



GeoLogics Corporation

Class 2 (Partially Benefited)

2024 BENEFITS ENROLLMENT





BENEFITS OVERVIEW

TABLE OF CONTENTS

Benefits Overview	2
Medical Plan Essential StaffCare	4
How Your Plans Work	6
Dental Benefits	7
Vision Benefits	8
Flexible Spending Account	9
Life and Accidental Death & Dismemberment Insurance	10
Voluntary Life and AD&D Insurance	10
Long Term Disability	10
Additional Products	11
Employee Contributions for Benefits	17
Contact Information	18
Legal Notices	20

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25 - 26 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

GeoLogics Corporation is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and GeoLogics Corporation provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Long Term Disability
- Additional products



BENEFITS OVERVIEW

Who is Eligible?

If you are an active, full-time employee of GeoLogics Corporation working a minimum of 30 or more hours per week classified as Partially Benefited, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental, and vision: spouses and children through GeoLogics Corporation. Dependents will terminate the end of month in which they turn 26.

How to Enroll

The first step is to review your current benefit elections. Log onto the GeoBen enrollment system to verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next annual enrollment period unless you have a qualified change in status.

When to Enroll

If you are a new hire AND hired on the first day of the month, you may enroll and be effective immediately. Otherwise, as a new hire, you may enroll immediately but your effective date will be the 1st of the month, following your date of hire. For example, if you were hired January 18, you can enroll immediately (fill out your specific forms), and your coverage would start on February 1st.

How to Make Changes

In most cases, your benefit elections will remain in effect for the entire plan year. During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year. For Essential StaffCARE and all annual enrollment is held October 16 – October 27, for a January 1st effective date. Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status.

MEDICAL PLAN: ESSENTIAL STAFFCARE



GeoLogics Corporation sponsors a medical coverage plan that is compliant with the Patient Protection and Affordable Care Act (PPACA) and one non-compliant supplemental Fixed Indemnity plan. These plans are sponsored by GeoLogics but administered exclusively by Essential StaffCARE and its affiliated companies (ESC/PAI/IAG). All customer service and support is provided by ESC/PAI/ IAG. Should you need additional information, have questions or need assistance, please call ESC Customer Service at 1 (866) 798-0803. Neither your hiring office or our Human Resources staff are able to provide additional information, answer questions or provide assistance with these plans – all inquiries must be directed to ESC customer service at 1 (866) 798-0803.



Given that the cost and disparity in the quality of available medical coverage continues to be a challenge for employees and employers alike, you are strongly encouraged to explore other coverage options including but not limited to federal, state and private insurance exchanges available to you. This due diligence on your part is absolutely essential to ensure that you obtain the most affordable and comprehensive coverage that meets the specific requirements, preferences, and needs of you and your dependents (if applicable).

For additional information on the medical plans available through ESC/PAI/IAG, please follow the links listed below:

- Minimum Essential Coverage (MEC) - Please see the MEC information available at:
<http://www.esc-enrollment.com/geologics>
- Fixed Indemnity Coverage (FIC) – This coverage is intended to supplement MEC coverage and while it provides additional coverage, it is not intended as a standalone coverage solution. The combination of these two plans will not provide comprehensive medical coverage. Please see the FIC information available at:
<http://www.esc-enrollment.com/geologics>

For information, questions or assistance, please call Essential StaffCARE (ESC) Customer Service at (866)798.0803.

MEDICAL PLAN: ESSENTIAL STAFFCARE

Option 1: Fixed Indemnity Plan (First Health Network)	Option 2: MEC Wellness/Preventive Plan
<ul style="list-style-type: none">• Medical and Rx Benefit Options Available	<ul style="list-style-type: none">• Covers 76 ACA mandated benefits
<ul style="list-style-type: none">• NO Deductibles on Medical	<ul style="list-style-type: none">• Covers benefits for adults, children and women
<ul style="list-style-type: none">• NO Copays	<ul style="list-style-type: none">• Include maternity benefits
<ul style="list-style-type: none">• No Health Questions, Guaranteed Issue	<ul style="list-style-type: none">• Qualifies as Minimum Essential Coverage
<ul style="list-style-type: none">• No Waiting Period on Medical	<ul style="list-style-type: none">• Provides coverage for preventive services
<ul style="list-style-type: none">• No Pre-Existing Condition Limitations	<ul style="list-style-type: none">• Services include immunization and routine health screenings
<ul style="list-style-type: none">• No Surgical Schedule	<ul style="list-style-type: none">• Covers 100% of cost of services when in-network
<ul style="list-style-type: none">• Includes both In-Patient and Out-Patient Benefits	<ul style="list-style-type: none">• First Health Network

