MAC HAIK
BENEFITS GUIDE

- MAC HAIK ENTERPRISES
- MAC HAIK AUTOMOTIVE GROUP
- MAC HAIK HOSPITALITY
- MAC HAIK MANAGEMENT
- PCS CONSTRUCTION
- MAC HAIK REALTY
- MAC HAIK OUTDOOR MEDIA
- MAC HAIK RESTAURANTS

PLAN YEAR: 2023

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.

Sincerely,

Mac Haik

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MAC HAIK

Scan me

On the go?

Scan QR code to access
a digital copy of this guide.

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 must 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. You will be required to provide/upload supporting documents within 31 to have a qualifying Life Event approved in Plan Source. Failure to do so may result in a declination of the Life Event.

Medical Benefits

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	BCBSTX HDHP HSA	*Texas Only* BCBSTX HMO Plan
	In-Network Only Blue Choice Network	In-Network Only Blue Choice Network	In-Network Only Blue Essentials HMO Network
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) $9,100 $18,200	(includes deductible) $7,500 $15,000	(includes deductible and copays) $9,100 $18,200
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

How to Find a BCBSTX Provider

- Searching online at www.bcbstx.com
  > Click Find a Doctor or Hospital > Enter your search criteria
- Call 800-521-2227 Monday through Friday, 8 am to 8 pm (CST).

BlueCross BlueShield of Texas

Health Savings Account (HSA)

HSA Quick Facts

It's yours

Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.

Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.

Smart triple-tax savings

The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.

Contributions

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 or use the HSA funds as a retirement savings tool. Contributions cannot exceed the IRS maximums:

Coverage Type	2023 IRS Maximums
Individual Coverage	$3,850
Family	$7,750
Age 55+ Catch-up Contribution	Additional $1,000

HSA-Eligible Items

There are thousands of HSA-eligible items. The list includes but is not limited to:

- Copays, coinsurance
- Doctor visits and surgeries
- Over-the-counter medications
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

For a complete list of IRS qualified healthcare expenses, visit: www.irs.gov/publications/p502

BCBS HMO - Away From Home Care *Texas Only*

BlueCross BlueShield of Texas

Note: HMO members who are traveling (less than 90 days) and need urgent care must first call their Primary Care Provider (PCP), who can refer the member to an urgent care facility. The PCP must call BCBSTX and receive prior authorization in order for the member to receive coverage for services from a non-participating provider. Other pre-certification requirements may also apply.

The Away From Home Care® Program (90 days)

Access for Extended Stays (Temporarily Residing Away From Home)

BCBSTX members who have HMO plans may become guests of an affiliated HMO when they **are away from home for at least 90 days**. The Away From Home Care Program is ideal for members who:

- Have a child attending school out of state
- Have family members who live in different service areas
- Have a long-term work assignment in another state

This program allows ongoing access to contracting hospitals and doctors.

Advantages

The Away From Home Care Program offers our employees and their dependents these advantages:

- **Peace of Mind:** The Guest Membership feature enables members who have long-term work assignments, dual residences, or children living out-of-state to select Plan coverage for themselves and their dependents at a participating BCBS Plan.
- **Access:** Gives them access to healthcare services across the country in 33 states and the District of Columbia.
- **Hassle Free:** Eliminates the need to complete claim forms or pay for healthcare expenses up front, except for any applicable deductibles, co-payments and co-insurance.
- **Convenience:** Provides convenient health care coverage for members temporarily outside the Home Plan service area, rendered by the Blue Cross and Blue Shield Plans.

If you are already a BCBSTX member, log in to Blue Access for Members to get more information about Away From Home Care. Call the customer service number listed on your BCBSTX member ID card to find out where the program is available.

YOUR Blue Essentials Plan in Action

Kelsey-Seybold Clinic®

Kelsey only available in Houston & Surrounding areas

YOUR Benefits

- 31+ convenient locations throughout Greater Houston: from Conroe in Montgomery County to Lake Jackson in Brazoria County.
- Choosing a Kelsey-Seybold primary care physician gives you access to any Kelsey-Seybold doctor at any location – with no referral required to see a specialist.
- Your **KelseyCare Concierge** answers your questions and provides personalized assistance. Call 713-442-8977, Monday-Friday, 8 a.m. to 5 p.m.

