ADVANCED RECOVERY SYSTEMS

2024-2025

EMPLOYEE BENEFITS GUIDE

FOR BENEFITS EFFECTIVE:

9/1/24 – 8/31/25

Welcome to Your 2024-2025 Benefits!

INSIDE THIS GUIDE

As an Advanced Recovery Systems employee, you have choices in a comprehensive and valuable benefits program that you can match to your own personal situation.

Enrollment Deadlines

To enroll/change your benefits, you must login to ADP at **www.workforcenow.adp.com** (see enrollment instructions on page 3).

- For new hires, benefit coverage is effective the first of the month following your hire date. We encourage you to make your benefit elections within the first few days after hire. You have a 30 day window to enroll and after that window closes, you will not be able to enroll/make changes until the next Open Enrollment period. The exception would be if you experience a qualifying life event during the year (as described on page 4).
- For Annual Open Enrollment, new enrollments and coverage changes will be effective 9/1/2024.

If you miss your enrollment deadline, you will not be able to make changes/enroll until the next Open Enrollment period. The exception would be if you experience a qualifying life event during the year (as described on page 4).

Benefits MAC

You may contact the Benefits Member Advocacy Center (Benefits MAC) for questions regarding your benefits. For more information, see page 17 of this guide.

To contact the Benefits MAC, call **800.563.9929**, email **cssteam@connerstrong.com** or go to **www.connerstrong.com/memberadvocacy**.

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm ET, After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

Questions?

If you have any questions about the enrollment process, please contact HR Support:

- **HRHelpdesk@advancedrecoverysystems.com**
- Or call: **855.618.1316**

HOW TO ENROLL

ADP Online Enrollment

- Login to ADP at **https://workforcenow.adp.com**
- Select the **Myself** tab, **Benefits, Enrollments.**
- Select **Start Enrollment**.

1. **Manage Dependents**
   - Add dependents and beneficiaries that will be assigned to your benefit elections.
2. **Select Benefits**
   - Select **Walk Me Through My Benefit Options, then click continue on the bottom right.**

Begin by selecting Medical on the left under Welcome

- Select **View all Plans or Waive benefit**. If applicable, select the dependent(s) you want to cover and then select your plan. Select **Confirm details.**
- Continue to review each of the remaining benefit plans offered and elect the plans you wish to enroll in.
- The system will require you to open each of the benefits choices. A **green** check will appear to the right of each benefit you have viewed. A check mark **does not** mean that you have enrolled in the benefit.
- Please note as you progress down the list, you will need to scroll up to see the plan info.
- If you are eligible, you will be auto-enrolled in Basic Life. Beneficiary designations are required for Basic Life and Employee Supplemental Life plans. Be sure to stop and make those designations.
- If you are waiving coverage, some plans will require that you note a reason for waiving.

Health Savings Account and Flexible Spending Accounts (FSAs)

- Enter the amount you want deducted ***per pay period*** (these elections are for the calendar year and there are 24 deductions per year).
- When you input your contribution amount, the system will show your annual contribution amount.
- You can review your benefit elections and print the page for your records.
- Next to ***Print this Page*** at the top, you show plan cost by ***month*** or by ***pay period***.
- On the final page, any plans you have waived are displayed on the bottom of the screen or select **View Waived Plans** on the top right.
- On the bottom, you can select **Return to Choose Plans** if you want to make any changes to your selections or **Finish Later.**
- Select **Complete Enrollment** to submit your elections for approval and processing.
- Finally, print your enrollment summary for your records

Please Note:

- Coverage is effective the first of the month following your hire date. We encourage you to enroll in benefits within the first few days after hire.
- If you do not complete your enrollment within 30 days of your hire date, you will not be able to elect coverage until the next Annual Open Enrollment.
- If you **do not** complete your enrollment, the system removes the **green** checks and will require you to view all of the plans again. Benefit elections that have been saved but not submitted will not be processed and will be removed when your enrollment window closes.

Reminder:

Don't forget to review your covered dependents and beneficiaries!

IMPORTANT BENEFITS INFORMATION

Employee Eligibility

Except where otherwise noted, you are eligible to participate in the benefits program if you are a regular Full-Time employee. The benefits you elect begin on the first day of the month following your hire date.

If you begin work as a Part-Time or On-Call (Per Diem, PRN) employee for at least 30 days and become Full-Time, you will be eligible to participate in the benefits program on the first of the month following the date you become Full-Time.

If your job status changes from Full-Time to Part-Time or On-Call, your benefit coverage will end on the last day of the month that your status changes. If you are enrolled in medical, dental, and/or vision coverage continue these benefits at your own expense per the COBRA regulations.
If you return to benefit eligible status within six months after your termination date, your benefit elections will all be reinstated effective on the first of the month after regaining eligibility status.

Dependent Eligibility

If you are eligible and enroll, you may also enroll your eligible dependents. Eligible dependents include :

- Legal spouse
- Domestic partner
- Children to age 26 (including)
  - Biological children
  - Stepchildren
  - Children who you or your legal spouse adopted or who are placed with you for adoption or foster care
  - Children for whom legal guardianship has been awarded to you or your spouse.
  - Children for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMSCO) or other court or administrative order.
  - Children of any age if they are mentally or physically disabled and dependent on you for support.

(Note: You will need to provide proof of your child's disability from a physician certifying that he or she was disabled before reaching the eligibility age limit and is incapable of self-sustaining employment.)

When Dependent Coverage Ends

Coverage for your dependent child(ren) will end at the end of the month in which they reach the maximum age.

FLORIDA ONLY:
Dependent child(ren) may continue medical coverage until age 30 if the dependent is unmarried with no dependents of their own and not eligible for or enrolled in any other health plan, and either a resident of Florida or a full or part time student.

