



2025 EMPLOYEE BENEFITS GUIDE

MAKE THE MOST OF
YOUR BENEFITS



If you and/or your dependent have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Review our plan's Medicare Part D creditable coverage disclosure included in this brochure in the Important Notices section.

MainVue Homes Benefits

BENEFITS OVERVIEW

3

ELIGIBILITY & ENROLLMENT

Benefit Eligibility

5

Benefit Enrollment

6

Changing Your Benefits During the Year

6

2025-2026 Programs and What's New

7

HEALTH PLANS

Medical Insurance

9

Pharmacy Coverage

10

Medical Decision Support

11

Telemedicine

12

Dental Insurance

13

Vision Insurance

14

Paying for Your Healthcare

15

HSA / FSA

Health Savings Account

17

Flexible Spending Accounts

20

OTHER BENEFITS

Disability Insurance

22

Life and Accident Death and Dismemberment Insurance

23

LIFE BEYOND WORK

Employee Assistance Program

27

BENEFITS QUESTIONS

Resources and Contact Information

29

Definitions

30

IMPORTANT NOTICES

Annual Health Plan Notices.

31



Benefits Overview

At MainVue Homes, we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options available to improve your physical, financial and mental well-being.

Medical Plans	Cigna
Dental Plans	Cigna
Vision Plans	Vision Service Plan
Health Savings Account (HSA)	Health Equity
Flexible Spending Accounts (FSA)	Health Equity
Life and AD&D	Mutual of Omaha
Disability Insurance	Mutual of Omaha
Employee Assistance Program	Mutual of Omaha

Eligibility & Enrollment





Your Benefits Eligibility

Understanding your eligibility for benefits is the first step to investing in your total well-being and unlocking the full potential of the total rewards package that MainVue Homes offers to our employees.

If you are a full-time employee

You are eligible to enroll in the MainVue Homes benefits if you work at least 20 hours per week.

When your coverage begins

Benefits begin on the 1st of the month following your date of hire. Open enrollment changes take effect October 1st.

When your coverage ends

If your employment with MainVue ends, your core benefits (medical, dental, and vision) will continue through the end of the month following your termination date. Ancillary benefits will end on your actual termination date.

Covering your family members

Many of our benefit plans offer coverage for your family members. Eligible family members include:

- Your spouse, including your legally married same- or opposite-sex spouse, civil union partner, or same- or opposite-sex domestic partner.
- Your dependent children, including your stepchildren, legally adopted children, and children placed with you for adoption.
 - Dependent children are eligible for medical, dental, and vision insurance up to the end of the month in which they turn age 26 (regardless of student or marital status).
 - Dependent children of any age may remain eligible if they are physically or mentally incapable of self-support.

Enrolling in Benefits

Now that you've gained clarity on which benefits align with your eligibility and when your coverage kicks in, it's time to familiarize yourself with the necessary steps to take action and enroll.

If you are a new employee

Welcome to the MainVue Homes team! As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

If you don't enroll, or you waive coverage, you'll receive the following employer sponsored benefits:

- Short-Term Disability
- Long-Term Disability
- Basic Life Insurance and AD&D
- Employee Assistance Program

If you are a current employee

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event (see the section below for more information on qualifying life events). During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage.

If you wish to contribute pre-tax dollars to a flexible spending account in 2025-2026 plan year, you must make a new election during open enrollment. FSA elections do not carry over from year to year.

Any changes you make during open enrollment become effective October 1.

How to Enroll

Benefits enrollment is completed online through Paycom.

In order to complete your enrollment, you will need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

What is a Qualifying Life Event? Changing Your Benefits During the Year

You cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Death of your spouse or covered child
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)

Keep in mind, there are other, less common, life events that will allow you to change your benefit election during the plan year. Please contact Human Resources for a complete list of qualifying life events.

If you experience a qualifying life event and wish to change your benefit elections, you must request a change within 30 days of the life event. You may be required to provide proof of your life event, such as a birth certificate or marriage license. You may only modify your benefit elections that are directly impacted by the life event.

