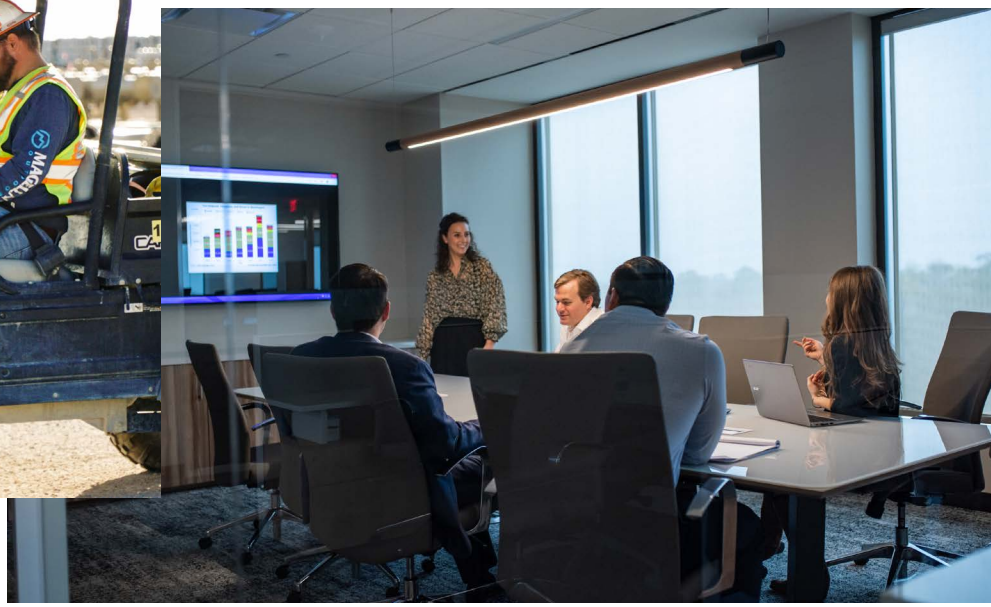
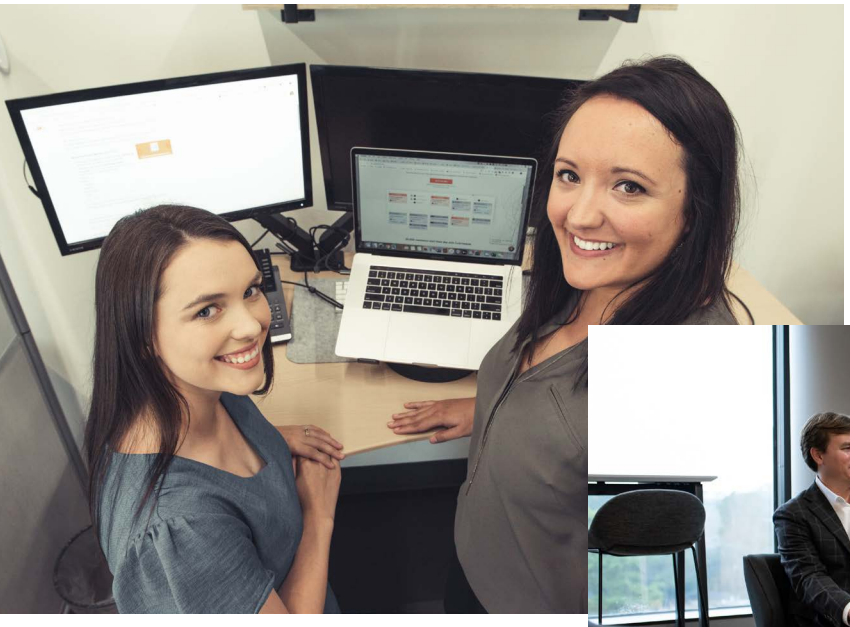


2023

EMPLOYEE BENEFITS GUIDE

Jones



What's Inside

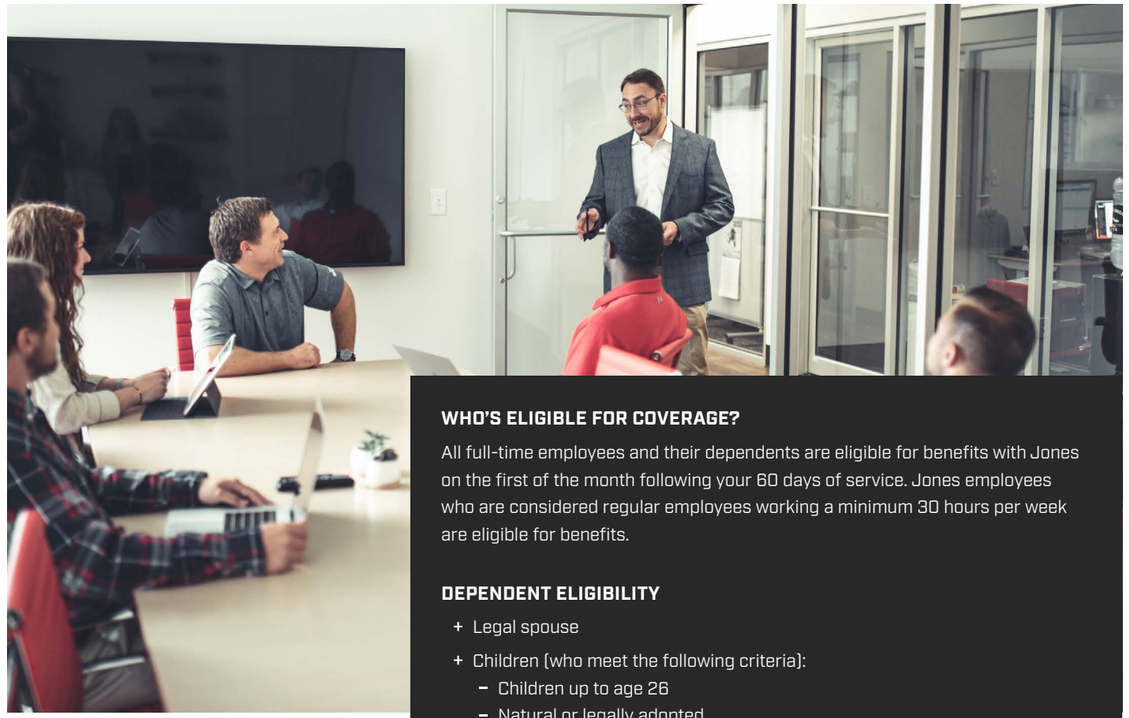
Welcome

Because our employees are important to us and the success of our business, Jones offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take time to educate yourself about your options and choose the best coverage for you and your family.

