

EASLEY ***Transportation***



YOUR EMPLOYEE BENEFITS

An overview of the employee benefits provided by
EASLEY TRANSPORTATION
Plan Year 2/1/2024-1/31/2025

BENEFITGUIDE™ PREPARED BY BENEFITHELP FOR EASLEY TRANSPORTATION

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Every reasonable effort has been made for the information provided to be accurate. It is intended to provide an overview of the coverage's offered. It is in no way a guarantee or offer of coverage. Each carrier has the ability to underwrite based on its contract. Each carrier's contract, underwriting, and policies will supersede the information provide herein. Please be aware that each carrier may have exclusions or limitations and you must consult your summary plan description and/or policies for details.



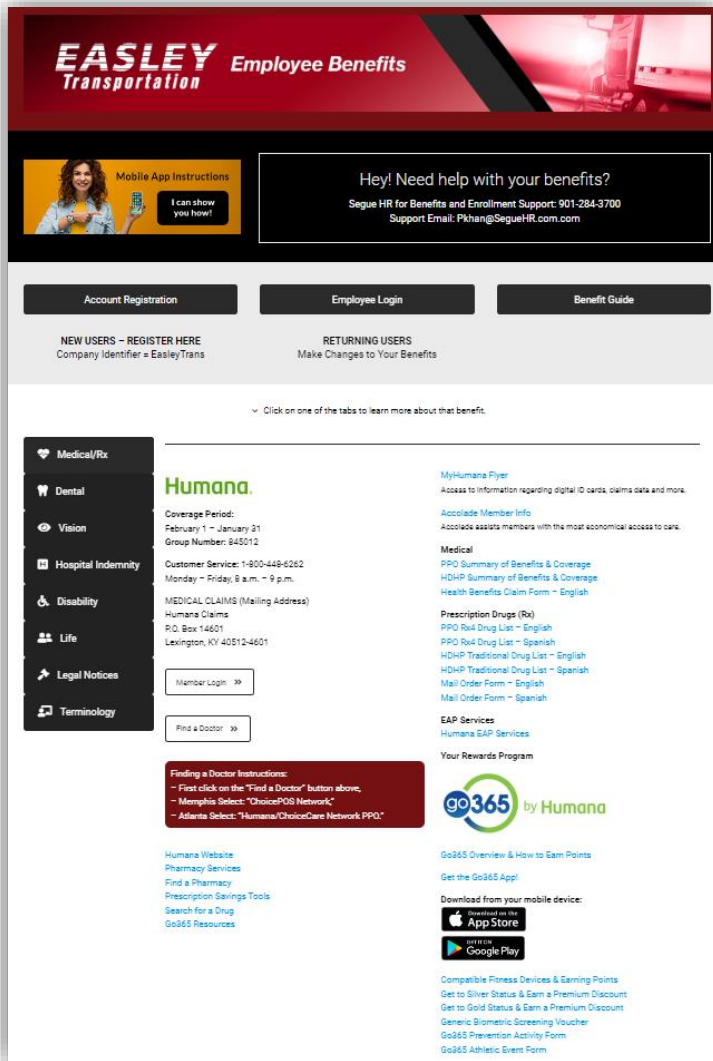
WE'VE GOT YOU COVERED

Easley Transportation is proud to offer a comprehensive benefits package for you and your family. Our program is designed to take great care of you when you need it.

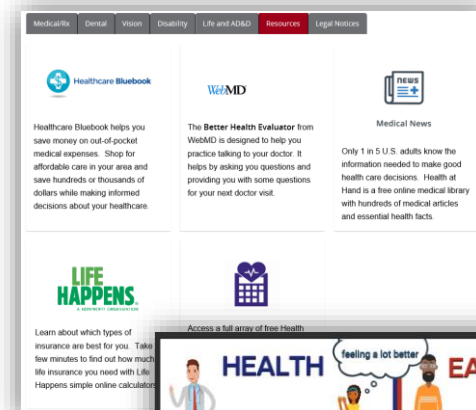
Make sure you explore all the options provided to help make the selections that best meet your needs.



MyEasleyBenefits.com



Where can I get more information about my benefits?



Have you ever had trouble locating information about your benefits? What about trying to remember how to find a participating doctor or dentist?

Not to worry, with [MyEasleyBenefits.com](https://www.myeasleybenefits.com) you are just an internet connection away from...