HOW THE PLANS WORK

Both plans use the Essential StaffCARE network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

Both plans have set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum.

	PPO Plan
Per-paycheck Cost for Coverage	\$\$
Calendar Year Deductible	\$
Calendar Year Out-of-pocket Maximum	\$
Using the Plan	Pay more with each paycheck and less when you need care
Spending Account Options	Health care FSA Dependent care FSA

PAYING FOR HEALTH CARE

GeoLogics Corporation offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	FSA
What medical plan can I choose?	Either Plan
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)
When can I use the funds?	All of the funds you elect for the year are available on January 1
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year, unless your plan has a grace period or carryover
How do I pay for eligible expenses?	With your WEX debit card (You can also submit claims for reimbursement online at www.wexinc.com/solutions/benefits/)
How much can I contribute each year?	V@Ö[} dā q } Á æ Á Á @ Á ^ á æ Á ÖÜÖ \$3,050 Á @ Á Ö[} dā q } Á æ { Á @ Á ^ ^ } á ^ } á æ Á ÖÜÖ Á \$5,000 Çā * Á ā * Á n 2024
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, "you" choose an annual FSA election amount during Annual Enrollment and that amount is taken out of each paycheck in equal increments

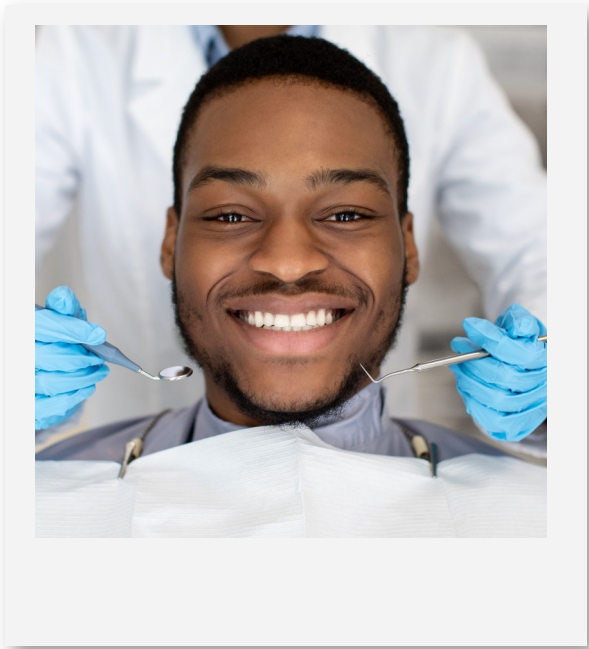
DENTAL BENEFITS



Administered by Lincoln Financial Group

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the GeoLogics Corporation dental benefit plan.

SERVICES	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	\$0 per person; \$0 family limit	\$0 per person; \$0 family limit
Calendar Year Benefit Maximum	\$5,000	\$5,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible	50% after deductible
Orthodontia Services (adult & child)	50% to \$2,500 lifetime maximum	50% to \$2,500 lifetime maximum



VISION BENEFITS



VISION BENEFITS

Administered by Cigna

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a Cigna doctor

SERVICE	IN-NETWORK (any Cigna provider)	OUT-OF-NETWORK (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$0 copay	Reimburse up to \$45
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	\$0 copay	Reimburse up to \$40
Bifocal Lenses	\$0 copay	Reimburse up to \$65
Trifocal Lenses	\$0 copay	Reimburse up to \$75
Lenticular Lenses		
Frames — once every 12 months	\$120 allowance plus 20% off	Reimburse up to \$72
CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
Allowance	\$120 allowance	Reimburse up to \$105
Medically Necessary	Covered in full	Reimburse up to \$250
Separate Fitting Allowance	Included in contact lenses	N/A



FLEXIBLE SPENDING ACCOUNTS

Health Care and Dependent Care Flexible Spending Accounts

GeoLogics provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts through WEX. You must enroll/re-enroll in the plan each year if you wish to participate. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A Healthcare FSA is used to reimburse non-cosmetic out-of-pocket medical, dental, or vision expenses incurred by you and your dependents (*this does not apply if you are in a plan which includes an HSA*). A Dependent Care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work (dependent care accounts are allowed in conjunction with HSAs).

