



2024 | All Employees

Benefits Guide

Your Benefits, Your Choice

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DISCLAIMER: The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail. You can obtain a copy of the Summary Plan Description from the Human Resources Department.

Welcome!

We understand that your life extends beyond the workplace. That's why we offer a variety of benefits to help you be an advocate of your health and well-being. Our goal is to provide choices for you and your family to be appropriately covered through all stages of life.

We encourage you to read this guide, share it with your family members, and ask any questions you may have.

When to Enroll

- **New Hires:** Once eligible, you must complete your enrollment within 30 days. Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverage.
- **Current Employees:** Open enrollment for the 2024 plan year will take place between December 1st and December 8th. With several benefits changes, all employees are required to complete the open enrollment process to elect or waive benefits. It's also a great time to update your beneficiaries.



Enroll Online through ADP:

<http://bit.ly/48JBfw>

Type the link into your web browser or scan the QR code using your smartphone device.

How to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. An election change must be made within 30 days of the qualifying event. Examples include:

- Marriage, divorce, legal separation, or death of a spouse
- Birth, adoption, or death of a child
- Change in child's dependent status
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

Questions?

Human Resources	Phone	Email
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New this Year!

JANUARY 1st, 2024 Benefit Changes



Protect Your
Health

- **Medical:** Beginning in 2024, medical coverage will be offered through Cigna using their Open Access Plus network. Instead of offering a single plan design, TFA Logistics employees will be able to select between **three different medical plans** to best suit their medical coverage needs. Be sure to check that your preferred provider is in network by <https://hcpdirectory.cigna.com/web/public/consumer/> and searching your doctor's name.
- **Medical cont'd:** TFA Logistics will also no longer contribute to a Health Reimbursement Arrangement account for employees. The listed deductible/out-of-pocket maximums will apply to all employees enrolled in that plan.
- **Dental:** Dental coverage will move to Cigna in 2024 with a decrease to employee premium and will also enhance the addition of orthodontia coverage for children.
- **Vision:** Vision coverage will move to Cigna in 2024 with a decrease to employee premium with comparable coverage.

How To Enroll: **Action Required!**

To ensure you are covered appropriately, everyone is required to take action during annual open enrollment between **December 1st through December 8th, 2023**.



Enroll Online through ADP:

<http://bit.ly/48JBpFw>

Type the link into your web browser or scan the QR code using your smartphone device.

Contacts

Human Resources

Rose Romero
(915) 595-6569 Ext. 1196
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Benefits

Medical, Dental, Vision

Cigna
1-833-592-9956
www.anthem.com

Life, Disability, Supplemental Health

Symetra
1-800-796-3872
<https://www.symetra.com/>

401k Retirement

ADP
(866) 695-7526
www.mykplan.com

Find A Provider



Medical
Cigna
www.cigna.com

Eligibility

Employee Eligibility

As a new employee, you have 30 days from your initial start date to enroll in benefits. All coverage will take effect on the first of the month following 30 days of continuous, active employment for employees working at least 30 hours per week.*

***IMPORTANT:** These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.



Dependent Eligibility

Employees enrolled in Medical, Dental, Vision, Voluntary Life/AD&D, Critical Illness, and Accident coverages have the option to enroll their Dependent Spouse and Dependent Children on these plans. See below for a definition of an “eligible dependent” under these plans.

Definition of “Eligible Dependents”

- Your legal spouse who is a resident of the same country in which the Employee resides. Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed. For the purposes of this definition, “spouse” shall not mean a common law spouse or domestic partner.
- The employee’s dependent children until the end of the month, in which, they attain age 26, legally adopted children from the date the employee assumes legal responsibility, foster children that live with the employee and for whom the employee is the primary source of financial support, children for whom the employee assumes legal guardianship and stepchildren.
- Also included are the employee’s children (or children of the employee’s spouse) for whom the employee has legal responsibility resulting from a valid court decree.
- Children who are mentally or physically disabled and totally dependent on the employee for support, past the age of 26 or older. To be eligible for continued coverage past the age of 26, certification of the disability is required within 31 days of attainment of age 26. A certification form is available from the employer or from the claims administrator and may be required periodically. You must notify the claims administrator and/or the employer if the dependent’s marital or tax exemption status changes and they are no longer eligible for continued coverage.

Working Spouse Provision

If your legal spouse has medical insurance offered through his or her employer, they are not eligible for the Medical plan.