- Important Phone Numbers
- Support & Enrollment via Segue HR
- Provider & Facility Searches
- Employee Benefit News
- Important Documents
- Videos about Specific Benefits

OVERVIEW OF BENEFITS

Easley Transportation provides an array of 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 full time eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE

Coverage	Carrier
Medical	First Primary Care – Value Health
Hospital Indemnity Plan	Allstate Benefits
Dental Plan	HUMANA
Vision Plan	HUMANA
Disability Pan	Allstate Benefits
Voluntary Life and AD&D	HUMANA
401(K)	Guideline Technologies, Inc.

ELIGIBILITY

First of the month after 60 days of employment



OVERVIEW OF BENEFITS

CHANGES AND QUALIFYING EVENTS

WHEN COVERAGE BEGINS AND ENDS

As a full-time employee, you are eligible to enroll in the benefit plans effective the 1st of the month following 60 days of employment.

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.



QUALIFYING EVENTS

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:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

THE FOUR BASIC NEEDS



To make the most of your benefits, you must first understand yours and your family's needs and how your employee benefit package fits into those specific needs. Every consumer has four basic areas to cover:



Health Coverage, basically paying the healthcare expenses,



Earnings Protection (Disability), protecting your income in the event of an accident or illness.



Life Coverage, protecting your family or loved ones in the event of your premature death,



Planning (Retirement), having money for those golden years.



HEALTH (MEDICAL)





TERMS TO REMEMBER

ANNUAL DEDUCTIBLE

The amount you pay each year before the plan starts paying a portion of medical expenses. A single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in.

COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the providers.

OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.

IN-NETWORK & OUT-OF-NETWORK

Your plan allows for both in and out-of-network coverage, and you can choose any provider you wish. However, if you choose to see a provider that is not currently in the network, you will pay a greater share of the cost. Determining whether a provider is in-network is your responsibility.





PREVENTIVE SERVICES

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Easley Transportation, all covered individuals and family members are eligible to receive routine wellness services like the above, at no cost; all copays, coinsurance, and deductibles are waived.

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (aka Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

“AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE”

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation Programs
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence



MEDICAL PLAN

First Primary Care – Your medical provider

Easley Transportation offers you the option to participate in Medical Coverage through First Primary Care or FPC. You may receive medical services from any provider; however, you will have a higher benefit level at a participating provider.

You may find participating providers by visiting [MyEasleyBenefits.com](https://www.myeasleybenefits.com) and selecting Find a Doctor.



Reminders/Updates

- Your routine, preventive visits and screenings are covered at no cost to you.
- You may cover your adult children under your medical plan until they reach their 26th birthday, regardless of their student, financial or marital status.

How Can You Get The Most Out of Your Health Coverage?

It is all about educating yourself on the options available. Balancing cost and coverage is the key. Find out the plan coverage levels, applicable deductibles and copays. Know what your money is buying.

Every year the cost of healthcare increases faster than just about every other product or service you buy. For most of us, the ways to go about saving money on healthcare expenses are not always obvious. It is a lot like the ways you save money on other things - by learning everything you can about the product and taking advantage of discounts wherever you can find them.

Do you always check to see if you doctor is part of the network?

Please be advised, our medical plans cover much less when an out-of-network provider is used. The only exception is when there is a life-threatening emergency. So, check the provider directory online at [MyEasleyBenefits.com](https://www.myeasleybenefits.com) to see if your physician, hospital and pharmacy are in the network in order to receive the highest level of benefits.

Your Medical Plan

Plan	Platinum Route	Bronze Route
Benefits	DPC Option	
Deductible	\$5,000/10,000	
Option	DPC	Network
Deductible enforced	No	Yes
Co-Insurance	0	50/50
Out of Pocket Maximum	\$9,100/\$18,200	
Preventive	100% Covered	
DPC	\$0 Copay	
Office Visit PCP	\$0 Only When Referred (VDPC)	Deductible + Co-Insurance
Office Visit Specialist	\$25 copay Only When referred	Deductible + Co-Insurance
Telemedicine	\$0 Copay	Deductible + Co-Insurance
Urgent Care	\$50 copay, reimbursable Only When Referred	Deductible + Co-Insurance
Emergency Room	\$500 Copay, \$0 copay Only When referred	Deductible + Co-Insurance
Lab and Xray	\$0 Copay Only When Referred	Deductible + Co-Insurance
Cardiac and Pulmonary Rehab (Prior Auth Required)	\$0 Copay	Deductible + Co-Insurance
In Patient Services (Prior Auth Required)	\$0 Copay	Deductible + Co-Insurance
Out Patient Services (Chiro, Physical therapy, mental health, etc.)	\$25 Copay	Deductible + Co-Insurance
Out Patient Surgery	\$0 Copay	Deductible + Co-Insurance
Out Patient Ambulatory Center	\$0 Copay	N/A

See full details of Lab Tests Included on [MyEasleyBenefits.com](https://www.MyEasleyBenefits.com) or call First Primary Care directly for support

Your Medical Plan

How to get Platinum Benefits and start **SAVING** on your Rx and medical costs

How? It's easy! Just reach out to your Direct Primary Care Provider via your Care team which can be reached 24/7 via the **Spruce app**, virtual meeting, by phone, or with an in-person meeting.