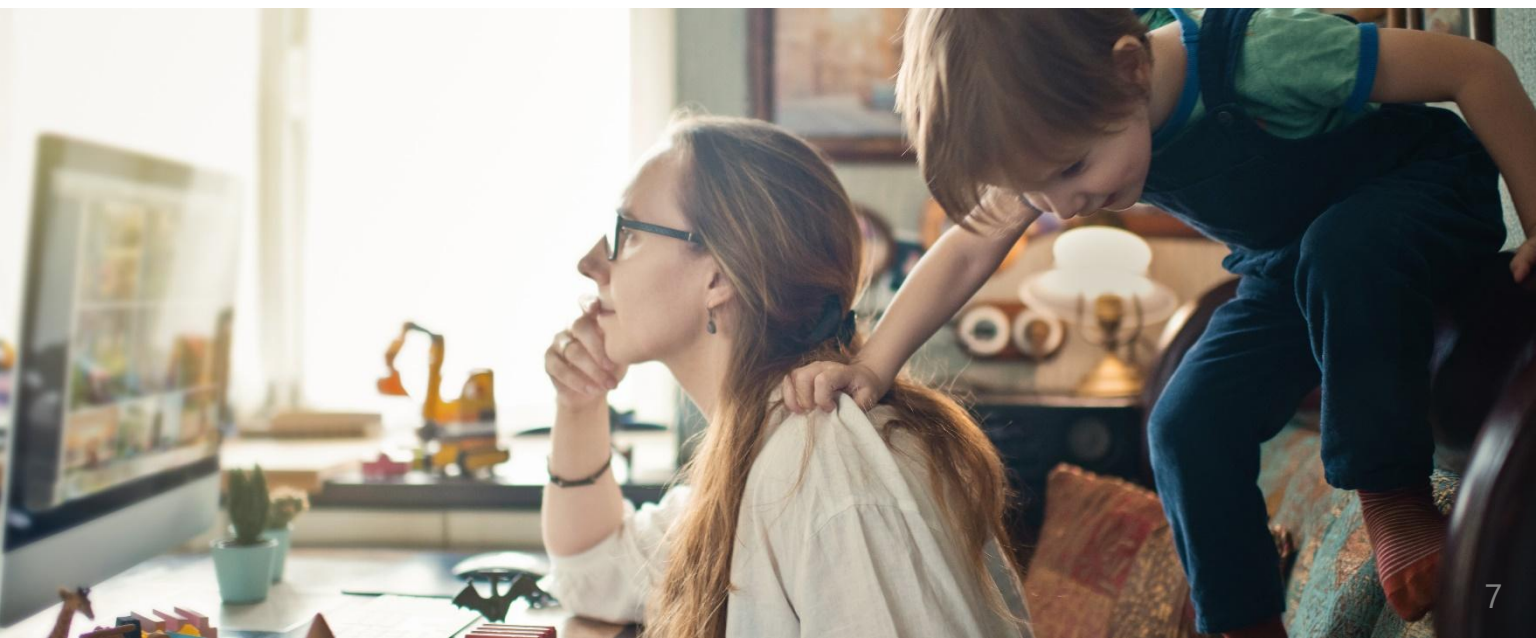
EXAMPLE

If you get married, you can add your new eligible spouse to the medical plan, you can also change which medical plan you are enrolled in.

2025 – 2026 Programs & What's New

NEW Medical and Dental Carrier!

- MainVue Homes' medical and dental plans will be administered by Cigna effective October 1, 2025.
 - You will continue to have the option of two medical plans: HSA 1650 and PPO 1000 one dental plan option.
 - Deductibles and out-of-pocket maximums will be credited on the medical plans for amounts previously satisfied under Premera from January 1, 2025 – September 30, 2025.
 - Due to the timing of our renewal, your Dental plan benefit maximum will reset on October 1st. Please note that it will reset again on January 1, 2026; as our benefits continue to reset on a calendar year basis.
 - Digital ID Cards for medical and dental will be available on October 1 in the Cigna member portal. Physical ID cards available by request only.
- **Vision** renewing our current plan through VSP with no changes. This program provides routine exam and hardware coverage.
- **HSA Contribution:** Employees enrolled in the HSA 1650 will continue to receive \$133.34 per month deposited directly into their Health Savings account, totaling \$1,600 per year. Health Equity will continue to administer the HSA bank account.
- **Flexible Spending Accounts** are a great way to save money on qualified health care and dependent care related expenses. These accounts are also administered by Health Equity.
- **Life/AD&D, Short-Term and Long-Term Disability** programs will continue to be provided to all benefit eligible employees at no cost, these plans are administered by Mutual of Omaha.
 - You will continue to have the opportunity to purchase additional Life insurance for yourself and eligible dependents through payroll deduction.
- **EAP** - You and your eligible dependents will continue to have access to an Employee Assistance Program through Mutual of Omaha.
- **401K** - MainVue's employee benefits package will continue to include a 401K retirement plan.



Medical, Dental & Vision



Cigna Medical Plans



MainVue Homes offers two medical insurance plan options through Cigna. Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family. Each medical plan includes in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose an in-network provider. Locate a network provider at www.MyCigna.com.

The table below summarizes the key in-network features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage, out-of-network coverage and exclusions.

CIGNA HEALTHCARE	HSA \$1,650	PPO \$1,000
Deductible <i>(Individual / Family)</i>	\$1,650 / \$3,300 <i>(see note regarding family deductible)</i>	\$1,000 / \$2,000
Out-of-pocket Maximum <i>(Individual / Family)</i>	\$4,000 / \$8,000	\$4,500 / \$9,000
Preventive Care	Covered in full	Covered in full
Physician Services <i>Primary and Specialist</i>	20% Coinsurance	\$25 Copay*
Virtual Care <i>Primary and Urgent Care</i>	20% Coinsurance	\$15 Copay*
Emergency Room	20% Coinsurance	20% Coinsurance
Urgent Care	20% Coinsurance	\$25 Copay*
Lab/X-Ray	20% Coinsurance	Basic: 20% Coinsurance* Complex: 20% Coinsurance
Mental Health	20% Coinsurance	
Inpatient Hospital	20% Coinsurance	20% Coinsurance
Outpatient Hospital	20% Coinsurance	20% Coinsurance
Outpatient Rehabilitation <i>(20 visits per year**)</i>	20% Coinsurance	\$25 Copay*
Spinal Manipulation <i>(20 visits per year)</i>	20% Coinsurance	20% Coinsurance

- Asterisk Indicates deductible waived.
- HSA Family Deductible: If enrolled with dependents, the family deductible must be satisfied before the plan will begin to pay covered services at the coinsurance level.
- Outpatient rehabilitation services require pre-authorization, the number of approved visits will vary based on condition and outcomes.

