SDi


# 2023 EMPLOYEE BENEFITS

A Guide to Your Benefits

# SDI is committed to providing a solid and competitive benefits package to meet your needs and the needs of your family.

This booklet describes the different benefits available, both company provided plans and 100% employee paid voluntary plans. Please take the time to review these benefits and find the coverage that is right for you.

## Benefit Eligibility & Waiting Period

You may generally elect benefits as a new hire and during annual open enrollment periods. All full-time employees who work a minimum of 30 hours are eligible to enroll in benefits. Benefits are effective the first of the month following date of hire. In most cases, you may not change your benefits mid-year unless you experience a Qualifying Life Event in your life.

## Qualified Life Events

You may make changes during the year if you experience a qualified life event. If you need to report a life event during the year, you will need to contact your HR Department with the necessary changes within 31 days of the event.

Some examples of life events and changes in status are:

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of a dependent (including loss of dependent status)
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status
- Change in residence that affects the benefits offered to you
- Eligibility for Medicare

## Dependent Eligibility

You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

- Your legally married spouse who is not eligible for another Employer Group Health Plan
- Your dependent children

*Included in the definition of dependent child(ren) are:*

- Your naturally born child(ren), legally adopted child(ren), stepchild(ren) or court ordered dependent child(ren) for whom you are the court-appointed legal guardian
- Your dependent child(ren) up to age 26 whether they are a full-time student or not. Coverage ends at the end of the month following the date they turn 26
- Your continuously disabled dependent child(ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age

## Medical Coverage Spousal Exclusion

As a part of our commitment to control health insurance costs for both you as an employee and for SDI as an employer, we will continue to exclude spousal medical coverage for spouses that are eligible for another group medical coverage through their own employer. If your spouse can obtain medical insurance coverage through his/her own employer, he/she will be ineligible for medical coverage through SDI. We will, however, continue to cover spouses who are either unemployed, or work for employers that don't provide health insurance.

# Cigna Medical and Prescription Drug Benefits

SDI will continue to partner with Cigna to offer medical and prescription drug benefits to eligible employees. We will be offering the Signature Plan and Consumer Choice Plan. These plans are designed to give you more choices when seeking care and encourage you to utilize certain providers and facilities who offer the highest level of coverage for a lower cost.

To find an in-network provider, visit Cigna's website at www.cigna.com and click on "Find Physician, Laboratory or Facility." Visit Cigna's website to get an updated copy of the tiered formulary list of drugs. The formulary drug program is divided into copayment categories called tiers, shown on the grid below.

Please refer to the full summary of benefits for more details on each plan.

## Medical

| Services | Signature Plan (FSA Compatible) | | Consumer Choice Plan (HSA Compatible) |
|---|---|---|---|
| | In-Network | Out-of-Network | In-Network Only |
| **Annual Deductible** Individual/Family | N/A | $3,000/$6,000 | $2,500/$5,000 |
| **Out-of-Pocket Maximum** Individual/Family | $3,000/$6,000 | $10,000/$20,000 | $5,000/$6,850 ($5,000) |
| **Overall Lifetime Maximum** | Unlimited | Unlimited | Unlimited |
| **Preventive Care Copay** | $0; deductible does not apply | 30% after deductible | $0; deductible does not apply |
| **Primary Care** | $20 copay | 30% after deductible | $25 copay after deductible |
| **Specialist Care** | $40 copay | 30% after deductible | $50 copay after deductible |
| **Diagnostic Procedures** Lab, X-Ray, Diagnostic | $0 (free standing facility) 20% (hospital) | 30% after deductible | $0 after deductible (free standing facility) 20% after deductible (hospital) |
| MRI, MRA, CT scan | $500 copay (free standing facility) $750 copay (hopsital) | 30% after deductible | $500 copay after deductible (free standing facility) $750 after deductible (hospital) |
| **Inpatient Hospital Services** | $500/day (up to 5 days) | 30% after deductible | 0% after deductible |
| **Outpatient Hospital Services** Amubulatory Service Center | $1,000 copay | 30% after deductible | 0% after deductible |
| **Emergency Room** | $300 copay (waived if admitted) | 30% after deductible | $200 copay after deductible |
| **Urgent Care** | $100 copay | 30% after deductible | $100 copay after deductible |
| **Durable Medical Equipment** | 0%; deductible does not apply | 30% after deductible | 0% after deductible |
| **Rehabilitation Services** Physical/Occupational/ Speech Spinal Manipulation | $40 copay; (20 visit limit) | 30% after deductible | $50 copay after deductible; (20 visit limit) |
| **Prescription** | | | |
| Retail | $5/$30/$50 | 50% after deductible | $10/$30/$50 after deductible |
| Mail Order | $13/$75/$125 | Not covered | $25/$75/$125 after deductible |

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

# Cigna Medical and Prescription Drug Benefits (continued)

The Consumer Choice Plan is a High Deductible Health Plan (HDHP) which utilizes the Preferred Provider Organization (PPO) network. The plan partners with doctors and hospitals who have contracted with Cigna to provide care at a discounted rate. The Consumer Choice plan provides you with direct access to network-only providers without a referral and you do not need to choose a Primary Care Physician (PCP) to manage your care.

Some features of the HDHP are:

- Deductible applies to ALL non-preventive medical services AND prescriptions.
- 100% coverage on in-network preventive office visits; not subject to the deductible.
- Deductibles are aggregate. This applies to only those in a Family plan. One person or a combination of family members must meet the family deductible before benefits begin to pay.
- Same access to doctors and hospitals as Signature Plan.
- The Cigna network-negotiated discounted rate for all in-network medical services and prescription drugs is the member's responsibility until the deductible is satisfied.
- Reimbursement may be made from your HSA Bank account.

# 90-Day Prescription Fills

Your plan includes a maintenance medication program called Cigna 90 Now. Maintenance medications are taken regularly, over time, to treat an ongoing health condition. With Cigna 90 Now, maintenance medications must be filled in a 90-day supply at one of the 90-day retail pharmacies in your plan's new network, or Cigna Home Delivery PharmacySM.*

For more information, please call 800-285-4812, or visit www.cigna.com/homedelivery-pharmacy.

*Plans vary, so some plans may not include Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.