Why? Your care team is your health advocate and makes sure that you receive high value from reputable top-quality physicians.

By using your Care team, you can receive treatment for little to no cost!*

REMEMBER you **MUST** consult with your Care Team **BEFORE** you seek **treatment** in order to receive the Platinum benefits at little to no cost*

If the Care Team is not consulted prior to treatment, then all benefits and costs will be subjected to the Bronze Level Benefits of the plan.

Don't forget that you can save on Rx too by using the Magic Pill Program!

Generic Rx (Magic Pill)	\$0 Copay Via Magic Pill/ \$25 Copay through PBM
Generic Rx (Not on Magic Pill)	\$10 Copay
Branded Rx	\$0 Copay Via Magic Pill/ \$80 Copay through PBM
Specialty Rx International Sourcing Only	\$0 Copay Via Magic Pill/ \$100 Copay through PBM

*please see plan summary and SBC for actual costs, requirements, and limitations.

Your Medical Plan Cost

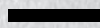
Below are your new medical premiums that will take effect 2/1/2024.



Tier	Employee Monthly Cost	Employee Weekly Cost
Employee Only	\$241.91	\$55.83
Employee & Spouse	\$534.16	\$123.27
Employee & Child(ren)	\$436.19	\$100.66
Employee & Family	\$675.54	\$155.89



**ENHANCED
BENEFITS**





HOSPITAL INDEMNITY PLAN



Having to undergo hospital treatments can be financially difficult, especially if it is unexpected. A hospital indemnity policy can help by eliminating your financial concerns and provide support when a sudden sickness or injury does occur.



Hospital Indemnity Plans	Plan Options
Hospitalization Benefits	Option 1 (Low)
First Day Hospital Confinement (once per confinement per month; includes hospitalization due to pregnancy)	\$1,000 / month
Daily Hospital Confinement (daily – up to 10 days per confinement)	\$100 / day
Hospital Intensive Care (daily – up to 10 days per confinement)	\$100 / day
Hospitalization Benefits	Option 2 (High)
First Day Hospital Confinement (once per confinement per month; includes hospitalization due to pregnancy)	\$2,000 / month
Daily Hospital Confinement (daily – up to 10 days per confinement)	\$200 / day
Hospital Intensive Care (daily – up to 10 days per confinement)	\$200 / day

Weekly Rates	Option 1 (Low)	Option 2 (High)
Employee Only	4.32	8.64
Employee + Spouse	12.09	24.18
Employee + Child(ren)	7.47	14.94
Family	12.96	25.89

Pre-Existing Condition Limitation – Allstate Benefits will not pay benefits due to a pre-existing condition if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date or the date an increase in benefits would be effective. This limitation would apply if the insured person is pregnant prior to the coverage effective date.



DENTAL PLAN

PLAN FEATURES	BASE PLAN	BUY-UP PLAN
IN NETWORK	YOU PAY	YOU PAY
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Preventive Care (includes 3 exams and 3 cleanings)	Covered at 100%	Covered at 100%
Basic Procedures (Fillings, etc.)	Deductible, then 50%	Covered at 100% (90% in Georgia)
Major Procedures (Crowns, dentures, etc.)	Not Covered	Deductible, then 40%
OUT OF NETWORK	YOU PAY	YOU PAY
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Preventive Care	Covered at 100%	Covered at 100%
Basic Procedures	Deductible, then 50%	Covered at 100% (90% in Georgia)
Major Procedures	Not Covered	Deductible, then 40%
Calendar Year Maximum Benefit	\$1,000	\$1,000 + extended annual maximum

Extended Annual Maximum

Provides additional coverage of 30% for preventive, basic, and major services after the calendar-year maximum is met.

Dental Member Advantages

With our dental plan you can receive care from any dentist. However, our plan has contracts with a large network of dentists who have agreed not to charge more than a specified amount for services. If you use one of these network dentists, you won't have to worry about being charged for additional amounts above the allowable amount covered by the plan.

Note - If you see an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.