Pharmacy Coverage

This plan requires the use of appropriate generic drugs. When available, a generic drug will be dispensed in place of a brand name drug. If a generic equivalent isn't manufactured, the applicable brand name copay or coinsurance will apply. You or the prescriber may request a brand name drug instead of a generic, but if a generic equivalent is available, you'll be required to pay the difference in price between the brand name drug and the generic equivalent, in addition to paying the applicable brand name drug copay or coinsurance.

Unless your doctor requires the use of a brand name drug, your prescription may automatically be filled with a generic equivalent (when available). If you request a brand name drug when a generic equivalent is available, you may be required to pay the difference in cost.

CIGNA	HSA \$1,650		PPO \$1,000	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
Deductible	Subject to Medical Deductible		No Deductible	
Generics	20% Coinsurance	20% Coinsurance	\$10 Copay	\$30 Copay
Preferred Brand			\$25 Copay	\$75 Copay
Non-Preferred Brand			\$45 Copay	\$135 Copay

- **Notice regarding Medicare Part D:** Our medical plans offer what is called "creditable coverage," which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.
- **There is no coverage for prescriptions from a pharmacy not in the network.**



Which Medical Plan is Right For Me?

When selecting the most suitable medical plan for you and your family, it's important to consider various factors. Below are some recommendations to assist you in making an informed decision.

\$ Lowest cost per paycheck Highest cost per paycheck \$\$\$

HDHP Plan Features

- In- and out-of-network benefits
- Lowest cost per paycheck
- Highest deductible
- Deductible applies to all covered services except preventive care
- After you pay the deductible, you pay coinsurance for all covered health services
- Preventive prescriptions drugs are paid for by the plan
- You can fund a health savings account (HSA), and MainVue Homes will contribute money to help you start saving

PPO Plan Features

- In-and out-of-network benefits
- Highest cost per paycheck
- You pay copays for office visits
- You pay the deductible and coinsurance for all other covered health services
- You can fund a health care flexible spending account (FSA)

Considerations for Yourself & Your Family:

1. What planned health care services are you expecting next year?
2. Do you take any prescription drugs on a regular basis?
3. Would you rather pay less out of your paycheck but more when you need care? Or, would you prefer to pay more out of your paycheck but less when you need care?
4. Are you able to budget for your health care expenses by funding a health savings account or flexible spending account?

If you...	Consider
Want to pay less out of your paycheck (but more when you need care):	HDHP
Want to pay less when you need care:	PPO
Want the flexibility to choose any doctor	HDHP & PPO
Do you want to be able to set aside pre-tax dollars for future medical expenses, which you can also invest?	HDHP

Cigna Telemedicine – Virtual Healthcare with MDLive



MDLIVE offers a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience and provide personalized care for hundreds of medical and behavioral health needs.

When Virtual Healthcare is Appropriate	When Virtual Healthcare is Not Appropriate
Virtual healthcare is a great option for routine issues such as: • Cold and flu symptoms • Allergies • Pink eye • Urinary tract infections • Rash • Sinus problems • Quick assessment for severity • Stomach aches • Skin issues	Virtual healthcare is not a good option for diagnoses that require a hands-on exam or emergencies or for injuries such as sprains and broken bones.

EXAMPLE

Over the weekend, Linda's daughter begins itching her eye excessively. Knowing her primary care physician is not in the office, Linda utilizes virtual healthcare. She simply speaks with a doctor virtually, sends in photos of her child's eye, and the doctor is able to prescribe an antibiotic for pink eye.

Rather than waiting in an urgent care, Linda is able to stay home and care for her daughter!

Behavioral Health Virtual Healthcare

Stressed or anxious? Getting help is now easier than ever with the help of behavioral care with MDLive. Talk therapy and psychiatry from the privacy of home.

- **Private video sessions:** get 1-on-1 support in your home and at a time that's convenient for you
- **Access to both psychiatrists and therapists:** prescriptions available through local pharmacies if appropriate
- **Similar standard of care as in-person visits:** you can see the same therapist with each appointment and establish an ongoing relationship

Virtual Behavioral Care is designed to help treat conditions like:

- Anxiety
- Depression
- Life Changes
- Grief and Loss
- Stress Management

MDLive is easy to use!