To verify your spouse’s eligibility, you must complete a Working Spouse Provision Form. Failure to complete this form will result in medical coverage being terminated for your spouse. If the working status of your spouse changes during the year, you must confirm eligibility by completing an updated Working Spouse Provision Form. You can find the form on ADP, or you may request it from HR.

Weekly Employee Contributions

48 Pay Period Deductions

Beginning 01/01/2024, TFA Logistics will begin deducting employee premium contributions on a weekly basis 48 times annually, instead of 52 times annually. That means that for those months where there are 5 payroll dates, you will only have deductions taken out on the first four payroll dates. The final payroll date will not include insurance premium. That means each week's deduction will be higher, but you will see fewer deductions through the year.

Medical	3000 PPO Plan	5000 PPO Plan	5000 H.S.A. Plan
Employee Only	\$81.40	\$49.29	\$67.85
Employee + Spouse	\$341.80	\$279.42	\$293.56
Employee + Child(ren)	\$219.31	\$172.41	\$185.79
Family	\$487.23	\$401.22	\$416.75

Dental		Vision	
Employee Only	\$5.11	Employee Only	\$1.53
Employee + Spouse	\$11.49	Employee + Spouse	\$2.92
Employee + Child(ren)	\$14.31	Employee + Child(ren)	\$3.06
Family	\$20.10	Family	\$4.50

Life/AD&D	Basic	Term
Employee Only	100% Company-Paid	100% Voluntary*
Employee + Spouse	N/A	100% Voluntary*
Employee + Child(ren)	N/A	100% Voluntary*
Family	N/A	100% Voluntary*

Disability	Short-Term	Long-Term
Employee Only	100% Voluntary*	100% Voluntary*

Supplemental Health	Accident	Critical Illness	Hospital Indemnity
Employee Only	100% Voluntary*	100% Voluntary*	100% Voluntary*
Employee + Spouse	100% Voluntary*	100% Voluntary*	100% Voluntary*
Employee + Child(ren)	100% Voluntary*	100% Voluntary*	100% Voluntary*
Family	100% Voluntary*	100% Voluntary*	100% Voluntary*

*Personalized Rates for Voluntary Coverage: Login to ADP for rates.

Medical Insurance

Cigna | 3000 PPO

TFA Logistics offers employees three health plan options with Cigna.

3000 PPO Plan is a traditional PPO Plan with office copays and a traditional drug card. 3000 PPO includes both in and out of network coverage. To find an in-network provider, visit www.cigna.com and use the Open Access Plus Network search.

Medical	PPO 3000	
	In-Network	Out-Of-Network
Annual Deductible		
Individual	\$3,000	\$7,500
Family	\$6,000	\$15,000
Coinsurance		
Plans Pays	80%	50%
You Pay	20%	50%
Annual Out-Of-Pocket Max		
Individual	\$7,150	\$15,000
Family	\$14,300	\$30,000
Covered Services		
Preventive Care	Covered 100%	50% after deductible
Virtual Visit	\$0 Copay	50% after deductible
Primary Care Office Visit	\$15 Copay	
Specialist Office Visit	\$50 Copay	
Urgent Care	\$25 Copay	
Emergency Room	\$300 Copay + 20% after deductible	
Hospitalization	20% after deductible	50% after deductible
Prescription Drugs		
Pharmacy Deductible	NA	NA
Tier 1	\$10 Copay	50%
Tier 2	\$50 Copay	50%
Tier 3	\$95 Copay	50%
Tier 4	\$250 Copay	50%

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Medical Insurance

Cigna | 5000 PPO

The PPO 5000 plan covers **only in-network Cigna providers**, except in emergency situations, and is not available to employees who reside in Alabama, Ohio, or Oklahoma. The 5000 PPO plan includes office visit and prescription drug copays, however it is very important to make sure your providers are in the Cigna network to have coverage. To find an in-network provider, visit www.cigna.com and use the Open Access Plus Network search.

Medical	PPO 5000	
	In-Network	Out-Of-Network
Annual Deductible		
Individual	\$5,000	NA
Family	\$10,000	NA
Coinsurance		
Plans Pays	70%	NA
You Pay	30%	NA
Annual Out-Of-Pocket Max		
Individual	\$8,000	NA
Family	\$16,000	NA
Preventive Care	Covered 100%	NA
Virtual Visit	\$0 Copay	NA
Primary Care Office Visit	\$40 Copay	NA
Specialist Office Visit	\$80 Copay	NA
Urgent Care	\$125 Copay	NA
Emergency Room	\$500 + Deductible & Coinsurance	
Hospitalization	30% After Deductible	NA
Pharmacy Deductible	\$150 single / \$300 family	NA
Tier 1	\$20 Copay	NA
Tier 2	\$50 Copay	NA
Tier 3	\$95 Copay	NA
Tier 4	\$250 Copay	NA

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Medical Insurance

Cigna | 5000 H.S.A.