Disclaimer:

This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by Jones. This Guide is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. This Guide is a tool to answer most of your questions. Full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each Plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used. Eligibility for some of the benefits described in this Guide is subject to the terms of the collective bargaining agreement.

> "We work with a company that provides our employees with all the tools necessary to enhance their families lives in ways to which they never imagined."
>
> Jeff Dillon, Jones Power



Eligibility Guidelines

This plan year, Open Enrollment lasts from **November 1st - November 15th, 2023**. During this period, you have the opportunity to schedule an appointment with a Benefit Education Specialists (BES) through iBenefit for support. **If no action is taken, current elections will roll over to the new plan year.**

Scan the following QR code to schedule your appointment or visit **https://v3.rivs.com/schedule/2023oe**

WHO'S ELIGIBLE FOR COVERAGE?

All full-time employees and their dependents are eligible for benefits with Jones on the first of the month following your 60 days of service. Jones employees who are considered regular employees working a minimum 30 hours per week are eligible for benefits.

DEPENDENT ELIGIBILITY

+ Legal spouse
+ Children (who meet the following criteria):
  - Children up to age 26
  - Natural or legally adopted
  - Stepchildren of legal spouse
  - Children for whom benefits must be provided through a Qualified Medical Support order
  - Legal Guardianship as ordered by a court
  - Legally adopted/placed for adoption
  - Unmarried, over age 26, totally disabled and financially dependent on you for support

MAKING COVERAGE CHANGES DURING THE PLAN YEAR

When you make a benefit election, it will remain in effect for the entire plan year (January 1st, 2023 through December 31st, 2023). You may be able to make limited changes to your elections if you experience a "qualifying event" and the change is consistent with your change in family status.

Qualifying events include, but are not necessarily limited to, the following:

+ Marriage, divorce or legal separation
+ Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death or reaching the dependent child age limit
+ Significant changes in employment or benefit coverage that affect you or your dependent's benefit eligibility

You have 31 days from the date of the qualifying event to request a change from HR. You will not be able to make any changes if you miss this deadline.

Not sure if you have a qualifying event? Need help changing your elections? Please contact your Jones HR Liaison at (833) 828-4747 or hr@jones.com.

Medical Plan

YOU'RE IN CHARGE! PILOT YOUR HEALTHCARE WITH THE MEDICAL PLAN LINEUP

The company's medical plan is administered by UMR, and designed to help you maintain your health through preventive care services, access to an extensive network of providers (Choice Plus Network), and affordable prescription medication.

TERMS TO KNOW

Deductible—The amount you pay for covered services before the Plan will pay. Your deductible amount varies and is based on the Plan you enroll in.

Co-insurance—Your share of the cost for covered services, calculated as a percentage of the total eligible expenses.

Out-of-Pocket (OOP) Maximum—Protects you from major expenses with a maximum annual limit on the amount you pay for covered services. Your OOP max is calculated on your deductible and healthcare costs including co-insurance and co-payments, but not your employee contributions.

Once you reach the OOP max, the Plan pays 100% of covered services for the remainder of the year.

FIND THE CARE YOU NEED, FAST!

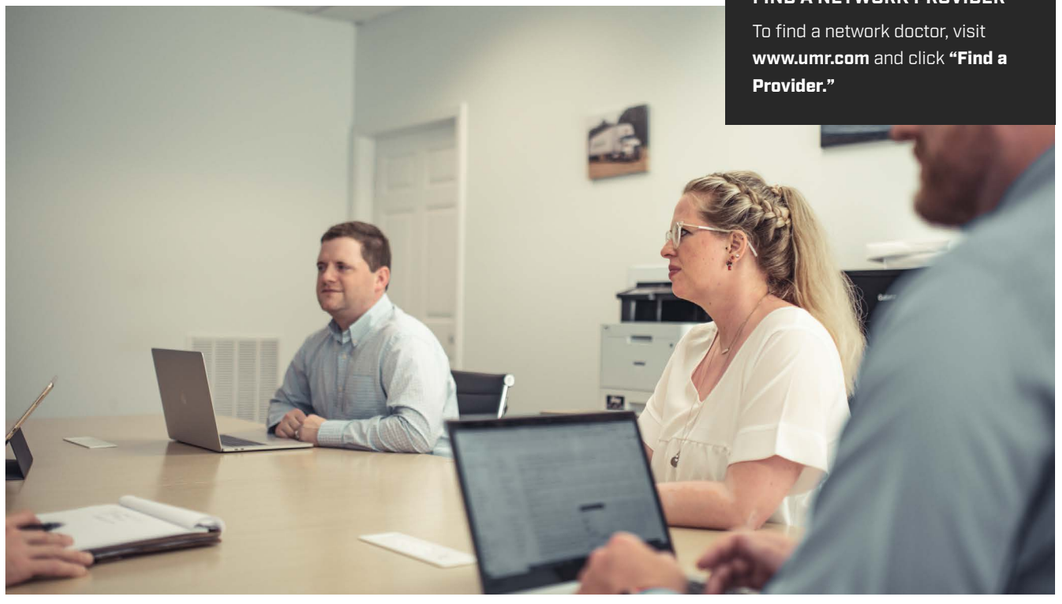
1. Go to umr.com from your device and select "Find a provider"
2. Enter the name of your provider network - **Choice Plus** - as shown on your Id card
3. Find your provider network using our alphabetical listing or search box

UMR's portal can be used to access your medical ID card, summaries of benefits and coverage, claims information, healthcare cost estimator tools, and more!

Get started by visiting **members.umr.com** and following the login/registration instructions at the top of the page.

