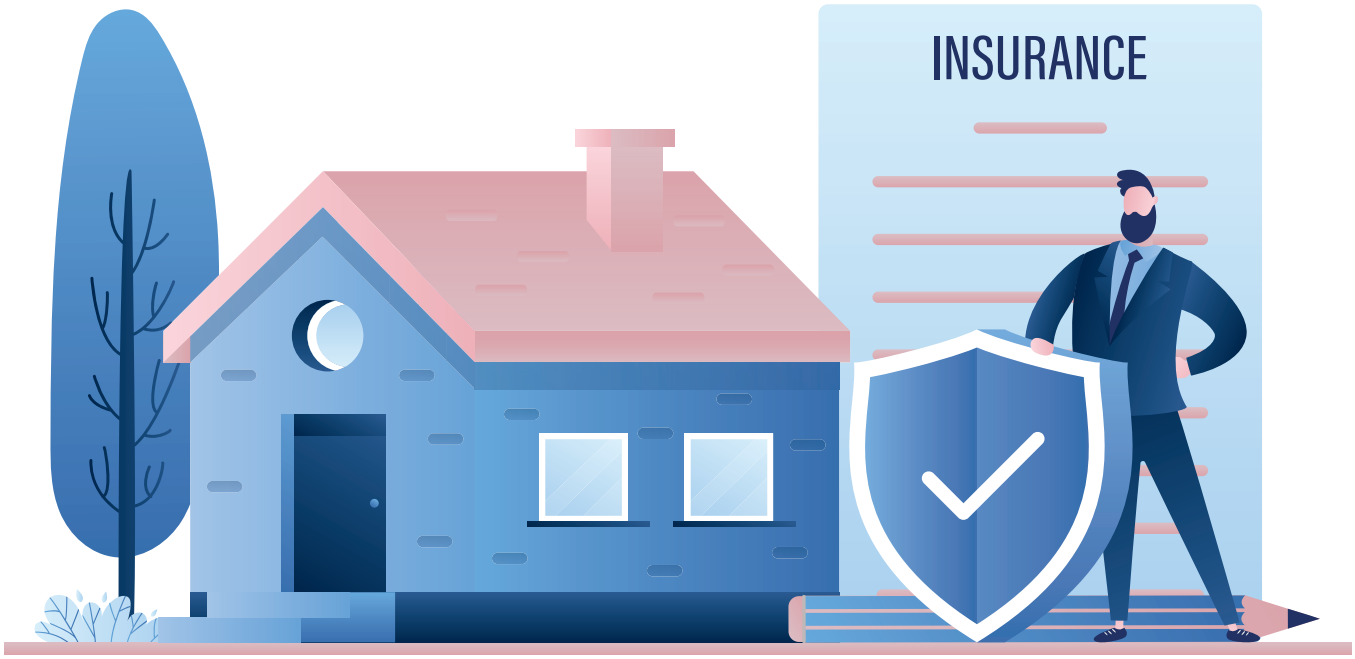
If you enroll for additional coverage for yourself, you may choose to elect coverage for your spouse and/or your child(ren) in the following amounts:

Spouse: Choose an amount in increments of $5,000 up to $250,000 (cannot exceed 50% of employee basic and voluntary life benefits). The guaranteed issue amount is $25,000.

Child(ren): Choose amounts of:

- Children age 15 days to 6 months: $100
- Children age 6 months to 25 years: $1,000 up to $10,000

Please note: Evidence of Insurability (EOI) is required prior to approval above guaranteed issue amounts.



Voluntary Disability Insurance

Voluntary Short-Term Disability (STD)

While most people insure their lives and property, many overlook the need to protect their most value asset - their ability to work and earn a living. To protect you and your family financially in the event of a short-term injury or illness, you may choose to enroll in voluntary short-term disability (STD) coverage for an off-the-job injury or illness.

The voluntary MetLife STD plan provides 60% of your weekly salary, to a maximum of $1,000 per week for the first 180 days of a disability (after a 0-day waiting period for an accident, or a 7-day waiting period for an illness).

Voluntary Long-Term Disability (LTD)

Mac Haik Management believes long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time.