YOUR Convenience

- **24/7 Appointment Scheduling:** Call **713-442-0000** or enter your ZIP code at **kelsey-seybold.com** to schedule a same-day or next-day Video Visit or in-person appointment.
- **After-Hours Nurse Hotline:** Call **713-442-0000** after regular office hours and on holidays and weekends to speak with a Kelsey-Seybold registered nurse.
- **MyKelseyOnline:** With the free **MyKelsey** app, you can email your doctor's office, get most test results, and schedule appointments – right from your smartphone!
- **One-Stop Care:** At many Kelsey-Seybold Clinic locations, you can see your doctor, get an X-ray or lab test, and pick up a prescription – all in the same place.

YOUR Access to Comprehensive Care

- Access to an exclusive network of Kelsey-Seybold primary care physicians and specialists with expertise in more than 55 medical specialties.
- Access to premier hospital partners, including Texas Children's Hospital, St. Luke's Health, The Woman's Hospital of Texas, select Houston Methodist and Memorial Hermann facilities, and many more.
- Access to Kelsey-Seybold's two **nationally accredited Cancer Centers**, two outpatient surgery centers, an accredited Sleep Center, and a vast network of affiliate specialists.

Choosing a Kelsey-Seybold primary care physician is as easy as 1-2-3!

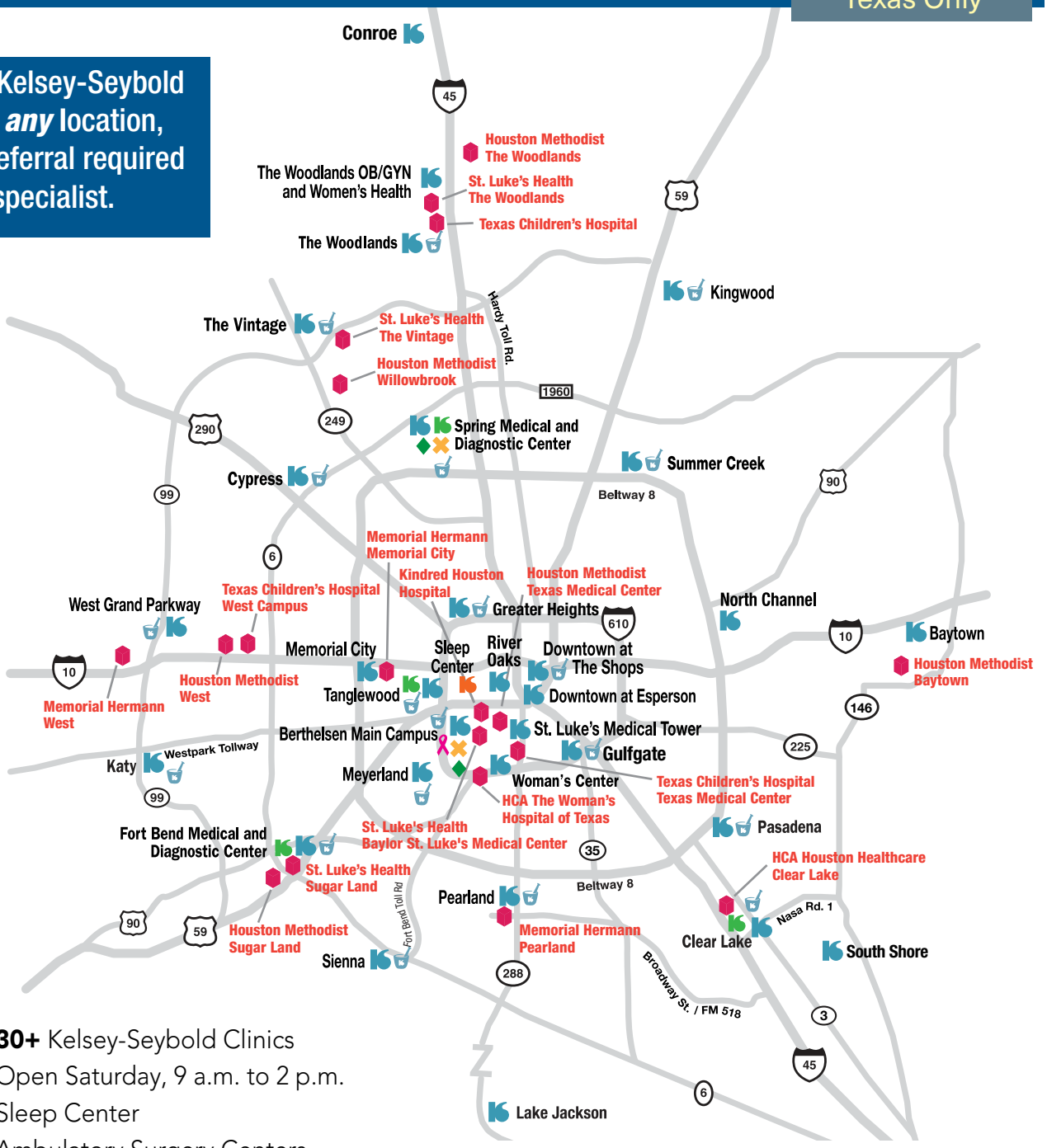
1. Visit **kelsey-seybold.com/blueessentials** to select your Kelsey-Seybold primary care physician (PCP).
2. Write down the PCP's name and 10-digit ID Number.
3. During open enrollment, enter the 10-digit PCP ID Number and follow your employer's enrollment process. After open enrollment, call the BCBS Customer Service number on the back of your ID card. You can change your PCP monthly.

