

SIE HOLDINGS, INC.



**SOUTHEAST
INDUSTRIAL
EQUIPMENT INC.**



**SOUTHEAST
HANDLING
SYSTEMS**

Benefit Enrollment Guide

January 1, 2024 - December 31, 2024



- **Summary of Material Modification (SMM) for Plans Subject to ERISA**
- **Annual Legislative Notices**

We Appreciate you!

Dear Associates,

We appreciate our Associates and the valuable contributions they make to our success. One way this appreciation is expressed is through a comprehensive and competitive company sponsored benefit program.

We consider the benefits package to be an extension of the compensation program as it provides you financial security through medical, dental, vision, life insurance, short-term and long-term disability programs. You should refer to the complete benefit booklets for detailed information regarding all benefits, as this guide is a summary of those benefits that we offer. Our program provides you with a broad range of plan options and is carefully reviewed and designed annually to meet the needs of our workforce.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of healthcare services
- Plan thoughtfully regarding the level of health coverage necessary for you and your family for the benefit year

Thank you for your commitment!

Benefits described in this Guide are effective January 1, 2024 through December 31, 2024



2024 Open Enrollment Period

Monday, November 06, 2023

through

Friday, November 17, 2023

Eligibility & IRS Change In Status Rules

Am I Eligible?

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You may also have the option to enroll your eligible dependents in certain benefits.

Eligible dependents may include:

- Your legal spouse
- Your dependent children to age 26, regardless of full-time student status or marital status
- Your unmarried children of any age who, prior to age 26, are incapable of self-support due to a mental or physical disability and who are totally dependent upon you for support.

Additional information on the eligibility requirements is available in the Summary Plan Description (SPD) or Certificate of Coverage for each benefit.

Change in Status

Once you have made your elections and your enrollment opportunity has closed, you cannot make changes until the next annual open enrollment period unless you experience a qualified change in status, such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse)
- A change in the number of dependents (such as birth, adoption of a child, or death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- You or your dependent becomes eligible for Medicare or Medicaid

You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after **30 days** will not be accepted.

Note: A change in status does not necessarily permit a change in benefit elections. A change in election is permitted only when determined that the change in status affects eligibility for coverage of the employee, spouse or a dependent under a benefit plan.

Benefit Plan	Employment Status	New Hire Waiting Period
Medical & Prescription	Full-Time ≥ 30 hours per week	30 days, benefits effective on the 31st day of employment
Dental & Vision		
Health Reimbursement Account		
Flexible Spending Accounts		
Life and AD&D		
Short & Long Term Disability		
Worksite Insurances		
Retirement Savings		1st day of the quarter after 30 days

Annual Open Enrollment—How to Make Changes

November 06 – November 17, 2023

All 2024 Benefit Elections Must Be Submitted During This Period

Associates only need to complete paperwork if they wish to make changes for 2024. Otherwise, benefit elections will rollover as is, with the exception of **Flexible Spending Accounts (FSAs)**. **New elections for FSAs must be made each year or you will not be enrolled into this program. No exceptions per IRS regulations.**

2024 Benefit Highlights!

Great news! We are keeping your payroll deductions the same for your medical, dental and vision plans for 2024!

Making Benefit Elections

Take your materials home and review the benefits with your family (if applicable).

Make thoughtful decisions on your benefit choices.

When adding a dependent to medical coverage a social security number is required.

Contact the HR Department if you have questions.

Medical, Dental & Vision:

You may enroll in coverage.

You may cancel coverage.

You may drop dependents from coverage.

You may add dependents to coverage.

Flexible Spending Accounts:

You must enroll every year, if you wish to participate in either one of the flexible spending accounts (pages 18-19).

Critical Illness Insurance, Accident Insurance, Hospital Indemnity Insurance:

If you did not enroll when originally eligible, Proof of Insurability applies.

You may enroll in coverage.

You may cancel coverage.

You may drop dependents from coverage.

You may add dependents to coverage.

Basic and Voluntary Life/AD&D Insurance:

You may enroll in or cancel Voluntary Life Insurance.

You may enroll or cancel Basic Life/AD&D Insurance for your dependents.

Review and update your beneficiary designations as appropriate.

ID cards:

If you newly enroll for medical coverage for 2024, you will receive a new ID card at your home address on file with United Health Care no later than mid January 2024. If you need a temporary card, contact Human Resources.

Reminder:

After open enrollment ends, you **cannot** make benefit changes until the next annual open enrollment, unless you experience a qualifying change in status (see page 3).

2024 Wellness Discounts

We care about your health and wellbeing. When we work together to be as healthy as we can be, we all benefit. We want to reward associates and covered dependents for making healthy lifestyle choices through two incentive programs:

- 1) Tobacco FREE, and
- 2) Annual Physical Incentive

What is Tobacco Free? You are considered Tobacco FREE and eligible for the **\$10 per pay period** discount when you can attest to having not used tobacco products for the prior 6 months. Covered spouses are also eligible for the same discount when they certify they are Tobacco FREE. See page 9 for further details!

What is the Annual Physical Incentive? You can earn **\$8 per pay period for up to 4 covered members**. To qualify, just get your annual physical with your primary care physician and submit proof to Human Resources to start earning the discount. Contact Human Resources for more information!

NOTE: We are committed to helping you achieve your best health. Discounts are available to all associates enrolled in the medical plan. If you believe you can not achieve a standard or reward, you may qualify for an opportunity to qualify for the discount in another way. Contact Human Resources and we will work with you and your healthcare provider to find a program to earn the discount in light of your health status.

2024 Medical/Rx, Dental & Vision Rates BEFORE Discounts				
Bi-Weekly	Medical	Dental	Vision	Package Total
Employee Only	\$36.73	\$2.67	\$0.60	\$40.00
Employee + Spouse	\$155.31	\$8.00	\$1.69	\$165.00
Employee + Child(ren)	\$114.76	\$8.86	\$1.38	\$125.00
Family	\$204.57	\$13.26	\$2.17	\$220.00

Preventive Care Services

The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider. The services listed may also be subject to age, gender and frequency guidelines.