FIND A NETWORK PROVIDER

To find a network doctor, visit **www.umr.com** and click **"Find a Provider."**



UMR MEDICAL PLAN

All eligible employees may select the medical plan. This plan through UMR uses the United Healthcare Choice Plus network of providers. This plan offers you the choice of seeing doctors within or outside of network, but will receive a higher level of coverage when using in-network providers.

Your coverage will include visits to your doctor's office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services. When you need care, you have the option to choose any doctor, health professional, and/or facility that works best for you.

With UMR's Network, you will be able to:

+ Receive 24/7 emergency care worldwide, in or out-of-network.
+ Get prescriptions filled at national and local pharmacies.
+ Take steps to maintain good health with annual wellness checkups and screenings and other preventive care measures that are covered in-network at no additional cost to you.

Please see below a summary of the medical plan below. Full details are available through your medical plan documents.

MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
Deductible	You Pay	You Pay
Individual / Family	$1,500 / $3,000	$3,000 / $6,000
Out of Pocket Maximum (includes deductible and copays)		
Individual / Family	$9,000 / $18,000	$18,000 / $36,000
Copays		
Teladoc Consultation	$0	n/a
Physician Office Visit (PCP/Specialist)	$15 / $30	50% after deductible
PCP Office Visits for children to age 19	$0	50% after deductible
Mental Health Office Visits/Therapy	$0	50% after deductible
Urgent Care Center Visit	$25	50% after deductible
Hospital Services		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
Emergency Care (Accident or Illness)	$350 Copay	$350 Copay
Preventive Care		
Preventive Care Services	$0	50% after deductible
Diabetic Supplies	$0	50% after deductible

MEDICAL CONTRIBUTIONS

These are your contributions per weekly paycheck, paid with pre-tax payroll deductions:

MEDICAL PLAN	YOU PAY (Per Paycheck)
Employee Only	$25.15
Employee + Spouse	$127.21
Employee + Child(ren)	$103.99
Family	$145.38

ARE YOU OR A FAMILY MEMBER TURNING 65?

Whether you or a loved one has Medicare or a Medicare processing question - you are now provided a service through Transitions Retirement Benefit Group to help you understand your options. More information about Transitions can be found on **page 13** or at **transitionsrbg.com**.

Pharmacy Plan

PHARMACY BENEFITS	IN-NETWORK
Retail Pharmacy (30-day supply)	
Generic	$5
Brand Name	$40
Non Formulary	$90
Specialty	$250
Non-Preferred Specialty	$350
Mail Order (90-day supply)	
Generic	$10
Brand Name	$80
Non Formulary	$180
Specialty	n/a

MAIL ORDER

If your prescription is for a long-term (maintenance medication), consider using the mail-order pharmacy to save money. By utilizing mail order, you will receive up to a 90-day supply of medicine and you only pay for 2 months. Log onto **www.optumrx.com** and register for further information about the prescription mail order program including an order form for your first prescription mail order. Complete the form and send it along with the written prescription from your physician.

SPECIALTY MEDICATION

Specialty medications are high cost medications that treat complex, rare or chronic conditions. Members using specialty medications often need intensive, ongoing care coordination, support and intervention. Optum Specialty Pharmacy takes a hands-on approach to patient care that makes a meaningful imprint on the health and quality of life of each patient. Patient care coordinators, pharmacists and nurses are available 24 hours a day, seven days a week for you to consult with a pharmacist, get training on injection techniques and handling your medication, or ask questions about your orders. You can call Optum Specialty Pharmacy toll-free at **1-855-427-4682**.

FREE METER PROGRAM

Regular blood sugar testing can help you manage your diabetes and may lead to better glucose control.

Your plan offers a **Free Meter Program** through OptumRx. With this program, you can get a blood glucose meter at no charge. For information on the free meters available, you, your doctor or caregiver can order directly from Ascensia Diabetes Care, makers of the **ContourNext** brand at **1-800-401-8440** and mention ID code **CTR-OPX**.

Telehealth

24/7 ACCESS TO CARE

Get care when and where you need it when you enroll in the Jones medical plan. As a medical plan member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc doctors are available 24/7 by phone or video.

Call Teladoc to receive quality care for a $0 copay, without setting foot in a doctor's office, for conditions such as:

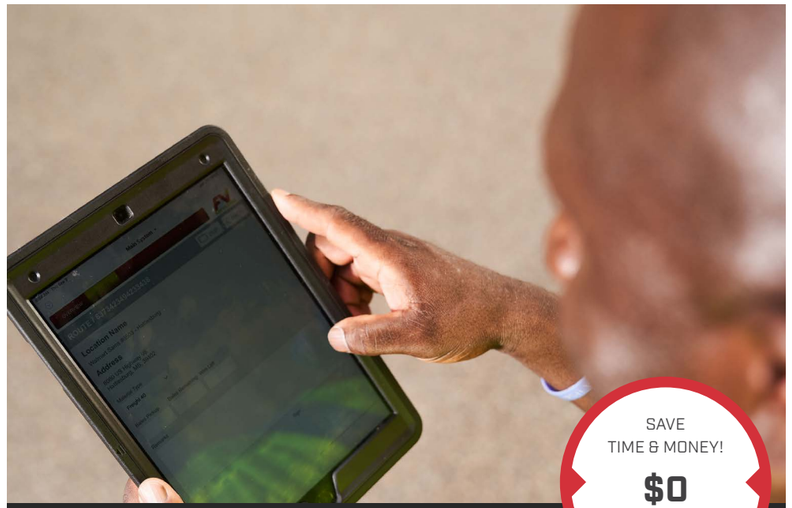
+ Cold/Flu symptoms
+ Allergies/Bronchitis
+ Respiratory/Sinus infection
+ Urinary tract infection
+ Pink eye, and more...

USE TELADOC

+ If you're considering the ER or urgent care center for a non-emergency
+ When on vacation, a business trip, or away from home
+ For short-term prescription refills

PRESCRIPTIONS OVER THE PHONE

When appropriate, the doctor can call in a prescription to the pharmacy of your choice. Get on the road to recovery with no time off work, no need to pull the kids out of school, and no unnecessary exposure to a germ filled waiting room!



SAVE
TIME & MONEY!
$0
per consult!