5000 HDHP is a Health Savings Account Qualified Plan. With this plan, TFA Logistics will contribution \$600 per year, paid out as weekly contributions into your Health Savings Account. In addition, you can take advantage of tax savings by contributing your own funds, if you choose. See page 9 for more info on HSAs. The HSA plan does include both in and out of network coverage as well. With the H.S.A. plan it is important to know that there are no office visit or pharmacy copays. You will be required to pay the full costs of care until you meet the annual deductible, with the exception of preventative care, which is covered 100%.

Medical	HSA 5000	
	In-Network	Out-Of-Network
Annual Deductible		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000
Coinsurance		
Plans Pays	100%	70%
You Pay	0%	30%
Annual Out-Of-Pocket Max		
Individual	\$6,000	\$10,000
Family	\$12,000	\$20,000
Covered Services		
Preventive Care	Covered 100%; Deductible Waived	30% After Deductible
Virtual Visit	Covered 100% After Deductible	30% After Deductible
Primary Care Office Visit		
Specialist Office Visit		
Urgent Care		
Emergency Room	Covered 100% After Deductible	
Hospitalization	Covered 100% After Deductible	30% After Deductible
Prescription Drugs		
Pharmacy Deductible	Included With Medical	Included with Medical
Tier 1	\$10 Copay After Deductible	50%
Tier 2	\$35 Copay After Deductible	50%
Tier 3	\$60 Copay After Deductible	50%

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

For more information on how to decide between health plan options, watch our video:

<http://www.cottinghambutler.com/HSATraditional/>

Health Savings Account (HSA)

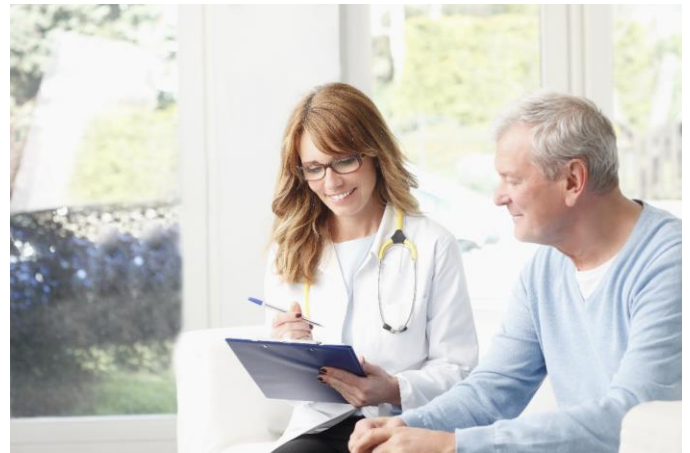
Optum Bank

If you enroll in TFA Logistics' **5000 HDHP**, you are eligible to utilize a Health Savings Account (HSA) which is administered by **Optum Bank**. All money in your HSA is yours to save for use on medical, dental, & vision expenses, or for retirement.

TFA Logistics will contribute \$600 per year, paid out as weekly contributions to anyone enrolled on the HSA Plan for 2024. Only those enrolled in the HSA plans are eligible.




Benefits of Having an HSA Include:

- You can make Federal pre-tax deposits to the account through payroll deductions.
- These accounts operate just like a checking account with personal checks and/or a debit card.
- The contributions and the earnings will be tax deferred, much like an Individual Retirement Account (IRA).
- The money in the account can be rolled over from year to year, potentially building up thousands of dollars over time if funds are not used to pay for medical expenses.
- Withdrawals for medical expenses are tax-free for federal income tax purposes. Withdrawals after age 65 for any purpose are penalty-free.
- For 2024 the maximum amount you can contribute to your HSA (including the employer's contribution) is \$4,150 for a single plan and \$8,300 for employee + one or more.
- The accounts come with "catch-up" provisions allowing people age 55 and over contribute an additional \$1,000 per year.
- These accounts are owned and controlled by YOU. There is no "use-it-or-lose-it" feature.
- The accounts are portable and money can be used on any qualified medical expenses even if you leave TFA Logistics. Funds can also be used to pay COBRA premiums if collecting unemployment.
- Eligible expenses for HSA reimbursement can be found at www.irs.gov/publications/p502/



How Much Can I Save with an HSA?