- Access MDLive by logging into myCigna.com and clicking on "Talk to a doctor."
- You can also call MDLive at 888.726.3171. (No phone calls for virtual dermatology.)
- Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE
- Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.

Dental Insurance



A complete understanding of your dental insurance plan is key to protecting your smile and your wallet.

MainVue Homes offers dental insurance through Cigna

The dental plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose an in-network dentist. Locate a Cigna network dentist at www.Cigna.com.

The table below summarizes the key in-network features of the dental plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Cigna	In-Network
Deductible (Individual / Family)	\$50 / \$150
Annual Benefit Maximum	\$2,000 Class 1 services do not apply to annual maximum
Class 1: Preventive & Diagnostic Services • Exams: 2 per calendar year • Cleanings: 2 per calendar year • Fluoride Treatment: 1 per calendar year • X-Rays: 2 Bitewings per calendar year and Full-mouth once every 3 years	Covered in full
Class 2: Basic Services	20% coinsurance
Class 3: Major Services	50% coinsurance
Orthodontia	50% up to \$1,500 Lifetime Max
Out of Network	When services are received by an out of network provider; in addition to the deductible and coinsurance amounts listed above you may also be subject to the difference between Cigna's reimbursement and the providers billed charges, this is called balance billing.

Did You Know?

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

Vision Insurance

MainVue Homes offers a vision insurance plan through Vision Service Plan (VSP). This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at www.vsp.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

VSP Choice	In-Network	Out-of-Network
Vision Exam <i>Every 12 months</i>	\$10 copay	\$10 copay then up to \$45 allowance
Eyeglass Lenses <i>Every 12 months</i>	\$10 copay	Scheduled allowance based on type of lenses
Frames <i>Every 24 months</i>	\$180 allowance*	Up to \$70 allowance
Contact Lenses <i>Every 12 months In lieu of Glasses</i>	\$180 allowance for contacts Contact lens exam (fitting and evaluation) subject to a maximum copay of \$60.	Scheduled allowance based on type of contact lenses
Extra Savings	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not Applicable

* Frame allowance is reduced to \$100 at Costco



Did You Know?

Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

Medical, Dental and Vision Premium Rates

Medical

Cigna Medical HSA \$1,650				
Rates and your costs	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$676.26	\$676.26	\$0.00	\$0.00
Employee and spouse	\$1,498.56	\$676.26	\$822.30	\$411.15
Employee and 1 or more children	\$1,307.87	\$676.26	\$631.61	\$315.81
Family* with 1 or more children	\$2,130.85	\$676.26	\$1,454.59	\$727.30

Cigna Medical PPO \$1,000				
Rates and your costs	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$786.72	\$786.72	\$0.00	\$0.00
Employee and spouse	\$1,743.36	\$786.72	\$956.64	\$478.32
Employee and 1 or more children	\$1,521.52	\$786.72	\$734.80	\$367.40
Family* with 1 or more children	\$2,478.95	\$786.72	\$1,692.23	\$846.12

Dental

Cigna Dental				
Rates and your costs	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$42.26	\$42.26	\$0.00	\$0.00
Employee and spouse	\$84.49	\$42.26	\$42.23	\$21.12
Employee and 1 or more children	\$98.03	\$42.26	\$55.77	\$27.89
Family* with 1 or more children	\$152.88	\$42.26	\$110.62	\$55.31

Vision

Vision Service Plan Vision				
Rates and your costs	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$6.88	\$6.88	\$0.00	\$0.00
Employee and spouse	\$11.01	\$6.88	\$4.13	\$2.07
Employee and 1 or more children	\$11.24	\$6.88	\$4.36	\$2.18
Family* with 1 or more children	\$18.13	\$6.88	\$11.25	\$5.63

Health Savings Account



Health Savings Account

Health Savings Accounts, or HSAs, are your path to tax-smart healthcare savings. Understanding how your HSA works equips you with the knowledge you need to maintain and improve your health and financial well-being.

What is an HSA?

A health savings account, commonly called an HSA, is a bank account that helps you pay for your healthcare expenses now and into your retirement years. All contributions into this account are pre-tax and yours to keep, and your balance rolls over from year to year.

HSA Eligibility

You are eligible to contribute to an HSA if you are enrolled in the HDHP plan. You may not fund an HSA if:

- You are enrolled in a non-HSA-eligible medical plan (e.g., your spouse's PPO plan) or a health care FSA
- You are claimed as a dependent on someone else's tax return
- You are enrolled in Medicare, TRICARE, TRICARE for Life or Native/Tribal Health Services
- You have received Veterans Administration benefits in the previous three months, unless you received treatment for a condition that was/is related to your service

Additional rules apply. Please see IRS Publication 969 for more information.

Save, spend, or invest your money.

SAVE You own your HSA and the money in your HSA is always yours (until you spend it, of course). Even if you change medical plans or jobs in the future, any money in your HSA is yours to keep.

SPEND You can use your HSA dollars to pay for most medical, dental, and vision expenses. HSA dollars can even be used to pay for eligible expenses for your spouse and dependent children, even if they are not covered by the Health Equity medical plan. You won't pay taxes when you spend your HSA dollars unless you use them for non-health-related, ineligible expenses. A list of eligible expenses is available at www.healthequity.com.