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunizations				
Hepatitis A	X	X		X
Hepatitis B	X	X		X
Herpes Zoster	X	X		
Human Papillomavirus	X	X		X
Hemophilic Influenza Type b				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
Prevention & Preventive Medications				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmic Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
Counseling				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

Preventive Care Services

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Screenings				
Abdominal Aortic Aneurysm	X			
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)				X
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Healthy Lifestyle

We want to encourage our associates to live a healthy lifestyle. There are many variables in our lives and in our world that we can't control. But we make choices everyday about things we can control: what we eat, how much we move, and whether or not we use tobacco products. These choices directly impact our health. While sometimes it's hard to see the correlation, over time the evidence is clear: health and quality of life is improved when we put the right food in our bodies, when we move the way we're supposed to move, and when we steer clear of tobacco – essentially when we take care of ourselves and treat our bodies well. Although that may sound easy, we know leading a healthy lifestyle can be anything but easy.

A first step in making better choices is “Knowing Your Numbers.” The chart below gives you key biometric measures, national standards and a place to track *your* numbers. Once you know your numbers, you can begin to work with your healthcare provider on improving your health.

Know Your Numbers		
Biometric Measure	National Standards	What Are Your Numbers?
Tobacco Use	None	
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 men	
	> 50 women	
Blood Pressure	120 / 80 mm HG	
Blood Glucose	Fasting < 100 mg/dl	
	Non-Fasting < 140 mg/dl	
Waist Circumference	< 40 inches men	
	< 35 inches women	
Body Mass Index (BMI)	Underweight < 18.5	
	Healthy Weight = 18.5 – 24.9	
	Overweight = 25.0 to 29.9	
	Obese > 30	



Healthy Lifestyle

Not using Tobacco is another key to your health, but quitting can be very challenging even for the best of us. If you are a tobacco user, there are resources to help you quit.

Our United Healthcare medical plan includes coverage for specific tobacco cessation products to help you or your spouse kick the habit. You may also access a well recognized tobacco cessation program through www.myquitforlife.com.

You can also access the **Smokefree.gov** website www.Smokefree.gov/QuitWithUs, which has information you need on the best ways to quit smoking and the tools to make it happen. You can build a “quit plan,” read articles, take quizzes and get quick links to other resources like:

- **Smokefree TXT** is a text message program that provides daily encouragement, advice and tips to quit smoking successfully.
- **The QuitGuide** is a free smartphone app that teaches you the steps to quit and the skills you need to become and stay Smokefree. The app gives you extra support when you need it most. You can track your progress, cravings, triggers, and tag the times and places that make it hard for you to stay Smokefree.

Regular exercise is a key step in improving your numbers! Whether that’s walking in your neighborhood, following a “couch to 5k” exercise schedule, taking the stairs, or joining a gym, you have to get started with “just one thing.”

It takes about six to eight weeks to form a habit, regardless of whether it is a healthy habit or one that's not so noble. And while we are forming that new, healthy habit, many folks sabotage themselves by being too aggressive in training, selecting the wrong training program, or not developing a plan to maintain an exercise program.

First, visit your physician for a check-up. Be sure your body is ready for exercise, especially if you haven't exercised in a long time. Some of us have latent conditions which need to be addressed before starting an exercise program.

Second, figure out where you are. Like using the GPS in your car, and before setting the course on your destination, you need to know where you begin the journey. Don't compare yourself to a friend, significant other, co-worker or even the "you," you were 20 years ago when you were in high school. Don't compare yourself to the “you,” you will be, or want to be, in six months. Rather, honestly assess how much exercise you have had in the last six months to a year. Your recent physical activity is a good indicator for selecting the most appropriate exercise program.

Where and When to Get Healthcare

Virtual Visits – Average Wait Time: 5-20 minutes

- **\$15 Copay**
- Basic care from a board certified healthcare professional from your mobile phone, laptop or tablet
- Available 24/7, even on weekends and holidays
- See page 11 for how to register before you need care

Primary Care Physician – Scheduled Visits

- **\$25 Copay**
- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family
- Costs less than the emergency room or urgent care centers

Retail Health Clinics – Average Wait Time: 15-20 minutes

- **\$25 copay**
- Basic care from a healthcare provider on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
 - ◇ sore throats, ear infections, pink eye, skin rashes, bladder infections and last minute sports physicals

Find the nearest Retail Health Clinic locations at:

www.cvs.com/minuteclinic/clinic-locator

www.walgreens.com/pharmacy/healthcare-clinic/locations

Urgent Care Clinics – Average Wait Time: 15 - 45 minutes

- **\$75 Copay**
- When your doctor is unavailable, get immediate quality care from a doctor on a walk-in basis with extended hours
- For immediate attention for minor to moderate issues: sports injuries, migraines, vomiting, sprains, back pain

Emergency Room – Average Wait Time: 4 hours

- **\$500 Copay**
- Care available 24/7 for severe emergencies from trained clinicians
 - ◇ If you are facing an issue that threatens your life, never hesitate to go straight to the emergency room

Things to think about

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic. Research studies indicate that between 8-27% of ER visits are inappropriate and should have been treated in a less expensive care setting.
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment. When possible, patients should be treated by their primary care physician for non-emergency conditions in order to promote preventive and consistent quality care.

Registering for Virtual Visits

Prepare for the “what ifs” by activating your virtual visit account today.

For convenient care that’s ready to use when you need it most.

Sunburn at the beach? Stomach bug on Thanksgiving? In a rural area with no doctors close by?
Think you have the flu, but don’t feel up to driving to your doctor’s office?

These are just a few of the reasons people use Virtual Visits. And you can too!

Our health plan with **UHC** includes virtual visit services from **Teladoc, AmWell, or Dr. on Demand**. You will pay a **\$15 copay** when using virtual visits - so the time savings and extra convenience doesn't mean extra cost!