In this example, a person with an annual salary of \$40,000 would bring home \$600 more in a year just by participating in an HSA instead of paying medical care costs out of pocket with after-tax money. That does not even include the fact that HSA money can be invested and grow over time like a retirement account!

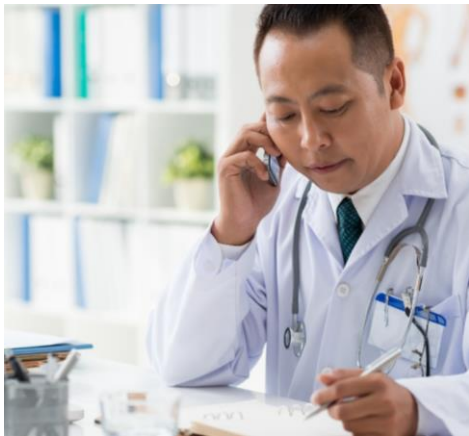
		Without HSA	With HSA
	You Earn	\$3,333 per month	\$3,333 per month
	You Set Aside (Pre-Tax)	\$0 per month	\$200 per month
	The IRS Taxes You On	\$3,333 per month	\$3,133 per month
	You Spend this Much Money on your Family's Eligible Medical, Dental & Vision Expenses*	\$2,400	\$2,400 per year <small>*Money contributed but not spent remains in your account for future use.</small>
	You Bring Home	\$27,600 per year	\$28,200 per year

This is an example for illustration purposes only. Your personal income and tax savings will vary based on your income, tax rate, and the amount of money you contribute to your Health Savings Account (HSA)

Telemedicine

MD Live | Available to all employees enrolled in medical coverage.

Cigna's virtual care can be a great alternative to visiting a primary care doctor or an urgent care, when you are suffering from one of many common, non-emergency medical conditions. With 24/7/365 access to U.S. board-certified doctors, you can access medical care for only a small copay amount, from home or on the road—and in some cases, doctors can write a prescription to a local pharmacy near you.*



How Does It Work?

Log in to your account or register if you don't have one set-up. Then, contact Cigna's Virtual Care from anywhere—and let the doctor come to you!

Cigna's Virtual Care

- **Online:** <https://my.cigna.com>
- **Phone:** Refer to the # on your ID card
- **Or via the Cigna Mobile App!**

Cigna's virtual care doctors can then diagnose non-emergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice, when necessary.*

*Prescription services may not be available in all states.

When Can I Use It?

- When you need care now.
- If you're considering the ER or urgent care center for a non-emergency issue.
- On vacation, on a business trip, or away from home.

Common Conditions We Treat

- Allergies
- Colds, respiratory problems, flu
- Ear infections
- Sore Throat
- Pink eye
- Urinary tract infections
- And more!

Save Money and Time!

With extremely low or no consult cost, Cigna's virtual care provides significant savings over urgent care and emergency room visits. Plus, you can use it from the convenience of home or work, allowing you to avoid the hassle of sitting in a waiting room.

Meet Our Doctors!

- U.S. board-certified with an average of 15 years of practice experience
- U.S. residents and licensed in your state

For more information, watch our video: <http://www.cottinghambutler.com/KnowWhereToGo/>

Alternative Health Plan Options

Next Level Planning

Family Health Coverage

If your spouse and/or children are covered under the health plan, you may want to explore whether you could save money by considering an Exchange Plan.

Every state offers a Health Insurance Marketplace (or “Exchange”) for individuals to find affordable and quality health insurance.

A family member may be eligible for a subsidy if the cost of family coverage offered by your employer is more than 9.12% of your entire household income.

With the passage of the Inflation Reduction Act, the number of families with access to subsidies was significantly increased with the lowering of the income thresholds to qualify. The expansion of these subsidies is available at least through 2025. What could this mean for you?

Examples of Subsidized Medical Plan Rates Available through HealthCare.gov:

Annual Household Income	Family Size	Subsidized Silver Plan Monthly Premium*	Family Size	Subsidized Silver Plan Monthly Premium*
\$20,000	4	Medicaid (Free)	2	Medicaid (Free)
\$40,000	4	\$4	2	\$133
\$60,000	4	\$158	2	\$311
\$80,000	4	\$409	2	\$567
\$125,000	4	\$885	2	\$681

* Rates shown above are an example only, your specific rates will be determined based on your personal information. Silver coverage on the Exchange is approximately a \$3,000 deductible plan.

How to find out if you could save?