Contributions to your FSAs are deducted from your paycheck before any taxes are taken out. You should estimate the cost you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you. This is the use-it or lose-it rule. If you have unused funds in your health care FSA at the end of the plan year, you may rollover up to \$610 into the next plan year. This does not apply to Dependent Care Accounts.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000* if you are a single employee or married filing jointly, or \$2,500 if you are married, filing separately and each parent contributes to a Dependent Care FSA. The most you can contribute to the Health Flexible Spending Account is \$3,050* per year.

YOU CANNOT RECEIVE (OR MAKE) CONTRIBUTIONS IN AN HSA

IF YOU HAVE AN FSA (Including a spouse FSA) UNLESS IT IS A LIMITED PURPOSE FSA ACCOUNT!

Limited Purpose Flexible Spending Account

We will continue to offer the Limited FSA to a maximum annual contribution of \$3,050*. Limited FSA may be elected for dental, vision, and POST deductible expenses only. If you are enrolled in & contributing to a Health Savings Account you MAY elect the Limited FSA.

How Flexible Spending Accounts Work

Each year during Annual Enrollment, you decide how much to set aside for Health and/or Dependent Care Expenses. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the year. After you incur eligible expenses throughout the benefit year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. For some healthcare expenses, you may also use your FSA debit card to pay at the time of service.

Please note that the health and dependent care accounts are separate; you may choose to participate in one, both or neither. You may not use money from the Healthcare FSA to cover expenses under the Dependent Care FSA or vice versa.

*IRS maximum subject to change for 2024

LIFE & DISABILITY INSURANCE



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Lincoln Financial Group

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by GeoLogics Corporation. The company provides basic life insurance of \$50,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. GeoLogics Corporation provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Lincoln Financial Group

You may purchase Life and AD&D insurance in addition to the company-provided coverage. You may also purchase Life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$150,000*, and up to \$50,000 for your spouse (Applies to Spouse of New Hires or New Spouses Only)) without answering medical questions if you enroll when you are first eligible.

Employee— In increments of \$10,000 up to the lesser of 5 times your annual salary or \$500,000.

Spouse— In increment of \$5,000 up to \$500,000, not to exceed 100% of the employee's elected benefit amount.

Children— Ages 14 days to 6 months: Benefit amount of \$250; Ages 6 months to age 26: Benefit amount of \$20,000.

*Guarantee Issue Amounts only apply to new hires. At annual renewal, employees who are currently enrolled may increase their benefit by \$10,000, up to the Guarantee Issue Amount, without providing evidence of insurability. Increase requests above \$10,000/\$20,000, or which exceed the Guarantee Issue Amount will require Evidence of Insurability paperwork, and coverage may be denied. Employees who are not new hires and not currently enrolled, may request to add Voluntary Life, but Evidence of Insurability paperwork will be required, and coverage may be denied (there is no Guarantee Issue Amount for current employees who are not new hires).

DISABILITY INSURANCE

GeoLogics Corporation also provides disability insurance through Lincoln Financial Group. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Long-term Disability	You receive 50% of your income up to \$5,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the Later of Age 65 or SSNRA.	Company

ADDITIONAL PRODUCTS



LEGAL RESOURCES & IDENTITY THEFT

Legal Plan Coverage - How Group Legal Services Work



Using the Legal Resources Plan is easy.

After enrollment, you will receive your membership card(s) containing contact information for your law firm. If you need legal plan services, you are able to call your law firm directly to set up an appointment. You can also call the Member Services Department and speak with one of our award-winning certified paralegals to answer a coverage or law firm question. You now have a law firm on "retainer" to meet all your legal needs. Call them any time you need a service, from a simple question to a complex issue.