Skip the waiting room and the germs! Virtual Visits offer these time-saving benefits:

- Video consults available 24 hours a day, seven days a week (even holidays)
- On average, it takes just minutes to get connected with a board certified healthcare professional
- No appointment needed—though you can make one with a specific provider if you wish
- Pediatricians are available, for your covered dependent children
- If you need a prescription the provider can electronically send your prescription to the nearest pharmacy
- Whether you are on the couch, at work or traveling—you can use **Virtual Visits** anywhere in the USA

Virtual Visits can handle many non-emergency health problems, such as:

Acne	Cough, cold, flu	Headache	Pink eye
Allergies	Diarrhea	Insect bites	Rash
Asthma	Ear problems	Joint aches & pains	Sinus problems
Constipation	Fever	Nausea & Vomiting	Sore throat
			Urinary problems

Get Started—Don’t Wait until your Sick—Sign up Today and you’ll be ready when you need it!

To activate your account, visit myuhc.com/virtualvisits or download the United Healthcare App.

Registration tips:

- Locate your member id number on your medical ID card
- Complete a health profile for you and any covered family members
- If you take any medications regularly, have those on hand to reference

At the time of your Virtual Visit:

- Have your medical plan ID card handy
- Update your saved medical health history, if necessary
- An electronic method of payment for your copay (debit/credit card)
- Pharmacy name, phone and address

Medical

We continue to offer quality Medical and Prescription Drug coverage administered by United Healthcare and their partner, OptumRx. The chart below provides a brief summary of the benefits.

	United Health Care (UHC)	
	In-Network (You Pay)	Out-of-Network (You Pay)
Services		
Plan Year Deductible		
-Individual	\$2,500	\$5,000
-Family	\$5,000	\$10,000
Out-of-Pocket Maximum	includes deductibles, coinsurance & copays	
-Individual	\$5,000	\$10,000
-Family	\$10,000	\$20,000
Preventive Services *	For the most updated list of services visit, www.healthcare.gov/coverage/preventive-care-benefits/	
	Covered at 100%	Deductible, then 40%
Office Visits**		
-Virtual Visits	\$15 Copay	Deductible, then 40%
-Retail Clinic	\$25 Copay	
-Primary Care	\$25 Copay	
-Specialist	\$50 Copay	
Urgent Care Center	\$75 Copay	Deductible, then 40%
Emergency Room	\$500 Copay	
Hospitalization		
-Inpatient	Deductible, then 20%	Deductible, then 40%
- Outpatient	Deductible, then 20%	Deductible, then 40%
Coinsurance	Member pays 20% Plan Pays 80%	Member pays 40% Plan Pays 60%

Provider
UHC

Network
Choice Plus

Cost Share
Employer
&
Employee
Paid

Website
myuhc.com

Mobile App



*When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

**If you receive services in addition to/during an office visit, additional copays, deductibles and/or coinsurance may apply.

Health Reimbursement Arrangement (HRA)

We offer a Health Reimbursement Arrangement (HRA) administered by Flores & Associates. When you are enrolled in the medical plan, an HRA assists with covering a portion of your medical plan deductible. We will reimburse up to \$1,250 of the \$2,500 deductible for up to two covered family members.

Provider

Flores & Associates

Cost Share

Employer Paid

Website

Flores247.com

What is an HRA? A Health Reimbursement Arrangement (HRA) is an employer funded account that helps you pay for qualified out-of-pocket medical expenses, such as your deductible.

How an HRA works: The covered member is responsible for the initial \$1,250 of the in-network deductible. We will reimbursement for the second half (\$1,250) of your deductible expense. The maximum reimbursement for an individual is \$1,250 and \$2,500 for a family. The individual coverage level design is applied to all covered lives.

How do I file claims? You may fax, mail, upload (website), or use e-Receipt (mobile platform) to file your claims for reimbursement. Claims can be filed at any time throughout the year, but **must be filed by the claims filing deadline of February 28, 2025.**

What information must be included? You must submit your Explanation of Benefits (EOB) along with a claim form to Flores via one of the methods described immediately above.

How are reimbursements issued? Claims and reimbursements are processed and paid weekly. If Flores has your email address, you will receive a notification. Reimbursements can either be deposited to your bank account by completing a Direct Deposit form with Flores (recommended) or a check will be mailed to your home address on file.

What if I am also enrolled in the Health Care Flexible Spending Account (FSA)? When enrolled in the HRA and FSA, and Flores administers both accounts, you are able to submit one claim request—allowing you to maximize the reimbursement available with less paperwork.

Do HRA funds rollover year-to-year, or do you lose the funds? The funds designated for reimbursement refresh every year—the amount available for reimbursement does not roll-over/grow each year or accumulatively.

Example — HRA Process for an Individual		
Who Is Responsible	Amount	Expense Incurred
Employee	\$1,250	\$1—\$1,250
Company	\$1,250	\$1,251—\$2,500
Total	\$2,500	-

Prescription Drug Coverage

The cost of prescription drugs continues to be the fastest growing segment of healthcare. Our healthcare plan has several clinical programs and edits to help hold down the inflationary costs of prescriptions — see the next page for additional information. You can do your part by requesting the lowest cost drug when you visit your pharmacy.

Provider
UHC with Optum Rx

Cost Share
Employer & Employee Paid

Website
OptumRx.com

UHC	Retail Up to a 31 day Supply	Mail Order Up to a 90 day Supply
Preventive Over the Counter (OTC)	No Charge (Go on line or call UHC Customer Service 1-866-844-4864)	
Tier 1 Mostly Generics	\$10 copay	\$25 copay
Tier 2 Some Generics and Preferred Brands	\$35 copay	\$87.50 copay
Tier 3 Some Preferred Brands, and Non-Preferred Brands	\$60 copay	\$150 copay
Additional Prescription Benefit Information		
Specialty Pharmacy	UHC Specialty Pharmacy	
Formulary / Preferred Drug List (PDL)	Advantage PDL	
Pharmacy Network	UHC Standard	
Out of Network Benefit	Tier copay, plus charges over the allowed amount	

How to save on your Prescription Drug Costs

- Use a pharmacy that is in-network, and most major pharmacies are in the network. Use your local pharmacy for a 31-day supply or less.
- Use mail order for prescriptions of maintenance medications at a lower cost— Mail order copay is **2.5x** the cost of a 31 day retail fill, but for up to a 90 days supply. Maintenance drugs are those that are taken every day.
- Use Tier 1 drugs (usually generics) whenever possible. Generics are “copies” of brand name drugs whose patent protection has expired, are approved by the FDA and are typically less expensive to you.
- Discuss the preferred drug list (aka formulary) with your doctor. If a Tier 1 or generic drug is not an option, using preferred formulary prescription drugs will save you money over non-preferred brand name drugs.