## Get your benefits on-the-go with the myCigna Mobile App

The myCigna Mobile App is a simple-to-use tool that can help make your life easier (and healthier) while you're on-the-go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet.

## With the myCigna Mobile App, you can:

- Manage and track claims
- View, fax or email ID card information
- Find doctors and compare cost and quality ratings
- Review your coverage
- And Much More!!

Download the myCigna App today:

# Cigna One Guide

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide team is ready and waiting to help.

Simply call us, click-to-chat on myCigna.com or use the myCigna® App. You'll automatically be connected with a One Guide representative who will help guide you where you need to go.

Your Cigna One Guide team can help you:

## Understand your plan

- Learn how your coverage works
- Get answers to your health care or plan questions

## Get care

- Find an in-network health care provider, lab or urgent care center
- Connect with health coaches, pharmacists and more
- Connect with dedicated, one-on-one support for complex health situations

## Save and earn

- Earn incentives (if provided by your employer)
- Get cost estimates to avoid surprises

**Click, call or chat. Your personal guide is ready and waiting to help.**

- myCigna.com
- myCigna App
- 800.Cigna24

# MDLIVE

MDLIVE for Cigna offers reliable 24/7 health care by phone or video. Our national network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists provides personalized care for hundreds of medical and behavioral health needs.

With an average of 10 years of experience, MDLIVE doctors and therapists are dedicated to helping you get better and stay well on your schedule. No surprise costs. No hassle.

MDLlive offers:

### URGENT CARE

***ON-DEMAND, RELIABLE CARE FOR ILLNESS AND INJURIES.***

- Cold & Flu
- Ear Pain
- Pink Eye
- Sinus Problems
- UTI Infections (Female, 18+)
- And more

### PRIMARY CARE

*WELLNESS SCREENINGS, ROUTINE CARE, AND SPECIALIST REFERRALS.*

- Asthma
- Cholesterol Issues
- Diabetes
- Heart Disease
- Thyroid Conditions
- And more

### BEHAVIORAL CARE

***TALK THERAPY AND PSYCHIATRY FROM THE PRIVACY OF HOME.***

- Anxiety
- Depression
- Grief
- Life Changes
- Stress
- And more

### DERMATOLOGY

***FAST, CUSTOMIZED CARE FOR SKIN, HAIR, AND NAIL CONDITIONS.***

- Acne
- Dermatitis
- •Eczema
- Folliculitis
- Rosacea
- And more

MDLIVE for Cigna offers reliable, on-demand care 24/7/365 – including after-hours, weekends, and holidays – from the safety and comfort of home, or wherever you are.

## RECOVERYONE for Cigna

More than physical therapy.

This is getting back to a happier, healthier you.

If nagging injuries, muscle aches, or joint pain have you down, we have good news. You have access to RecoveryOne™ for Cigna®, an online physical therapy program that's included in your health plan benefits. There's no added cost to you or your covered dependents (ages 18+) to use it.*

With RecoveryOne for Cigna, you get:

- * Online PT you can do when you want, from the comfort and safety of home
- * Customized recovery plans to meet your needs
- * A multimedia app that guides you through your exercises
- * Video, voice, and chat conversations with your support team
- * Weekly check-ins with a certified health coach to help keep you on track

Online physical therapy with:

- *No paperwork
- *No travel
- *No crowded gyms

Get started at myCigna.com.

## It Pays to Take Healthy Steps!

With Cigna's Motivate Me program, you can start earning rewards for taking steps to a healthier you! Some activities include getting your annual preventative physical, completing an online health assessment and more.

To Find A Full List of Activities:

1. Log in to myCigna.com
2. Click the "Wellness" tab
3. Select "Wellness & Incentives" in the navigation bar

What are you waiting for? Start earning rewards, today!

## The Right Care for The Right Price at the Right Time:

When it comes to seeking medical care, consider your options. Choosing the right level of care for your situation can save you a lot of time and money.

$: Telemedicine: The best value for non-emergency issues, available anytime 24/7

$$: Primary Care: A familiar face for an affordable rate for routine check-ups and minor illnesses.

$$$: Urgent Care: If your primary care doctor isn't available, visit an urgent care facility for immediate medical attention. They're available after hours and on weekend.

$$$$: Emergency Room: Emergency rooms have the highest costs and longest wait times and should only be used for life-threatening situations

## Did you know that getting a yearly check-up could save you money?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on myCigna.com for a list of in-network health care providers and facilities.

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations.

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

## YOU'RE NOT ALONE.

Your life is busy. Sometimes it's hard to know if what you are experiencing is depression or sadness, worry or anxiety.

When these feelings become excessive, ongoing or interfere with your daily life, it's time to seek the help you need.

A network of health care providers:

- National network of clinicians – counselors, psychologists and psychiatrists
- Live chat on myCigna.com
- 300+ substance use Centers of Excellence locations
- Virtual counseling sessions with more than 14,000 clinicians available
- Support programs for autism, eating disorders, substance use and more

Access these resources:

- Call 24/7 live assistance at 877.231.1492 or the number on your ID card
- Visit myCigna.com

### DID YOU KNOW:

Telemedicine is like a virtual doctor's office. You can meet with a doctor by phone or video chat anytime 24/7. This service is available in all states that permit the practice of telemedicine.

- A Health Savings Account, or HSA, is a tax-advantaged savings account that's available to people whose only health care coverage is provided through a qualified high deductible health plan.
- Since the deductible — or amount you must pay out of pocket before these plans begin to cover benefits — is high, establishing an HSA to self-fund your out-of-pocket care expenses may help you save money.

## Who Is Eligible?

Individuals covered under the HSA Open Access Plus Plan:

- Can NOT be covered by any other health plan that is not a qualified high-deductible
- Can NOT be enrolled in Medicare
- Can NOT be claimed as a dependent on another person's tax return

## The Basics on Health Savings Accounts

- It's your money. You choose how to pay for care services.
- It's portable. It goes where you go, even if you change jobs.
- Account funds roll over from year to year.
- You can pay for an exceptional range of health care services and products. That includes services – such as dental and vision care – that may not be covered under your health plan.
- You get "triple-tax savings." HSA contributions and earnings are tax exempt as long as they are used for qualified medical services.
- Once you reach a $500 account balance, you can invest in a wide range of mutual funds for short- or long-term growth potential.
- Your account is offered through a trusted industry leader, HSA Bank, who serves as the custodian.
- If you choose not to be enrolled in the Consumer Choice Plan, you cannot contribute to the HSA. However, you can still use the funds in the account for qualified medical expenses.