Weekly Rates	BASE PLAN	BUY-UP PLAN
Employee Only	1.82	5.27
Employee + Spouse	4.12	10.54
Employee + Child(ren)	4.83	13.43
Family	7.61	18.70



VISION PLAN



Vision Member Advantages

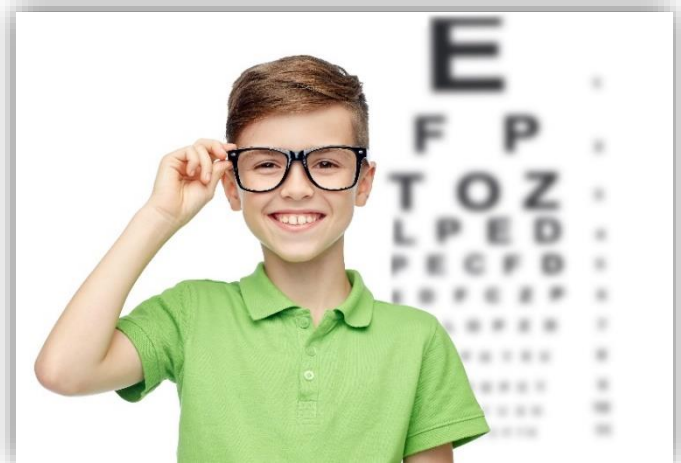
Under the Vision Plan you may receive care from the vision care provider of your choice.

Our Vision Plan has an extensive nationwide network of doctors who provide eye care and eye wear.

When you receive care through these vision care providers, you simply pay the appropriate copayment.

If you visit an out-of-network provider, be aware that your out-of-network benefits do not guarantee full payment.

Plan Features	Vision
In Network	
	You Pay...
Vision Exam	\$10
Lenses	
Single	\$25
Bifocal	\$25
Trifocal	\$25
Standard Progressive	\$25
Frames	\$100 allowance 20% off balance over \$100
Elective Contact Lenses	\$100 allowance 15% off balance over \$100
Medically Necessary Contact Lenses	\$0
Out of Network	
	Coverage Reimbursement
Vision Exam	Up to \$30
Lenses	
Single	Up to \$25
Bifocal	Up to \$40
Trifocal	Up to \$60
Standard Progressive	Up to \$40
Frames	\$50 allowance
Elective Contact Lenses	\$80 allowance
Medically Necessary Contact Lenses	\$200 allowance
Frequency (Months)	
Exam	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 24 months
Weekly Rates	
Employee Only	1.08
Employee + Spouse	2.17
Employee + Child(ren)	2.06
Family	3.24





DISABILITY PLAN

If you become disabled, you could be out of work for a period of time. Without your income, how would you pay for your everyday living expenses? Fortunately, Disability Insurance offers financial protection options that can help you.

What can cause a disability?

Regardless of your age or health, a disability could keep you out of work for weeks or months. Some of the most common conditions associated with short-term disability claims are arthritis, pregnancy, back problems, dislocations/sprains and fractures.

How reliable is your safety net?

While many with disabilities look to workers' compensation for on-the-job accidents, what resources are available for income replacement due to an illness or off-the-job injuries. In these instances, Disability Insurance can help you meet your financial obligations

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Meeting Your Needs

- You choose the monthly benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted

3 Month Benefit Period – SAMPLE Weekly Rates

Elimination Period	Issue Age	\$1,000 Benefit	\$2,000 Benefit	\$3,000 Benefit
14 days	18-49	5.72	11.45	17.17
	50-59	7.34	14.68	22.02
	60-64	9.79	19.57	29.36

Pre-Existing Condition Limitation - Benefits are not paid for a disability that starts within 12 months of your effective date from a preexisting condition. You have a pre-existing condition if the disability began during the 12 months after the effective date; and you received medical treatment, consultation, care or services, diagnostic measures, or took medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective; or symptoms existed in the 12 months prior to the effective date or the date an increase in benefits was effective.

DID YOU KNOW?



More than 40% of Americans cannot afford to pay an unexpected \$500 medical bill.¹



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.²

Plan Features

You choose from the following...

Monthly Benefit

\$400 up to \$5,000 monthly
(not to exceed 60% of your income)

Elimination Period

14 days
(once you are disabled and unable to work)

Benefit Duration

3 months

Coverage for off job disabilities.