Legal Plan Overview

The Legal Resources Legal Plan covers the attorney fees for a broad range of the most often needed legal services. Our legal plan coverage ensures you, your spouse, and qualifying dependent children are protected. There are no annual usage limitations, copays, or deductibles for the fully covered services. Below are some of the most common services our plan provides. For a full description of legal plan coverage please reference the summary of benefits.

- Advice and Consultation
- Wills and Estate Planning
- Traffic Court
- Identity Theft Assistance
- Buying and Selling Homes
- Courtroom Representation
- Divorce and Child Custody
- Billing Disputes

Comprehensive Coverage

Legal Resources offers a wide range of fully covered legal services with NO:

- waiting periods
- usage limits
- deductibles
- copayments

Members have access to a network of top-rated, full-service law firms and over 13,000 attorneys nationwide for. The Legal Resources Group Legal Services includes qualified dependents (spouse and dependent children up to 19 or 23 if full-time student) with unlimited use of all services. Enrollment in this benefit happens once per year, so please be sure to note that this is a year commitment. If you are an existing employee, you cannot add or drop this plan mid-year. New hires will be able to select this plan during their new hire enrollment period, or at annual enrollment.

Identity Theft Protection

- Realtime monitoring of all of your personal and financial information and instant alerts via SMS + email
- Credit reports and scores at a glance
- 24/7 Fully Managed identity restoration
- \$1 million Identity Theft insurance
- For assistance, You call Member Services. A Recovery Specialist will help you restore your identity by making phone calls and filling out the paperwork on your behalf.



ADDITIONAL PRODUCTS



EMPLOYEE ASSISTANCE PROGRAM

Life can present complex challenges. GeoLogics Corporation offers 2 EAPs to provide free, confidential support for your everyday challenges, and for more serious problems.

You may have questions regarding financial or legal problems, or coping with the death of a loved one. Sometimes these personal concerns can affect your health & well-being and job performance. The EAP can assist you and your family members with improving your quality of life by resolving a variety of personal concerns. Services are available 24-hours a day, 7-days a week via a toll-free nationwide number. You and your household members can receive up to 6 face-to-face counseling sessions (which include assessment, follow-up and referral services) per person, per problem episode, per year from BHS and an additional 5 from Lincoln Financial Group's EAP!

- Depression, anxiety and stress
- Alcohol/Substance abuse
- Relationship problems
- Workplace conflicts
- Financial issues
- College planning
- Living with chronic health conditions
- Child/Elder care and more

Your contact with the EAP is strictly confidential.

EAP services are provided at

no cost to you.

To take advantage of the BHS EAP:

Visit: www.bhsonline.com

Username: GEO

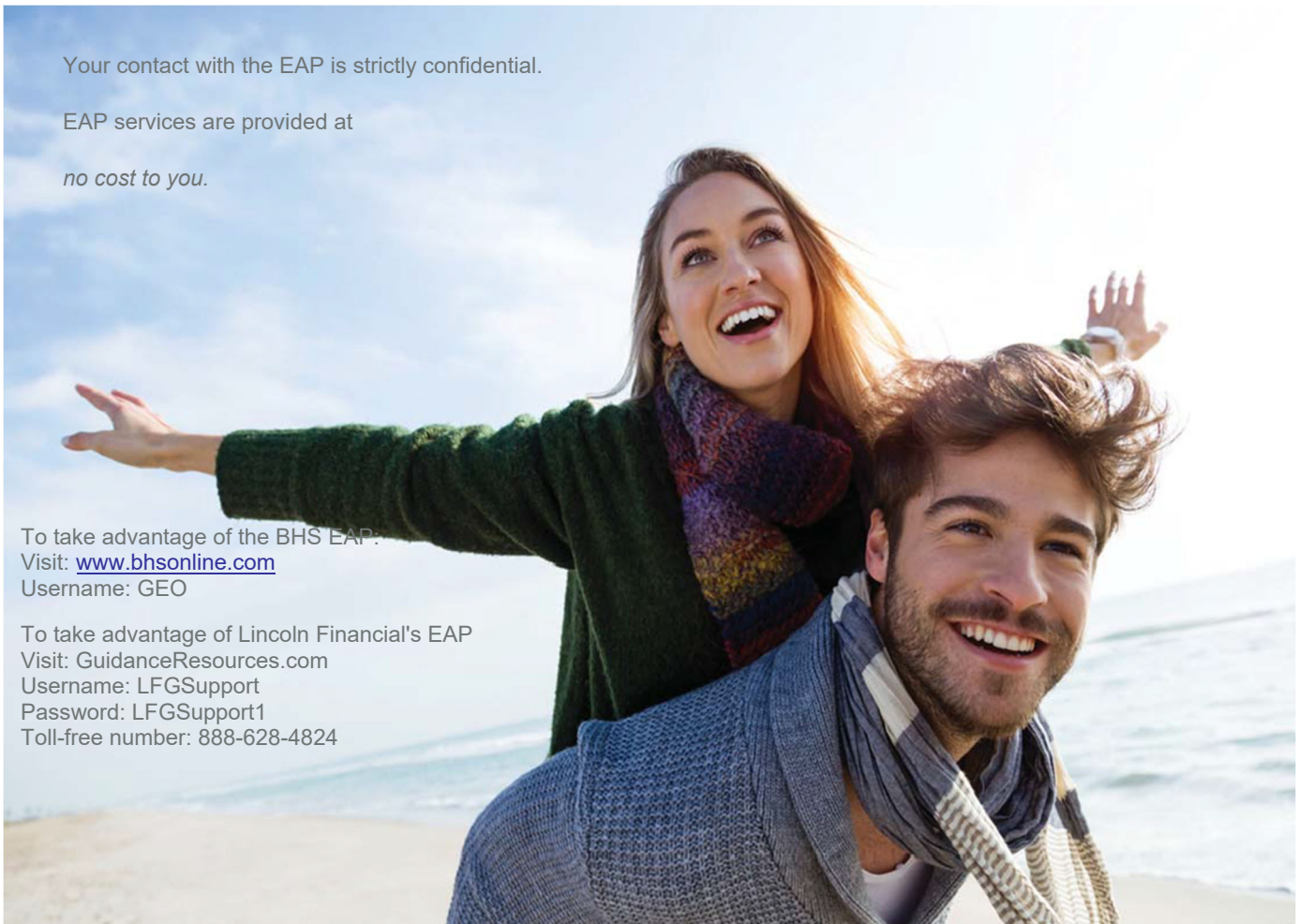
To take advantage of Lincoln Financial's EAP

Visit: GuidanceResources.com

Username: LFGSupport

Password: LFGSupport1

Toll-free number: 888-628-4824



ADDITIONAL PRODUCTS



PET INSURANCE

My Pet Protection® from Nationwide®

Now with options to meet every budget.

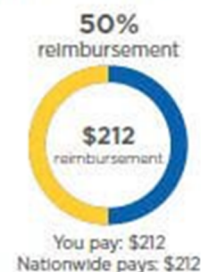


Our popular My Pet Protection pet Insurance plans now feature more choices and more flexibility

- ✓ Get **cash back** on eligible vet bills
Choose from three levels of reimbursement:
90%, 70% or 50%*
- ✓ Available **exclusively for employees**
These plans aren't available to the general public
- ✓ **Same price for pets of all ages**
Your rate won't go up because your pet had a birthday
- ✓ Use **any vet**, anywhere
No networks, no pre-approvals
- ✓ Optional **wellness coverage** available
Includes spay/neuter, dental cleaning, exams, vaccinations and more

Choose the reimbursement level that fits your needs

Problems such as upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is **\$424**. Here's how My Pet Protection would cover the bill.*



Examples reflect reimbursement after \$250 annual deductible has been fulfilled.

Get more—enjoy these extras when you protect your pet with a Nationwide pet Insurance policy

vethelpline®

Unlimited, 24/7 access to a veterinary professional (\$150 value).



Multiple-pet discounts available.¹

VitusVet

Mobile claims submission with the free VitusVet app.



Fast, convenient electronic claim payments.