GET STARTED WITH TELADOC

1. **SET UP ACCOUNT**

   Visit **teladoc.com**, complete the required information, and click on Teladoc to set up your account. Complete your account information with a unique username and password for your Teladoc account to secure your personal health information.

2. **PROVIDE MEDICAL HISTORY**

   For the 2023 plan year, all members must complete a new medical health profile at **teladoc.com**. Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis - **Complete your Medical History before requesting a visit.**

3. **REQUEST A CONSULT**

   Once your account is set up, request a consult anytime you need care. You can request a visit online, in the app, or call **855.VIPDOCS** (**855.847.3627**) to speak with a doctor 24/7.

TELADOC BEHAVIORAL HEALTH SERVICES

+ Employees can establish an ongoing relationship with a licensed therapist through video or phone sessions
+ Employees get support for anxiety, depression, stress/PTSD, panic disorder, grief, family & marriage issues, and more
+ Prescriptions are sent to the employee's local pharmacy, when medically necessary

TELADOC DERMATOLOGY SERVICES

+ A quick, convenient and discreet solution for treating skin conditions such as rash, acne, psoriasis, suspicious moles, and more
+ Employees upload images of their skin issue and receive a response within two days from a licensed dermatologist through Teladoc's online message center
+ Prescriptions are sent to the employee's local pharmacy, when medically necessary

Behavioral Health visits and Dermatology consultations are not available 24/7/365.

Behavioral Health visits will be scheduled. Behavioral Health visits are not available to minors. All Behavioral Health specialists may not be available in all states.

For dermatology consultations, members must complete a Dermatology Intake Form and upload a minimum of three images through the secure message center before each initial consultation. Dermatology is not available in ID or ND.

Where to Go for Care

Where you go for care matters. Your choice may be able to save you time and money. Remember, you must meet your deductible before the Plan begins to pay. All preventive care is covered at 100%, even before you meet your deductible.

$	$	$	$	$
TELEHEALTH	**DOCTOR'S VISIT**	**URGENT CARE**	**HOSPITAL EMERGENCY ROOM**	**FREESTANDING EMERGENCY ROOM**
Teladoc can help you identify some options when you or a family member have a health problem or concern. What Teladoc can help you with: + Behavioral Health + Allergies + Ear Problems + Flu + Fever + Pink Eye and more	Receive non-urgent care for illnesses and injuries, vaccinations, exams, screenings and specialist referrals. + Office hours vary + Generally the best place to go for non-emergency care + Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history + Average wait time is 24 minutes	Receive urgent care for illnesses and injuries that are not life-threatening. + Generally includes evenings, weekends and holidays + Often used when your doctor's office is closed, and there is no true emergency + Average wait time is 11-20 minutes + Many have only and/or telephone check-in	Receive care for serious or life-threatening emergencies. + Open 24 hours, seven days a week + Average wait time is 4 hours, 7 minutes + Multiple bills for services such as doctor and facility	+ Open 24 hours, seven days a week + Could be transferred to a hospital ER based on medical situation + Services do not include trauma care + Many freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule. + All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for lab fees and each doctor you see.
YOUR COST[1]:	**YOUR COST[1]:**	**YOUR COST[1]:**	**YOUR COST[1]:**	**YOUR COST[2]:**
$0 copay	**PCP Visit: $15 Copay** **Specialist Visit: $30 Copay**	**$25 Copay**	**$350 Copay**	**$350 Copay**

[1] Costs shown are for in-network services. [2] Freestanding ERs are usually out-of-network and charge an additional facility fee.

For questions about benefits or upcoming health care services, call UMR CARE Support at the phone number provided on your member ID card.

GenerationYou Advocacy - UMR

GenerationYou is re-imagining advocacy and what it can do for you and your family. GenerationYou provides a personalized health benefits experience for your entire family, focused on simplicity and comfort. Say hello to health care designed with you in mind.

Whether you have an emergency hospitalization, need non-emergency care, or are having a baby, our CARE team is here for you. UMR CARE Support has a team of experienced and caring nurses (RNs), social workers, pharmacists and nurse practitioners. This team works together to provide members and their families with medical support and assistance in navigating their benefits and the entire health care system. By working with you, your doctors and other medical advisors, it ensures you will get the services that best meet your needs.

GET STARTED - BE REWARDED!

REGISTER NOW - Access your new benefit solution by registering your membership card. Call the number on your sticker or download the mobile app via QR code to get yourself (and your dependents) registered for your new benefits.

REMEMBER YOUR CARD - Don't leave home without your (or your family's) GenYou membership ID card(s). Download the app to store a digital version on your phone for easy access at the doctor's office or pharmacy.

EARN REWARDS - Don't miss an opportunity to earn a little extra benefit this plan year. Navigate to the Rewards section of your GenYou digital experience or call your GenYou Guide to learn more about your (and your dependents') eligibility and expiration dates.

GENERATIONYOU MAKES BENEFITS EASY:

+ **Complete the "Story of You" questionnaire.** Tell GenerationYou's team a little bit about your health story and your preferences, and they'll get you up-to-speed on your plan benefits. It's an easy win-win.
+ **Get rewarded for receiving high-quality, low-cost care!** Your Guide will show you how through our Care Prepare consultations. Ask about them to learn more.
+ **Make connections.** Your family deserves the very best care, and your GenYou Guide will show you the way. Available by chat or phone, they will help you locate a top notch provider or facility in your area.

GenerationYou™ powered by UMR

Dental Plans

The Dental Plan encourages preventive treatment and allows you to achieve good oral health while minimizing your out-of-pocket dental expenses. The Plan is administered by MetLife.

DENTAL PPO

The dental PPO is available to eligible employees and their dependents. This plan offers you a choice in selecting a dentist. The cost of services will depend on whether or not you choose a provider from within or outside the MetLife network of dentists.

NETWORK DENTISTS

When you use a MetLIfe Dental network dentist, you lower your out-of-pocket costs because the network dentists have agreed to charge lower fees while your plan's in-network services cover a larger share of the charges. If you choose to use a dentist who doesn't participate in the network, your out-of-pocket costs will be higher and you are subject to any charges beyond Reasonable and Customary (R&C).