NOTE: Once you choose a Kelsey-Seybold PCP, you can see *any* Kelsey-Seybold primary care doctor and *any* Kelsey-Seybold specialist at *any* location.

Kelsey-Seybold Clinic Locations and Premier Hospital Partners

Texas Only

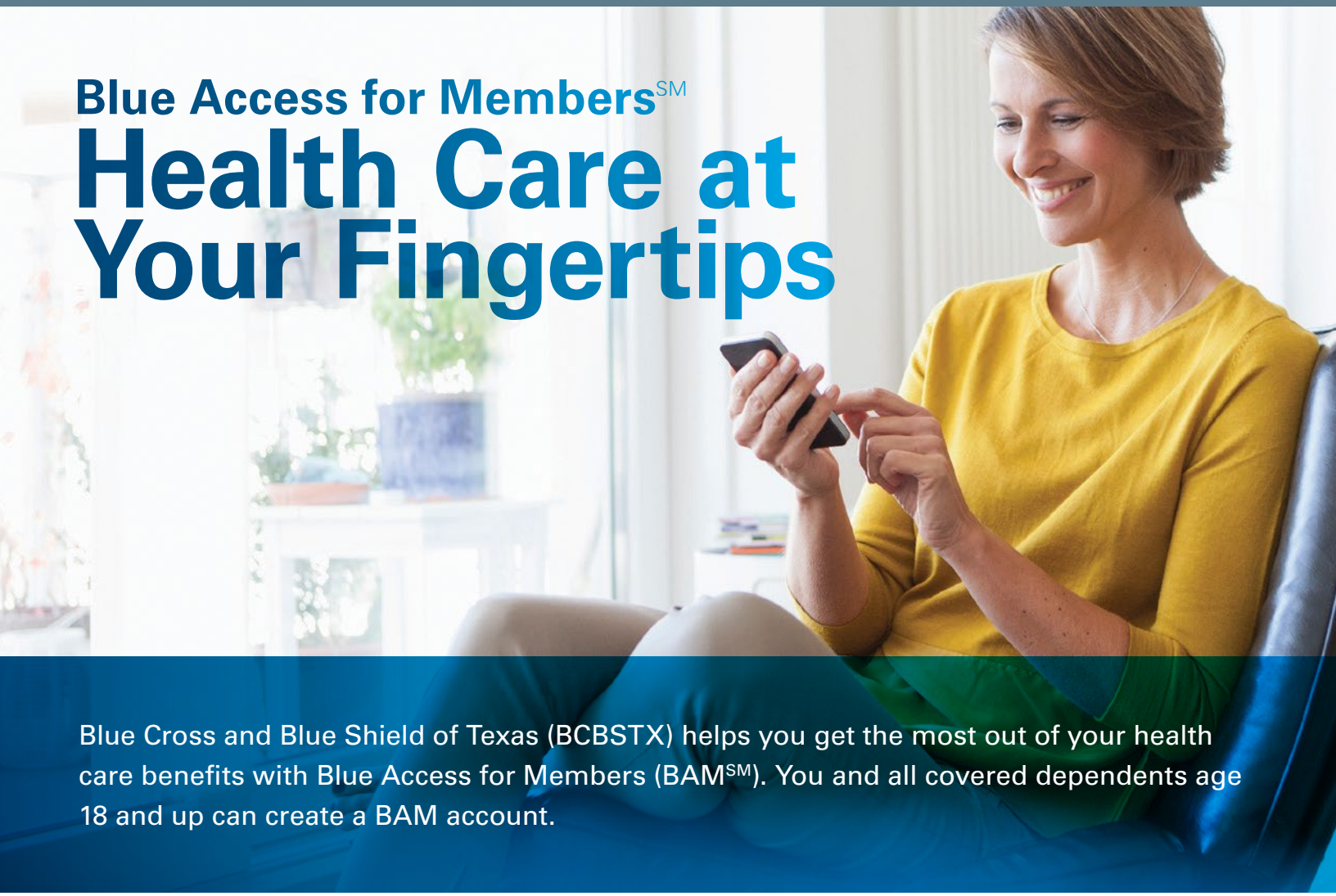
See ***any*** Kelsey-Seybold doctor at ***any*** location, with no referral required to see a specialist.