Access to our award-winning magazine, *The Companion*.



Discounts on hand-picked pet products and services.

Get a fast, no-obligation quote today at <http://benefits.petinsurance.com/geologics>



ADDITIONAL PRODUCTS



401(k) Retirement Plan

GeoLogics provides a 401(k) retirement plan administered by Principal Financial Group which offers you an opportunity to make Pre-tax/ROTH salary deferrals of up to **\$23,000** in your choice of more than 25 investment options. If you are 50 or better, you have an opportunity to make Pre-tax/ROTH salary deferrals of up to **\$30,500**. All deferrals are subject to limitations resulting from federally required non-discrimination testing. Historically there has been a discretionary employer match of as much as 50% of the first 9% of an employee's combined Pre-tax or ROTH contributions with a maximum potential annual match of **\$3,000**.

Business Travel Accident – Cigna

GeoLogics provides Business Travel Accident (BTA) insurance for employees traveling on official company business. Coverage while on business travel (worldwide) protects against accidental death and dismemberment with a benefit of up to **\$250,000**. Includes CIGNA Secure Travel® which provides pre-trip planning, assistance while traveling and repatriation benefits when traveling 100 miles from home.

Employee Assistance Plan – BHS & Lincoln

EAP is designed to assist you and eligible family members with a variety of issues including but not limited to: work/life balance, health/wellness, anxiety/stress management, depression, behavioral problems, child care/elder care, and more! You can receive up to 6 face-to-face counseling sessions per issue through BHS and 5 through Lincoln Financial Services.

GeoLogics Corporation Employee Benefit Options Offered through Essential StaffCARE

Option 1: Fixed Indemnity Plan (First Health Network)

- Medical and Rx Benefit Options Available
- NO Deductibles on Medical
- NO Copays
- NO Health Questions, Guaranteed Issue
- NO Waiting Period on Medical
- NO Pre-Existing Condition Limitations
- NO Surgical Schedule
- Includes both In-Patient and Out-Patient Benefits

Biweekly Rates (biweekly payroll deduction)

Employee Only	\$77.12
Employee + Child(ren)	\$128.02
Employee + Spouse	\$146.53
Employee + Family	\$195.11

Option 2: MEC Wellness/Preventive Plan

- Covers 63 ACA mandated benefits
- Covers benefits for adults, children and women
- Includes maternity benefits
- Qualifies as Minimum Essential Coverage
- Provides coverage for preventive services
- Services include immunization and routine health screenings
- Covers 100% of cost of services when in-network
- First Health Network

Monthly Rates

Employee Only	\$58.19
Employee + Child(ren)	\$65.79
Employee + Spouse	\$71.00
Employee + Family	\$80.87

How To Enroll in Options 1 or 2

How to Enroll in Fixed Indemnity and MEC Plans:

Visit <http://www.esc-enrollment.com/geologics>

Call for questions on the Essential StaffCARE Plans claim information, ID Cards or general correspondence: 866-798-0803
(This number is not for enrollment but to assist with questions about a plan, claims info, ID cards or general correspondence)



Your annual Open Enrollment opportunity to add or change any of your benefit plan options is coming up. See below for your company's upcoming Open Enrollment Dates and your personalized plan options.

OPEN ENROLLMENT PERIOD:



BIWEEKLY RATES

EMPLOYEE ONLY
\$77.12

EMPLOYEE + CHILD(REN)
\$128.02

EMPLOYEE + SPOUSE
\$146.53

EMPLOYEE + FAMILY
\$195.11

ESC FIXED INDEMNITY PLAN

- Medical and Rx Benefit Options Available
- NO Deductibles on Medical
- NO Copays
- NO Health Questions, Guaranteed Issue
- NO Waiting Period on Medical
- NO Pre-Existing Condition Limitations
- NO Surgical Schedule
- Includes both In-Patient and Out-Patient Benefits
- Biweekly Payroll Deduction
- First Health Network

MONTHLY RATES

EMPLOYEE ONLY
\$58.19

EMPLOYEE + CHILD(REN)
\$65.79

EMPLOYEE + SPOUSE
\$71.00

EMPLOYEE + FAMILY
\$80.87

MINIMUM ESSENTIAL COVERAGE (MEC)