FIND A NETWORK DENTIST

To find a network dentist, visit **www.metlife.com** and click "**Find a Dentist**."

MetLife

DENTAL PLAN SUMMARY	DENTAL PPO
Plan Year Deductible (applies to Basic and Major services only)	
Individual	$50
Family	$150
Maximums	
Dental Care	$1,750
Orthodontia	$1,000
Benefits & Services	
Preventive/Diagnostic Oral exams, cleanings, x-rays, sealants	100% of allowable amount - deductible waived
Basic Fillings, simple extractions, endodontics, periodontics, oral surgery, etc.	80% of allowable amount after calendar year deductible
Major Bridges and dentures, implants, inlays, onlays, crowns, etc.	50% of allowable amount after calendar year deductible
Orthodontia (For dependent children and adults)	50%

DENTAL CONTRIBUTIONS

These are your contributions per weekly paycheck, paid with pre-tax payroll deductions:

DENTAL PLAN	YOU PAY (Per Paycheck)
Employee Only	$6.02
Employee + Spouse	$11.40
Employee + Child(ren)	$12.78
Family	$18.70

Vision Plan

Jones offers a comprehensive Vision Plan provided by MetLife. The Vision Plan helps pay the cost of periodic eye examinations and necessary lenses and frames, if prescribed. The Plan covers services from any licensed provider, but benefits are paid at a higher level when you use an in-network provider.

In-network co-payments are paid directly to the provider. Out-of-network co-payments are deducted from the out-of-network reimbursement.

NETWORK SPECIALISTS

For in-network services, you pay applicable copays or amounts above allowances for various covered services. With MetLife Vision, you can choose from thousands of ophthalmologists, optometrists and opticians at private practices or at popular retail locations like Costco Optical, Visionworks and more.

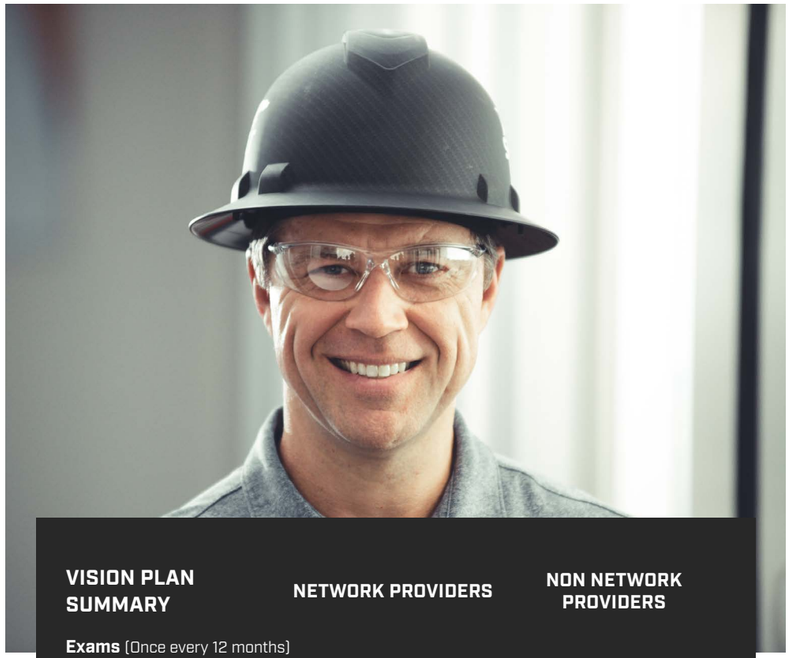
VISION PLAN SUMMARY

The chart on the right provides a summary of the Vision Plan provided by MetLife. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

FOR MORE INFORMATION

For more information about the Vision Plan, and to find in-network doctors visit **www.metlife.com** and click **"Find a Vision Provider"**.

MetLife



VISION PLAN SUMMARY	NETWORK PROVIDERS	NON NETWORK PROVIDERS
Exams (Once every 12 months)		
Vision Exams	$10 Copay	Up to $45
Base Lenses (Once every 12 months)		
Single Vision	$25 Copay	Up to $30
Bifocal	$25 Copay	Up to $50
Trifocal	$25 Copay	Up to $65
Lenticular	$25 Copay	Up to $100
Frames & Contact Lenses		
Frames (once every 24 months)	$150 allowance + 20% off remaining balance	Up to $70
Contacts - Elective (once every 12 months)	Up to $150 allowance	Up to $ 105
Contacts - Medically Necessary (once every 12 months)	Covered after eyewear copay	Up to $ 210

VISION CONTRIBUTIONS

These are your contributions per weekly paycheck, paid with pre-tax payroll deductions:

VISION PLAN	YOU PAY (Per Paycheck)
Employee Only	$1.23
Employee + Spouse	$2.46
Employee + Child(ren)	$2.64
Family	$4.13

Transitions

MEDICAL PREPAREDNESS IN RETIREMENT

The largest expense you will encounter during retirement will be medically related. Anything from treatments to long term care support falls into this category. You have worked to relax, enjoy, re-define your life in retirement; don't let a medical situation leave you struggling financially. Transitions is here to help you understand your options, take it step by step, and plan for success.

MEDICARE TIMING AND OVERVIEW

There are so many rumors about Medicare, Medicare timing, enrollment penalties, and more. These are just the basics to understanding how to prepare for enrollment, your options, and how to prepare for your advisor call.

Now is the time to begin learning and preparing to decide whether you will enroll in or decline Medicare. If you are turning 66, then you have met full retirement age and your social security options have increased!

This is an extremely personal decision based on your own set of circumstances and plan. Transitions recommends that you schedule a meeting with an advisor and attend one of their on-demand webinars to learn more!

DETERMINE YOUR PLAN

Based on your conversation(s) with your advisor you will have created a plan for enrollment. This will cover plan options, costs, your timing, spousal questions, and more. You will be ready to either exit your employer plan and land on Medicare; or remain on your employers plan until your determined date. The good news is that after the call with your advisor, you will be prepared even if your retirement dates change.