1 Kaiser Family Foundation, "Data Note: Public Worries About And Experience With Surprise Medical Bills," <https://www.kff.org/1f1c497/>
2 Chances of Disability, Council for Disability Awareness, disabilitycanhappen.org/overview, 2020



VOLUNTARY LIFE AND AD&D

Plan Features	Voluntary Life
Employee Life and AD&D Benefit Amount	\$1,000 Increments from \$15,000 to \$500,000
Spouse Life and AD&D Benefit Amount	\$1,000 Increments from \$5,000 to \$250,000
Child(ren) Life Benefit Amount (no AD&D)	\$5,000 or \$10,000
Group Life Accelerated Benefits	50% to a maximum of \$250,000
Benefit	Guaranteed Issue Amount (initial offer of coverage)
Employee	\$100,000
Spouse	\$50,000
Children	\$10,000
The following shows how much benefits are reduced at certain ages:	
70	50% of Employee Amount based on Employee Age 50% of Spouse Amount based on Spouse Age
Child coverages continues until age 26	

How much life insurance do you need?

The real question is:

How much will your loved ones need for short- and long-term expenses?

According to the American Council of Life Insurers (ACLI), a guideline is a life insurance amount equal to 10 times your annual income. No rule applies to everyone, however, because financial situations and goals vary from person to person and family to family. Use our simple online life insurance calculator at HumanaLife.com to help determine your life insurance needs.



Remember! Your current cost may have increased as you've aged. Be sure to check all your coverage and costs during open enrollment.

If a covered person is eligible for any amount in excess of the guaranteed issue amount shown above, the employee must furnish evidence of insurability, which is subject to HUMANA approval.



401K PLAN

Easley Transportation 401(K) Plan has adopted to provide you (the employee) with the opportunity to save for retirement on a tax advantaged basis. This Plan is a type of qualified retirement plan.

Provided you are not an Excluded Employee, you will be eligible to participate for purposes of matching contributions when you have completed **12 months of service** and have **attained age 21**.

Your Employer may make a basic safe harbor matching contribution equal to **100%** of your salary deferred contribution that does not exceed **3%** of your compensation plus **50%** of your salary deferred contribution between **3% - 5%** of your compensation.

You may contact the Easley Transportation HR Administrator if you have any questions about the Plan and the timing of your Plan participation.



**Remember...
It's Never too
Late to Save for
Retirement!**



**LEGAL
NOTICES**





LEGAL NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 1, 2022. Contact your State for more information on eligibility –

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



LEGAL NOTICES

<p align="center">GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA-Medicaid</p> <p>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</p>	<p align="center">MINNESOTA-Medicaid</p> <p>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</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>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</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>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: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>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</p>



LEGAL NOTICES

<p>NEW JERSEY-Medicaid and CHIP</p> <p>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</p>	<p>SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p>NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825</p>	<p>VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p>OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>WEST VIRGINIA-Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>	<p>WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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)

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



LEGAL NOTICES

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



LEGAL NOTICES

MEDICARE PART D

Important Notice from EASLEY TRANSPORTATION 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 EASLEY TRANSPORTATION 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. The plan has determined that the prescription drug coverage offered by HUMANA 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 EASLEY TRANSPORTATION coverage may be affected. If you do decide to join a Medicare drug plan and drop your current EASLEY TRANSPORTATION coverage, be aware that you and your dependents may not be able to get this coverage back until open enrollment.





LEGAL NOTICES

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 EASLEY TRANSPORTATION 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.

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 EASLEY TRANSPORTATION changes. You also may request a copy of this notice at any time.

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).



LEGAL NOTICES



New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

When key parts of the healthcare 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 visit MyEasleyBenefits.com

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.



LEGAL NOTICES

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 EASLEY TRANSPORTATION		4. Employer Identification Number (EIN) 62-1764823	
5. Employer address 4300 Air Trans Rd		6. Employer phone number 901-362-5152	
7. City Memphis	8. State TN	9. ZIP code 38118	
10. Who can we contact about employee health coverage at this job? Segue HR			
11. Phone number (if different from above) 901-284-3700		12. Email address Pkhan@SegueHR.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - Eligible employees who work full time who more than 30 hours per week.

With respect to dependents:

We do offer coverage. Eligible dependents are your spouse, children under age 26 that are classified as natural, adopted, step, foster, court ordered, under full time employees. A handicapped child, age 26 years or over, who was insured under the medical plan before reaching age 26, is also eligible.

- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- ^^ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



EASLEY

Transportation

Visit **MyEasleyBenefits.com** to learn more about your employee benefits.

Every reasonable effort has been made for the information provided to be accurate. It is intended to provide an overview of the coverage's offered. It is in no way a guarantee or offer of coverage. Each carrier has the ability to underwrite based on its contract. Each carrier's contract, underwriting, and policies will supersede the information provide herein. Please be aware that each carrier may have exclusions or limitations and you must consult your summary plan description and/or policies for details.

EASLEY TRANSPORTATION BENEFITS GUIDE Version 1

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