## The Cigna HSA Custodian - HSA Bank

- Authorization of pretax payroll deductions into your account
- Integration of HDHP and HSA
- Investment opportunities that can potentially grow your savings
- When an employee invests, the responsibility is solely on them. Whether there are gains from the market or losses, it's no different than someone investing on their own. As the taxpayer, the HSA account holder is solely responsible for the money in their account and how it is used

# Contributions & Distributions

## Regulations determined & enforced by the Internal Revenue Service:

## Contributions*

For 2023, contributions from all sources are limited to:

- $3,850 Employee Only
- $7,750 Employee + Dependent
- Catch-up contributions of $1,000 allowed for members over age 55
- Intended use is for "qualified medical expenses" as defined by section 213 (d) of the Internal Revenue Code
- Same 'Qualified Medical Expenses' List for a Flexible Spending Account
- If money from the HSA is used for qualified medical expenses, then the money is spent tax-free
- Unqualified distributions are subject to income tax and 20% penalty

**Remember:** You cannot enroll in the Health Care FSA if you enroll in an HSA!! You are eligible for the Limited FSA.

# HSA Options

## Your Health Savings Account will be established upon enrollment in the HDHP and your acceptance of the account:

- Can be managed online through the HSA Bank or myCigna website
- Must go to website and accept terms and conditions

# How Health Care Reform Impacts Your HSA

Your medical health plans with SDI allow you to provide coverage for your eligible dependents until they reach age 26. But, the IRS tax law did not change the definition of a dependent for HSA. A tax dependent is defined as up to age 19 or, if full-time student, age 24. There can be instances where you can have an adult dependent child covered under your health plan as allowed under the Affordable Care Act (less than age 26) BUT they are not a dependent for tax purposes. If you use the pretax dollars from your HSA to pay for health expenses for your covered dependent (who is not a dependent for tax purposes), you'll pay a penalty plus taxes.

## Here's an option you can take to avoid tax issues:

Your covered adult dependent child may open his or her own Health Savings Account and contribute up to the allowed individual maximum ($3,850 in 2023).

To do so, call an HSA-certified specialist at your institution and ask what is required.

Please be aware that the deposits to the account will be on a post-tax basis and are not handled through any payroll deductions.

You may continue to save up to the maximum family contribution amount in your HSA ($7,750 in 2023; if 55 or older an additional $1,000). No penalty will apply as long as you do not use your HSA to cover eligible expenses for a non-tax dependent child.

## Start your HSA Savings With HSA Bank

### Open Your HSA

You can open your HSA online at www.hsabank.com.

### Set a Savings Goal

There are several ways to contribute to your account. Even small deposits can help make a big difference. Here are two ways to easily contribute to your account:

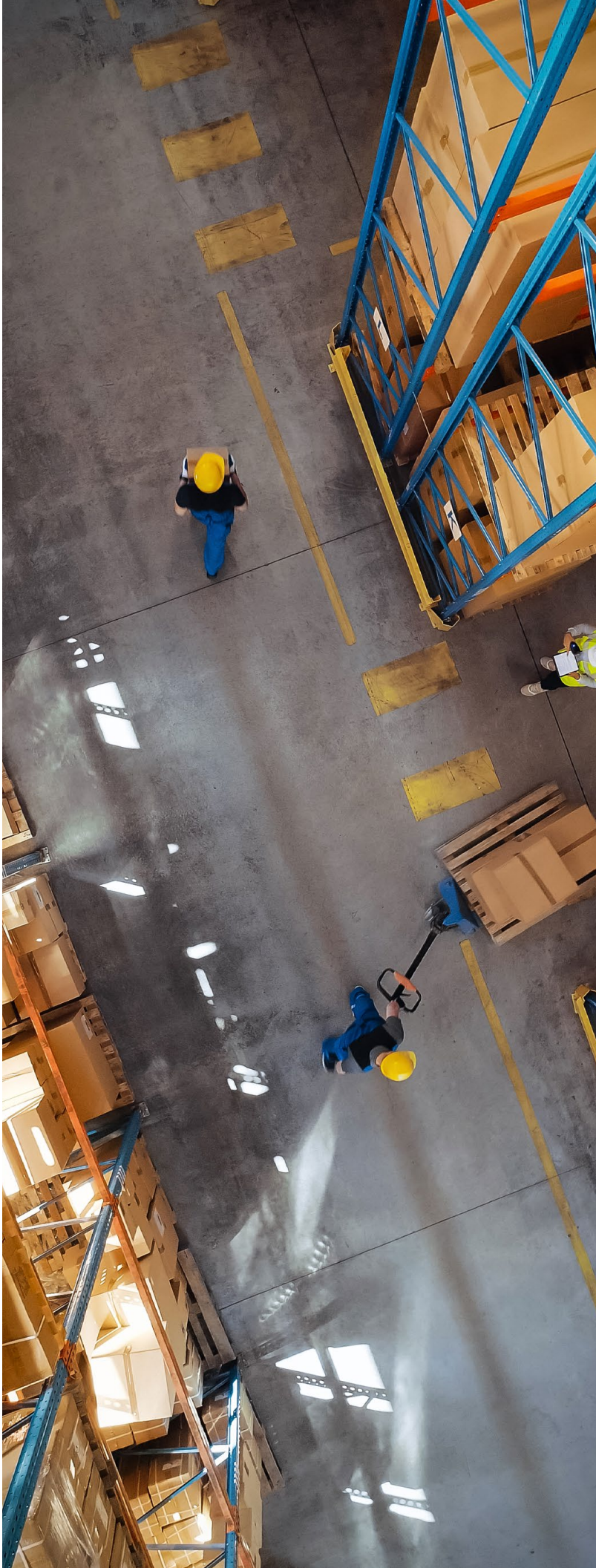
- Payroll Deduction: Pretax dollars are taken out of your paycheck and deposited into your HSA. It's the easiest way to build your savings.
- Electronic Deposits: Transfer money to the HSA from another bank account.