TRANSITIONS Benefit Group

OTHER SERVICES PROVIDED

Transitions provides support for a range of services such as:

+ Caregiver Support
+ Medicare Coordination
+ Social Security Planning
+ Life Stage Planning
+ Educational Support
+ COBRA Coordination & Options

MEDICARE EDUCATION & ENROLLMENT SERVICES

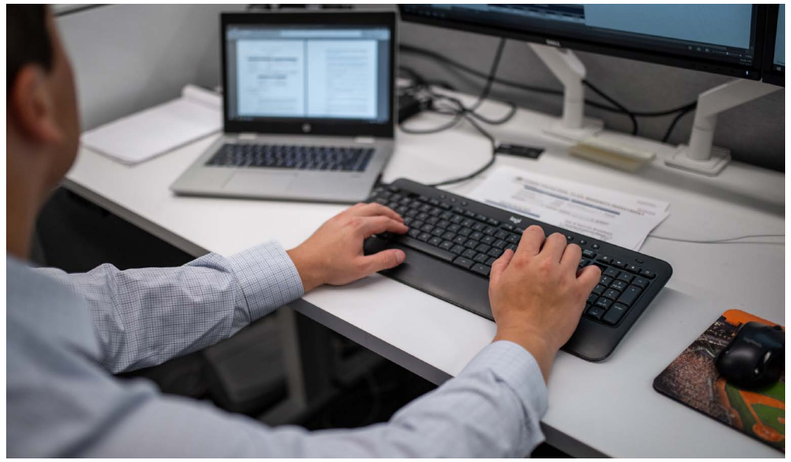
Transitions educational approach will guide you, your spouse, or parents through Medicare obstacles and questions. Whether you are just turning 65 or you have been on Medicare for a while, their advisors are able to assist.

Learn your options and call your advisor at **800-936-1405** or visit **transitionsrbg.com**.

ENROLLERS CAN HELP WITH:

+ Unlimited consultations at **NO COST**
+ Available to all Team Members and their family
+ Enrollment and ongoing support when you need it

We understand the importance of keeping your physicians, covering your current medications and staying in budget. In less than a 30-minute phone call, you can be on your way and fully covered. If you don't need Medicare support but a loved one does, we have you covered here, as well. Transitions' advisors know how to navigate and offer support in all the areas of elder care.



Flexible Spending Account

Flexible Spending Accounts (FSAs) let you contribute pre-tax money into an account to pay for eligible health care or dependent care expenses.

TaxSaver Plan
Your Satisfaction Is Our Success
FSA • HRA • COBRA Administrative Services

How the Health Care FSA Works

HEALTH CARE FSA

You do not have to enroll in a Jones health plan to be eligible for this benefit.

NOTE:
Jones will contribute **$25 annually** to the **Health Care FSA** of all employees participating in the Health Care FSA.

1. **Estimate health care expenses** for you and your eligible dependents.
2. Contribute up to **$3,050** for the year with **pre-tax money – with the ability to carry over $610 to following years*.**
3. **Use a debit card to pay** for copays, coinsurance, prescription drugs, glasses and other eligible expenses.

You can use up to the amount you elected to contribute, even if the money is not yet in your account.

The FSA claims submission deadline is 90 days after the end of each plan year. All claims incurred in the prior plan year must be submitted to TaxSaver Plan by 3/31 of each year to avoid plan forfeitures.

How the Dependent Care FSA Works

DEPENDENT CARE FSA

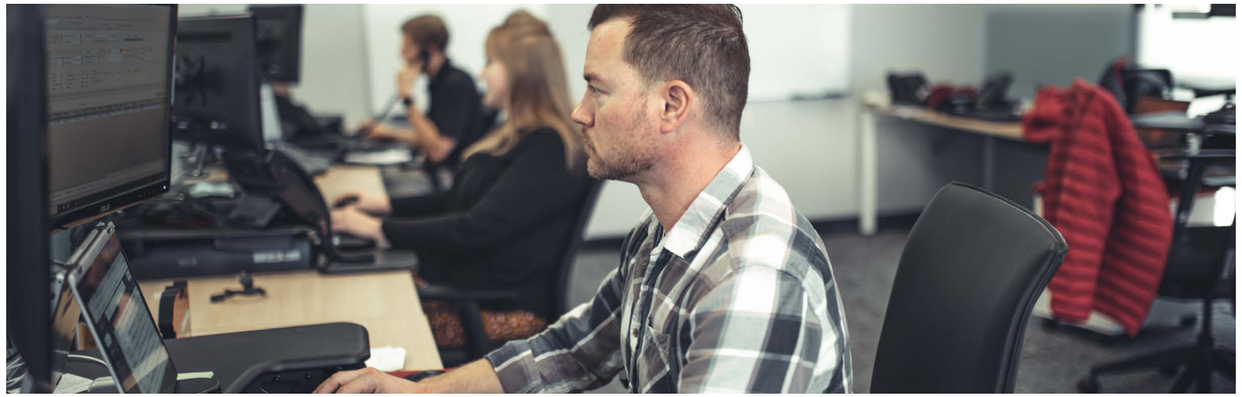
The Dependent Care FSA can be used to pay for day care expenses for eligible dependents under age 13, as well as adults who are physically or mentally incapable of caring for themselves, if you and your spouse are working or going to school.

1. **Estimate day care provider expenses.**
2. **Contribute up to $5,000** (if single or married, filing taxes jointly) or **$2,500** (if married filing separately) with **pre-tax money*.**
3. Pay your day care provider and **submit a claim for reimbursement.**

You can only be reimbursed up to the amount in your FSA.

The FSA claims submission deadline is 90 days after the end of each plan year. All claims incurred in the prior plan year must be submitted to TaxSaver Plan by 3/31 of each year to avoid plan forfeitures. The Dependent Care FSA has a 2.5 month grace period to incur claims.

To access your FSA benefit information, submit claims, view prior and current account balances, and manage your bank account details, visit **taxsaverplan.com** or download the Tax Saver Plan Mobile App on the Google Play or Apple App Store.