How Mail Order Works For You

If you take any medications on a regular basis, we strongly encourage you to use the mail order home delivery program. Home delivery is safe, and saves you time and money! Whether you have a new prescription or need to transfer an existing prescription, it’s easy to get started with OptumRx Home Delivery.

- **ePrescribe:** Your provider can send an electronic prescription directly to OptumRx
- **Online:** Register at [optumrx.com](https://www.optumrx.com)
- **Phone:** Call member services at the number on your ID card, and have your medication bottle(s) available

Prescription Drug Programs

Drug Utilization Review (DUR) Drug Utilization Review is a program to assist your healthcare provider and pharmacist in identifying inappropriate prescribing, dispensing and drug consumption that could cause a potential risk to your health. The following are examples of DUR edits:

- Taking two or more drugs that when taken together can cause undesirable side effects
- Taking medications that may worsen your medical condition.
- Age edits are designed to ensure that medications are used for appropriate age groups, e.g., not for use by infants or the elderly.
- Receiving controlled substance prescriptions from two or more healthcare providers or pharmacies.

Prior Authorization (PA) Certain drugs require additional information from your healthcare provider before your prescription can be filled. This process is called Prior Authorization. If you receive a prescription for a medication that requires a Prior Authorization, your healthcare provider will need to provide information to Optum Rx's Prior Authorization Dept. before your prescription can be filled and covered under the prescription drug plan. **IMPORTANT:** Each drug has a different length of time that it is authorized. Generally, a PA is authorized for 12 months.

Step Therapy Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. A First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try a second-Line therapy, and then perhaps a third-line therapy. You may be subject to Step Therapy guidelines if you are filling a prescription used to treat one of the following conditions: High Blood Pressure, High Cholesterol, GI Acid-Peptic disorders.

Other ways to Save on Prescriptions

Generics Outside of our healthcare plan, Wal-Mart, Sam's Club, Target, and Walgreens have pharmacies where you can get generics drugs that are on their "**approved**" list for a lower cost than your drug copay with Optum Rx. Some offer \$4.00 per prescription, per month. For information about which drugs may be offered at this very low cost, visit their websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com).

Mobile Apps for Prescription Savings There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. You provide the drug name and quantity and it compares the costs at various pharmacies in your area. Rx Saver and Good Rx are just two available mobile apps.

Patient Assistance Programs are programs set up by drug companies that offer savings cards or coupons that reduce the cost of expensive brand medications. Each drug company has their own program rules around who is eligible. While the programs can significantly reduce your cost, they can end at any time without warning. One website that may be helpful in navigating coupons and savings cards is www.rxpharmacycoupons.com.

Many times there is a lower cost drug alternative—so check with your provider first!



Dental

Our dental plan is offered through Guardian. You may seek treatment from the dentist of your choice. You may be balance billed when receiving services from an out-of-network dentist. The chart below provides a summary of your benefits.

Services	Dental PPO Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Network	DentalGuard Preferred (negotiated fee based)	Fees based on 90th percentile of prevailing fee of dentist's zip code
Calendar Year Deductible		
Individual	\$50	\$100
Family	\$150	\$300
Calendar Year Maximum	\$1,250	
Preventive Services (Oral Exams, X-Rays, Basic Cleaning, Fluoride treatments - under age 14)	Covered at 100% Deductible waived	
Basic Services (Periodontal, Endodontic, Simple Extractions, Oral Surgery, Fillings)	In-Network: 100% Out-of-Network: 20% after deductible	
Major Services (Implants, Bridges & Dentures, Crowns, Inlays, Onlays & Veneers)	In-Network: 60% after deductible Out-of-Network: 50% after deductible	
Orthodontia Services (to age 19)	50%, No Deductible \$1,000 Lifetime Maximum	

Provider
Guardian Life

Cost Share
Employer & Employee Paid

Website
guardian anytime.com

Phone
888-600-1600

Group #
00580195



Vision

We offer vision coverage through Guardian. Associates and their dependents are eligible for this benefit. The plan is an inexpensive way to purchase coverage to pay for your eye exams, and eyeglasses or contacts. The chart below provides a brief summary of benefits.

Provider
Guardian Life

Cost Share
Employer
& Employee
Paid

Website
guardian
anytime.com

Phone
888-600-1600

Group #
00580195

Services	In-Network (You Pay)	Out-of-Network (Reimbursement)
Network/Plan	VSP Network - Full Feature—Choice C	
Exam	\$10 copay	Up to \$39 Allowance
Frames *	\$25 Copay, then \$130 allowance, and 20% off balance Costco, Walmart and Sam's Club: \$25 Copay then \$70 Allowance.	Up to \$46 Allowance
Lenses * Single Bifocal Trifocal Lenticular	\$25 Copay	Up to \$23 Allowance Up to \$37 Allowance Up to \$49 Allowance Up to \$64 Allowance
Lens Enhancements	20-25% discounts	N/A
Additional pairs of glasses	20% off	
Contact Lenses *		
Fitting & Evaluation	Up to \$60 Copay (discounted fees)	N/A (included in total allowance for contacts)
Contacts * Elective Medically Necessary	Up to \$130 Allowance \$25 Copay	Up to \$100 Allowance Up to \$210 Allowance
Lens Enhancements	20-25% discounts	
Additional Pairs of Glasses	20% discount	N/A
LASIK, PRK, Bladeless LASIK	5-20% discounts	
Frequencies Eye Exams Contact Lenses Lenses for Glasses Frames		12 months 12 months 12 months 12 months

NOTE: *Members can get contacts or glasses 1 time per frequency, but not both.



Flexible Spending Accounts

We offer Flexible Spending Accounts (FSA) administered through **Flores & Associates**. You can INCREASE your take-home pay while paying for eligible medical, dental and vision expenses. A Flexible Healthcare Spending Account helps you save money by providing a way to pay for certain types of health care on a pre-tax basis.