Visit [Healthcare.gov](https://www.healthcare.gov) or if you would like assistance in reviewing coverage use the following link, and a member of the Next Level Planning team will review.



<https://app.smartsheet.com/b/form/4366d0be024a44e4a715b3db6bbeb1c6>



Dental

Cigna



Locate a Cigna network provider near you at www.cigna.com

Dental	In-Network	Out-of-Network
Annual Deductible		
Individual	\$50	
Family	\$150	
Annual Benefit Max (Per person)	\$1,500	
Orthodontia Lifetime Max	\$1,500	
Services	In-Network	Out-of-Network
Preventive Care	100% Covered	
Basic	20% after deductible	
Major	50% after deductible	
Benefit Cost	Voluntary see page 5	

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Vision

Cigna



Locate a Cigna network provider near you at www.cigna.com or log into www.mycigna.com

Vision	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$45
Lenses		
Single Visions	\$25 Copay	Up to \$32
Bifocal		Up to \$55
Trifocal		Up to \$65
Lenticular		
Frames	\$130 allowance	Up to \$105
Contact Lenses	\$130 allowance; Once every 12 months in lieu of glasses	Up to \$105; Medically necessary pays up to \$210
Frequencies		
Exams	1 per 12 months	
Lenses	1 per 12 months	
Frames	1 per 24 months	
Contact Lenses	1 per 12 months (in lieu of lenses/frames glasses)	
Benefit Cost	Voluntary see page 5	

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Life/AD&D

Symetra

Life insurance protects your loved ones financially in the event of your death. Accidental death and dismemberment (AD&D) provides an additional benefit if you die or become dismembered due to a covered accident.

Basic Life/AD&D

Benefit Amount	Employee: \$25,000
Benefit Cost	Company-paid – No cost to you!

Term Life/AD&D

Benefit Amount	<p>Employee: Increments of \$10,000, up to lesser of 5x annual earnings or \$500,000</p> <p>Spouse: Up to \$250,000, not to exceed 50% of employee election*</p> <p>Child(ren): \$10,000*</p>
Guaranteed Issue Amount¹	<p>Employee: \$200,000</p> <p>Spouse: \$50,000</p> <p>Child(ren): \$10,000</p>
Benefit Cost	Employee-paid

Definition of “Eligible Dependents”

- Spouse – eligibility may terminate at Spouse age 70.
- Child – eligibility terminates earliest of age 26, married, or employed full time, or no longer a Full Time Student. Terms may vary for children with special needs.

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.
- It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies. Please refer to the policy certificate or HR for more information.



Remember to update your beneficiaries.

It is important to update your beneficiaries and make sure they are accurate periodically. Having out of date beneficiaries listed will make it difficult to pay the benefit to the correct person in case it is ever needed.

*Dependent elections require employee enrollment and may be limited by employee volume.

¹ If you enroll when first offered, you receive up to the listed amount without having to answer medical questions.

Please review the full plan documents for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Benefits may be reduced for employees over age 65 per ADEA.

Disability

Symetra

In the event that you become disabled from a **non-work-related injury or illness**, disability income benefits may provide a partial replacement of lost income.

Short-Term Disability

Benefit Amount	Replaces 60% of earnings, up to \$1,500 per week
Benefit Begins	Injury: after 14 days Illness: after 14 days
Benefit Duration	Up to 11 weeks
Benefit Cost	Employee-paid

Long-Term Disability

Benefit Amount	Replaces 60% of earnings, up to \$8,000 per month
Benefit Begins	After a period of 90 days
Benefit Duration	2 Years
Benefit Cost	Employee-paid

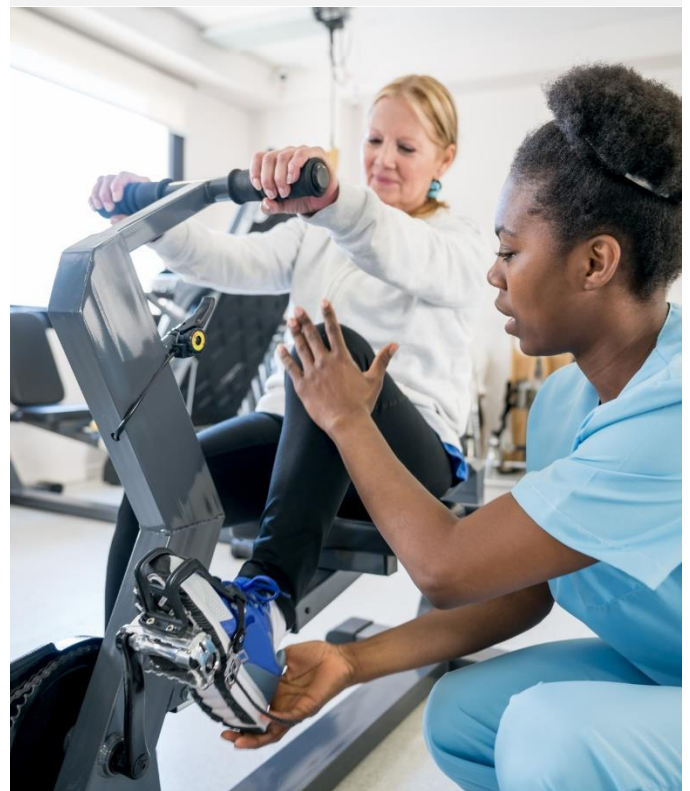
Important – Please Read!