Refer to the *Certificate of Coverage* for each benefit type for more information on dependent qualifications and continuation of coverage.

Qualifying Life Events

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as:

- Marriage
- Divorce
- Death of a spouse or a dependent
- Birth or adoption of a child
- Gain or loss of coverage due to change of employment for your spouse or dependent child.
- Work status change for you that affects benefits eligibility

You must notify Human Resources <u>and</u> make the requested changes in the system within 30 days of experiencing a qualifying life event. If you do not make this notification within 30 days, you must wait until the next annual Open Enrollment period to make any changes. Documentation may be required.

MEDICAL PLAN OPTIONS: AETNA

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	POINT OF SERVICE PLAN (POS)
IN-NETWORK BENEFITS		
Deductible [1] Individual/Family	$3,000 / $6,000	$1,500 / $3,000
Out-of-Pocket Maximum [1, 2] Individual/Family	$5,000 / $10,000	$5,000 / $10,000
Preventive Care Services	Covered 100%	Covered 100%
PCP Office Visit	You pay 10% after deductible	$30 copay
Specialist Office Visit	You pay 10% after deductible	$55 copay
Maternity Prenatal and Postnatal Care Delivery and Inpatient Services	You pay 10% after deductible	You pay 30% after deductible
X-Ray/Imaging (MRI, MRA, PET, CT-Scan)	You pay 10% after deductible	$250 copay
Emergency Room [3] (per visit)	You pay 10% after deductible	$350 copay (waived if admitted)
Urgent Care Center (per visit)	You pay 10% after deductible	$60 copay
Inpatient Hospital	You pay 10% after deductible	You pay 30% after deductible
Outpatient Surgery Ambulatory Center Hospital	You pay 10% after deductible You pay 10% after deductible	You pay 30% after deductible
Mental Health/Substance Abuse (Inpatient/Outpatient)	You pay 10% after deductible	$0
OUT-OF-NETWORK BENEFITS* **		
Deductible [1, 3] Individual/Family	$5,000 / $10,000	$4,500 / $9,000
Out-of-Pocket Maximum [1, 2, 3] Individual/Family	$10,000 / $13,700 per person up to $20,000 Family	$11,000 / $22,000
Coinsurance (% Plan Pays)	You pay 50% after deductible	You pay 50% after deductible
PHARMACY (EXPRESS SCRIPTS)		
Retail Pharmacy (30-day supply)		
– Generic	You pay 10% after deductible	$15 copay
– Preferred Brand Name	You pay 10% after deductible	$50 copay
– Non-Preferred Brand Name	You pay 10% after deductible	$80 copay
Mail Order (90-day supply)		
– Generic	You pay 10% after deductible	$38 copay
– Preferred Brand Name	You pay 10% after deductible	$125 copay
– Non-Preferred Brand Name	You pay 10% after deductible	$200 copay

MEDICAL PLAN PER PAY CONTRIBUTIONS (BASED ON 24 PAY PERIODS)

TIER	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	POS PLAN
Employee Only	$68.74	$146.20
Employee & Spouse	$291.36	$631.96
Employee & Child(ren)	$225.24	$444.76
Employee & Family	$414.78	$853.25

[1] Deductible and Out-of-Pocket Maximums are based on a calendar year and will reset on January 1. Expenses incurred in 2024 prior to the renewal will count towards the new high deductible and out-of-pocket maximum that went into effect on 9/1/2024.

[2] Includes deductible, coinsurance, copayments and eligible prescription drug expenses.

[3] Out-of-Network Emergency Room services are covered same as in-network under all plans. Out-of-Network Inpatient hospital services under the POS plan are subject to a $500 per admission fee in addition to applicable deductible and coinsurance.

UNDERSTANDING YOUR MEDICAL PLANS

Understanding How Your Medical Plan Options Work

Both medical plan options utilize the same PPO network of providers. Out-of-network coverage is also available but will cost you more out of pocket.

For both plans, deductibles and out-of-pocket maximums are measured by calendar year and reset on January 1st. However, the plans differ in how expenses count toward the deductible and out-of-pocket maximums.

HDHP PLAN:

If you enroll your family members, all eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. **This plan includes a combined Medical/Pharmacy plan deductible.**

After the family out-of-pocket maximum of $10,000 has been met by a combination of family members, each member's expenses will be covered at 100% for the remainder of the calendar year. **This plan includes a combined Medical/Pharmacy out-of-pocket maximum**.

POS PLAN:

Each eligible family member has to meet his or her own deductible. Once the family deductible has been met the plan will pay covered expenses for each eligible family member based on the coinsurance level of the plan.

After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses for the remainder of the calendar year. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses for the remainder of the calendar year. **This plan includes a combined Medical/Pharmacy out-of-pocket maximum.**

PROVIDER SEARCH DIRECTORY

Aetna Choice POS II Network

It's Easy to Find Doctors and Hospitals in Your Network!