Provider

Flores & Associates

Cost Share

Employee Contributions

Website

Flores247.com



How an FSA works: During the open enrollment period you decide how much money you want to contribute to your FSA account for the year - see below for limits. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed into your FSA account, while the entire annual allocation is available on day one of the calendar year. The contributions you make to an FSA are deducted from your pay **BEFORE** your Federal, State, or Social Security taxes are calculated.

2024 Annual IRS Contribution Limits	Minimum	Maximum
Health Care FSA	\$100	\$3,050*
Health Care FSA Rollover	\$1.00	\$610*
Dependent Care	\$100	\$5,000* \$2,500 if married & filing separately

Health Care FSA's may be used to pay for eligible expenses related to healthcare expenses that are not fully covered by your medical, dental or vision plan(s) for you or your eligible dependents. Use the worksheet on the next page to estimate your healthcare expenses for the coming year.

Your Healthcare FSA plan has a **Rollover provision**. If at the end of each plan year you may "roll over" the balance in your account, or **\$610**, whichever is less. See the chart below for important dates.

If you are enrolling for the first time in the healthcare FSA, you will receive an **FSA debit card**, which will allow you to pay for services directly out of your FSA account and not out of your pocket. Otherwise, your existing debit card is still valid. However, it is important to remember to keep your receipts - Flores may request them to validate certain purchases in order to comply with IRS regulations. While the debit card reduces the majority of the "paperwork" required with health spending, it **does not eliminate** the "paperwork" completely.

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent who are claimed as exemptions on your federal income tax return.

*2024 Limits have not been released by the IRS. Please confirm with HR

Important Dates		
Flexible Spending Accounts	Expense Incurred	Submit Expenses for Reimbursement
Healthcare	January 1, 2024 – December 31, 2024	January 1, 2024 – March 31, 2025
Dependent Care	January 1, 2024 – December 31, 2024	January 1, 2024 – March 31, 2025

Flexible Spending Worksheet

Use the worksheets below to estimate you and your family's health care and dependent care expenses for the coming year. Remember, you can elect a Flexible Spending Account even if you have not elected to be covered under the medical plan. You may use the FSA plan funds to pay for eligible healthcare and day care expenses for anyone in your family that you claim on your federal tax return.

Plan carefully!

SIE Holding's Inc. allows participants to carry over up to \$610 in unused money in the Health Care FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$610 will be forfeited, so plan accordingly. Check your FSA account balance and expenses throughout the year. Flores will send you periodic reminders and their website has the comprehensive list of *all eligible IRS expenses* allowed.

Health Care Expense Worksheet					
Medical/Rx		Vision		Dental	
Deductibles	\$	Exams	\$	Routine Exams	\$
Copays	\$	Eye Surgery	\$	Filling/Crowns	\$
Prescriptions	\$	Lenses & Frames	\$	Orthodontia	\$
Other	\$	Contacts	\$	Other	\$
Total	\$	Total	\$	Total	\$
Up to \$550 Rollover				Health Care Total:	\$

Dependent Day Care Expense Worksheet				
	Dependent 1	Dependent 2	Dependent 3	Total
Child Care Centers	\$	\$	\$	\$
Before/After School Care/Day Camps	\$	\$	\$	\$
Adult Daycare	\$	\$	\$	\$
Other	\$	\$	\$	\$
Estimate Carefully	Dependent Care Total:			\$

Short-Term Disability Income Protection

We are committed to providing eligible associates with a comprehensive benefits package. We are pleased to continue to provide income protection with a Short-Term Disability benefit through **Guardian**.

Short-Term Disability Income Benefits are provided in the event an associate becomes disabled due to a **non-work** related injury or illness for longer than 30 days. The benefit is payable for up to 24 weeks and associates are eligible for 66.67% of their pre-disability earnings (not to exceed \$750 per week) if you qualify as disabled under this plan.

See below for a summary of this valuable benefit.

Benefit Detail	Short-Term Disability
Elimination Period	14 days Accident & 14 days Sickness
Benefit Percentage	66.67% of your weekly income
Benefit Maximum/Minimum	\$750 per week (\$25 per week minimum)
Benefit Duration	Up to 24 weeks maximum (after Elimination Period)
Additional Information	Due to the company paying the full cost of this coverage, benefit payments must be taxed.
Limitations/Exclusions	If you are receiving worker's compensation benefits you are not eligible to receive benefits under this plan. There are other limitations to your coverage, a complete list is included in the carrier's Certificate of Coverage.



Provider
Guardian Life

Cost Share
Employer Paid

Website
guardian
anytime.com

Phone
888-600-1600

Group #
00580195

BENEFIT CALCULATION

Benefit Calculation		
Steps	Sample Calculation	Your Calculation
1.) Determine your weekly earnings	Base hourly rate x 40 hours	
2.) <u>For example:</u> An employee making \$14.42/hour (an annual salary of \$30,000)	\$14.42 x 40 hours = \$576.80/weekly earnings *	
3.) Multiply your weekly earnings by 66.67% The result is your STD Benefit Amount.	\$576.80 x 0.6667 = \$384.55 / weekly benefit	
<p>* If your weekly earnings are greater than \$1,125, then use \$1,125 as your earnings in the second step above, since \$1,125 x .6667 = \$750 (the maximum STD benefit)</p>		

Long-Term Disability Income Protection

We also provide income protection with a Long-Term Disability benefit through **Guardian**. Long Term Disability benefits provide you and your family with income protection when your disability or illness lasts longer than 24 weeks, exhausting Short Term Disability benefits, and you are still unable to perform your regular job duties.

Benefit Detail	Long Term Disability Income
Elimination Period	180 days
Max Benefit Duration	To Age 65 ADEA (Age Discrimination in Employment Act)
Benefit Percent	60% of your pre-disability monthly earnings
Definition of Disability	See specific policy
Definition of Earnings	Base Wage, with 12 month average of bonus & commission
Maximum Benefit	Up to \$6,000 monthly
Minimum Benefit	\$100 Per Month after offsets
Pre-Existing Conditions (3/12)	Disabilities occurring in the first 12 months of coverage, where treatment and/or diagnosis took place in the 3 months prior to coverage are considered pre-existing and not covered.
Additional Information	Due to the company paying the full cost of this coverage, benefit payments must be taxed.
Survivor Benefits	3 months
Limitations/Exclusions	There are other limitations to your coverage, a complete list is included in the carrier's Certificate of Coverage.