Voluntary MetLife LTD coverage replaces 60% of your base salary to a monthly maximum of $6,000 if you are disabled for more than 180 days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

Pre-Existing Condition Limitation for Short-Term and Long-Term Disability: Medical conditions, including pregnancy, that occur 3 months prior to coverage effective date, are pre-existing and are not covered for 12 months from the effective date.

Voluntary Benefits

Voluntary benefits through MetLife give you the opportunity to protect yourself financially against injury or illness. This coverage is in addition to your medical coverage and pays a benefit to help cover your expenses if you become seriously ill or injured.

Voluntary Critical Illness

MetLife Critical Illness Insurance can help protect your finances when incurring the expense of a serious health problem, such as a stroke, heart attack, or cancer. The benefit is elected by selecting a lump-sum benefit which would be paid directly to you at the first diagnosis of a covered condition. How you choose to use the benefit amount is up to you. Coverage is guarantee issue up to $30,000. Add your spouse or dependent children for up to 50% of your benefit amount. Rates are based on age at the time of purchase.

Voluntary Hospital Indemnity

MetLife Hospital Indemnity Insurance offers two comprehensive plans to help you bridge the gap in your health insurance by paying a benefit when you experience an illness or accident. Benefit tiers are based on your current medical plan.

Voluntary Group Accident

MetLife Accident Insurance offers two comprehensive accident insurance plans to help you protect your finances by paying a benefit directly to you if a covered accidental injury occurs, such as a concussion, broken bone, back or knee injury, etc.

Pet Insurance

Mac Haik cares about all of your dependents — even the four-legged ones. As part of your group benefits, you can elect MetLife Pet Insurance. You may be able to cover up to 90% from veterinary expenses at any licensed veterinarian, specialist, or emergency clinic in the United States.

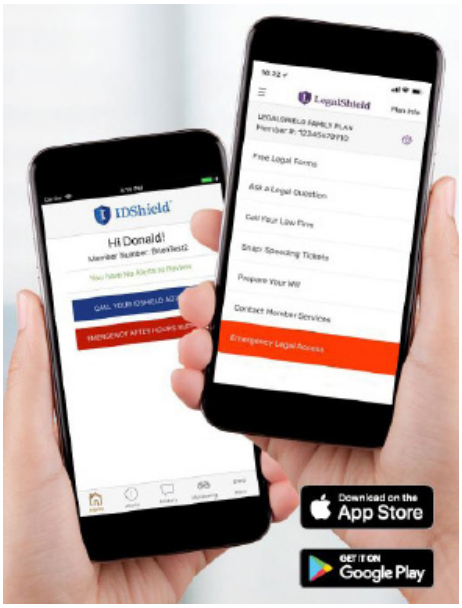
Key Benefits:

- Flexible product offerings with straightforward pricing and options group discounts, customizable limits, and deductible savings
- Quick 3-step enrollment and hassle-free claims experience with most claims processed within 10 days.
- An experienced team of pet advocates and mutli-channel support options

To get a quote or enroll, visit www.mybenefits.metlife.com or call 1-800-GETMET8

Voluntary LegalShield

Have you ever had a dispute with a creditor, neighbor, or landlord? Have you ever received a traffic ticket or signed a contract? Have you ever been a victim of data breach? Used public Wi-Fi or ever lost your wallet? Get the legal and identity theft protection you and your family deserve with LegalSheild.



LegalShield provides every member direct access to a dedicated law firm and licensed private investigator to ensure your legal rights and identity are protected.

With the LegalShield and IDShield mobile apps, you can easily begin your Will preparation, track your alerts and connect with a lawyer or licensed private investigator 24/7 for emergency situations.

For more information visit: benefits.legalshield.com/machaik

Legal Plan Benefits:

- Legal consultation and advice
- Dedicated provider law firm
- Court representation
- Legal document preparation and review
- Letters and phone calls made on your behalf
- Speeding ticket assistance
- Will preparation
- 24/7 emergency legal access
- Mobile app
- and more!