- **30+** Kelsey-Seybold Clinics
- Open Saturday, 9 a.m. to 2 p.m.
- Sleep Center
- Ambulatory Surgery Centers
- Breast Diagnostic Center
- Cancer Centers
- Partner Hospital
- Kelsey Pharmacy locations

Kelsey-Seybold Clinic®
Changing the way health cares.℠

For the most up-to-date map and more information, visit kelsey-seybold.com/locations.



Blue Access for Members℠

Health Care at Your Fingertips

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM℠). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Use our Provider Finder® tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

It's Easy to Get Started!

1 Go to bcbstx.com/member

2 Click Log Into My Account

3 Use the information on your BCBSTX ID card to sign up

Or, text* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply.

BlueCross BlueShield of Texas

Virtual Visits

Not available for the HMO plan

BlueCross BlueShield of Texas

Powered by MDLIVE®

Virtual Visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.

Activate your MDLIVE account today:

- **Call MDLIVE at 888-680-8646**
- **Go to MDLIVE.com/bcbstx**
- **Text BCBSTX to 635-483**
- **Download the MDLIVE app**

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers.

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.

Specialty Medications

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]

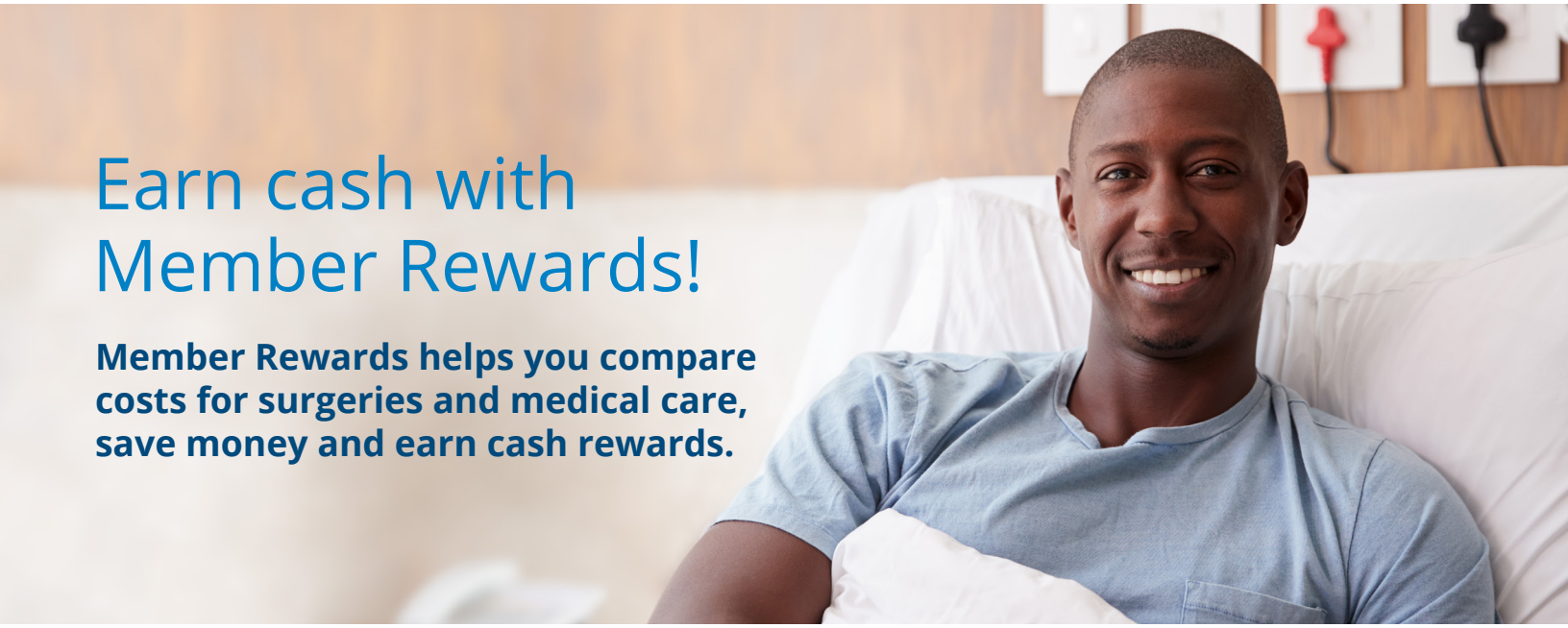
One-on-One Support

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.

BVA Rewards

BlueCross BlueShield of Texas



Earn cash with Member Rewards!

Member Rewards helps you compare costs for surgeries and medical care, save money and earn cash rewards.

Costs vary by location.