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II Network. It's easy when you use the online Provider Directory from Aetna. With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

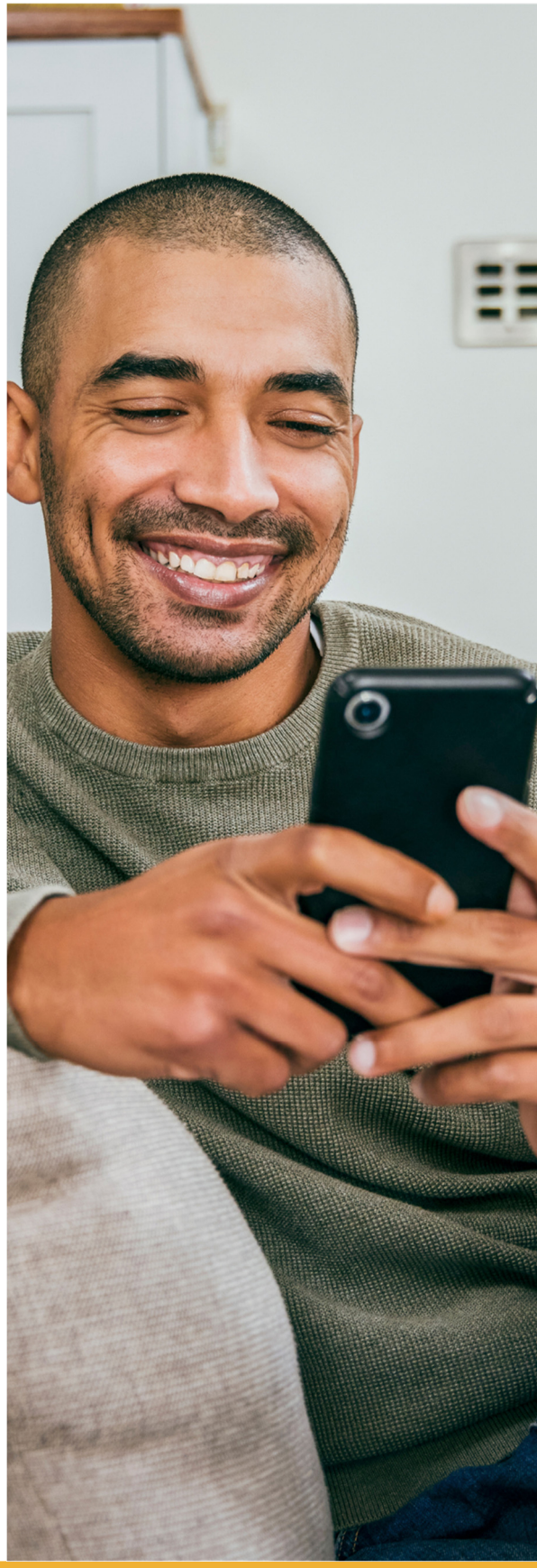
Why Choose a Primary Care Physician (PCP)?

Your PCP knows your health care needs, so they can help manage your health and coordinate your care. To find and choose a PCP, use the "Find a Doctor" tool on your Aetna member portal.

Find Aetna Providers Online

You can use the Provider Search Directory anywhere you have internet access. Just:

1. Visit **www.aetna.com**.
2. Click on "**Find a Doctor**" and if not yet enrolled, choose "**Plan from an employer**" under "**Don't have a member account**" and continue as a Guest.
3. Enter the Zip code, city, county, or state of the desired geographical area and click "**Search**"
4. "Scroll down and choose "**Aetna Choice POS II (Open Access)**" and "**Continue.**"
5. Use the search box, which includes type-ahead suggestions that will present provider, facility, specialty and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. "**What do you want to search for near**" (will display your chosen location) OR The guided flow search uses some of the most commonly searched terms and easily organizes them for users to find. To use the guided search flow, choose and click on one of the categories under "**Find what you need by category**."
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the "**Filter & Sort**" option.



HEALTH SAVINGS ACCOUNT

(For those enrolled in the HDHP plan option only)

Employees who elect the HDHP medical plan may contribute towards a Health Savings Account (HSA), administered by WEX.

An HSA is an employee owned, tax-exempt savings account designed to pay for qualified health care expenses, such as deductibles, copays, coinsurance, dental care, vision, LASIK surgery and prescriptions.

Contributions to your HSA are made on a pre-tax basis via payroll deductions and Advanced Recovery Systems will match 50% of employee contributions (up to the lesser of $1,500 or the IRS maximum). **Any unused balance in your HSA will roll over into the next year and the account is portable, meaning you take it with you should you leave the company.**

HSA Highlights

- In the 2024 calendar year, HSA account holders can choose to save up to $4,150 for individual coverage and $8,300 for family coverage.
- HSA account holders ages 55 and older are able to save an additional $1,000 in funds for eligible expenses.
- Changes to your HSA contribution election can be made at any time throughout the year.

HSA Restrictions

- You cannot open an HSA unless you are enrolled in the HDHP plan.
- You cannot contribute to an HSA if you are 65+ and receiving Social Security/Medicare benefits.
- You cannot have a balance in a Healthcare Flexible Spending Account (FSA).
- You can use your HSA for expenses associated to your dependent but only if the dependent is your tax dependent.

HEALTHCARE FSA

(For employees enrolling in the POS plan option or those waiving coverage and not enrolled elsewhere under a qualified HSA)

Employees who enroll in the POS plan may contribute toward a Healthcare Flexible Spending Account (FSA). The plan is administered by WEX.

The FSA allows you to set aside pre-tax dollars to pay for eligible health care expenses. You can elect to contribute up to $3,200 in the 2024 calendar year using pretax payroll deductions. An Open Enrollment for the FSA is held each Fall for the next calendar year.

- Funds must be used for expenses incurred in that current plan year.
- You can roll over up to $640 in unused expenses from year to year.
- Contribution amounts cannot be changed once elected without a qualifying event.
- Unused funds in excess of $640 for the plan year are forfeited.

DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

TELEMEDICINE: TELADOC

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. Employees enrolled in a company medical plan can use readily available technology and tools — toll-free number, secure website, or mobile app — to consult with a U.S. board certified physician.

In addition to lowering costs, telemedicine can help improve outcomes, speed recovery, and shorten absences, getting you back on track more quickly.