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Please review the full plan documents for plan details including exclusions and limitations. Pre-existing condition limitations may apply. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.



See why disability insurance is so important:
<http://www.cottinghambutler.com/Disability/>



Supplemental Health

Symetra

Think about your personal circumstances: Would having extra cash be helpful if you or a family member experienced an unexpected accident, serious illness, or hospitalization? The following benefits may protect you, your family, and your financial security.

Accident

Helps cover the cost of expenses if you are injured in a covered accident.

Benefit Amount	Pays you a set amount based on a schedule of benefits. Benefits ranging from \$200 – \$150,000 per occurrence
Wellness Benefit	\$100 – pays you direct for having an annual wellness exam
Some Commonly Covered Injuries Include:	Dislocations Fractures Emergency Room Visits

Critical Illness

Helps cover the cost of expenses if you are diagnosed with a covered condition.

Benefit Amount	\$5,000 Increments up to \$50,000 payable upon a diagnosis of a covered condition
Wellness Benefit	\$100 – pays you direct for having an annual wellness exam
Some Covered Conditions Include:	Cancer Heart attack Stroke

Hospital Indemnity

Helps cover the cost of hospital stays.

Benefit Amount	\$1,000 Hospital Admission and more. See Schedule of Benefits allowance amounts
Wellness Benefit	\$100
Some Covered Services Include:	Hospital stays Physician visits Surgical benefits
Benefit Cost	Employee-paid



Take advantage of the wellness benefit.

Each plan option includes a \$100 wellness benefit if you or a covered family member receive a qualifying wellness exam or lab test. Please see the next page for instructions and eligible screenings.

Employee Cost Per Paycheck

Log Into ADP to calculate your per pay period cost to add accident, critical illness, or hospital coverage.

Important – Please Read!

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- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

Please review the full plan documents found on ADP for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Wellness Benefit

Symetra

You can't predict when an accident or illness may occur, but keeping tabs on your overall health can help you prepare for the unexpected. Fortunately, through your accident, critical illness, and hospital indemnity health policies, you can receive a financial benefit of \$100 (per person, per benefit), for being proactive about your health and your family's.

After completing a wellness screening, just give Symetra a call or send an email to let them know:

1. The name of the insured
2. The type of screening
3. The date the screening was completed.

You can also submit a claim through MyGO. Once you've created an account and logged in, click Submit my claim and add any required information.

Common eligible wellness screenings

- Biopsy
- Baseline testing for concussion
- Child sports physicals
- COVID-19 test
- Electrocardiogram
- Pap test
- Specific blood tests
- Bone marrow testing
- Chest X-ray
- Colonoscopy
- Mammograms
- Prostate-specific antigen (PSA) test
- Stress test
- Thermography

Contact & Policy Information

- Call 1-800-497-3699, Mon-Fri (6:30 a.m. to 5 p.m. CST)
- Email: sbclaims@symetra.com/[MyGO](https://www.symetra.com/MyGO)
- Mailing address: P.O. Box 440 Ashland, WI 54806
- Fax: 715-682-5919
- My Group Online (GMO): benefits.symetra.com/BenefitsEmployeePortal/landing
- Policy Number: 12669000
- Policyholder: TFA Logistics Services, LLC

When using MyGO for the first time, please use the policy information above to self-register and create an account.



Frequently asked questions

How many ways can I file my claim?

You can file a claim many ways. By calling Symetra, sending Symetra an email, sending claims by mail or fax, or submitting through MyGO – a virtual platform that allows you to submit claims on your computer or mobile device.

Who can receive a wellness benefit?