With Member Rewards, you can shop for medical care, compare costs and maybe even earn a cash reward. It is quick and easy to shop in-network for surgeries like knee or sinus surgery, as well as screenings, scans and more. The Member Rewards program is part of your health plan benefits and administered by Sapphire Digital.

How it works

Step 1

Call a Benefits Value Advisor or search online via Provider Finder® to find a reward eligible location for your procedure or service.

Step 2

Get the procedure or service at your chosen reward eligible location.

Step 3

Receive a cash reward by check, which will be mailed directly to your home, after your claim is paid and the location is verified as reward eligible.

To get started, call a Benefits Value Advisor (BVA) at the number on the back of your member ID card. Or shop online with Provider Finder by visiting **bcbstx.com**, register or log in to Blue Access for Members℠ and select "Find Care."

Livongo® by Teladoc Health

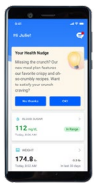
Real people, real results

Livongo helps 700,000+ members worry less about managing diabetes.

> Livongo keeps me aware of my glucose levels without the worry of running out of supplies.
>
> **Livongo member**

With Livongo, you'll get:

A smart blood glucose meter
to guide your journey



A connected app
that tracks numbers so you don't have to

Access to expert coaches
for advice on diet, lifestyle and more

Enroll Today!

Text **"GO BCBSTX-HEALTH"** to 85240 to learn more and enroll

You can also enroll by visiting **join.livongo.com/BCBSTX-HEALTH/hi** or call **800-945-4355** and use registration code: **BCBSTX-HEALTH**

The program is provided to you and your family members with diabetes and coverage through Blue Cross and Blue Shield of Texas (BCBSTX).

