

2025-2026

**MJ Hughes Construction Inc.**  
**EMPLOYEE BENEFITS GUIDE**



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**This guide is an overview** and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

# BENEFITS AT-A-GLANCE



## Benefits

January 1, 2025, through December 31, 2025

MJ Hughes Construction Inc. provides benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive, and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Coverage	Carrier
Medical <b>NEW CARRIER</b>	UnitedHealthcare
Voluntary Dental	
Voluntary Vision	
Voluntary Life AD&D	

# WHO'S ELIGIBLE FOR BENEFITS?



## Employees

As an employee, you are eligible for benefits if you work at least 30 hours per week. Your benefits are effective the first of the month following 60 days of hire. You must complete the steps to enroll within 30 days for open enrollment or a qualifying event.

## Eligible dependents

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Legally married spouse
- Domestic partner – Certain requirements may apply.
- Natural, adopted or stepchildren up to age 26. Domestic partner's child(ren) are eligible.
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO).

## UPDATE ON HEALTHCARE REFORM

Effective January 1, 2019, the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

# CHANGES AND QUALIFYING EVENTS



## LIFE HAPPENS

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse’s coverage due to your spouse’s employment
- Change in an individual’s eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- “Special enrollment event” under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 Days after the event.



# MEDICAL

## WORDS TO KNOW

Can you beat the Health Lingo game? Learn the words that will help you understand how your plan works.

- **DEDUCTIBLE:** The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.
- **OUT-OF-POCKET MAXIMUM:** Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.
- **COINSURANCE:** After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.
- **COPAY:** A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.
- **IN-NETWORK / OUT-OF-NETWORK:** In-network services will always be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

# MEDICAL

In-Network	United Healthcare	United Healthcare
Choice Plus	Silver 3000 DX-ZQ	Gold 500 DX-ZM
	Base Plan	Buy-Up Plan
<b>Calendar Year Deductibles (Individual / Family)</b>	\$3,000 / \$6,000	\$500 / \$1,000
<b>Calendar Year Out-of-Pocket Max (Individual / Family)</b>	\$9,000 / \$18,000	\$8,400 / \$16,800
<b>Preventive Care</b>	Covered in Full	Covered in Full
<b>Virtual Care (Phone/Video)</b>	Covered in Full	Covered in Full
<b>Primary Care Visit</b>	\$40 Copay	\$30 Copay
<b>Specialist Visit</b>	\$70 Copay	\$50 Copay
<b>Acupuncture (12 Visits per Calendar Year)</b>	\$70 Copay	\$50 Copay
<b>Spinal Manipulations (12 Visits per Calendar Year)</b>	\$70 Copay	\$50 Copay
<b>Urgent Care</b>	\$60 Copay	\$50 Copay
<b>Emergency Room</b>	35% Coinsurance After Deductible	30% Coinsurance After Deductible
<b>Diagnostic Labs &amp; Imaging</b>	35%* (Freestanding Clinic) 50%* (Hospital) *After Deductible	30%* (Freestanding Clinic) 50%* (Hospital) *After Deductible
<b>Advanced Imaging (MRI, CT, PET)</b>	35%* (Freestanding Clinic) 50%* (Hospital) *After Deductible	30%* (Freestanding Clinic) 50%* (Hospital) *After Deductible
<b>Outpatient Procedure</b>	35% Coinsurance After Deductible	30% Coinsurance After Deductible
<b>Inpatient Visit</b>	35% Coinsurance After Deductible	30% Coinsurance After Deductible
<b>Pharmacy / RX (30 Day Supply)</b>	\$20 / \$80 / 50%* / 50%* *After Deductible	\$10 / \$40 / 50%* / 50%* *After Deductible

This is an overview of available benefits and is not a written contract. Actual policies, including plan summaries issued by the carriers, contain the prevailing legally binding terms, conditions and limitations.

# EMPLOYEE PREMIUMS

Employer pays 100% of premiums for eligible employees for the Choice Plus Silver 3000 base plan.

Employees have the option to buy-up to the Choice Plus Gold 500 plan.

Please see adjusted monthly premiums for the base and buy-up plans below.