Identity Theft Plan Benefits:

- Identity consultation and advice
- Dedicated licensed private investigators
- Child monitoring
- Credit monitoring
- Identity monitoring
- Complete identity restoration
- Identity threat alerts
- 24/7 emergency legal access
- Mobile app
- and more!

401(k) Retirement Plan

When is the best time to start saving for retirement? Now. The sooner you begin planning for your retirement, the better! Eligible employees are automatically enrolled in the Mac Haik Employees' Retirement Plan and Trust. Upon eligibility, plan materials will be mailed to your address on record. Employees can decline participation in the plan or elect to contribute.

For additional information on the Mac Haik Employees' Retirement Plan and Trust, call 1-800-338-4015 or visit www.empower-retirement.com/ participant.

Helpful Tips on Saving for Retirement

- Start saving as soon as possible to grow your retirement account.
- Begin with small contributions, if necessary, and increase contributions over time.
- Make setting aside money for retirement a habit.
- Understand investment returns may fluctuate.
- Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement.
- If you change jobs, you can roll over your retirement account.

Interface Behavioral Health

Employee Assistance Program **(EAP)**

What is an EAP? The EAP is a program designed to help you and your family identify and resolve challenges you may be facing.

- Can help connect with a professional licensed therapist in your area for In-Person Therapy or Tele-Therapy.
- Assist with free consultation referrals and resources for legal support
- Connect you with a financial advisor for credit counseling and management services
- Online resources for work/life and family caregiving
- Online resources and tools for healthy living

No-Cost, Convenient and Confidential

EAP Benefits are:

Voluntary: You decide when to use the program's services.

Confidential: Your personal information will not be shared with your employer or anyone in your family. Only you know when you call for assistance.

Convenient: EAP offers services with professional providers with offices nationwide. Services can be accessed through In-Person Therapy or Tele-Therapy.

No-Cost: Services under the EAP are available to you, your spouse/partner and your dependents under the age of 26 at no-cost.

The EAP Supports

- Relationships
- Family Issues
- Stress
- Depression
- Life Phase Adjustments
- Work Related Concerns
- Substance Use
- Anxiety
- Legal Consultations
- Healthy Living
- Loss and Grief
- Financial Management
- Coping with Trauma
- Career Development
- Child/Elder Care
- Free Simple Wills
- Debt Consolidation
- Identity Theft

Access services under your EAP, today!
Call to speak to your care coordinator, **800-324-4327 (Español 800-324-2490)** or email **info@ieap.com.**

Visit our Member resource site.
www.4eap.com

Crisis Counselors 24/7

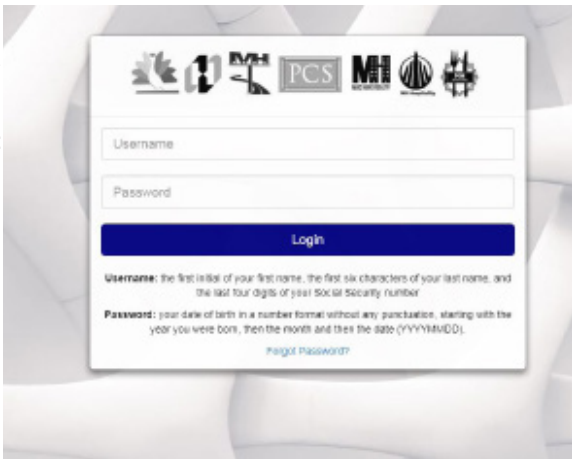
PlanSource Login Instructions:

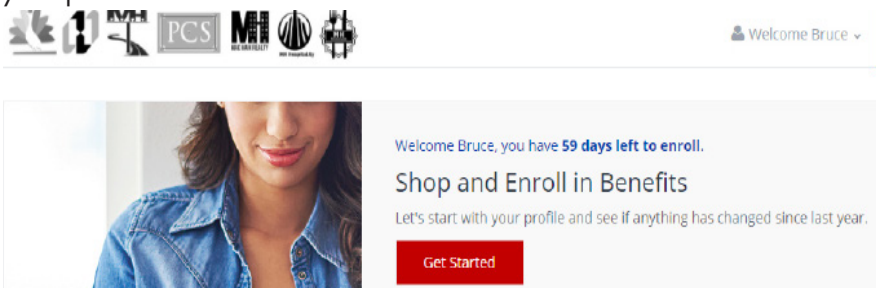
USERNAME: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

PASSWORD: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.