Anyone covered under the **Accident, Critical Illness, or Hospital Indemnity Plan** is eligible for these benefits. Please review your enrollment information for more details.

How often can I receive a wellness benefit?

This may vary. Please refer to your policy information or call Symetra at 1-800-497-3699 to confirm how often you can file a wellness benefit claim.



What if I have a screening that qualifies for benefits under more than one of my Symetra plans?

If you have multiple coverages with Symetra, we'll automatically cross-check to see if you're eligible for more than one benefit and submit the claim on your behalf.

Please review the full plan documents found on ADP for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Value Add Benefits

Symetra

	<h2>Employee Assistance Program</h2> <p><i>Available to all employees enrolled in basic life insurance.</i></p> <p>This program is here for you and can help you and your family find solutions and restore your peace of mind. The cost-effective EAP can help you and your family with personal or professional struggles 24/7. Don't delay if you need help.</p>	<p>Call: 1-888-327-9573</p> <p>Access Online Resources: www.guidanceresources.com (Web ID: SYMETRA)</p>
	<h2>Identity Theft Protection Plan</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>24/7 support available for identity theft victims with a dedicated hotline for assistance and credit report retrieval. Identity Theft Protection Program offers comprehensive assistance including fraud alert placement, credit information review, and emergency cash while traveling.</p>	<p>U.S. and Canada: 1-877-823-5807</p> <p>Anywhere else: (240) 330-1422</p>
	<h2>Travel Assistance</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>Emergencies can occur anywhere, but with our Travel Assistance Program, you have access to a team of multilingual professionals available 24/7 in over 200 countries, providing various services including medical assistance, transportation, and support for lost belongings or legal matters.</p>	<p>U.S. and Canada: 1-877-823-5807</p> <p>Anywhere else: (240) 330-1422</p>
	<h2>Health Champion</h2> <p><i>Available to all employees on covered disability leave.</i></p> <p>Employees on a covered disability leave can access the HealthChampion® health care navigation program, providing assistance with doctor bills, insurance statements, and health plan requirements, as well as support for medical concerns and coordination with healthcare providers. This program offers guidance on benefits, claims, financial resources, treatment options, and referrals to counseling and support groups.</p>	<p>Call 24/7: 1-866-263-4365</p>
	<h2>Beneficiary Companion Program</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>Managing a loved one's final affairs can be overwhelming, but our Beneficiary Companion Program offers relief by providing guidance on paperwork, notifications, and other time-consuming details. The dedicated coordinators assist with obtaining death certificates, managing notifications to various entities, discontinuing social media access, and even offer fraud resolution services to protect against identity theft.</p>	<p>U.S. and Canada: 1-877-823-5807</p> <p>Anywhere else: (240) 330-1422</p>

401(k) Retirement Plan

TFA Logistics believes in the value of saving for retirement, so we provide two benefits for your retirement savings. We encourage everyone to think ahead and save for the future. You have the option of participating in a **Traditional 401(k)** with pre-tax contribution and/or **ROTH 401(k)** with post-tax contributions. Each type of account provides a unique tax advantage while saving for retirement. A traditional 401(k) lowers your taxable income now while a ROTH 401(k), if the requirements are met, frees your investment growth from tax obligations at the time of withdrawal.

Eligibility

Employees become eligible for the 401(k) immediately following 6 months of employment. You may begin contributing to the plan on the first day of the month following becoming eligible.

Full-time and part-time employees are eligible.

Enrollment and Changes

See Rose in Human Resources to enroll in the 401(k), make any changes to your election, roll over a prior 401(k), or make beneficiary changes. See Human Resources for full details on fund choices, performance, and fund investment fees.

Employee Contribution

Employee may contribute up to 100% of eligible pay. An Internal Revenue Service (IRS) calendar year dollar limit of \$22,500 for 2023 applies. If you are 50 or older in 2023, you may defer an additional \$6,500 of “catch-up” contributions during the calendar year.

Plan Financial Advisor

Brandon Moore of Merrill Lynch is the TFA Logistics plan Financial Advisor. Brandon Moore’s guidance and financial advice is available to all TFA Logistics employees as it relates to the retirement plan.

- Email: r.brandon.moore@ml.com
- Phone: (804) 780-1498

Employer Contribution

TFA Logistics will match 100% of the first 3% of your earnings that you contribute, and 50% of the next 2%. **That means, if you’re not contributing to your 401(k), you are turning down a potential 4% salary bonus each year!**

Matching Contribution Examples:

- If you contribute 5% of your salary, TFA Logistics will contribute 4% weekly.
- If you contribute 2% of your salary, TFA Logistics will contribute 2% weekly.
- If you contribute nothing to your 401(k), you get no matching money from Cox

Vesting Schedule

The money **you** contribute to your 401(k), and earnings thereon, are ALWAYS yours to keep – from Day 1.