Provider
Guardian Life

Cost Share
Employer Paid

Website
[guardian
anytime.com](http://guardian.anytime.com)

Phone
888-600-1600

Group #
00580195



Employee Assistance Program (EAP)

We all face difficulties at times in our lives. During those times, having outside help can make the difference between solving a problem or continuing to struggle through periods of confusion, indecision and personal crisis.

Provider

Guardian Life /
Uprise Health

Cost Share

Employer
Paid

Website

worklife.uprisehealth.com

Access Code:
worklife

Phone

800-386-7055

Group

00580195

The reasons people seek assistance include, but are not limited to such things as marital or relationship issues, parenting, stress, financial worries, legal issues, depression, grief, substance and/or alcohol abuse, elder care and crisis events - essentially anything that can interfere with your happiness and well-being.

We are pleased to provide associates and their family members with resources in various areas of their life through our partnership with **Guardian** and **Uprise Health**, and their **Employee Assistance Program**.

NOTE: Confidentiality is an essential part of any EAP program. We will not know of your participation in these services unless it's through a mandated referral by the company.

You can reach them by going online or by phone for help managing your time, help locating resources and connecting you with experts on so many topics and needs. Let them do the leg work!

They can help with:

- Childcare and pet care
- Assisted Living, nursing homes and adult day care centers
- Civil, consumer, real Estate, business, Personal & family law
- Estate planning
- End of Life & Funeral planning
- Identity theft
- Debt management, budgeting & credit issues

Employee Assistance program (EAP) — Your EAP can provide you with confidential access to licensed professional counselors who provide short-term assistance with issues that are having an impact on your life and ability to focus at work and/or at home. You and members of your household are eligible!

Counselors can help address:

- Anger, grief, loss, depression
- Job stress, burnout, work conflicts
- Marital relationships, family and parenting issues
- Addictions, eating disorders, mental illness
- And much more!

Help is available 24/7—you simply need to reach out!

Online: worklife.uprisehealth.com **Access Code:** worklife

Phone: 800-386-7055

Basic Group Term Life and AD&D

We provide all eligible full-time associates with Basic Group Term Life and matching Accidental Death & Dismemberment Insurance in amounts as shown in the below chart. You also have the option to add on a dependent life package at a reasonable price, see below. Be sure Human Resources has your most current beneficiary designation on file. You should review and update those designations annually or whenever you experience a life event.

Provider
Guardian Life

Cost Share
Employer
& Employee
Paid

Website
guardian
anytime.com

Phone
888-600-1600

Group #
00580195

Benefit Detail	Basic Life & AD&D
Basic Life Amount	Up to 3x Annual Earnings up to \$200,000 whichever is less
Basic AD&D Amount	Up to 3x Annual Earnings up to \$200,000 whichever is less
Age Reduction Schedule	65% age 65, 50% age 70
Accelerated Life Benefit	A lump sum benefit payable if diagnosed with a terminal condition, as defined by the plan. 80% of death benefit. Minimum \$10,000 / Maximum \$500,000.
Waiver of Premium	Total Disability prior to age 60 for 9 months. Waiver to age 65 if qualified, or no longer disabled.
Portability/Conversion	Both included. Must contact Guardian within 31 days after your group coverage ends.
Basic Dependent Life Coverage	
Amount	\$10,000
Spouse	\$5,000 each child (\$1,000 Birth to 14 days)
Child	
Cost of Dependent Life	\$0.87 Bi-Weekly

Voluntary Life

We provide eligible associates with the opportunity to purchase additional life coverage on themselves, their spouse and dependent children through **Guardian**, via payroll deductions.

Benefit Detail	Voluntary Life
Life Amount—EE	\$10,000 increments, \$500,000 maximum
Life Amount—Spouse	\$5,000 increments, to the lesser of \$100,000 or 50% of employee’s coverage
Life Amount—Child	Birth to 14 days: \$500 15 days to 19, or 26 if Full-time student: Increments of \$1,000, to \$10,000 maximum
Guarantee Issue	
Employee	\$130,000
Spouse	\$25,000
Child	\$10,000
Age Reduction Schedule	65% age 65, 50% age 70
Accelerated Death Benefit	A lump sum benefit payable if diagnosed with a terminal condition, as defined by the plan. 80% of death benefit. Minimum \$10,000 / Maximum \$500,000.
Waiver of Premium	Total Disability prior to age 60 for 9 months. Waiver to age 65 if qualified, or no longer disabled.
Conversion / Portability	Both included. Must contact Guardian within 31 days after your group coverage ends.

Provider	Guardian Life
Cost Share	Employee Paid
Website	guardian anytime.com
Phone	888-600-1600
Group #	00580195

Evidence of Insurability (EOI) Rules - EOI is a process involving answering health questions. Guardian will review your answers and they may or may not approve coverage.

- **For the 2024 Open Enrollment Period: If you currently have coverage, you may apply for additional coverage, up to two increments to the Guaranteed Issue levels above, without providing EOI.**
- Any application for amounts exceeding guarantee issue limits requires EOI. If coverage is approved, we will begin payroll deductions based on Guardian’s approval date. Until then, you will be deducted for amounts up to the guaranteed amounts only.
- **If you do not currently have coverage in place from when you were first eligible (as a new hire or a specific OE offering by Guardian) and wish to add coverage, you are required to submit EOI.**

Uprise Health- available to those enrolled in Voluntary Life Insurance

WillPrep Services – Having a will ensures that your assets are distributed according to your wishes.