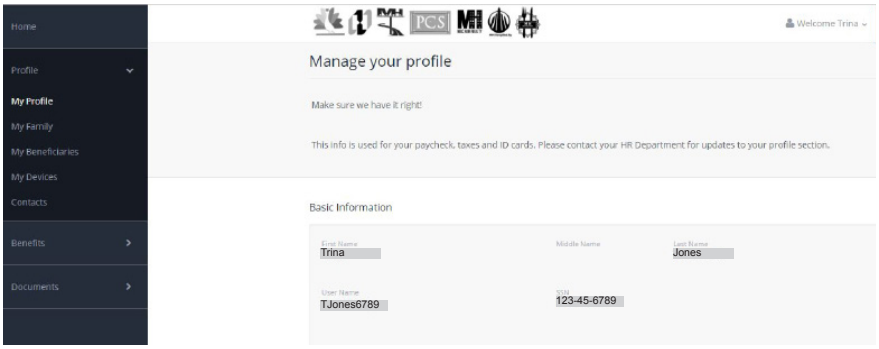




1.Homepage:

On the homepage, click "Get Started" to begin.

NOTE:The navigation bar can be used to return to the home page, view your profile, select benefits, and view benefit documents.



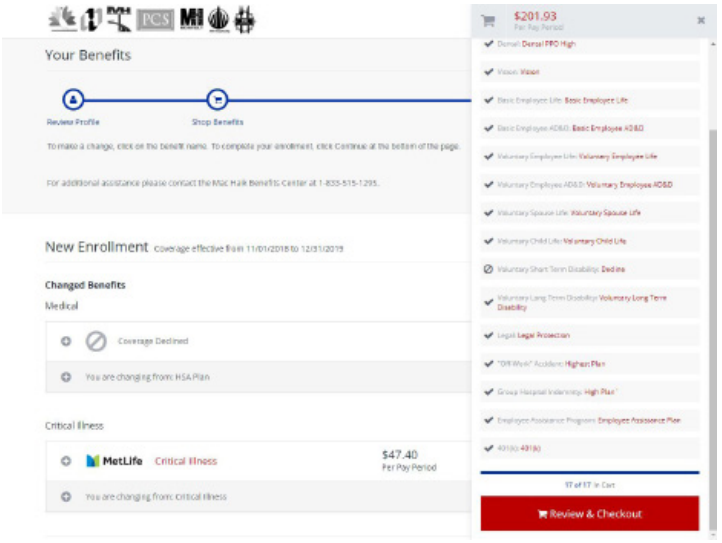
2.Profile:

First, you'll be asked to review and ensure that all information listed about yourself and your family members is correct. To make changes to your profile information please contact a member of your HR team or the Mac Haik Benefit Center at 1-833-515-1295.

3.Checking out:

1. Once you are done selecting your benefits, click on your shopping cart, then click "Review & Check Out".
2. After reviewing and confirming your benefit elections scroll to the bottom of the page and click "Check Out".
3. You will see a confirmation page where your changes have been completed. If you would like a copy of your benefit confirmation statement - you can receive one by clicking "send by email".

If you believe there is an error in your statement, please contact the Mac Haik Benefits Center at 1-833-515-1295.



Call PlanSource with questions Monday – Friday 8AM-11PM EST:
1-833-515-1295 (toll-free)
Los representantes que hablan español están disponibles

IMPORTANT NOTICES

Under the Health Insurance Portability and Accountability Act (HIPAA), we are required to provide you this notice explaining your group health plan's procedures regarding your special enrollment rights. Federal law also requires that we provide notifications about a number of other laws relating to group health coverage that may affect your rights.

Your Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placment for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placment for adoption.
Contact your plan administrator to request a special enrollment.

Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) permits covered employees and their dependents to continue health insurance if coverage would otherwise cease due to a reduction of work hours or termination (for reasons other than gross misconduct). Employees whose benefits are terminated due to nonpayment of premiums are not eligible for continuation of coverage under COBRA. Federal law also enables your dependents to continue health insurance if their coverage would otherwise be lost due to your death, divorce, legal separation, or a child's loss of dependent status (and therefore eligibility for coverage) under the plan.

COBRA sets rules for how and when continuation coverage must be offered and provided, how employees and their families may elect continuation coverage, and what circumstances justify terminating continuation coverage.
Continuation must also be elected in accordance with the rules of your employer's group health plan.

The Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

Group health plans that provide benefits for hospital stays in connection with childbirth for a mother and newborn child may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a normal delivery or 96 hours following delivery by cesarean section. However, the attending physician may decide, after consulting with the mother, to discharge the mother and/or her newborn child earlier.

Break Time for Nursing Mothers

The Affordable Health Care Act included a requirement that employers provide rest breaks and accommodations for employees who are nursing mothers to express breast milk. This requirement took effect immediately upon enactment of the health care law March 23, 2010.

What does the Law Require?
The provision amends the Fair Labor Standard Act (FLSA) by requiring that employers provide:

- A reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has the need to express the milk; and
- A place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breast milk. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided it meets the privacy standards.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedema.
- In addition, the plan may not:
- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and copays consistent with other coverage provided by the plan.

Mental Health Parity Act

The Mental Health Parity Act requires that annual or lifetime dollar limits on mental health benefits be no lower than the lifetime maximum and annual maximum dollar limits for medical and surgical benefits offered by a group health plan. However, mental health benefits may be limited to a maximum number of treatment days per year or series per lifetime.

Preventive Care Services for Women

Both of your health plans cover specific preventive care services for women without cost sharing requirements. The covered preventive care services include:

- Well-woman visits
- Gestational diabetes screening
- Human papillomavirus (HPV) testing
- Sexually transmitted infection (STI) counseling
- Human immunodeficiency virus (HIV) screening and counseling
- FDA-approved contraception methods and contraceptive counseling (exceptions apply to certain religious employers and various legal challenges to this provison are in process)
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling
- The preventive care guidelines for women are available at: www.hrsa.gov/womensguidelines/.

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 agencey 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 burdent estimate or any other aspect of this collection or information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Resarch, Attention: PRA Clearance Officer, 200 Contitution 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 12/31/2023)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the, minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

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

How Can I Get More Information?

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

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.

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

Important Notice from Mac Haik Management 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 Mac Haik Management 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 co verage 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. Mac Haik Management has determined that the prescription drug coverage offered by the Mac Haik Management Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is 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 prescription drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable drug coverage through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Part D plan.

If you do decide to join a Medicare prescription drug plan, your Mac Haik Management coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

As an active employee, if you elect to join a Medicare drug plan your Mac Haik Management coverage will act as your primary coverage. Your Medicare drug plan will act as your secondary (supplemental) coverage.

If you do decide to join a Medicare prescription drug plan and drop your Mac Haik Management prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan. Your current coverage pays for other health expenses in addition to prescription drugs. 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.

You should also know that if you drop or lose your coverage with Mac Haik Management 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 at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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 will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Mac Haik Management changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage…

Review 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 prescription drug plans.

For more information about Medicare prescription drug plans:

- Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (see inside back of 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. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or call them at 1-800-772- 1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare prescription 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).

Effective Date: January 1, 2022
Name of Entity/Sender: Mac Haik Management
Contact-Position/Office: Director of Human Resources
Address: 11750 Katy Freeway, Suite 1300 Houston, TX 77079
Phone Number: 281-496-7788

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) imposes requirements on employer health plans concerning the use and disclosure of Protected Health Information (PHI). Mac Haik Management is in compliance with HIPAA and will only discuss your PHI as necessary to administer the plan(s) that provide your medical and dental benefits or as mandated by law.