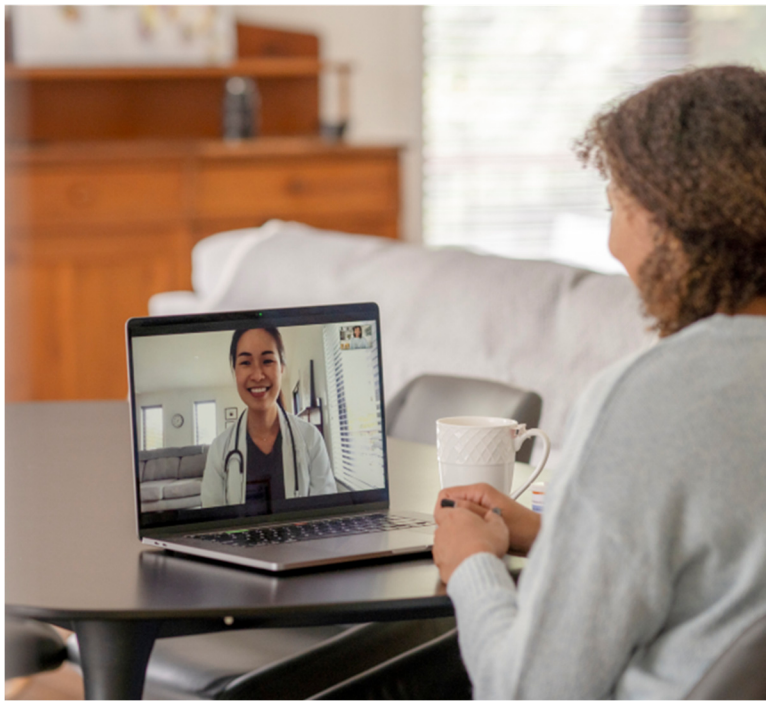
Convenient Care from Board-Certified Physicians

Eligible employees and their dependents can consult with a licensed physician by: calling a toll-free number; logging into a secure website; or using the mobile app. Physicians can prescribe medication when needed. A wide range of non-emergency conditions may be treated, including:

- Acne
- Allergies
- Cold and flu
- Constipation
- Cough
- Diarrhea
- Dermatology*
- Urinary tract infections
- Ear problems
- Fever
- Headache
- Insect bites
- Mental Health Services*
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Vaginitis
- Vomiting

** Minimal fee applies*

To further reduce your out-of-pocket costs, consider using Teladoc instead of the emergency room or an urgent care center. **This service is available 24/7 at no cost to employees and their eligible dependents.**



To Take Advantage of This Great Benefit and to Activate and Set Up Your Account:

- Visit **https://member.teladoc.com/signin** or
- Call **1.800.Teladoc (835.2362)**
- Go to **Teladoc.com/Mobile** to learn more or download the mobile app from the App Store or Google Play.

Employees and their eligible dependents, who are enrolled in an ARS medical plan, have access to the Teladoc benefit. This service is offered at no cost to employees.

MAXIMIZE YOUR MEDICAL & PHARMACY BENEFITS

Take Advantage of Preventive Care Services Covered at 100%

Both medical plans cover eligible expenses for qualified preventive care, such as annual checkups, routine physicals, lab work, mammograms, pap smears, and other health screens at 100%, no deductible, coinsurance or copayments.

Save with Generic Drugs

A generic drug is a less expensive version of a brand drug. Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are and meet the same standards set by the FDA. **The major difference is that the generic drug often costs much less.**

Use Mail Order to Fill Prescriptions for Maintenance Medications

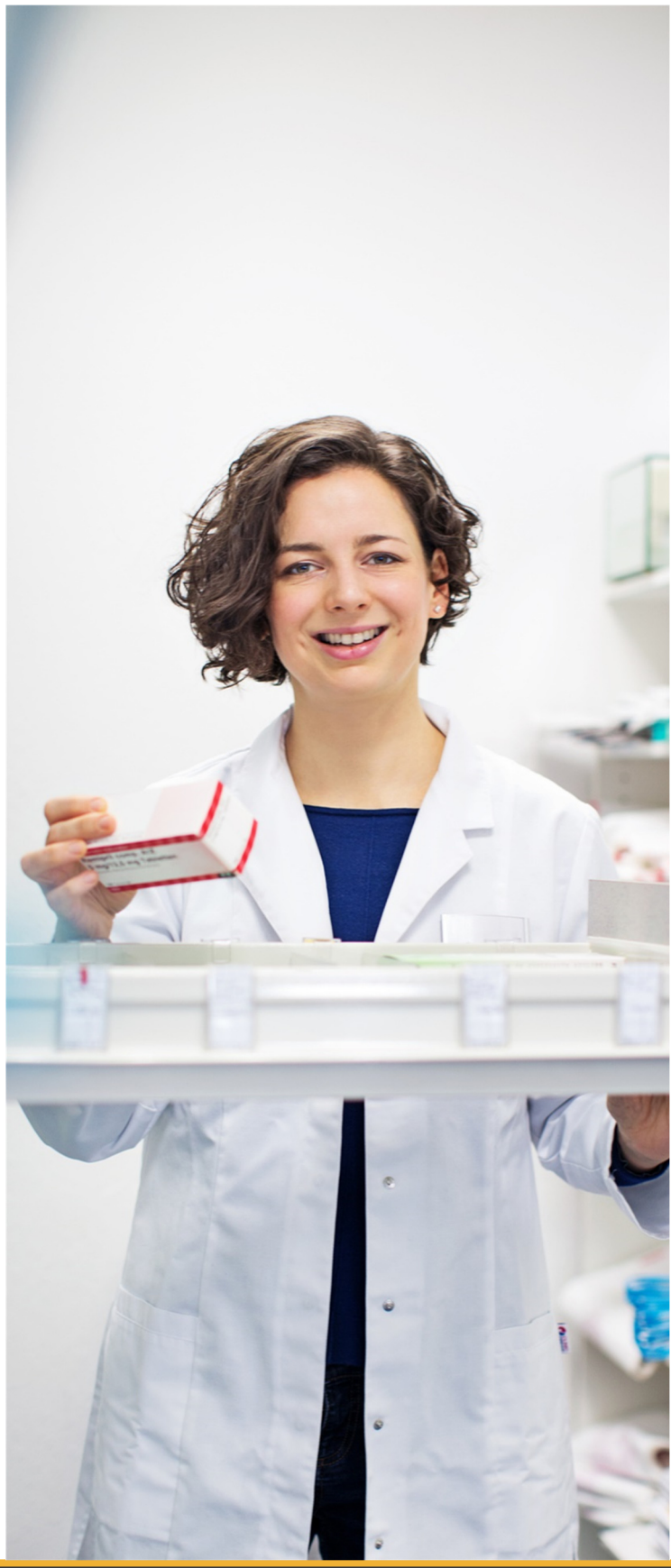
Using Express Scripts Home Delivery (mail order program) for your maintenance medications will save you money. You will receive up to a 90-day (3-month) supply for the cost of 2.5 monthly retail copays. In addition to the savings you'll receive, your prescriptions will be conveniently delivered right to your home.