Disability Insurance

Jones offers eligible employees disability benefits should you become disabled due to a non-work related injury or illness, the short-term disability benefit will replace a portion of your income. After 180 days of continued disability, the long-term disability (LTD) benefit becomes available, if employee elects to enroll. Disability insurance provides you with a form of steady income while you are unable to work, so that you can pay your mortgage/rent, utility bills, groceries, and medical expenses. This allows you to concentrate on healing without the worry of how you will continue to provide for yourself and family.

SHORT-TERM DISABILITY INSURANCE

Jones will provide Short-Term Disability (STD) coverage through MetLife for employees at no cost. STD insurance provides a portion of your income if you are unable to work due to a covered illness or injury. STD benefits pay you 60% of your pre-disability earnings after a 7 day waiting period. Certain exclusions and limitations may apply.

SHORT-TERM DISABILITY	
Benefit	60% of covered weekly pre-disability pay
Maximum Benefit	$1,000 per week
Benefits Begins	after you have been disabled for 7 days
Benefit Duration	25 weeks
Earnings Definition	Base salary

LONG-TERM DISABILITY INSURANCE

Jones offers all eligible employees Long-Term Disability insurance (LTD) for additional protection. Employees can elect and pay for LTD through payroll deduction. LTD insurance provides up to 60% of your income, up to $10,000 maximum benefit per month, if you become partially or totally disabled for an extended period of time. You must be disabled for at least 180 days before you are eligible to receive LTD insurance payments. In most cases, LTD payments are provided during your disability up to age 65, or longer depending upon your initial age at disability. Certain exclusions and pre-existing condition limitations apply.

LONG-TERM DISABILITY	
Benefit	60% of covered monthly pre-disability pay
Maximum Benefit	$10,000
Benefits Begins	181st Day
Maximum Benefit Duration	For disabilities occurring before the age of 60, Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition Limitation	Yes

MetLife

Life and AD&D Insurance

MetLife

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Basic Life and Accidental Death and Dismemberment (AD&D) is a part of Jones' benefits plan and is an essential part of your future financial security. It is important to understand how your plan works and what benefits you will receive. Just as you would keep track of money that you put into a bank or other financial institution, it is in your best interest to keep track of your survivor benefits.

Jones automatically provides you with Basic Life and AD&D insurance through MetLife which guarantees that loved ones, such as a spouse or other designated survivors, receive financial assistance, which is a valuable resource to cover funeral costs and other immediate living expenses during this difficult time.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

You may purchase voluntary employee life insurance in increments of $10,000 up to a maximum of 5 times your annual salary or $500,000, whichever is less. AD&D is automatically included with your employee voluntary life election. If you elect life insurance greater than $100,000, you must submit Evidence of Insurability (EOI). EOI means that you will need to provide information about your medical history to the provider and, based on this information, you may or may not be approved for additional life insurance. You only pay for the additional coverage above EOI once you are notified and approved for this additional coverage.

+ **Premium cost for employee and spouse coverage will be based on the employee's age as well as amount of coverage selected.**

Coverage for your spouse is available in increments of $5,000 up to 50% of employee amount or $50,000, whichever is less. EOI is required for amounts over $50,000 and for late entrants. AD&D is automatically included with your spouse voluntary life election.

Coverage for your dependent children is available in a flat coverage of $10,000. Dependent children are eligible up to age 26 regardless of student status. No EOI is required for any dependent children.

BASIC LIFE AND AD&D

Coverage Amount	Flat $15,000
Who Pays	Jones
Age Reduction	Reduces to 67% at age 70 Reduces to 50% at age 75
Evidence of Insurability (EOI) Required	No

EMPLOYEE VOLUNTARY LIFE AND AD&D

Coverage Amount	Increments of $10,000
Benefit Maximum	5 times your annual salary or $500,000
Guarantee Issue	$100,000
Who Pays	Employee
Age Reduction	None
Evidence of Insurability (EOI) Required	Required over Guarantee Issue amount of $100,000

SPOUSE VOLUNTARY LIFE AND AD&D

Coverage Amount	Increments of $5,000
Benefit Maximum	50% of Employee Benefit or $50,000
Guarantee Issue	$25,000
Who Pays	Employee
Age Reduction	None
Evidence of Insurability (EOI) Required	Required over Guarantee Issue amount of $25,000

CHILD VOLUNTARY LIFE AND AD&D

Coverage Amount	Flat $10,000
Maximum Child Age	Up to age 26
Who Pays	Employee
Age Reduction	None
Evidence of Insurability (EOI) Required	No

Additional Benefits

NEW for 2023!!!

VOLUNTARY ACCIDENT PLAN

Voluntary Accident programs can complement existing Medical coverage and help fill financial gaps caused by out-of-pocket expenses including deductibles, co-insurance, non-covered medical expenses and personal expenses.

Accident Insurance from MetLife helps relieve financial strain for employees in the event of a covered accident, while also helping to curb costs. Claims payments are made in flat amounts based on services incurred during an accident. Lump sum benefits payable for medical treatment provided for on-the-job and off-the-job accidents.

Benefits are payable for:

+ Dislocations/Fractures/Lacerations/Burns
+ Hospital Admissions
+ Accidental Death
+ Accidental Dismemberment

Please refer to the carrier benefit summary for complete details, limitations, and exclusions.

ACCIDENT PLAN	YOU PAY (Weekly)
Employee Only	$2.61
Employee + Spouse	$5.11
Employee + Child(ren)	$5.91
Family	$7.23

MetLife

VOLUNTARY CANCER INSURANCE

Jones will provide $10,000 of Cancer Coverage for all full-time, benefit eligible associates at no cost to you in 2023. In addition, if you would like to purchase $5,000 of Cancer Coverage for your Spouse and/or Dependent Children, you can elect coverage for them for a minimal weekly cost listed below. The Cancer plan pays benefit upon the initial diagnosis and treatment of a covered cancer condition. Please refer to the carrier benefit summary for complete details, limitations and exclusions.

CANCER PLAN	YOU PAY (Weekly)
Employee Only	$0.00
Employee + Spouse	$0.90
Employee + Child(ren)	$0.33
Family	$1.25

VOLUNTARY CRITICAL ILLNESS PLAN

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing Critical Illness Insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance.