INVEST Once your account balance meets the minimum threshold established by your account administrator, you can choose to invest that money in mutual funds. The best part is that the money you invest grows tax free! When you turn age 65, your HSA dollars can be spent, without penalty, on any expense (taxes apply).



Health Savings Account (Continued)

An HSA is easy to use:

- If you enroll in the Cigna HDHP Medical Plan, an HSA will automatically be opened for you. Account information will be mailed to your home.
- There is no cost for you to open an HSA.
- Monthly account admin fees are paid by MainVue Homes.

MainVue Homes will help you start saving!

If you enroll in the Health Equity HDHP, MainVue Homes will help you start saving for your health care by contributing money to your HSA.

MainVue Homes's contribution is based on your medical plan coverage level:

- Employee only: \$1,600 annually
- Employees + Family: \$1,600 annually

Please note: you will only have access to funds that are deposited to your account. Additionally, you may elect to put additional money into your HSA from your paycheck on a tax-free basis.

Contribute up to the IRS Limits

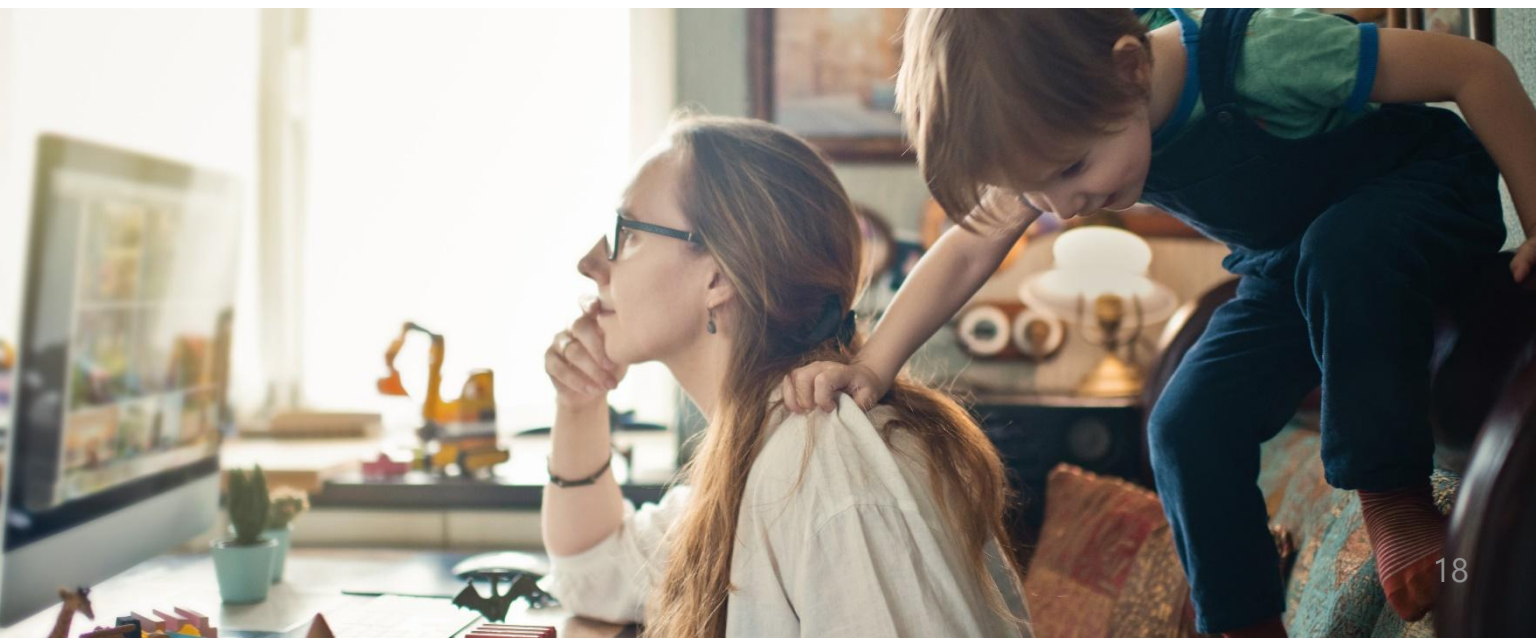
Contributions to an HSA (including the **MainVue Homes's** contribution) cannot exceed the annual IRS contribution limits.

2025 IRS maximum contributions are:

Employee-only coverage: \$4,300

All other coverage tiers: \$8,550

Employees age 55+ by December 31 may contribute an additional \$1,000 catch-up contribution to their HSA.



Flexible Spending Accounts



Flexible Spending

Understanding your Flexible Spending Account options is a key piece to your financial well-being; these accounts help ease your healthcare expenses through tax savings, so your healthcare dollars stretch further.

MainVue offers a Flexible Spending Account (FSA) through HealthEquity. The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. Please read this page carefully before you make your FSA elections.