### Paying with an HSA is easy!

- Use your HSA Bank VISA debit card to pay at the pharmacy, doctor's office or at locations that accept VISA.
- Pay your bills online at www.hsabank.com.
- You can also pay out-of-pocket and choose to reimburse yourself later. Use the reimbursement feature online for easy payment.

### Save All Receipts!

If the IRS asks, you must be able to prove that you used your HSA money only for qualified medical expenses. You can record your expenses at www.hsabank.com.



# What is AblePay Health?

AblePay Health is a benefit offered at NO-COST to you by SDI, Inc. The program can save you up to 13% on your billed medical expenses and flexible payment terms up to a year. We realize you might have a larger bill that may not allow you to pay in one payment. We give you the option of spreading your payment out over 3,6, or 12 months on every bill with 0% interest! In addition, AblePay can help you if you ever have questions/concerns on a medical bill and enables you to manage your medical bills in one place online.

## How do I get started?

1. Visit www.ablepayhealth.com and click "Enroll Now" or https://enroll.ablepayhealth.com/apply/sdi21
2. Enter your demographic Information and put SDI as your employer.
3. Add family members or others that you'll be responsible for (they can have a different insurance plan)
4. Add your default payment term and payment method(s)
5. Receive your AblePay card in the mail and keep with insurance card

## How do I use AblePay?

Show your AblePay card along with your insurance card to medical providers. They will process your AblePay card like secondary insurance. After your service is complete and your insurance company processes your claim, your provider will bill AblePay. You will get an email from AblePay notifying you that we received your bill and the amount you owe (after your insurance has paid their portion). You will have 5 days to decide if you would like to change your payment method and terms to one of the options below. If you do nothing, after 5 days the first payment will be pulled from your default payment method based on the term you originally chose.

## Savings example:

You have a $1000 medical bill at Penn Medicine or Main Line Health (both AblePay participating providers), you pay AblePay $870, save $130, while the full $1,000 goes toward your deductible! Have an existing bill? Contact AblePay to see if they can help!

| | |
|---|---|
| 1 Payment | Save 13% with Bank ACH, 10% with credit/debit card |
| 3 Payments | Save 10% with Bank ACH, 7% with credit/debit card |
| 6 Payments | Save 8% with Bank ACH, 5% with credit/debit card |
| 12 Payments | Save 0% with Bank ACH and with credit/debit card (no interest) |

Any questions? Visit the website (ablepayhealth.com) or call them at (484) 292-4000!

# Flexible Spending Accounts (FSAs) - OptumBank

Flexible Spending Accounts (FSAs) are an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pretax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. Two types of accounts are available—Health Care Spending Account and Dependent Care Spending Account. DON'T FORGET! Always save your receipts for FSA purchases! Your purchase may need to be substantiated. You can download the OptumBank App and log into your account to view your account balance, save photos of receipts, and much more.

# Health Care FSA

A Health Care FSA can reimburse you for eligible medical and dental expenses, up to the amount you contribute for the plan year. The maximum amount for 2023 is $3,050. Your Health Care Spending Account lets you pay for medical and dental care expenses not covered by your insurance plan with pretax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness and be adequately substantiated by a medical practitioner. For example, cash that you now spend on deductibles, copayments or other out-of-pocket medical expenses can instead be placed in the Health Care Spending Account, before taxes.

# Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. You can contribute up to $5,000 ($2,500 if married and file individual tax return) for the Dependent Care FSA for children under age 13 and for disabled adults in your care. If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

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

# Health Care FSA and HSA

You cannot have both an HSA and a Health Care FSA account, but you can, however, enroll in the Limited FSA that is eligible for dental and vision expense reimbursements only. You are still eligible to enroll in the Dependent Care FSA.

# Limited FSA

If you enroll in the High Deductible Health Plan with Health Savings Account, you are not eligible to enroll in the Health Care FSA. As an HSA participant, you are eligible to participate in a special health care FSA, known as a Limited FSA — a pretax account that can be used in addition to your HSA, which helps you pay for eligible out-of-pocket dental and vision expenses only. The Limited FSA has an annual election amount of $3,050 and is eligible for the $610 rollover of funds.

# Some eligible Limited FSA

## expenses:

- Dentures
- Dental copays
- Eyeglasses & Contact Lenses
- Vision copays
- Dental deductibles

## Use it or Lose it!

The goal in estimating carefully is to use whatever you set aside so you don't lose it. That's because the Internal Revenue Service (IRS) has a "use it or lose it" rule, which means if you don't spend everything in your FSA by the end of the plan year, you'll forfeit whatever funds remain. As per IRS regulations, any flexible spending account contributions must be used within the plan year. Excess contributions may not be reimbursed.

## Important Facts to Remember!!

Because spending accounts give you a unique opportunity to reduce your taxable income, the Internal Revenue Service places some restrictions on their use:

## Rollover

SDI's Health Care FSA and Limited FSA allow for the rollover of $610 of unused FSA money into the new plan year. Please note as you are making your 2023 elections, the carryover money is not inclusive in your total maximum contribution for the 2023 plan year. You can still elect the FSA total annual contribution of $3,050. Please note that Dependent Care FSA elections do not rollover.

## Effective All Year

The amount you elect to contribute to your spending account(s) remains in effect for the entire plan year – unless you experience a change in family status. A change in family status is defined as: your marriage or divorce; death of a spouse or dependent; birth or adoption of a dependent; commencement or termination of your spouse's employment; or change in your spouse's or your own employment status (for example, from part-time to full-time). The plan year is January 1 through December 31. Any changes made because of a change in family status must be consistent with the family status change.

# Cigna Voluntary Benefits Provide additional financial protection

As an SDI employee, you can help protect your family against extra out-of-pocket costs with voluntary health care coverage through Cigna. The voluntary benefits are additional coverages designed specially to help take care of some of the costs not covered by your primary medical plan. These benefits are offered with convenient payroll deductions and affordable group rates. All active, full-time employees working a minimum of 30 hours per week are eligible.