Remember to request a 90 day prescription from your provider if you use pharmacy mail order.

Compare Prescription Drug Prices and Save with GoodRx

GoodRx is a valuable resource that allows you to compare prescription drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

It is important to note that prescription drugs processed through GoodRx may be outside of our group insurance plan. Consult your pharmacist for details on how a claim processed through GoodRx affects your deductible and out-of-pocket limits.



SUPPORT SERVICES: HEALTH ADVOCATE

(Available to employees enrolled in the medical plan)

Navigating the health care system can be difficult. That's why we offer you the resources of Health Advocate. Health Advocate is staffed by registered nurses and supported by physicians to provide you and your family members with professional and confidential support when you need it. This service is provided at no cost to you.

Starting Life's Journey

- **Find the right doctors**, including pediatricians, specialists, hospitals and facilities.
- **Act as an ongoing resource** for you and your growing family.
- **Weigh pros and cons of staying on parent's health plan**; understand coverage options for adult children over 26.

Staying the Course

- **Explain health conditions,** diagnoses and treatments; research treatment options.
- **Explain benefits** and your share of the costs to help make the right choices for your care.
- **Understand coverage;** resolve claims and billing issues.

Aging and Retirement

- **Guide the transition from traditional insurance to Medicare**; locate supplemental insurance options.
- **Arrange doctor appointments**, including with hard-to-reach specialists, transportation services and more.
- **Locate the right facilities** from assisted living to skilled nursing, long-term care and memory-impaired facilities.

To Contact Health Advocate

Contact Health Advocate by phone at **866.695.8622** or email **answers@HealthAdvocate.com** (Monday through Friday from 8 a.m. to 9 p.m. Eastern time). You can also reach Health Advocate after hours and on weekends. Visit the website at **HealthAdvocate.com/members**.

2024/2025 WELLNESS PROGRAM

Advanced Recovery Systems cares about your health and well-being. Here's what you need to know to receive a $40 per month premium discount on your health insurance, effective September 1, 2025.

When you complete the steps below and turn in your proof of completion **by July 31, 2025** you can earn a discount on your medical plan premium starting **September 1, 2025.**

1. **COMPLETE A PHYSICAL EXAMINATION** from your Primary Care Physician (PCP) **between July 1, 2024 and July 31, 2025**.

   Note: Please be sure your visit is coded as preventative and not an office visit to ensure that you will not be billed. Preventative exams are covered 100%.

2. **COMPLETE A NON-NICOTINE USER CERTIFICATION** certifying that you have not used nicotine products in any form for the past 90 days.

   If you are a nicotine user and complete an approved nicotine cessation program before July 31, 2025, you will become eligible for the employee premium discount **beginning September 1, 2025**.

Advanced Recovery Systems' 2024/2025 Wellness Program

Complete the outlined wellness initiatives by July 31, 2025 to get a discount on your health insurance contributions, effective September 1, 2025.

Preventing disease and detecting medical issues early is the best way to Live Well and Be Well!

Proof of an annual preventive exam is required every year to earn the discount. By completing this step annually, employees enrolled in the medical plan can earn a $40 per month premium discount beginning on September 1, 2025.

If you have additional questions on the Wellness program, please contact HR at HRHelpDesk@advancedrecoverysystems.com. Completed forms should be submitted to HRHelpDesk@advancedrecoverysystems.com.