Reminders

You are your most effective advocate in accessing health care benefits available through the plans outlined in Your Benefits Guide.
Here are some reminders that may help you:

- It is your responsibility to ensure that all providers – including doctors, labs, etc. – participate in
- your plan so that you may receive in-network benefits
- Take your insurance ID card with you whenever you visit the doctor or pharmacy
- Be sure to notify Human Resources within 31 days, if anything affects the coverage, or number of your dependents (marriage, divorce, childbirth, death, etc.)

The decisions and elections you make now will remain in effect until the next annual enrollment period unless you undergo a family status change.

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, 2021. Contact your State for more information on eligibility.

ALABAMA - Medicaid Website: www.myalhipp.com Phone: 1-855-692-5447	**FLORIDA - Medicaid** Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	**GEORGIA - Medicaid** Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	**INDIANA - Medicaid** Health Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 Website: http://www.indianamedicaid.com All other Medicaid Phone: 1-800-403-0864
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	**California - Medicaid** Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
KANSAS - Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	**IOWA - Medicaid** Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KENTUCKY - Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	**NEW HAMPSHIRE - Medicaid** Website: http://www.dhhs. nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
LOUISIANA - Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	**NEW JERSEY - Medicaid and CHIP** Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE - Medicaid Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	**NEW YORK - Medicaid** Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	**NORTH CAROLINA - Medicaid** Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA - Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medicalassistance.jsp Phone: 1-800-657-3739	**NORTH DAKOTA - Medicaid** Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI - Medicaid website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	**OKLAHOMA- Medicaid and CHIP** Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA - Medicaid Website: http://dphhs.mt.gov.MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	**OREGON - Medicaid** Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA - Medicaid Website: http://www.ACCESSNebraska.negov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	**PENNSYLVANIA - Medicaid** Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEVADA - Medicaid Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	**RHODE ISLAND - Medicaid** Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	**SOUTH CAROLINA - Medicaid** Website: https://www.scdhhs.gov Phone: 1-888-549-0820
TEXAS - Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	**WASHINGTON - Medicaid** Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
UTAH - Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	**WEST VIRGINIA - Medicaid** Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
VERMONT - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	**WISCONSIN - Medicaid and CHIP** Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VIRGINIA - Medicaid and CHIP Medicaid Website: http://www.covera.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.covera.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	**WYOMING - Medicaid** Website: https://wyequalitycare.asc-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, 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

YOUR BENEFIT CONTACTS:

Benefit	Contact	Telephone	Website or E-mail	Group or Plan Number
General Information	Human Resources	281-496-7788	benefits@machaik.com	N/A
Medical	Blue Cross Blue Shield of Texas (BCBSTX)	800-521-2227	www.bcbstx.com/member	#121724 (EPO) #121855 (HSA) #275936 (HMO)
Prescriptions		800-821-4795		
Preauthorization		800-441-9188	N/A	
Telehealth	MDLIVE	888-680-8646	www.mdlive.com	N/A
Dental PPO	Metlife	800-275-4638	www.metlife.com	#TS05127405 Metlife Preferred Dentist Program (PDP) Network
Dental Managed Dental Plan				#TS05127405 MET245-HCR
Vision	EyeMed	866-804-0982	www.eyemed.com	#1001910
Health Saving Account (HSA)	PlanSource	888-266-1732	www.mywealthcareronline.com/plansource	N/A
Flexible Saving Account (FSA)	PlanSource	888-266-1732	www.mywealthcareronline.com/plansource	N/A
401(k)	Empower Retirement	800-338-4015	www.empower-retirement.com/participant	N/A
Life and AD&D	MetLife	800-275-4638	www.metlife.com	#TS05127405
Voluntary Short- and Long-Term Disability	MetLife	800-275-4638	www.metlife.com	#TS05127405
Voluntary Critical Illness, Medical Bridge, and Accident	MetLife	800-275-4638	www.metlife.com	#TS05127405
Employee Assistance Program (EAP)	Interface Behavorial Health	800-324-4327	www.4eap.com Username: MHM Password: B79	N/A
LegalShield	Legal Shield Patti Nelson	832-860-1786	www.legalshield.com/info/legalplan	16154
Pet Insurance	MetLife	800-GETMET8	www.mybenefits.metlife.com	#TS05127405

This communication highlights some of your Mac Haik Management LLC benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Mac Haik Management LLC reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.