The money that **TFA Logistics** contributes is not subject to a vesting schedule, meaning the money TFA contributes is yours as soon as it is deposited to your account!

Retirement Account Contact

- (866) 695-7526
- mykplan.com

TFA Logistics Medical Plan: Important Disclosures & Notices

Michelle's Law Notice

If the Plan provides for dependent coverage that is based on a dependent's full-time student status, then this Michelle's Law Notice applies. If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage. ❖

Benefits during a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

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

If an Employee or his/her dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under their employer plan, the employer must allow the Employee to enroll in the employer plan if they are not already enrolled. This is called a "special enrollment" opportunity, and **the Employee must request coverage within 60 days of being determined eligible for premium assistance.** If the Employee has questions about enrolling in the employer's plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Employees living in one of the following States, may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2022. The most recent CHIP notice can be found at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>. Contact the respective State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

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

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

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+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+ Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service:
1-800-359-1991 / State Relay 771
Health Insurance Buy-In Program (HIBI) Website:
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website:
<http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid

Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

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

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <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: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: (617) 886-8102

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfnv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll-free number for the HIPP program:
1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.nifamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347 or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

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

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

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 ❖

Patient Protection Notice

If the TFA Logistics Medical Plan generally requires 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. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources. ❖

Women's Health and Cancer Rights Act of 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. ❖

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage 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 normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may 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). ❖

Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge. ❖

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1st, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1st. After Dec. 15th, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

Can individuals Save Money on Health Insurance Premiums in the Marketplace?

Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If the Employee has an offer of health coverage from his/her employer

that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.61% of household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit. ***Note:** If a health plan is purchased through the Marketplace instead of accepting health coverage offered by an employer, then the Employee may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as the employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Any Employee payments for coverage through the Marketplace are made on an after-tax basis.

How Can Individuals Get More Information?

For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including 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 the area.

***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% of such costs. ❖**

Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)

If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply.

The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP. ❖

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The TFA Logistics Services, LLC Group Medical Plan (the "Plan"), which includes medical, and dental coverages offered under the TFA Logistics Services, LLC Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures TFA Logistics Services, LLC has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

1. Payment and Health Care Operations: In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. Disclosure to the Plan Sponsor:

As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

3. Requirements of Law:

When required to do so by any federal, state or local law.

4. Health Oversight Activities:

To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

5. Threats to Health or Safety:

As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

6. Judicial and Administrative Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

7. Law Enforcement Purposes:

To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

8. Coroners, Medical Examiners, or Funeral Directors:

For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

9. Organ or Tissue Donation:

If the person is an organ or tissue donor, for purposes related to that donation.

10. Specified Government Functions: For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

11. Workers' Compensation:

As necessary to comply with workers' compensation or other similar programs.

12. Distribution of Health-Related Benefits and Services:

To provide information to the individual on health-related benefits and services that may be of interest to them.

Notice in Case of Breach

TFA Logistics Services, LLC is required to maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

Use and Disclosure of Individual Health Information by the Plan that Does Require Individual Authorization:

Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Individual Rights with Respect to Personal Health Information:

Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses and Disclosures:

An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118.

Right to Inspect and Copy Individual Health

Information: An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

Right to Amend Your Health Information: You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

Right to an Accounting of Disclosures: An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential Communications: An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the

request in writing to the HIPAA Privacy Officer at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this Notice: Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their HIPAA Privacy Officer at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

Complaints and Contact Person:

If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at TFA Logistics Services, LLC, 10448 Dow-Gil Road, Ashland, VA 23005, 800-288-8118. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated. ❖

Important Notice from TFA Logistics Medical Plan about Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with TFA Logistics Services, LLC 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. TFA Logistics Services, LLC has determined that the prescription drug coverage offered by the TFA Logistics Services, LLC 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 TFA Logistics Services, LLC coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current TFA Logistics Services, LLC coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with TFA Logistics Services, LLC 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 TFA Logistics Services, LLC 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).

Date: 01/01/2023

Name of Entity/Sender: TFA Logistics Services, LLC

Contact--Position/Office: Human Resources

Address: 10448 Dow-Gil Road, Ashland, VA 23005

Phone Number: 800-288-8118 ❖