- Covers ACA mandated benefits
- Covers benefits for adults, children and women
- Includes maternity benefits
- Qualifies as Minimum Essential Coverage
- Provides coverage for preventive services
- Services include immunization and routine health screenings
- Covers 100% of cost of services when in-network
- First Health Network

ESSENTIAL STAFFCARE
CUSTOMER SERVICE:

1-866-798-0803





EMPLOYEE CONTRIBUTIONS

ESSENTIAL STAFFCARE COVERAGE	INDEMNITY BI-WEEKLY	MEC PER MONTH
Employee Only	\$77.12	\$58.19
Employee + Spouse	\$146.53	\$71.00
Employee + Child	\$128.02	\$65.79
Employee + Family	\$195.11	\$80.87

IDENTITY THEFT COVERAGE	BI-WEEKLY
Employee	\$7.38
Employee + Spouse	\$13.85
LEGAL ASSISTANCE	BI-WEEKLY
All Coverage Levels	\$8.77

BENEFIT PLAN	BI-WEEKLY
DENTAL RATES	
Employee	\$27.02
Employee + Spouse	\$52.03
Employee + Child(ren)	\$68.21
Employee + Family	\$93.24
VISION RATES	
Employee	\$4.22
Employee + Spouse	\$8.10
Employee + Child(ren)	\$6.84
Employee + Family	\$10.77



CONTACT INFORMATION



If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Essential StaffCARE	866.798.0803	http://essentialstaffcare.com/geologics/
Dental	Lincoln Financial Group	800.423.2765	www.lfg.com
Vision	Cigna	877.478.7557	www.mycigna.com
Flexible Spending Account	WEX	866.451.3399	www.wexinc.com/solutions/benefits/
Life and AD&D	Lincoln Financial Group	800.275.5462	www.lfg.com
Voluntary Life and AD&D	Lincoln Financial Group	800.275.5462	www.lfg.com
Long Term Disability	Lincoln Financial Group	800.275.5462	www.lfg.com
Employee Assistance Program	Lincoln Financial Services	888.628.4824	www.GuidanceResources.com
Employee Assistance Program	Business Health Services	800.327.2251	www.bhsonline.com
Pet Insurance	Nationwide	877.738.7874	http://benefits.petinsurance.com/geologics
Travel Assist	Lincoln Financial Group	800.527.0218	www.LincolnFinancial.com/TravelConnect
Director of HR Operations	Cerissa A. Tee	703.891.6144	CTee@geologics.com
Benefit Advocate Center (BAC)	Gallagher	833.874.4673	BAC.geologicscorporationadvocates@ajg.com



Ask Your Advocate

Helping you make the most of your healthcare benefits.



Insurance | Risk Management | Consulting



Gallagher is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- **Explanation of benefits.** Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues.** Did you receive a bill from a doctor but don't know why?
- **Difficult situations.** Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.

CONTACT INFORMATION

Geologics
Advocate Center
Toll Free (833) 874-4673
bac.geologicscorporationadvocates@ajg.com

Hours of Operation:
Monday - Friday 8:00 a.m. – 6:00 p.m.

The services provided by an Advocate do not ensure or guarantee benefits. Applicable plan documents containing information regarding all terms, conditions and exclusions of coverages shall govern. Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.



LEGAL NOTICES

GRANDFATHERED PLAN DISCLOSURE

This disclosure is applicable to the following plan(s):

- Option 1: Fixed Indemnity Plan (First Health Network)
- Option 2: MEC Wellness/Preventive Plan

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 703.891.6144. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

PATIENT PROTECTIONS DISCLOSURE

The GeoLogics Corporation Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Essential StaffCARE designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Essential StaffCARE at 866.798.0803 or <http://essentialstaffcare.com/geologics/>.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Essential StaffCARE or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Essential StaffCARE at 866.798.0803 or <http://essentialstaffcare.com/geologics/>.

WOMEN’S HEALTH & 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 medical and surgical benefits provided under the plan. Please see your summary for the deductibles and coinsurance that would apply.

If you would like more information on WHCRA benefits, please call your Plan Administrator at 703.891.6144 or CTee@geologics.com.