All voluntary benefits are portable. After your employment ends, you can take your coverage with you. Deductions are post-tax for these benefits. Before you enroll, take time to make sure which coverage is right for you, and review the policy so that you will fully understand these benefits and any limitations.

Note: Confirmation of benefits will be mailed by Cigna.

## Hospital Care Coverage

A hospital stay can happen at any time and it can be costly. Cigna Hospital Care insurance helps you and your loved ones have additional financial protection. This coverage helps to cover unexpected events – so you can focus on getting better.

With Hospital Care insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness. You can use the money received from the hospital visit to help pay for:

- Child care or help around the house
- Copays, deductibles or coinsurance
- Follow-up care

## Accident Injury Insurance

Accidents happen. And they can affect your financial health. With your Cigna Accidental Injury insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You can use the money however you'd like. For example, benefits are available for:

- Initial and emergency care
- Hospitalizations
- Fractures and dislocations
- Follow-up care

## Critical Illness

We understand that everyone has different needs when coping with a critical illness. With your Cigna Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, like cancer, heart attack or stroke. This plan can help ease some of your financial worries so that you can stay focused on your health.

You choose how to spend or save your benefit. It can be used for expenses, such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

# Dental Plan - Cigna

SDI will continue to offer dental benefits through Cigna. The Cigna dental benefits offer preventive, basic and major care services. Under the DPPO plan, you have the option of going in or out of the national Cigna Dental PPO network. You may choose whether or not you use a participating dentist. The network is extensive and the benefits are similar in- or out-of- network; however, your benefit level is higher if you use in-network providers. To locate an in-network dentist, visit www.cigna.com

| Services | Low Option | High Option |
|---|---|---|
| **Individual / Family Calendar Year Deductible** | $50/$100 | None |
| **Annual Maximum** | $1,000 per person | $1,500 per person |
| **Out of Network Reimbursement** | Reasonable & Customary of the 50th Percentile | Reasonable & Customary of the 90th Percentile |
| **Preventive (cleanings, x-ray, oral exam)** | 0% | 0% |
| **Basic Services (fillings, root canal, simple extractions)** | 20% | 0% |
| **Major Services (crowns, dentures, bridges)** | 50% | 50% |
| **Endodontics/Periodontal** | 50% | 50% |
| **Orthodontia (dependent child up to age 19)** | 50% | 50% |
| **Orthodontia Lifetime Maximum** | $2,000 per child | $2,000 per child |

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

# Vision Plan - VSP

SDI will remain with VSP as our vision provider for the new plan year. VSP has a large network of providers that offers a wide selection of eyewear for you to choose from. You'll receive the most out of your benefit when you visit a VSP doctor, including discounts on non-covered services and selections. To locate a participating provider, visit the VSP website at www.vsp.com and access the Member Home page.

| VSP Vision | | | |
|---|---|---|---|
| **Benefits** | **Description** | **Copay** | **Frequency** |
| Well Vision Exam | • Focuses on your eyes and overall wellness | $10 | Every Calendar Year |
| Prescription Glasses | | $30 | See frames and lenses |
| Frame | • $130 allowance for a wide selection of frames<br>• $150 allowance for feature frame brands<br>• 20% savings on the amount over your allowance<br>• $70 Costco® frame allowance | Included in Prescription Glasses | Every other calendar year |
| Lenses | • Single vision, lined bifolcal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children | Included in Prescription | Every calendar year |
| Lens Enhancements | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 20-25% on other lens enhancements | $0<br>$95-$105<br>$150-$175 | Every calendar year |
| | | | |
| Contact Lens (in lieu of glasses) | • $130 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) | up to $60 | Every calendar year |
| | | | |
| Extra Savings | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Got to vsp.com/specialoffers for details.<br>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of yourr last WellVision Exam. | | |
| | **Retinal Screening**<br>• No more than 39 copay on routine retinal screening as an enhancement to a WellVision Exam. | | |
| | **Laser Vision Correction**<br>• Average 15% of the regular price of 5% off of ther promotional price; discounts only available from contracted facilities | | |
| Your Coverage with Out-of-Network Providers | | | |

Get the most out of your benefits and greater savings with VSP network docotr. Call Member Services for out-of-network plan details.

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

# Life/Accidental Death & Dismemberment (AD&D)/Disability - New York Life

| Life/Accidental Death and Dismemberment - Employer Paid | |
|---|---|
| **Employee Life & AD&D** | 1 times Basic Salary to $200,000 |
| **Dependent Life** | Spouse: flat $2,500<br>Child: flat $1,000 |
| **Reduction Schedule** | To 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80 |
| **Waiver of Premium & Conversion** | Included |
| **Benefit Terminate** | At retirement or termination of employment |

| Short Term Disability (STD) – Employer Paid | |
|---|---|
| **STD Benefit** | 60% to $500 of basic weekly earnings<br>(includes coverage for residual disability) |
| **Coverage Period** | Accident: 15th day of disability / 11 week duration<br>Illness: 15th day of disability / 11 weeks duration |
| **Maternity** | Covered as illness. Complications of pregnancy may extend benefit payments and is contingent upon medical review. |

# Voluntary Life/Voluntary Short and Long-Term Disability - New York Life

## Voluntary Life - Employee-Paid

Voluntary Life is offered by New York Life and available to full time employees. The employee is responsible for 100% of the cost. All coverage including benefit increases are subject to underwriting approval unless in the new hire waiting period.