Online: willprep.uprisehealth.com **User ID:** WillPrep **Password:** GLIC09 **Phone:** 877-433-6789

Voluntary Life Insurance - Cost Charts

Age	Sample Bi-Weekly Employee Life Rates									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 30	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77
30-34	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
35-39	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
40-44	\$0.74	\$1.48	\$2.22	\$2.95	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.38
45-49	\$1.52	\$3.015	\$4.57	\$6.09	\$7.62	\$9.14	\$10.66	\$12.18	\$13.71	\$15.23
50-54	\$2.08	\$4.15	\$6.23	\$8.31	\$10.38	\$12.46	\$14.54	\$16.62	\$18.69	\$20.77
55-59	\$3.46	\$6.92	\$10.38	\$13.85	\$17.31	\$20.77	\$24.23	\$27.69	\$31.15	\$34.62
60-64	\$4.85	\$9.69	\$14.54	\$19.38	\$24.23	\$29.08	\$33.92	\$38.77	\$43.62	\$48.46
65-69	\$8.45	\$16.89	\$25.34	\$33.78	\$42.23	\$50.68	\$59.12	\$67.57	\$76.02	\$84.46
70-74	\$13.11	\$26.22	\$39.32	\$52.43	\$65.54	\$78.65	\$91.75	\$104.86	\$117.97	\$131.08
75+	\$13.11	\$26.22	\$39.32	\$52.43	\$65.54	\$78.65	\$91.75	\$104.86	\$117.97	\$131.08

Age	Sample Bi-Weekly Spouse Life Rates—Based on Employee Age				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Under 30	\$0.14	\$0.28	\$0.42	\$0.55	\$0.69
30-34	\$0.16	\$0.32	\$0.48	\$0.65	\$0.81
35-39	\$0.21	\$0.42	\$0.62	\$0.83	\$1.04
40-44	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85
45-49	\$0.76	\$1.52	\$2.28	\$3.05	\$3.81
50-54	\$1.04	\$2.08	\$3.12	\$4.15	\$5.19
55-59	\$1.73	\$3.46	\$5.19	\$6.92	\$8.65
60-64	\$2.42	\$4.85	\$7.27	\$9.69	\$12.12
65-69	\$4.22	\$8.45	\$12.67	\$16.89	\$21.12
70-74	\$6.55	\$13.11	\$19.66	\$26.22	\$32.77
75+	\$6.55	\$13.11	\$19.66	\$26.22	\$32.77

Bi-Weekly Child Life Rates Per \$1,000									
\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.05	\$0.11	\$0.16	\$0.21	\$0.27	\$0.32	\$0.37	\$0.43	\$0.48	\$0.54

Legal Shield & Identity Theft

We are partnered with Legal Shield to provide a comprehensive and affordable offering of legal and/or identity theft protection. Legal Shield maintains a nationwide network of provider law firms in all 50 states and 4 Canadian provinces with an average of 20+ years of experience. Covered members have direct access to attorneys who respond to calls within 4 hours or less. Members can expect document review completed or letters or phone calls to resolve a complaint completed within 3 business days. Identity Theft is also offered at an affordable price as shown below.

Provider
Legal Shield

Cost Share
Employee Paid

Website
Legalshield.com

Area of Law	Subjects Covered
General	Office Consultation, Telephone Advice, Document Review, 24/7 Legal Access, Mobile App
Auto	Driver's License Restoration, Traffic Violations, Traffic Tickets, Property Damage Claims
Family	Adoption, Conservatorship, Domestic Violence Protection, Guardianship, Juvenile Court Proceedings, Name Change, Prenuptial Agreements, Administrative Hearings
Financial	Affidavits, Bankruptcy, Consumer Protection, Contracts, Financial Disputes, Debt Collection, IRS Audit Protection, Rental Agreements, Medicare & Medicaid Disputes, Promissory Notes, Social Security Disputes, Veterans Benefits Disputes
Home	Contractor Disputes, Deeds, Landlord/Tenant Issues, Foreclosure, Neighbor Disputes & Easements, Refinancing, Purchase/Sale of Home, Real Estate Contracts & Financial Disputes, Small Claims Assistance, Zoning Variances, Mortgages
Estate Planning	Living Wills, Power of Attorney, Probate, Living Trusts, Codicils

Bi-Weekly Rates	Individual Price	Family Price
Legal Shield	\$8.75	\$8.75
Identity Theft Shield	\$4.13	\$8.75
Both Combined	\$12.88	\$15.65



Worksite Insurance Options

We offer associates the option of purchasing Accident, Hospital Indemnity, and Critical Illness through Guardian. Coverages are available for you, your spouse and/or dependent children.

Provider

Guardian Life

Cost Share

Employee Paid

Website

guardian
anytime.com

Phone

888-600-1600

For your 2024 Open Enrollment opportunities, you may enroll in the Guardian Worksite coverages below, subject to Proof of Insurability if you are beyond your initial eligibility period for benefits. Pre-existing limitations may apply.

Critical Illness

- Wellness Benefit included: \$100 per insured person per calendar year
- Employee benefit options: \$5,000 to \$50,000 in increments of \$1,000 (minimum amount employee can elect is \$5,000)
- Spouse benefit options: \$5,000 to \$50,000, in increments of \$1,000 (100% of Employee election)
- Child benefit options: 25% of the employee's benefit (at no additional cost)
- Guarantee issue: Employee & Spouse \$30,000 / Child - All Amounts
- Portable
- Examples of covered conditions: cancer, heart failure, stroke, coronary by pass graft surgery, end stage renal failure, major organ failure, brain tumor, and many more...

Accident Insurance

- 24 Hour Coverage
- Wellness Benefit included: \$50 per insured person per calendar year
- Pays a set amount based on the injury and treatment received
- No medical questions or exams in order to be covered
- Coverage options: Employee, Employee & Spouse, Employee & Child(ren), or Family
- Portable

Hospital Indemnity

- Wellness Benefit included: \$50 per insured person per calendar year
- Hospital Admission: \$1,000 per insured per calendar year
- Hospital Confinement: \$100 per day, up to 15 day maximum per calendar year
- ICU Confinement: \$200 per day, up to 15 day maximum per calendar year

Retirement Savings Plan

Our company sponsored 401(k) Retirement Savings plan represents one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible.