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Texas plan offering the Livongo program.

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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.

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.

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

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).

FSA RULES TO KEEP IN MIND

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

- 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).
- 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.**

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.

Dental Benefits

MetLife

Dental Coverage	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		

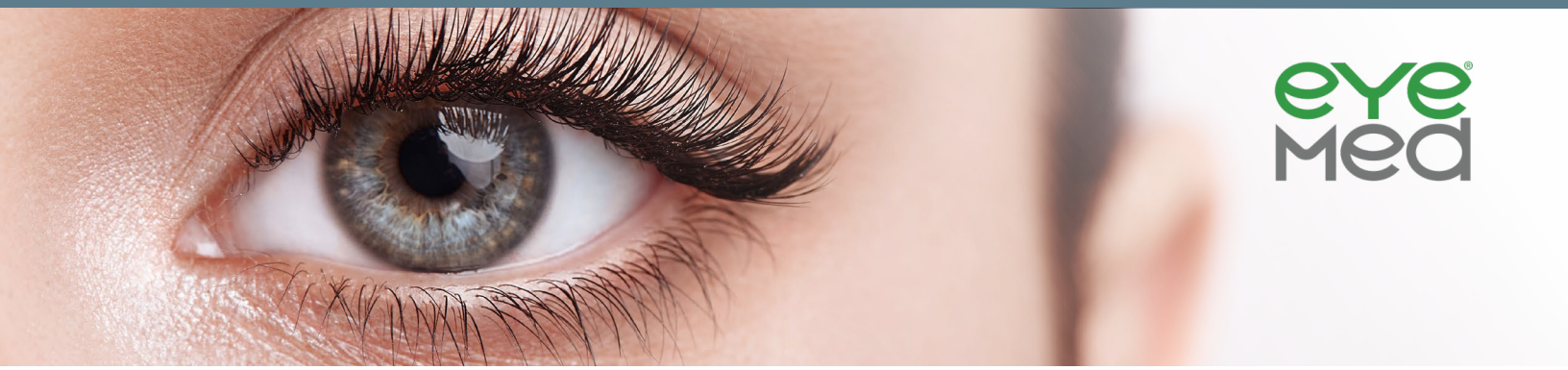
*Note: If you visit an out-of-network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

How to Find a MetLife Provider

- Search online at www.metlife.com
- Call 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 Benefits



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.

Vision Coverage	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

FREEDOM PASS!

PAID IN FULL FRAME	Contact lens offer
$0 ANY frame ANY brand ANY price point	$20 off purchase plus free shipping
• Special offers from Target Optical and Sears Optical • Good for up to $80 of added value each year	• Special offer from ContactDirect • Available for all members to use on their purchase of contact lenses

How to Find a EyeMed Provider

- Search online at www.eyemed.com
  > Click Find a Provider > Enter your Zip Code > Select Insight Network > Click Get Results
- Call 800-275-4638

Life and 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.

While **Basic Life and AD&D benefit** is 100% paid by Mac Haik Management, **Voluntary Life Benefit** gives you the opportunity to purchase additional life insurance for you and your family. 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. Your cost per pay period is determined by your election.

Basic Life and AD&D

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Coverage Payment	Mac Haik Management pays 100% of the premium for this coverage
Benefit Amount	$10,000

Voluntary Life and AD&D

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Coverage Payment	You pay 100% of the premium for this coverage
Employee	
Benefit Amount	Choose an amount in increments of $10,000 to a maximum of 5x your basic annual earnings or $500,000 (whichever is less)
Guaranteed Issue	$200,000

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	
Benefit Amount	Choose an amount in increments of $5,000 up to $250,000 (cannot exceed 50% of employee basic and voluntary life benefits)
Guaranteed Issue	$50,000
Child(ren)	
Benefit Amount	Children age 15 days to 6 months: $100 Children age 6 months to 25 years: $1,000 up to$20,000
Guaranteed Issue	$20,000

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

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.

Disability Benefits: STD and LTD

Voluntary Short-Term Disability (STD)

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

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.