When you are first eligible under this plan, you can elect coverage the lesser of 3x your annual salary or $200,000 without completing a medical questionnaire. This is called the "guaranteed issue" amount. Coverage amounts in excess of the guaranteed issue will require that you complete a medical questionnaire and that the insurance carrier approve you. This process is called providing evidence of insurability. You are also required to complete the evidence of insurability process for any amount of coverage if you decide to enroll in this plan at any time following your initial enrollment opportunity. If evidence of insurability is required, the coverage you elect under this plan will not become effective until it is approved by the New York Life.

| Voluntary Life Insurance – Employee Paid | |
|---|---|
| **Employee Coverage** | The lesser of 5x your salary or $500,000; in $25,000 increments. Rate are age banded |
| **Spousal Coverage** | Up to $100,000, in $12,500 increments; You may elect 50% of the employee election. Rates age banded. Cost of coverage is based on the employee's age |
| **Dependent Child Coverage** | From 14 days up to 6 months- $500<br>From 6 months to age 25- up to $10,000, in $2,500 increments |

| Buy-Up Short-Term Disability (STD) – Employee Paid | |
|---|---|
| **STD Benefit** | 60% up to $2,500 of basic weekly earnings (includes coverage for residual disability) |
| **Coverage Period** | Accident: 15th day of disability / 11 week duration<br>Illness: 15th day of disability / 11 weeks |
| **Medical Underwriting** | Accident: 15th day of disability / 11 week duration / Illness: 15th day of disability / 11 weeks Evidence of Insurability (EOI) is required for all late entrants. A medical questionnaire is not required to be completed if you are within your new hire waiting period. |
| **Maternity** | Covered as illness, based upon guidance of the American Medical Association. Complications of pregnancy may extend benefit payments and is contingent upon medical review. |

| Voluntary Long-Term Disability (LTD) – Employee Paid | |
|---|---|
| **LTD Benefit** | 60% of earnings to a max of $12,750/month |
| **Benefits Begin** | 90 Days of Disability |
| **Definition of Disability** | Own occupation for 24 months |
| **Pre-Existing Condition Limitations** | 3/12 - A pre-existing condition is defined as one you sought treatment for 3 months prior to being covered. Coverage is subject to underwriting approval. |
| **Benefit Duration** | Normal Social Security Retirement Age (NSSRA) |

# Employee Assistance Program (EAP) - New York Life

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, SDI has partnered with New York Life's 'Life Assistance Program' as a resource for our employees. It can help you and your family find solutions and restore your peace of mind.

## Call us anytime, any day

We're just a phone call away whenever you need us.

At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

## Visit a specialist

You have three face-to-face sessions with a behavioral counselor available to you – and your household members. Call us to request a referral.

## Monthly webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

## Achieve work/life balance

For help handling life's challenges, go online for articles and resources on family, care giving, pet care, aging, grief, balancing priorities, working smarter, and more.

**Legal consultation and referrals**

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.

**Financial consultations**

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

**Life Assistance Program 24/7 support**

Phone: (800) 538-3543 Website: www.nylgbs-lap.com

# Be Tobacco-Free: Helpful Resources to Get You Started

Quitting tobacco is the most important step that tobacco users can take to improve the length and quality of their lives. SDI cares about your health and the health of your family. We recognize the health hazards of tobacco use and believe that providing a safe and healthy environment can help improve your overall well-being, and, as a result, lower your overall health care costs.

We realize that quitting tobacco is not easy, and to have the best chance of quitting and staying tobacco-free, we are providing the following support resources to help:

## American Heart Association

**Website:** www.heart.org

**Phone:** 215-575-5200

Promotes smoking intervention programs at schools, workplaces and health care sites.

## American Lung Association

Phone: 800-LUNGUSA (800-586-4872)

Conducts programs addressing smoking cessation, prevention, and the protection of nonsmokers' health and provides a variety of educational materials for the public and health professionals.

- Freedom From Smoking® Online - www.freedomfromsmoking.org
- A program designed to help adults quit smoking administered by the American Lung Association

# Planning for College: 529 Plan

529 Plans are state-sponsored investment programs that are designed to help you meet your higher education goals. So, if you want to help pay for your child's college tuition or even the tuition of another family member, 529 plans can help. By offering a range of benefits including attractive tax advantages and flexible investment options, 529 plans can help you save for tuition and even room and board.

Most states sponsor their own 529 plans, and some (not all) offer a state income tax deduction credit to residents who participate in their plan. Investors, however, are not restricted to their own state's 529 -- they can participate in any 529 plan they choose. And, the money they accumulate in their plan can be used to cover costs at any qualifying college or university in the country.

Your advisor is here to help:

MMA Retirement Services
www.MMACenturion.com
610-684-3200

Samuel G. Haines Jr.,
AIF, C(k)P,
Senior Fiduciary Consultant

# SDI 2023 Bi-Weekly Per Pay Deduction Schedule
## Salaried Non-Exempt and Exempt Employees

| Cigna Medical | | | | |
|---|---|---|---|---|
| **Level of Coverage** | Signature PPO Non-Nicotene Incentive Rates | Signature PPO Nicotene User | Consumer Choice Non-Nicotene Incentive Rates | Consumer Choice Nicotene User |
| **Employee Only** | $145.98 | $170.98 | $67.28 | $92.28 |
| **Employee + Child(ren)** | $292.95 | $317.95 | $131.53 | $156.53 |
| **Employee + Spouse** | $356.88 | $381.88 | $155.94 | $205.94 |
| **Employee+Family** | $524.02 | $549.02 | $223.15 | $248.15 |

| Level of Coverage | Cigna Dental | | VSP Vision |
|---|---|---|---|
| | Low Plan | High Plan | Vision |
| **Employee Only** | $3.27 | $8.11 | $2.63 |
| **Employee+Child(ren)** | $6.88 | $16.96 | $5.65 |
| **Employee+Spouse** | $6.55 | $16.23 | $5.65 |
| **Employee+Family** | $9.32 | $23.03 | $5.65 |

Per pay deductions for voluntary benefit plans are available on www.SDIBenefits.com.

# SDI 2023 Weekly Per Pay Deduction Schedule

| Cigna Medical | | | | |
|---|---|---|---|---|
| **Level of Coverage** | "Signature PPO Non-Nicotene Incentive Rates" | Signature PPO Nicotene User | Consumer Choice Non-Nicotene Incentive Rates | Consumer Choice Nicotene User |
| **Employee Only** | $72.99 | $85.49 | $33.64 | $46.14 |
| **Employee + Child(ren)** | $146.48 | $158.98 | $65.77 | $78.27 |
| **Employee + Spouse** | $178.44 | $190.94 | $77.97 | $102.97 |
| **Employee+Family** | $262.01 | $274.51 | $111.58 | $124.08 |

| **Level of Coverage** | **Cigna Dental** | | **VSP Vision** |
|---|---|---|---|
| | **Low Plan** | **High Plan** | **Vision** |
| **Employee Only** | $1.63 | $4.06 | $1.32 |
| **Employee+Child(ren)** | $3.44 | $8.48 | $2.83 |
| **Employee+Spouse** | $3.28 | $8.12 | $2.83 |
| **Employee+Family** | $4.66 | $11.51 | $2.83 |

Per pay deductions for voluntary benefit plans are available on www.SDIBenefits.com.