+ **Benefits are payable upon a new diagnosis of:**
  + Heart Attack / Stroke
  + End-Stage Renal / Major Organ Failure
  + Coma
  + Permanent Paralysis Due to a Covered Accident
  + Severe Burns

Please refer to the carrier benefit summary for complete details, limitations, and exclusions.

+ Your premium cost will be based on your age, tobacco use status, and who you have elected to cover and will be displayed in DayForce.

TO CONTACT LIFEWORKS FOR EAP

Call: 1-888-319-7819
Visit: metlifeeap.lifeworks.com
Username: metlifeeap
Password: eap

Employee Assistance Program

Everyone needs help dealing with life's challenges from time to time. Through Employee Assistance Program (EAP) services provided by LifeWorks US Inc. (through MetLife), you and your family can get help that's easy, convenient and confidential. Whether it's help coping with a major life change or an emotional, legal or financial issue, the professional counselors and services we offer through LifeWorks Us Inc. are ready to support you and your family to move forward - at no extra cost.

CONFIDENTIAL SUPPORT 24/7

Making sure you receive professional and confidential support during life's difficult times is our priority. Confidential assistance is available for concerns such as:

+ Family, relationship and parenting issues
+ Child-care and elder-care needs
+ Emotional and stress-related issues
+ Conflicts at home or work
+ Alcohol and drug dependencies
+ Health and wellness issues
+ Tax questions
+ Saving for college and family budgets
+ Credit issues and debt
+ Legal and financial issues

These counseling sessions are tailored to you and your individual needs* - you can meet in-person or over the phone with one of LifeWorks' network of licensed counselors.

CONFIDENTIAL LEGAL AND FINANCIAL CONSULTATION

+ Access to a LifeWorks' in-house attorney for a 30 minute consultation to assist you on making informed decisions as it pertains to a loss.
+ 1 hour consultation with a certified financial planner to assist with education, strategies and options.

EASY-TO-ACCESS RESOURCES

Sometimes you just need a little guidance. LifeWorks offers self-help resources online to help you through the grieving process, giving the level of support you need at your own pace.

Important Notices

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 Jones Companies 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:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you 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.
- Jones Companies has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2022. If you enroll from October 15th through December 7th in 2022, your coverage will begin on January 1, 2023.

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.

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 Jones Companies 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 the 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jones Companies changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit 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 1-800-633-4227 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 socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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).

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Jones Companies coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Jones Companies coverage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA Special Enrollment Notice

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Jones Companies health plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages

under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Jones Companies will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in Jones Companies group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Patient Protection Disclosure

You do not need prior authorization from Jones Companies or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your medical plan administrator.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

Newborns' & Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)."

Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under Jones Companies's group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Employees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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/domestic partner, 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 are an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse/domestic partner of an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

If the Plan provides health care coverage to retired Employees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Employee covered under the Plan, the retired Employee will become a qualified beneficiary with respect to the bankruptcy. The retired Employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Jones Companies has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, in the event of retired Employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify Jones Companies of the qualifying event.

Required Notice

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse/domestic partner 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. Contact your employer and/ or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Coverage Provided?

Once Jones Companies 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/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Employee's hours of employment, and the Employee became entitle to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Employee, lasts until 36 months after the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period Of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify Jones Companies in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. Contact Jones Companies and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

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

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to Jones Companies. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep Jones Companies informed of any address changes. You should also keep a copy, for your records, of any notices you send to Jones Companies.

Plan Contact Information

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

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 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 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 askebsa.dol.gov or call 1-866-444-3272.

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, 2022. Contact your State directly for more information on eligibility:

ALABAMA – Medicaid
Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: customerservice@myakhipp.com
Medicaid Eligibility: health.alaska.gov/dpa/pages/default.aspx

ARKANSAS – Medicaid
Website: myarhipp.com
Phone: 1-855-692-7447

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program: dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid
Website: in.gov/medicaid
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: kancare.ks.gov
Phone: 1-800-792-4884

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

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

MAINE – Medicaid
Website: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102

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

MISSOURI – Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: dphhs.mt.gov/montanahealthcareprograms/hipp
Phone: 1-800-694-3084
Email: hhshippprogram@mt.gov

NEBRASKA – Medicaid
Website: accessnebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid
Website: dhcfp.nv.gov
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: nd.gov/dhs/services/medicalserv/medicaid
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: healthcare.oregon.gov/pages/index.aspx
oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: dhs.pa.gov/services/assistance/pages/hipp-program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid & CHIP
Website: eohhs.ri.gov
Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: gethipptexas.com
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: greenmountaincare.org
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: coverva.org/en/famis-select
coverva.org/en/hipp
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: dhhr.wv.gov/bms
mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-699- 8447

WISCONSIN – Medicaid and CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-3272

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
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)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact your medical insurer.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: Jones Companies, LLC
Employer Identification Number (EIN): 47-5263562
Employer Phone Number: 833-828-HRHR
Employer Address: 16 Office Park Drive, Suite 10,
Hattiesburg, MS 39402
Contact About Coverage: Jones HR Liaison
Phone Number: 833-828-4747
Email Address: hr@jones.com

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

- As your employer, we offer a health plan to:
- Some employees. Eligible employees are full-time employees and employees who work an average of 30 hours per week.
- With respect to dependents:
- We do offer coverage. Eligible dependents are spouses/domestic partners and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

Notice of Availability of HIPAA Privacy Notice

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

The Jones Companies Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact:

Please contact us for more information:

Privacy Officer
Jones HR Liaison
16 Office Park Drive, Suite 10, Hattiesburg, MS 39402
(833) 828-4747
hr@jones.com

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

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MEDICAL
UMR
888-256-1915
www.umr.com

TELEMEDICINE
Teladoc
855-847-3627
www.teladoc.com

VISION
MetLife
800-275-4638
www.metlife.com

DENTAL
MetLife
800-275-4638
www.metlife.com

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www.metlife.com

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www.metlife.com

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800-328-4337
www.taxsaverplan.com

GENERATIONYOU - ADVOCACY
GenerationYou - UMR
888-256-1915
www.umr.com

MEDICARE ENROLLMENT
Transitions Benefit Group
800-936-1405
transitionsrbg.com

JONES HR LIAISON
833-828-4747
hr@jones.com

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