Provider

Empower

Cost Share

Employer

Match

Employee
Contribution

Website

Empowermy
retirement.com

Associates make contributions on a pre-tax basis reducing current Federal, State, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may elect to contribute 1% to 100% of your pay up to the IRS Contribution Limits.

Internal Revenue Service (IRS) regulations limit the annual amount of your salary deferral contributions to **\$22,500 for 2023** (2024 Limits have not been announced by the IRS. It is estimated that this amount will increase to \$23,000). Associates who are age 50 or older by the end of the calendar year may defer an additional **\$7,500** in catch-up contributions for a total contribution limit of **\$30,000**. (the 2024 IRS total contributions limit amount has not been released by the IRS. It is expected to rise to \$30,500)

Benefit Detail	401(k) Retirement Plan
Enrollment	You may enroll and begin contributing on the first day of the quarter after 30 days from your date of hire
Automatic Contribution Arrangement	Associates are automatically enrolled at 4% and automatically increased by 1% each year until a max of 8% has been reached unless they opt-out or make their own elections.
Contributions	1% - 100% up to IRS Contribution Limits
Employer Match	100% on the 1st 4% of deferrals
Vesting Schedule	
Employee Contributions	Immediately, 100%
Employer Match	2 years of service 20% 3 years of service 40% 4 years of service 60% 5 years of service 80% 6 years of service 100%

Legislative Notices

Summary of Material Modification (SMM) for Benefit Plans that are subject to ERISA

This Benefit Enrollment Guide is your Summary of Material Modification (SMM). Please keep a copy of the SMM with your Summary Plan Description (SPD) for each plan, as these documents must be read together for a full understanding of your benefits. Printed or electronic copies are available upon request from the Human Resources/Benefits Department.

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

State	Phone	Web Site
North Carolina	919-855-4100	https://medicaid.ncdhhs.gov/
South Carolina	1-888-549-0820	https://www.scdhhs.gov
Virginia	1-800-432-5924	https://www.coverva.org/en/famis-select
Georgia	678-564-1162 ext 2131	https://medicaid.georgia.gov/health-insurance-

To see if any other states have added a premium assistance program since July 31, 2022, 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) or 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.

Legislative Notices

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

To request special enrollment or obtain more information, contact Human Resources.

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act Annual and Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under our plans. Therefore, the deductibles and coinsurance that apply can be found on **pages 12-15** of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, **United Healthcare**.

Legislative Notices

Genetic Information Nondiscrimination Act “GINA”

On November 9, 2010, the Equal Employment Opportunity Commission (“EEOC”) issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act (“GINA”), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer’s deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

What is Genetic Information?

- Genetic information is defined broadly to include:
- Genetic tests of an individual or a family member;
- The manifestation of a disease or disorder in an individual’s family medical history;
- An individual’s request or receipt of genetic services;
- Participation in genetic clinical research by an individual or a family member; and
- The genetic information of a fetus carried by an individual or a pregnant family member using assisted reproductive technology. Information about the sex or age of an individual or a family member, however, is specifically excluded from the definition of genetic information.

The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA’s requirements:

- Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
- Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness for duty forms, to include the new safe harbor language.
- Review and revise employee handbooks or other EEO statements and antidiscrimination/ anti-retaliation policies to include genetic information in the list of protected traits.
- Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
- Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
- Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
- Confirm that all company sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website: designed to help employers comply with GINA’s requirements: <http://www.eeoc.gov/laws/statutes/gina.cfm>

Legislative Notices

Health Care Reform Requirements

Under the 2010 Patient Affordable Health Care Act, we are required to provide a Summary of Benefits and Coverage (SBC) to all Associates. As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a SBC, which summarizes important information about any health coverage option in a standard format, to help you compare across options. You are responsible for providing a copy of the notice to your dependents who are covered under the plan.

The SBC contains:

- Comparison of medical plans
- Glossary of terms
- Claim examples

A paper copy is available, free of charge, by calling Human Resources. Reviewing the SBC is an important part of selecting or renewing your health care choices.

Women's Preventive Services

Non-grandfathered plans and issuers are required to provide coverage without cost sharing consistent with these guidelines in the first plan year that begins on or after August 1, 2012.

- A. Gestational diabetes screenings for pregnant women
- B. Human Papilloma Virus (HPV) DNA testing for women >29 every three (3) years
- C. Counseling on Sexually Transmitted Infections (STIs) for sexually active women
- D. Annual HIV screening and counseling for sexually active women
- E. At least one (1) Wellness Preventive Care visit annual for adult women. More if needed to cover all preventive services.
- F. Annual screening/counseling for interpersonal/domestic violence for women
- G. Breastfeeding counseling for pregnant/post-partum women
- H. Certain breast pumps for pregnant/post-partum women
- I. Contraceptives/Sterilizations for women with reproductive capacity
- J. The following contraceptive methods (with a prescription) for women with reproductive capacity:
 - Cervical caps
 - Diaphragms
 - Injections
 - Implantable Rods
 - IUDs
 - Generic oral contraceptives
 - Transdermal contraceptives
 - NuvaRing[®]
 - Emergency contraception (aka "the Morning After pill")

Contact Information

<p>Human Resources Department Phone: 704-399-9700</p>	<p>SIE HOLDINGS, INC.</p> 
<p>For questions on Medical & Prescription Drugs, Call UHC at: 866-844-4864 or Log on to www.myuhc.com</p>	
<p>For questions on Mail Order Prescription Drugs, Call OptumRx at: 866-844-4864 or Log on to www.optumrx.com</p>	
<p>For questions regarding Dental, Vision, Life Insurance or Disability Benefits, Call Guardian Life at: 888-600-1600 or Log on to www.guardiananytime.com</p>	
<p>For questions regarding HRA or Flexible Spending Accounts, Call Flores & Associates at: 800-532-3327 or Log on to www.flores247.com</p>	
<p>For questions regarding Critical Illness, Accident and Hospital Indemnity policies, Call Guardian Life at: 888-600-1600 or Log on to www.guardiananytime.com</p>	
<p>For questions regarding 401(k) Retirement Savings, Call Empower at 855-756-4738 or Log on to www.empowermyretirement.com</p>	

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

SIE HOLDINGS, INC.



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