# KTBSonline | Instructions

Kelly Benefits provides administrative services for your benefit plans. In addition, our Total Benefits Solution® technology, KTBSonline, provides you an integrated technology solution and resource to access your benefits information any time throughout the year. Here are some of the advantages.

## Log In Instructions

***First Time KTBSonline Users***

- Go to www.SDIBenefits.com. (We strongly recommend the most recent version of Microsoft Edge, Google Chrome, Safari and Firefox.)
- Click on the "Register" link located on the right-hand side of your screen.
- When prompted, enter your Last Name, Date of Birth, and your Social Security Number. For security purposes you will also be asked to complete a CAPTCHA.
- Follow the directions provided on the site to complete your registration and setup your online account.

***Returning KTBSonline Users***

- Go to www.SDIBenefits.com. (We strongly recommend the most recent version of Microsoft Edge, Google Chrome, Safari and Firefox.)
- Enter your Username and Password within the Secure Benefits Log In section and then click "Log In."

## Log In Help and Register Features

***Forgot Password***

- To reset your password, click "Forgot Password."
  The link will take you to the Log In Help page. Once here, please select "Employee" and enter either the email address that is currently on file for your account or your date of birth and social security number. (Either option will allow for the log in information to be sent to your current email address on file.) For security purposes, you will be asked to complete a CAPTCHA before continuing.

***Register***

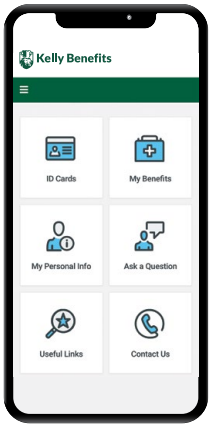
- If you do not have an email address on file, click the "Register" link. When prompted, enter your Last Name, Date of Birth, and your Social Security Number. For security purposes you will also be asked to complete a CAPTCHA. Click "Continue."
- You will be asked to enter your previously saved security question as you have already been identified as having a log in for your account. Click Continue. If at this point, you do not know your security answer, please click on "Forgot the Answer." Contact techsupport@kellybenefits.com if additional assistance is needed.
- At this time you may update your email address, username, password and/or security question. Click "Save" as this will bring you to the Homepage.

## Additional Benefit Information

***Visit your online benefits portal to view:***

- Summary of Benefits and Coverage
- Carrier Summaries and Details
- Marketplace and Subsidy Notice
- Important Medicare information about your Prescription Drug Plan
- And other Legal Notices…

You may also request a free paper copy of any of these notices by contacting the Kelly Benefits Call Center at the phone number listed on page 15.




## Mobile App

***KTBSonline is also available as an app!***

You can now enroll in your benefits online or on your mobile device.

Download the KTBSonline app (look for the lion icon) to access your benefits on the go. With the app, you will have quick access to information and services, including:

- Benefits enrollment
- Plan details
- Employee/dependent information
- Ability to email proof of coverage directly from the app
- Ability to reach out to customer service for assistance

SCAN ME

# Annual Legal Notices for the Employees of SDI, Inc.

## Contents



## For More Information Contact:

SDI, Inc. referred to as the "Plan Sponsor" throughout these materials

CLIENT CONTACT: SDI Human Resources

CLIENT ADDRESS: 1414 Radcliffe Street, Suite 300

Bristol, PA 19007
CLIENT PHONE: 215-633-1923

## For Specific Questions About a Surprise Medical Bill Contact:

CLAIMS ADMISITRATOR: Cigna

CLAIMS ADMISITRATOR ADDRESS: PO Box 182223 Chattanooga, TN 37422-7223

CLAIMS ADMINISTRATOR PHONE: 1 (800) 244-6224

CLAIMS ADMINISTRATOR WEBISTE: https://www.cigna.com/

# HIPAA Special Enrollment Notice

## After Declining Coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other medical, dental, or vision insurance coverage, you may be able to enroll yourself and your dependents in the Plan sponsor's plan(s), if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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 towards the other coverage).

**Example:** You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

## Marriage, Birth or 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Example:** When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

## Coordination with Medicaid and CHIP

If you or your dependents are covered under a state Medicaid Plan or CHIP, you may be able to enroll yourself and your dependents, if you or your dependents lose eligibility for coverage under Medicaid or CHIP. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends. You may also request enrollment within 60 days of becoming eligible for state premium assistance under Medicaid or CHIP.

**Example:** When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

## For More Information or Assistance

To request special enrollment or obtain more information, contact the Plan Sponsor. Contact information is included on the cover of this legal notice package.

## Notice of Availability of Notice of Privacy Practices

The Plan Sponsor maintains a Notice of Privacy Practices on behalf of any self-insured health plans that is sponsors. The Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to that information. For a copy of any available Notices of Privacy Practices, use the contact information on the cover to this notice package.

## Women's Health and Cancer Rights Act Notice

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 this plan. Please refer to your enrollment guide and/or Summary of Benefits and Coverage for more information on the deductibles and coinsurance that apply under your plan. If you would like more information on WHCRA benefits, contact the Plan Sponsor.

## Newborns' and Mothers' Health Protection Act Notice

Under federal law, employer health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification, contact your Plan Sponsor.

# Patient Protection Disclosure

## Designation of Primary Care Provider

If your medical plan requires or 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. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Sponsor.

## OB/GYN Access

You do not need prior authorization from 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 Plan Sponsor.