Benefit Percentage	60% of your weekly salary
Maximum Benefit	$1,000 per week
Maximum Benefit Period	180 days
Elimination Period	0 days for Accident, 7 days for Illness

Voluntary Long-Term Disability (LTD)

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

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.

Benefit Percentage	60% of your base salary
Maximum Benefit	$6,000 per month
Elimination Period	If you are disabled for more than 180 days and are unable to work

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 Reliance Standard gives 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.

Voluntary Critical Illness

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Reliance Standard 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 for employees. Spouse guarantee issue up to $20,000 (not to exceed 100% of employee coverage) Child coverage is 100% of employee coverage, and all child amounts are guarentee issue.**

Voluntary Hospital Indemnity

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Reliance Standard 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 details are available on the Plan Source online enrollment portal.

Voluntary Group Accident

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Reliance Standard Accident Insurance offers three 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. Benefit details are available on the Plan Source online enrollment portal.

Pet Insurance

MetLife

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

LegalShield and IDShield

Have you ever...

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

Dedicated Law Firm Direct access, no call center

Legal Advice/Consultation on unlimited personal issues

Letters/Calls made on your behalf

Contracts/Documents Reviewed up to 15 pages each

Residential Loan Document Assistance for the purchase of your primary residence

Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney

Speeding Ticket Assistance Upload your speeding ticket from the mobile app directly to law firm

IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)

Trial Defense (if named defendant/respondent in a covered civil action suit)

Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)

25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)

24/7 Emergency Access for covered situations

The IDShield Membership Includes:

Continuous Credit Monitoring IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.

High Risk Application and Transaction Monitoring We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.

Dark Web Monitoring Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.

Username/Password (Credential) Monitoring This powerful feature helps protect against takeovers of your social, financial and other online accounts.

Identity Threat and Credit Threat Alerts You'll receive a threat alert if your PII is found.

Unlimited Consultation On any cyber security issue.

Full-Service Restoration Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.

24/7 Emergency Access We're here in the event of an identity theft emergency.

For More Information, please contact Patti Nelson at 832-860-1786 or go to www.legalshield.com/info/legalplan

Employee Assistance Program (EAP)

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

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.

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.

Questions?

For additional information on the Mac Haik Employees' Retirement Plan and Trust, call 1-800-584-6001

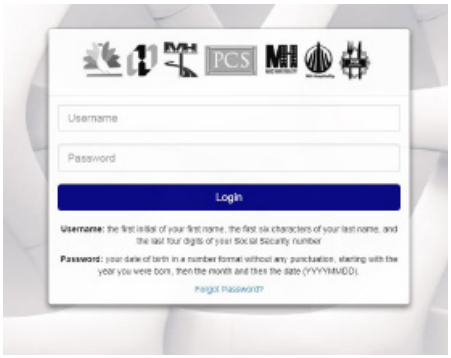
www.voyaretirementplans.com

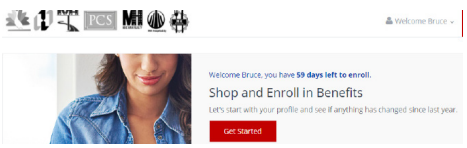
VOYA FINANCIAL

PlanSource 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.

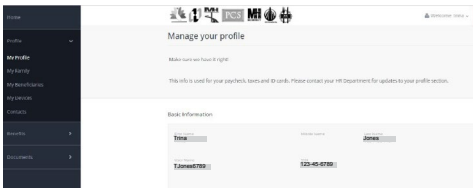
PASSWORD: Your initial password is your birthdate in the YYYYMMDD format. So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



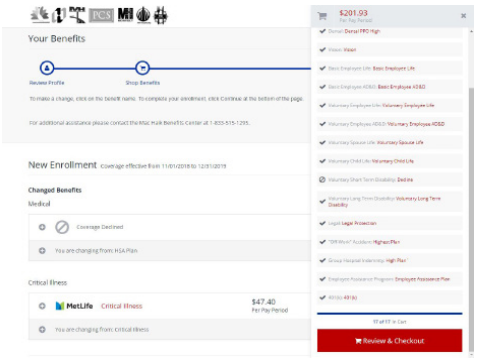


1. Homepage: On the homepage, click "Get Started" to begin or you can go to https://plansource.com/mhbenefits

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. Check out:

- Once you are done selecting your benefits, click on your shopping cart, then click "Review & Check Out".
- After reviewing and confirming your benefit elections scroll to the bottom of the page and click "Check Out".
- 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

Legal 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, 2023

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, 2022. Contact your State for more information on eligibility.