VOLUNTARY DENTAL BENEFITS: CIGNA

You have two choices for dental benefits, the Dental PPO Low Plan and the Dental PPO High Plan, or you can waive coverage. To locate in-network dentists call **800.244.6224** or go to **www.cigna.com**:

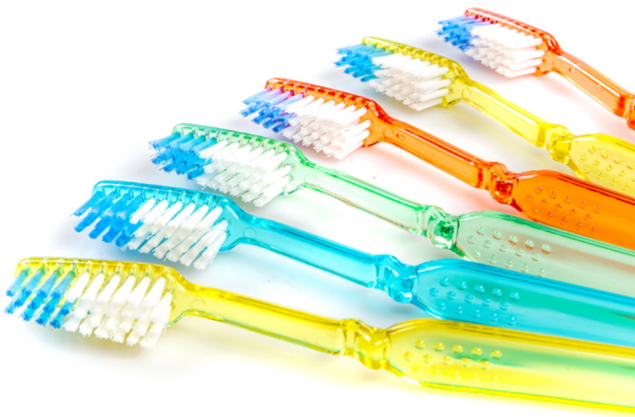
- Click on **"Find a Doctor"** at the top of the screen.
- Then, on the next screen, choose the **"Employer or School"** option.
- Next, enter your city, state, or zip code. Click on **"Doctor By Type",** then choose a General or Pediatric dentist from the drop-down menu. Press **"Search"**
- Select "**Continue as Guest**" (unless you have already registered for **www.mycigna.com**).
- Click **"Continue"** then select the **"Total Cigna Dental PPO (Cigna DPPO Advantage and Cigna DPPO)"** network

	DENTAL LOW PPO PLAN	DENTAL HIGH PPO PLAN
	COMBINED IN-NETWORK AND OUT-OF NETWORK	COMBINED IN-NETWORK AND OUT-OF NETWORK
Calendar Year Deductible* Individual/Family	$50 / $150	$50 / $150
Calendar Year Maximum (per patient)	$1,450	$2,450
Preventive & Diagnostic Services Two routine exams per calendar year, includes x-rays and cleanings	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic Services Restorative fillings, endodontics, root canal, periodontal services	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services Crowns, inlays, onlays, bridges, dentures, implant services, oral surgery	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Benefits (for children up to age 19)	Plan pays 50% up to $1,000	Plan pays 50% up to $2,000
Orthodontia Lifetime Maximum (per patient)	Plan pays 50% up to $1,000	Plan pays 50% up to $2,000
Out-of-Network Reimbursement Level	80th Percentile of Usual and Customary	90th Percentile of Usual and Customary

* Only applies to Basic and Major Services.

DENTAL PLAN CONTRIBUTIONS (BASED ON 24 PAY PERIODS)

	DENTAL LOW PPO PLAN	DENTAL HIGH PPO PLAN
Employee Only	$16.49	$18.90
Employee & Spouse	$32.76	$37.54
Employee & Child(ren)	$39.47	$43.35
Employee & Family	$59.99	$66.53



VOLUNTARY VISION BENEFITS: CIGNA

If you enroll in the Vision Plan, your benefits are available through any vision care professional you choose. However, using Cigna's vision network providers will save you money. In addition, when using an out-of-network provider, you are required to pay the provider in full at the time of services and file a claim for reimbursement. The amount you receive will likely be less than what your out-of-network provider charges.

To locate in-network vison providers call **888.353.2653** or go to www.**Cigna.com:**

- Click on **"Find a Doctor"** at the top of the screen.
- Then on the next screen, choose the **"Employer or School"** option.
- Scroll down to "Additional Resources" and under the Vision heading, select **Cigna Vision Directory (Serviced by EyeMed)**
- Enter your search criteria and hit **"Enter"**

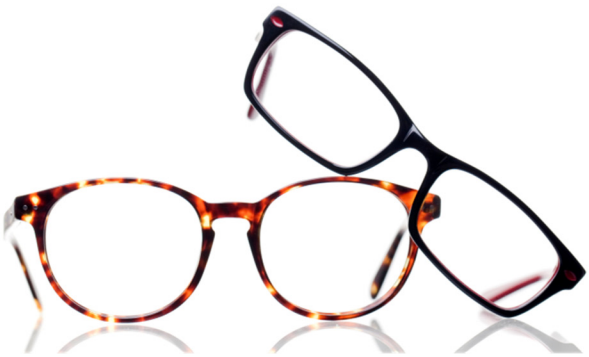
CIGNA VISION PLAN

	IN-NETWORK	OUT-OF NETWORK
Exam	$10 copay	Plan pays $45 allowance
Frames	Plan pays up to $180 plus 20% over the $180 allowance	Plans pays $100 allowance
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	Plan pays 100% after $25 copay for standard corrective lenses	Plan pays allowances: $32 $55 $65 $80
Contact Lenses (in lieu of eyeglasses)	Plan pays $200 for elective Covered 100% for therapeutic	Plan pays $160 allowance for elective $210 allowance for therapeutic
Frequency Vision Exam Lenses Frames Contact Lenses	 Every 12 months Every 12 months Every 12 months Every 12 months	 Every 12 months Every 12 months Every 12 months Every 12 months

VISION PLAN CONTRIBUTIONS (BASED ON 24 PAY PERIODS)

	CIGNA VISION PLAN
Employee Only	$2.54
Employee & Spouse	$4.81
Employee & Child(ren)	$5.65
Employee & Family	$7.94

When you see a Cigna Vision Network Professional, you can save 20% (or more) on additional pairs of frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.



LIFE AND AD&D INSURANCE: PRUDENTIAL

Life and Accidental Death and Dismemberment (AD&D) Insurance is an important part of your financial security, especially if others depend on you for support. **All regular Full-Time employees are eligible for Company-paid Basic Life and AD&D Insurance with the option to elect Supplemental Life and AD&D Insurance.**

Basic Term Life Insurance and AD&D

The company provides Basic Term Life and Basic AD&D Insurance at no cost to you. Coverage equals one times your annual Company earnings up to $50,000 and is payable to your designated beneficiary.

Supplemental Life and AD&D Insurance

You may elect additional life and AD&D insurance as follows:

- **Employee:** 1, 2, 3, 4 or 5 times annual earnings (up to age 70) in $10,000 increments to a maximum amount of $500,000. $100,000 guaranteed issue at first eligibility only.
- **Spouse:** Up to the lesser of $100,000 or 50% of your combined Basic and Employee Supplemental Life Insurance benefit amount. $25,000 guaranteed issue at first eligibility only.
- **Child(ren):**
  - Ages 15 days to six months, $100 benefit.
  - For your dependent children ages six months to 26 years you can choose $10,000 in coverage.