	Health Care FSA and Limited Purpose FSA	Dependent Care FSA
Plan Year	October 1, 2025 – September 30, 2026	
Open Enrollment	Open Enrollment for the FSA plan takes place in September each year. Enrollment does not continue automatically; you must re-enroll each year.	
Maximum Election	\$3,300	\$5,000 (\$2,500 if you are married and filing separately)
Eligible Expenses	Health Care FSA: Eligible out-of-pocket expenses include deductibles, copays, and other health-related costs not covered by medical, dental, or vision plans, as well as over-the-counter medications. Limited Purpose FSA: Eligible out-of-pocket expenses include dental and vision expenses only.	Dependent care expenses that allow you and your spouse to work or attend school full-time. Expenses include: • Day care • Preschool • Summer camp • Before and after school care • Elder care Funds can be used to care for children under 13 years of age, as well as a spouse or elderly parent who lives with you and is unable to care for themselves.
Funds Availability	Funds available as of October 1	Only funds deposited to-date are available
Do My Funds Rollover?	Yes – At the end of the plan year, you may roll over up to \$660.00	No

Other Key Information:

- "Use it or Lose it" rule: Funds remaining in the account are forfeited if claims are not submitted by the deadline.
- You are responsible for keeping your receipts from eligible purchases made with your FSA funds. In the event you are asked to substantiate a charge, you must provide this information (usually within 30 days).

Other Benefits



Disability Insurance

Understanding your disability benefit options is crucial, as they safeguard your income and ensure your financial stability in the long run.

MainVue Homes disability coverage is essentially “paycheck insurance” and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to sickness, injury or pregnancy, you will receive the following benefits:

Mutual of Omaha	Short-Term Disability	Long-Term Disability
Benefits Begin	On the 15th day, contingent upon satisfying the definition of disability as stated in your policy	On the 91 st day, contingent upon satisfying the definition of disability as stated in your policy
Percentage of Income Replaced	70% of basic weekly earnings	60% of basic monthly earnings
Maximum Benefit available	Up to \$2,000 per week	Up to \$6,000 per month
Benefit Duration	Up to 11 weeks	Up to Social Security Normal Retirement Age

Important!

Please note that WAPFML disability pays primary in the event of a claim. The Mutual of Omaha policy will then pay the difference up to the plan limits, not in addition to the WAPFML benefit. We strongly encourage you to file for the state coverage as soon as possible to ensure timely claim processing in the event of an approved benefit.



Life and Accidental Death and Dismemberment Insurance

Consider your life and accidental death and dismemberment coverage options carefully, as these benefits greatly enhance your financial well-being by providing financial support to those who depend on you.

MainVue Homes purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Basic Life and AD&D Insurance – Mutual of Omaha

Employee Life Insurance Benefit: \$225,000

If you die as the result of an accident, your beneficiary will receive both the life and AD&D benefits. A scheduled benefit is paid for amputation or paralysis of limbs.

DESIGNATE A BENEFICIARY

- In the event of your death, Mutual of Omaha would pay your Life and/or AD&D policy to your beneficiaries.
- Designate your beneficiary for your Basic Life and AD&D insurance, as well as any Voluntary Life Insurance. If you have questions or need assistance, please contact your HR department OR Mutual of Omaha at 800-316-2796. You may change this designation at any time.
- In many cases, you may be automatically designated as the beneficiary on your Spouse and/or Child Life policy; however, this is not guaranteed. Please review your policy details to confirm your beneficiary designation.



Supplemental Life and Accidental Death & Dismemberment Insurance

During Open Enrollment, MainVue Homes provides you with the opportunity to purchase supplemental life insurance.

Supplemental Term Life Insurance – Mutual of Omaha			
	Employee	Spouse	Child
Benefit Available	Lesser of 5x Annual Earnings or \$500,000	Lesser of 100% of Employee Coverage Amount or \$250,000	\$10,000
Available in increments of:	\$10,000	\$5,000	\$1,000
Guaranteed Issue- Life Insurance	\$100,000 or 5x Annual Earnings, Whichever is Less	\$25,000 or 100% of Employee Elected Amount, Whichever is Less	\$10,000 or 100% of employee elected amount, whichever is less
AD&D Benefit:	Equal to Life Insurance Election	Equal to Life Insurance Election	Equal to Life Insurance Election
Age Reduction Schedule	At age 65, benefit reduces to 65% of original amount At age 70, benefit reduces to 40% of original amount At age 75, benefit reduces to 25% of original amount		

Interested in increasing your coverage election?

During Open Enrollment you can increase your existing coverage election by \$10,000 not to exceed the plan maximum without providing evidence of insurability. This means no health questionnaire will be required. Coverage increases for spouse and dependent children require underwriting approval.

What is Guarantee Issue?

The guarantee issue amount is the amount of coverage you're eligible for no matter your health status, this is only available during your initial enrollment period as a new hire or newly benefits eligible employee.

Please note: Coverage requests requiring carrier approval will not become effective until confirmation of approval is received. It's your responsibility to provide the necessary forms and documentation for the review process directly to the carrier.