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

GEORGIA - Medicaid	MASSACHUSETTS - Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 , Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA - Medicaid	**MINNESOTA - Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-famillies/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI - Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS - Medicaid	**MONTANA - Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA - Medicaid**
Kentucky Intergrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chrs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA - Medicaid	**NEVADA - Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE - Medicaid	**NEW HAMPSHIRE - Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY - Medicaid and CHIP	**SOUTH DAKOTA - Medicaid**
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK - Medicaid	**TEXAS - Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493

NORTH CAROLINA - Medicaid	UTAH - Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA - Medicaid	**VERMONT - Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA - Medicaid and CHIP	**VIRGINIA - Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON - Medicaid	**WASHINGTON - Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA - Medicaid	**WEST VIRGINIA - Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND - Medicaid and CHIP	**WISCONSIN - Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA - Medicaid	**WYOMING - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any more States have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, you can 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

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.

Contacts

Mac Haik	Human Resources	281-469-7788	benefits@machaik.com

Benefit Plan	Carrier / Plan #	Phone Number	Website/Email
Medical and Pharmacy	BCBSTX #121724 (EPO) #121855 (HSA) #275936 (HMO)	General: 800-521-2227 Rx: 800-821-4795 Preauthorization: 800-441-9188	www.bcbstx.com/member
Telemedicine	MDLIVE	888-680-8646	www.mdlive.com
Health Savings Account	PlanSource	888-266-1732	www.mywealthcareronline.com/plansource
Flexible Spending Accounts	PlanSource	888-266-1732	www.mywealthcareronline.com/plansource
Dental	Metlife #TS05127405	800-275-4638	www.metlife.com
Vision	EyeMed #1001910	866-804-0982	www.eyemed.com
Basic Life and AD&D	Reliance Standard #GL 166183	800-351-7500	www.reliancestandard.com
Voluntary Life and AD&D	Reliance Standard #GL 2509289	800-351-7500	www.reliancestandard.com
Disability Benefits Short Term Disability Long Term Disability	Reliance Standard #VPS 2509292 #VPL 2509293	800-351-7500	www.reliancestandard.com
Worksite Products Critical Illness Hospital Indemnity Accident	Reliance Standard #VCI 874056 #VHI 874057 #VAI 874055	800-351-7500	www.reliancestandard.com
Pet Insurance	MetLife #TS05127405	800-GETMET8	www.mybenefits.metlife.com
Employee Assistance Program	Interface Behavorial Health	800-324-4327	www.4eap.com Username: MHM | Password: B79
LegalShield	Legal Shield #16154 Patti Nelson	832-860-1786	www.legalshield.com/info/legalplan
401(k) Retirement Plan	Voya Retirement	800-584-6001	www.voyaretirementplans.com

INSGROUP

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Insgroup was founded in 1978 in Houston, Texas, by a group of entrepreneurs committed to a shared vision to provide the security necessary for business owners and individuals to pursue their dreams. Over the next four decades and through changes in leadership and tremendous growth, our vision has remained unchanged. We have become one of the fastest-growing independently held brokers in America, but have also made it our mission to stay true to our roots. Clients appreciate that we are not generalists, but a collection of experts. Today, Insgroup is comprised of +1200 colleagues with expertise in Property & Casualty Brokerage, Employee Benefit Consulting, Private Risk Services, Surety and Retirement. We serve clients nationwide and partner with premier national, regional and specialty insurance carriers across the United States. In 2020, Insgroup partnered with Baldwin Risk Partners, one of the fastest growing public brokerage firms in the country to continue the companies growth, while providing additional services, products, and innovations to the marketplace.

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