Age	Choice Plus Silver 3000 DXZQ	Choice Plus Gold 500 DXZM	Age	Choice Plus Silver 3000 DXZQ	Choice Plus Gold 500 DXZM
	Base Plan	Buy-Up Plan		Base Plan	Buy-Up Plan
0-14	\$0.00	\$64.82	40	\$0.00	\$108.28
15	\$0.00	\$70.58	41	\$0.00	\$110.32
16	\$0.00	\$72.79	42	\$0.00	\$112.26
17	\$0.00	\$74.98	43	\$0.00	\$114.98
18	\$0.00	\$77.36	44	\$0.00	\$118.37
19	\$0.00	\$79.73	45	\$0.00	\$122.35
20	\$0.00	\$82.18	46	\$0.00	\$127.10
21	\$0.00	\$84.73	47	\$0.00	\$132.43
22	\$0.00	\$84.73	48	\$0.00	\$138.54
23	\$0.00	\$84.73	49	\$0.00	\$144.55
24	\$0.00	\$84.73	50	\$0.00	\$151.33
25	\$0.00	\$85.07	51	\$0.00	\$158.02
26	\$0.00	\$86.77	52	\$0.00	\$165.39
27	\$0.00	\$88.80	53	\$0.00	\$172.85
28	\$0.00	\$92.10	54	\$0.00	\$180.90
29	\$0.00	\$94.82	55	\$0.00	\$188.94
30	\$0.00	\$96.17	56	\$0.00	\$197.68
31	\$0.00	\$98.21	57	\$0.00	\$206.49
32	\$0.00	\$100.23	58	\$0.00	\$215.90
33	\$0.00	\$101.51	59	\$0.00	\$220.55
34	\$0.00	\$102.86	60	\$0.00	\$229.95
35	\$0.00	\$103.54	61	\$0.00	\$238.09
36	\$0.00	\$104.21	62	\$0.00	\$243.43
37	\$0.00	\$104.89	63	\$0.00	\$250.12
38	\$0.00	\$105.58	64+	\$0.00	\$254.19
39	\$0.00	\$106.93			

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# DEPENDENT PREMIUMS

**Dependent premiums are paid 50% by employee.** Dependent must be enrolled on the same plan as the employee. Dependent premium costs are based on the dependent's age as of the effective date and do not change throughout the plan year. See age-banded rates below.

If you have dependent children, the cost is for only the first 3 children. However, if you cover adult children (i.e., between the ages of 21-26) those premiums are not included in the 3-child limit and are added to the total premium.

Age	Choice Plus Silver 3000 DXZQ	Choice Plus Gold 500 DXZM	Age	Choice Plus Silver 3000 DXZQ	Choice Plus Gold 500 DXZM
	Base Plan	Buy-Up Plan		Base Plan	Buy-Up Plan
0-14	\$151.28	\$216.10	40	\$252.73	\$361.01
15	\$164.73	\$235.31	41	\$257.47	\$367.79
16	\$169.87	\$242.66	42	\$262.02	\$374.28
17	\$175.01	\$249.99	43	\$268.35	\$383.33
18	\$180.55	\$257.91	44	\$276.26	\$394.63
19	\$186.09	\$265.82	45	\$285.55	\$407.90
20	\$191.82	\$274.00	46	\$296.63	\$423.73
21	\$197.75	\$282.48	47	\$309.09	\$441.52
22	\$197.75	\$282.48	48	\$323.32	\$461.86
23	\$197.75	\$282.48	49	\$337.36	\$481.91
24	\$197.75	\$282.48	50	\$353.18	\$504.51
25	\$198.54	\$283.61	51	\$368.81	\$526.83
26	\$202.50	\$289.27	52	\$386.01	\$551.40
27	\$207.24	\$296.04	53	\$403.41	\$576.26
28	\$214.96	\$307.06	54	\$422.20	\$603.10
29	\$221.28	\$316.10	55	\$440.99	\$629.93
30	\$224.45	\$320.62	56	\$461.35	\$659.03
31	\$229.19	\$327.40	57	\$481.92	\$688.41
32	\$233.94	\$334.17	58	\$503.87	\$719.77
33	\$236.91	\$338.42	59	\$514.75	\$735.30
34	\$240.07	\$342.93	60	\$536.70	\$766.65
35	\$241.65	\$345.19	61	\$555.68	\$793.77
36	\$243.24	\$347.45	62	\$568.14	\$811.57
37	\$244.82	\$349.71	63	\$583.76	\$833.88
38	\$246.40	\$351.98	64+	\$593.25	\$847.44
39	\$249.56	\$356.49			