LEGAL NOTICES

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: 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+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – 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: 678-564-1162, Press 2	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

LEGAL NOTICES

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=enUS Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	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

LEGAL NOTICES

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

LEGAL NOTICES

To see if any other states have added a premium assistance program since July 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

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

LEGAL NOTICES

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

GeoLogics Corporation is committed to the privacy of your health information. The administrators of the GeoLogics Corporation Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Cerissa A. Tee, CEBS, PHR, SHRM-CP - Director of HR Operations at 703.891.6144 or CTee@geologics.com.

HIPAA SPECIAL ENROLLMENT RIGHTS

GeoLogics Corporation Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the GeoLogics Corporation Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

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 employer 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.

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.

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Cerissa A. Tee, CEBS, PHR, SHRM-CP - Director of HR Operations at 703.891.6144 or CTee@geologics.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's Annual Enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

LEGAL NOTICES

NOTICE OF CREDITABLE COVERAGE

Important Notice from GeoLogics Corporation 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 GeoLogics Corporation 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. GeoLogics Corporation 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 GeoLogics Corporation coverage may be affected. You may keep your coverage if you elect Part D and this plan may coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current GeoLogics Corporation coverage, be aware that you and your dependents may not be able to get this coverage back. The plan will follow the eligibility guidelines as stated in plan documents.

If you do decide to join a Medicare drug plan and drop your current GeoLogics Corporation coverage, be aware that you and your dependents may not 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 GeoLogics Corporation 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 person listed below 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 GeoLogics Corporation changes. You also may request a copy of this notice at any time.

LEGAL NOTICES

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:	January 01, 2024
Name of Entity/Sender:	GeoLogics Corporation
Contact—Position/Office:	Cerissa A. Tee, CEBS, PHR, SHRM-CP - Director of HR Operations
Office Address:	5500 Cherokee Avenue, Suite 400 Alexandria, Virginia 22312-2328 United States
Phone Number:	703.891.6144

LEGAL NOTICES

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

LEGAL NOTICES

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Cerissa A. Tee.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

LEGAL NOTICES

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

GeoLogics Corporation
Cerissa A. Tee, CEBS, PHR, SHRM-CP - Director of HR Operations
5500 Cherokee Avenue, Suite 400
Alexandria, Virginia 22312-2328
United States
703.891.6144

LEGAL NOTICES

SUMMARY OF BENEFITS AND COVERAGE – GEOLOGICS CORPORATION

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health plan option(s). This summary is in a standard format, as regulated by the Patient Protection and Affordable Care Act, to help you compare options. The standard format enables readers to conduct an apples-to-apples comparison.

We are unable to provide you with the Summary of Benefits and Coverage (SBC) for your plan(s), but it will be available soon. Please see HR if you would like a copy. However, we are happy to provide the Health and Human Services uniform glossary that is to be paired with the SBC when distributed to employees.

The glossary can also be found here: <https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-terms-final.pdf>

A complimentary paper copy will be available upon request by calling 703-891-6144. Participants and beneficiaries may request an electronic SBC from their employer.

The Summary of Benefits and Coverage (SBC) may not be all-inclusive. Gallagher Benefit Services strives to provide our customers with accurate SBCs but rely on the issuer for accuracy. It is ultimately the responsibility of the issuer and employer to ensure accuracy and furnish to their employees in accordance with the SBC regulations.

LEGAL NOTICES

MARKETPLACE NOTICE

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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.²

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 Cerissa A. Tee, CEBS, PHR, SHRM-CP.

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.

² 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.

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 GeoLogics Corporation		4. Employer Identification Number (EIN) 52-1638914	
5. Employer address 5500 Cherokee Avenue, Suite 400		6. Employer phone number 703.891.6144	
7. City Alexandria		8. State Virginia	9. ZIP code 22312-2328
10. Who can we contact about employee health coverage at this job? Cerissa A. Tee, CEBS, PHR, SHRM-CP			
11. Phone number (if different from above)		12. Email address CTee@geologics.com	

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

•As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

•With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

☒ If checked, 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.



This benefit summary prepared by



Insurance | Risk Management | Consulting