Supplemental Life / AD&D Premium Rates

Monthly Supplemental Life and AD&D Rates by Age:

	EMPLOYEE RATES PER \$1,000	SPOUSE RATES PER \$1,000
< 24	\$.046	\$.046
25 – 29	\$.046	\$.046
30 – 34	\$.053	\$.053
35 – 39	\$.065	\$.065
40 – 44	\$.095	\$.095
45 – 49	\$0.126	\$0.126
50 – 54	\$0.224	\$0.224
55 – 59	\$0.341	\$0.341
60 – 64	\$0.478	\$0.478
65 – 69	\$0.899	\$0.899
70 and over	\$1.694	\$1.694
Child(ren) Life – Eligible to age 26	\$0.540	-
AD&D Rates:		
Employee	\$0.010	
Spouse	\$0.010	
Child(ren)- eligible to age 26	\$0.010	

Life Beyond Work



Employee Assistance Program

Employee Assistance Programs extend beyond confidential counseling, offering a wide array of services. Recognizing the full scope of your EAP is essential for enhancing your mental well-being, as it provides valuable support for various day-to-day challenges.

MainVue Homes provides you and your household family members with an Employee Assistance Program (EAP) at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

Talk to a counselor about:	Connect to local resources for:	Get tips for staying healthy:
- Improving relationships - Managing life changes - Improving esteem and confidence - Achieving work-life harmony	- Childcare needs - Caring for an elder - School success - Legal resources	- Sleep practices - Eating well - Finding a gym

EAP Benefits

- Completely confidential. MainVue Homes does not receive any information about who contacts the EAP
- Available 24/7/365
- Online resources

Call or go online for help with:

- Depression
- Conflict resolution
- Drug or alcohol abuse
- Marital or family difficulties
- Legal concerns
- Help finding child and elder care
- Wills and estate planning
- Financial counseling

EXAMPLE:

Jim has recently been struggling to balance his responsibilities at work with his responsibilities at home. At times, he struggles to find childcare and finds that this impacts his performance on the job.

Jim contacted the EAP to talk through these struggles, and they were also able to provide trusted childcare resources that he now uses regularly!



Call: 800-316-2796
Website: www.mutualofomaha/eap.com

EAP resources are available for free to you and your household family members.

Benefits Questions



Additional Information

Resources and Contact Information

PLAN	CARRIER	PHONE	WEBSITE
Medical and Prescription Drugs	Cigna	866-494-2111	www.mycigna.com
Rx Mail Order	Cigna	800-835-3784	www.cigna.com/homedelivery http://www.mycigna.com/
Virtual Care	MDLIVE	888-726-3171	www.mdliveforcigna.com
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Flexible Spending Account (FSA)	Health Equity	866-346-5800	www.healthequity.com
Health Savings Account (HSA)	Health Equity	866-346-5800	www.healthequity.com
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Life Insurance, Short Term and Long-Term Disability	Mutual of Omaha	800-316-2796	www.mutualofomaha.com
HR & Payroll Assistance	Asure	Payroll Assistance – Penny Armitage Mobile: 512-461-1193 mainvuepbs@asuresoftware.com	
		HR Assistance (888)-323-8835 Option 4 AsureHRConsulting@asuresoftware.com	
Benefits Advocacy	Miranda Mitchell IMA	425-709-3646 miranda.mitchell@imacorp.com	PNW - IMA Financial Group

This guide describes the benefit plans and policies available to you as an employee of MainVue Homes. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other employee benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation – either implied or expressed – on the part of MainVue Homes.

Definitions

Benefits can be confusing, but you don't need to be a benefits specialist to understand what is available to you. We've made these definitions available so you can make the most educated and best decision for yourself and your family.

Premium:

The amount deducted from your paycheck for plan coverage.

Deductible:

The amount you must pay each calendar year before the plan begins covering eligible services. Deductibles are based on the calendar year.

Out-of-pocket maximum:

The maximum amount you'll pay out of pocket for covered healthcare services in a calendar year.

Note: Plan deductibles and out-of-pocket maximums reset annually on January 1.

Copayment or Copay

A fixed amount you pay out of pocket at the time you receive service.

Coinsurance

The percentage of the total cost for a covered healthcare service that you pay after meeting your deductible. For example, once your deductible is met, PPO members pay 20% of covered services, and the plan covers the remaining 80%.

In-Network Providers

In-network providers have agreements with the insurance carrier to offer discounted rates to plan members. Choosing an in-network provider means you'll pay less out of pocket.