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# PREVENTIVE CARE



## TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

### Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

### What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines.

# KNOW WHERE TO GO

Where you get medical care can significantly influence the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Examples
<b>Nurse line (24/7—\$0)</b> Quick answers from a trained nurse	Identifying if immediate care is needed Home treatment options and advice
<b>Online visit (24/7—\$)</b> Many nonemergency health issues	Cold, flu, allergies, headache, migraine Skin conditions, rashes Minor injuries Mental health concerns
<b>Office visit (\$\$)</b> Routine medical care and management	Preventive care Illnesses, injuries Managing existing conditions
<b>Urgent care (\$\$\$)</b> Non-life-threatening conditions requiring prompt attention	Stitches, sprains Animal bites High fever, respiratory infections
<b>Emergency room (24/7—\$\$\$\$)</b> Life-threatening conditions needing immediate care	Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing

# ALTERNATIVE FACILITIES

If you have time to evaluate your options for nonemergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
<b>SURGERY</b>	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none"> <li>Specializes in same-day surgeries</li> <li>Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more</li> <li>Held to same safety standards as hospitals</li> </ul>	Up to 50% over hospital stay*
<b>PHYSICAL THERAPY</b>	Outpatient physical therapy facility	<ul style="list-style-type: none"> <li>Important part of the recovery process after an injury or surgery</li> </ul>	40 to 60% over a hospital setting*
<b>SLEEP STUDY</b>	Home testing	<ul style="list-style-type: none"> <li>Diagnoses sleep apnea and other conditions</li> <li>Cost is often covered by insurance if considered medically necessary</li> </ul>	Approx. \$4,500*
<b>INFUSION THERAPY</b>	Home or outpatient infusion therapy	<ul style="list-style-type: none"> <li>For drugs that must be delivered by intravenous injections, or epidurals</li> <li>Delivered by licensed infusion therapy provider</li> <li>Maintain normal lifestyle and comfort of home or outpatient center</li> </ul>	Up to 90% over hospital stay*  <i>*in-network</i>

## How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, and similar services on your plan’s website, or call member services for assistance. Online tools such as [healthcarebluebook.com](http://healthcarebluebook.com) and [healthgrades.com](http://healthgrades.com) help you compare costs and doctor ratings.

Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

# PRESCRIPTIONS BREAKING YOUR BUDGET?



## THE FORMULARY DRUG TIERS DETERMINE YOUR COST

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\$ Generic Drug

---

\$\$ Brand Name Drug

---

\$\$\$ Specialty Drug

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## Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

## What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

## Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

**To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.**

# VOLUNTARY DENTAL PLAN

## Why sign up for Dental coverage?

It’s important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That’s where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

In-Network	United Healthcare
Plan Features	P8143
Annual Deductible (Individual / Family)	\$50 / \$150
Preventive Care	Covered In Full
Basic Procedures (Extractions, fillings, etc.)	20% Coinsurance After Deductible
Major Procedures (Crowns, dentures, etc.)	50% Coinsurance After Deductible
Adult & Child Orthodontia	50% up to \$1,000 Lifetime Max
Benefit Waiting Periods	12 Months for Major and Orthodontia
Calendar Year Maximum Benefit	\$1,000
Monthly Premiums	Monthly Premiums
Employee	\$41.23
Employee + Spouse	\$82.46
Employee + Child(ren)	\$99.30
Employee + Family	\$148.28