  If you elect Life Insurance coverage, you will also receive an equal amount in AD&D coverage.

PLEASE NOTE:

- You will be required to complete an Evidence of Insurability (EOI) form if you wish to request coverage above the Guarantee Issue amount.

REMINDER: Don't forget to review your beneficiaries annually and update them as needed!

OTHER SUPPLEMENTAL BENEFITS

Short-Term Disability (STD)
PRUDENTIAL

You can enroll in the STD plan to continue a part of your eligible earnings following a qualifying injury or illness. You may not be eligible for benefits if you have received treatment for a condition within the past three months until the plan has covered you for at least 12 months.

Plan Highlights:

- Replaces 60% of your eligible weekly earnings up to $1,800.
- Benefits begin on the eighth day following a qualifying accident or illness.
- Benefits are payable for 12 weeks after a seven day elimination period.

Long-Term Disability (LTD)
PRUDENTIAL

You can enroll in the LTD plan, which will begin payments 90 days after a qualifying injury or illness.

- You may not be eligible for benefits if you have received treatment for a condition within the past six months until the plan has covered you for at least 12 months.
- While receiving disability payments, your contribution payments will be waived.

Plan Highlights:

- Replaces 60% of your eligible monthly earnings up a maximum of $8,000.
- Benefits begin after 90 days of disability.
- Benefits continue to Social Security Normal Retirement Age. Certain conditions or reason for disability limit benefits to 24 months.

Please be aware of these requirements for both voluntary disability plans:

- Benefits are reduced by the amount of any state and certain other disability payments you may be eligible to receive.

Other features and limitations apply. See the *Certificate of Coverage* for more information.

Group Accident Insurance
PRUDENTIAL

Pays a cash benefit for specific injuries incurred following an accident. You can use the payments to cover any expense. A specific amount is paid for each type of injury. This benefit pays independent of any health insurance plan. Be sure you understand how the plan pays benefits and any exclusions and limitations. Please refer to the Schedule of Benefits at **https://www.myarsbenefits.com/voluntary-benefits** for more information.

Group Critical Illness Insurance
PRUDENTIAL

This plan pays a cash benefit to you if you are diagnosed with a covered illness, including heart attack, coronary artery bypass graft, cancer, kidney failure, stroke and major organ transplant. You can enroll in your choice of $10,000, $20,000, or $30,000 in coverage. The benefit is payable for one or more critical illnesses. Please refer to the certificate for a schedule of covered illnesses. Rates are age-based as per $1,000 in coverage. A pre-existing condition exclusion applies for six months treated within any condition (except heart attacks and strokes) for three months before the effective date of coverage.

Group Hospital Indemnity Insurance
PRUDENTIAL

Pays a cash benefit when your admitted to a hospital following an accident, illness or for rehabilitation. You can enroll in one of two options, based on the benefit amount that would be paid to you:

- **Low Plan:** $1,500 benefit
- **High Plan:** $2,500 benefit

MetLaw® Legal Plan
METLIFE

There are many times in life when you may need the services of a qualified attorney. For $12 per pay period, MetLaw could save you and your family members hundreds of dollars in attorney fees for common legal services like:

- Estate planning documents
- Real estate matters
- Identity theft defense
- Financial matters, such as debt-collection
- Traffic offenses
- Family Law, including adoption and name change
- Advice and consultation on personal legal matters

The cost for these programs will be displayed in the ADP enrollment event.

ADDITIONAL EMPLOYEE RESOURCES

(Available to Full-Time Employees)

Employee Assistance Program

The Employee Assistance Program (EAP) offers you and your family members various services and referrals through ComPsych. These services, available at no cost to full-time employees, can help with everyday issues such as:

- **Family:** Divorce, caring for an elderly family member, returning to work after having a baby.
- **Work:** Building relationships with co-workers and managers, navigating through reorganization.
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues.
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning.
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized.
- **Health:** Anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking.
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet.

You can contact the EAP counselors at **800.311.4327** to discuss your personal needs. Representatives are available 24 hours a day, seven days a week. Your discussions are completely confidential.

You can also visit the website at **www.guidanceresources.com**, log in with Company Web ID: **GRS311**.

Grief Counseling

Facing a major loss is not easy. No matter the circumstances, whether it's a death, an illness, a divorce or even a child leaving home, there are valuable resources available to you for help. At your time of need, you and your dependents have 24/7 access to a licensed professional through ComPsych for a consultation in-person or by phone. Benefits include up to three face-to-face or telephonic counseling sessions with a local provider.

Travel Assistance

This service offers you and your dependents 24/7 access travel and concierge services when traveling away from home. Coverage includes:

- Emergency Medical Transport Services
- Medical Assistance Services
- Travel Assistance Services
- Security Assistance Services

For more information, call **855.847.2197 from** within the US or visit **www.imglobal.com**.

Will Preparation Services

EstateGuidance through ComPsych can help you secure your future by overcoming the legal, financial, and emotional barriers to estate planning. This online service allows you to create a legally binding Last Will and Testament, Living Will, and Final Arrangements document online, without the hassle or expense of hiring a lawyer. EstateGuidance walks you through the documentation process and breaks down each step into easy-to-understand terms.

401(K) RETIREMENT PLAN

Advanced Recovery Systems is pleased to continue to offer an employee retirement savings plan.