# 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, 2021. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | INDIANA-Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **IOWA-Medicaid and CHIP (Hawki)** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Medicaid Website:<br>https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 |
| **CALIFORNIA – Medicaid** | **KANSAS-Medicaid** |
| Website:<br>Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 |
| **COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child HealthPlan Plus (CHP+)** | **KENTUCKY-Medicaid** |
| Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health- plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program<br>(HIBI): https://www.colorado.gov/pacific/hcpf/health- insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 | 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<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov |
| **FLORIDA – Medicaid** | **LOUISIANA-Medicaid** |
| Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery. com/hipp/index.html<br>Phone: 1-877-357-3268 | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **GEORGIA-Medicaid** | **MAINE-Medicaid** |
| A HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp<br>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<br>Phone: (678) 564-1162, Press 2 | Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740.<br>TTY: Maine relay 711 |

| MASSACHUSETTS-Medicaid and CHIP | NORTH CAROLINA-Medicaid |
|---|---|
| Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MINNESOTA-Medicaid** | **NORTH DAKOTA-Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **MISSOURI-Medicaid** | **OKLAHOMA-Medicaid and CHIP** |
| Website:http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MONTANA-Medicaid** | **OREGON-Medicaid** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| **NEBRASKA-Medicaid** | **PENNSYLVANIA-Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 | Website:<br>https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx<br>Phone: 1-800-692-7462 |
| **NEVADA-Medicaid** | **RHODE ISLAND-Medicaid and CHIP** |
| Medicaid Website: http://dhcfp.nv.gov Medicaid<br>Phone: 1-800-992-0900 | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) |
| **NEW HAMPSHIRE-Medicaid** | **SOUTH CAROLINA-Medicaid** |
| Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **NEW JERSEY-Medicaid and CHIP** | **SOUTH DAKOTA-Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **NEW YORK-Medicaid** | **TEXAS-Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **MASSACHUSETTS – Medicaid and CHIP** | **UTAH-Medicaid and CHIP** |
| Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa<br>Phone: 1-800-862-4840 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **MINNESOTA – Medicaid** | **VERMONT-Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **MISSOURI – Medicaid** | **VIRGINIA-Medicaid and CHIP** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |

| WASHINGTON-Medicaid | WISCONSIN-Medicaid and CHIP |
|---|---|
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm<br>Phone: 1-800-362-3002 |
| **WEST VIRGINIA-Medicaid and CHIP** | **WYOMING-Medicaid** |
| Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/ Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447) | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

**To see if any other states have added a premium assistance program since July 31, 2021, 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 1/31/2023)

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Plan Sponsor has determined that the prescription drug coverage offered by the Company's 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 Are My Choices?

If you decide to join a Medicare drug plan, your Plan Sponsor coverage will not be affected.

Before choosing whether to enroll in a Medicare prescription drug plan, 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.

You could choose to:

1. **Keep your medical and prescription drug coverage through the Plan Sponsor, and not enroll in a Medicare prescription drug plan yet.**
   This choice is available to you because the prescription drug coverage that is offered to you as part of the overall package of medical benefits provided by the Plan Sponsor is "creditable"—meaning that, on average, it is at least as good as the standard Medicare prescription drug coverage.
2. **Keep your medical and prescription drug coverage through the Plan Sponsor, but also enroll in a Medicare prescription drug plan now.**
   Under this choice, you will be paying premiums for both the Medicare prescription drug plan you select and for medical and prescription drug coverage through Plan Sponsor. You will continue to receive medical and prescription drug coverage through Plan Sponsor. The benefits (if any) that you receive for the Medicare prescription drug plan you select will depend on the cost and type of prescription drugs that you use, the covered of the plan you choose, and the prescription drug coverage provided under Plan Sponsor's plan. If you enroll in a Medicare prescription drug plan, you must notify the Plan Sponsor so that benefits can be coordinated with the benefits you receive through the Medicare prescription drug plan.
3. **Enroll in a Medicare prescription drug plan now and drop your medical and prescription drug coverage through Plan Sponsor.**
   Under this choice, you will have prescription drug coverage only through the Medicare prescription drug plan that you have selected. However, you will also be dropping ALL of your medical coverage through Plan Sponsor—not just the prescription drug coverage—any you may not be able to re-enroll or otherwise 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 the Plan Sponsor 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 Plan Sponsor.** You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Plan Sponsor changes. You also may request a copy of this notice at any time.

**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.

## 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).

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

## What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## You are protected from balance billing for:

## Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services. In certain circumstances, state laws governing surprise bills may also apply (or may apply instead of these rules). For more information contact the claims administrator listed on the cover of this legal notice package.

## Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**Under the federal rules, you're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

In certain circumstances, state laws governing surprise bills may also apply (or may apply instead of these rules). For more information contact the claims administrator listed on the cover of this legal notice package.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - » Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - » Cover emergency services by out-of-network providers.
  - » Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - » Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the claims administrator listed on the cover of this legal notice package.

**Important legal information about the Health & Welfare benefits available through SDI is posted at:**
http://mzqplans.com
**Company Code**: 710S7630

To request a free paper copy of the information included on the website, contact the SDI HR department.

# Contact Information

| Benefit | Provider | Website | Phone |
|---|---|---|---|
| **Kelly Benefits Call Center (Benefits Administration)** | Kelly Benefits Strategies | www.SDIBenefits.com | 800-733-8166 |
| **Medical & Pharmacy** | Cigna | www.cigna.com/ www.mycigna.com | Contact the phone number on the back of your ID card OR 800-244-6224 |
| **Telemedicine** | MDLive | www.mdlive.com/cigna | 800-853-2713 |
| **Health Savings Account** | HSA Bank | www.hsabank.com | 800-357-6246 |
| **Dental** | Cigna | www.cigna.com | 866-494-2111 |
| **Vision** | VSP | www.vsp.com | 800-877-7195 |
| **Life/Disability** | New York Life (formerly Cigna) | www.mynylgbs.com | 800-362-4462 |
| **Flexible Spending Accounts** | Optum Bank | www.optumbank.com | 800-243-5543 |
| **Employee Assistance Program** | New York Life | www.nylgbs-lap.com | 800-538-3543 |
| **529 College Savings Plan** | Samuel G. Haines, Jr. (MMA Retirement Services) | www.MMACenturion.com | 610-684-3200 |

***A Final Word** | In this guide, we describe your employee benefits in a clear, simple, and concise manner. Complete descriptions of the benefits provided through SDI, Inc. are contained in the corresponding contracts and plan documents. If there is any disagreement between this guide and the wording of the corresponding contract or plan document, the contract or plan document will govern. SDI, Inc. reserves the right to modify, amend, suspend, or terminate any plan, in whole or in part, at any time. This guide does not constitute a guarantee of employment.*

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