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# VOLUNTARY VISION PLAN



## Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

In-Network	United Healthcare
<b>Plan Features</b>	<b>V1008</b>
<b>Vision Exam</b>	\$10 Copay
<b>Lenses</b>	\$25 Copay
<b>Frames</b>	\$130 Retail Frame Allowance
<b>Elective Contact Lenses</b>	\$105 Retail Allowance
Frequency (Months)	
<b>Exam</b>	Every 12 Months
<b>Lenses</b>	Every 12 Months
<b>Frames</b>	Every 24 Months
<b>Contacts</b>	Every 12 Months
Monthly Premiums	Monthly Premiums
<b>Employee</b>	\$4.53
<b>Employee + Spouse</b>	\$8.60
<b>Employee + Child(ren)</b>	\$10.08
<b>Employee + Family</b>	\$14.19

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# VOLUNTARY LIFE AND AD&D INSURANCE

## Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

**The employee pays \$20 per month.**

## United Healthcare Life & AD&D

Employee Benefit Amount: \$100,000



*The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.*

## WHAT'S GUARANTEED ISSUE?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status in order to qualify for the requested amount of coverage.

## A NOTE ABOUT TAXES

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.





## When life feels challenging, get caring and confidential help

Your Employee Assistance Program (EAP) offers access to personalized support, resources and no-cost referrals. It's confidential one-on-one help from a master's-level specialist.

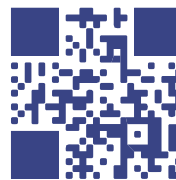
### No-cost, 24/7 access to support in the moments that matter

EAP helps you and your family with a range of issues, including:

- Identifying resources for managing stress, anxiety and depression
- Offering specialized help in improving relationships at home or work
- Providing guidance on legal and financial concerns
- Finding ways to help you cope with occupational stress and burnout
- Connecting you with care for addressing substance use issues

Call EAP at  
1-888-887-4114

- 3 free counseling sessions per incident, per year
- Confidential and private; services will not be shared with your employer



Scan for  
more info

Use your phone's camera to scan this code and learn more.

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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**United  
Healthcare**

# PLAN DOCUMENTS

Important documents for our health plan are available in the Annual Notice Document. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

## **SUMMARY PLAN DESCRIPTIONS (SPD)**

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- MJ Hughes Construction Inc. Health & Welfare Plan

## **SUMMARY OF BENEFITS AND COVERAGE (SBC)**

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available by contacting the Plan Administrator.

### **STATEMENT OF MATERIAL MODIFICATIONS**

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the MJ Hughes Construction Inc. Health & Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



## PLAN CONTACTS

### Carrier Contacts

United Healthcare

[www.myuhc.com](http://www.myuhc.com)

(866) 574-6088

### Helpful Medical Carrier Links

<https://www.uhc.com/member-resources/health-care-programs/mental-health-services>

<https://www.uhc.com/find-a-doctor>

<https://www.uhc.com/member-resources>

### Employer Contacts

MJ Hughes Construction Inc.  
11510 NE 87<sup>th</sup> Ave.  
Vancouver, WA 98662  
(360) 314-2024  
Amber Hughes  
[Amber.h@mjhughes.com](mailto:Amber.h@mjhughes.com)

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# ERISA ELECTRONIC CONSENT NOTICE

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, employee consent must be given in order to receive electronic copies of employee benefits materials in certain situations.

The purpose of this notice is to inform you that your employer is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), COBRA notices, Summaries of Benefits and Coverage, Health Insurance Marketplace Notices and HIPAA certificates of creditable coverage.

All notices are accessible in your Human Resources Department.

Each benefit plan in which you enroll has a Summary Plan Description (SPD) that describes the key provisions of the plan. Plan amendments describe any material changes made to the benefit plan since its SPD was originally drafted. A plan's SPD and plan amendments are very important documents.

For us to provide you with this opportunity, you must consent to receive all Employee Benefit notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new benefit notice, announcement, newsletter, SPD or other document is posted to the Internet, you will receive a notification at the email address you provide to inform you of the availability of the document.
- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify **Human Resources** in writing or by email.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All benefit notices, including SPDs and plan amendments, will be available at:

If you do not have access to the Internet, or if you do not have the programs necessary to view this type of file, you should not consent.

- To withdraw your consent or update your email address, please contact **Human Resources**.

I consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments.

I acknowledge that I have read the contents of this notice and understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the Employee Benefits websites, view the documents and print copies.

Employee Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_