- All employees are eligible for the 401(k) plan. On the first of the month following 30 days of employment, eligible employees will be automatically enrolled in the 401(k) plan with a 1% pre-tax contribution. You have the option of changing this contribution at any time during the year. If you don't take any action, your contribution will automatically increase to by 1% each year of employment to a maximum of 3% .
- Contributions can be made to Traditional pre-tax 401(k) or (after tax) Roth.
- The company will match 50% of the first 4% of your contributions to the plan.
- Matching funds vest at 25% for each year of service, resulting in full vesting at four (4) years of service. Vesting begins from your date of hire.
- You have a variety of investment options to choose from offered through Voya Financial.
- Be sure to select your beneficiaries for your retirement plan.

Shortly after your hire date, Voya will mail you a letter and packet of information introducing you to the ARS 401(k) plan. This information will provide instructions for enrollment and registration on their website.

Once you have either proactively enrolled on the Voya enrollment center or have been auto enrolled, you will then be able to register for an account on the participant website, VoyaRetirementPlans.com. Here you will be able to make deferral changes, manage funds and designate a beneficiary.

All updates to your 401(k), including contribution changes and beneficiary designations, will be made on the Voya website.

In addition, retirement planning and investment information is available on the Voya website.

For Customer Service:

- Log into: **www.VoyaRetirementPlans.com**
- Call **800.584.6001** (Mon-Fri, 8AM-9PM ET).

ARS 401(k) Plan Information:

- Plan Number: 81A882
- Verification Number: 81A88299

If you have any questions about eligibility, contact HR at: HRHelpDesk@advancedrecoverysystems.com

If you have questions about the enrollment, plan or financial options, or the Voya website or call Voya at 800.584.6001.

BENEFIT RESOURCES

Benefits Member Advocacy Center

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

To contact the Benefits MAC, call **800.563.9929**, email **cssteam@connerstrong.com** or go to **www.connerstrong.com/memberadvocacy**.

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email within 1-2 business days of your inquiry.

BenePortal

Your benefits information in one place!

At Advanced Recovery Systems, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links, and other applicable benefit materials.

Secure Online Access

Visit **www.myARSbenefits.com** to access your benefits information today!

Mobile-friendly Site

BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

CARRIER CONTACTS

BENEFIT	CARRIER/RESOURCE	PHONE NUMBER	WEBSITE/EMAIL
Benefits MAC	Conner Strong & Buckelew	800.563.9929	www.connerstrong.com/memberadvocacy
Medical	Aetna	800.872.3862	www.aetna.com
Prescription	Express Scripts	800.282.2881	www.express-scripts.com
Dental	Cigna	800.244.6224	www.cigna.com
Vision	Cigna	888-353-2653	www.cigna.com
FSA/HSA	WEX	866.451.3399	www.wexinc.com
Telemedicine	Teladoc	800.TELADOC	www.teladoc.com
Life, Disability, and Supplemental Plans	Prudential	844.455.1002	www.prudential.com/mybenefits
EAP	ComPsych	800.311.4327	www.guidanceresources.com Company Web ID: GRS311
MetLaw Legal Plan	MetLife	833.214.4172	www.legalplans.com
401(k)	Voya	888.311.9487	www.voyaretirementplans.com
Human Resources	Advanced Recovery Systems	N/A	HRHelpdesk@advancedrecoverysystems.com

Advanced Recovery Systems reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken 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. If you have any questions about your Guide, contact Human Resources.

LEGAL NOTICES

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of coverage for Medicaid or a State Children's Health Insurance Program

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

New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

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 January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: 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): www.mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra
Phone: 678-561-1162 Press 2

INDIANA – 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

IOWA – Medicaid and CHIP (Hawki)
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

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

LEGAL NOTICES

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – 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)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
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
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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA - Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
https://www.coverva.org/en/famis-select
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

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

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 800-251-1269

LEGAL NOTICES

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Notice of Privacy Practices

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Advanced Recovery Systems health plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice or for more information on the Plan's privacy policies or your rights under HIPAA contact Wendy Mahle at 754-300-3120 extension 4013.

Important Notice from Advanced Recovery Systems 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 Advanced Recovery Systems and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Advanced Recovery Systems has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Advanced Recovery Systems coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Advanced Recovery Systems coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

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

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

Retail Pharmacy (30-day supply) HDHP Plan POS Plan

Generic $15 copay after deductible $15 copay
Preferred Brand Name $50 copay after deductible $50 copay
Non-Preferred Brand Name $80 copay after deductible $80 copay

Mail Order (90-day supply) HDHP Plan POS Plan

Generic $38 copay after deductible $38 copay
Preferred Brand Name $125 copay after deductible $125 copay
Non-Preferred Brand Name $200 copay after deductible $200 copay

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

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

For more information about Medicare prescription drug coverage: Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: September 2025
Name of Entity : Advanced Recovery Systems
Contact: Head of Human Resources
Address: One Financial Plaza, 100 SE Third Ave, Suite 1800
Fort Lauderdale, FL 33394
Phone Number: 754-300-3120 ext. 4013

INSURANCE MARKETPLACE NOTICE

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.

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 the insurance carrier's customer service number located on your ID card. 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. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

PART B: Information about Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Advanced Recovery Systems	4. Employer Identification Number 80-0964064	
5. Employer Address One Financial Plaza, 100 SE Third Ave, Suite 1800	6. Employer phone number 1-855-618-1316	
7. City Fort Lauderdale	8. State FL	9. Zip Code 33394
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (if different from above)	12. Email address HRHelpDesk@advancedrecoverysystems.com	

[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.

Advanced Recovery Systems reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken 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. If you have any questions about your Guide, contact Human Resources.