Out-of-Network Providers

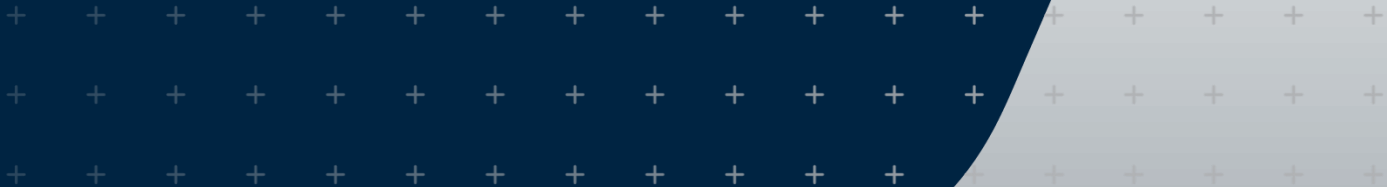
Out-of-network providers, facilities, and pharmacies may charge the full price for services, which is usually much higher than the in-network discounted rate. Choosing an out-of-network provider typically means higher out-of-pocket costs. In some cases, you may need to pay upfront at the time of service and file a claim for reimbursement.

Preventive Care

Healthcare services that help maintain your health by preventing diseases and other conditions. The medical plans cover 100% of the cost for covered preventive care when provided by an in-network provider. Examples of covered services may include exams, screenings, and vaccinations. Please note, you may be billed for any non-preventive services received during a preventive care visit. Learn more about preventive care at www.cigna.com.



ANNUAL HEALTH PLAN IMPORTANT NOTICES



If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 3 for more details.

TABLE OF CONTENTS

CMS Part D Notice of Creditable or Non-Creditable Prescription Drug Coverage 3
Informs the individual as to whether their current prescription drug coverage is creditable, which means that the coverage is expected to pay on average as much as standard Medicare prescription drug coverage. Accordingly, this information is essential to an individual’s decision whether to enroll in a Medicare Part D prescription drug plan.

Special Enrollment Rights 4
Describes how an employee eligible for the group health plan may be entitled to special enrollment rights outside of the Company’s open enrollment period, such as for certain losses of prior coverage or the addition of a new dependent.

HIPAA Notice of Privacy Practices 4
Describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

General Information about How to Continue Health Coverage 7
Informs the individual of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event, and other available coverage options such as through the Marketplace.

Women’s Health and Cancer Rights Act 10
Informs participants about benefits covering mastectomies and related services and how to get detailed information on available benefits.

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP) 11
Informs employees about possible State financial assistance for health insurance coverage.



NOTICE: CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Plan Name	Status
PPO \$1,000	Creditable
HSA \$1,650	Creditable

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE: October 1, 2025

NAME OF ENTITY/SENDER: MainVue Homes, LLC

CONTACT--POSITION/OFFICE: Asure Consulting

ADDRESS: 405 Colorado Street, Suite 1800
Austin, TX 78701

PHONE NUMBER: (888)-323-8835 Option 4

NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	You have the right to: ❖ Get a copy of your health and claims records ❖ Correct your health and claims records ❖ Request confidential communication ❖ Ask us to limit the information we share ❖ Get a list of those with whom we've shared your information ❖ Choose someone to act for you ❖ File a complaint if you believe your privacy rights have been violated
Your Choices	You have some choices in the way that we use and share information as we: ❖ Answer coverage questions from your family and friends ❖ Provide disaster relief ❖ Market our services and sell your information
Our Uses and Disclosures	We may use and share your information as we: ❖ Help manage the health care treatment you receive ❖ Run our organization ❖ Pay for your health services ❖ Help with public health and safety issues ❖ Do research ❖ Comply with the law ❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director ❖ Address workers' compensation, law enforcement and other government requests ❖ Respond to lawsuits and legal action

Your Rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records	❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	❖ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9. ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right	❖ Share information with your family, close friends, or others involved in payment for your care

and choice to tell us to:	❖ Share information in a disaster relief situation <i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i>
In these cases, we never share your information unless you give us written permission:	❖ Marketing purposes ❖ Sale of your information

Our Uses and Disclosures	How do we typically use or share your health information.	
	We typically use or share your health information in the following ways.	
Help manage the health care treatment you receive	❖ We can use your health information and share it with professionals who are treating you.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	Example: We use health information about you to develop better services for you.
Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov.](#)

Help with public health and safety issues	We can share health information about you for certain situations such as: ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone's health or safety
Do research	❖ We can use or share your information for health research

Comply with the law	❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	We can use or share health information about you: ❖ For workers' compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [Your Rights Under HIPAA | HHS.gov](https://www.hhs.gov/hipaa/your-rights/index.html).

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

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

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA Continuation Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.

How is COBRA Continuation Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months).



Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

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

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

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

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

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA),

including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

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

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dftr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	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	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

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



Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

For more information, contact:

NAME:	MainVue Homes, LLC
TITLE:	Asure Consulting
ADDRESS:	405 Colorado Street, Suite 1800 Austin, TX 78701
PHONE NUMBER:	(888)-323-8835 Option 4
OTHER CONTACT INFORMATION:	mainvuepbs@asuresoftware.com

Effective date of this Notice: October 1, 2025



About IMA Financial Group

Based in North America, IMA Financial Group, Inc. is an integrated financial services company focused on protecting the assets of its widely varied client base through insurance, risk management, employee benefits, and wealth management solutions. As an employee-owned company, IMA's 2,300-plus associates are empowered to provide customized solutions for their clients' unique needs.

Please visit <http://imacorp.com/terms-service/> to review our full privacy and compensation disclosure statements.

