



2025 Benefit Highlights



BENEFIT HIGHLIGHTS

Lakefield understands how important your benefits are to you and your family and works hard to provide you with a competitive benefits program. Based on our annual review of the benefits that we offer to you, we are pleased to offer several benefit plans which we feel will continue to provide to you comprehensive and affordable benefit coverage.

Below is a quick summary of the benefit plans being offered. The remainder of this booklet details the benefit options available to you and your family members.

THE BENEFITS IN THIS SUMMARY ARE EFFECTIVE: JANUARY 1, 2025 - DECEMBER 31, 2025

Medical Plans*

Two Medical plan options are offered through United Healthcare and Surest, they are as follows:

- > UHC HSA Plan
- > Surest PPO Plan

The UHC plan is an HSA-qualified health plan that allows members to open a Health Savings Account (HSA). Lakefield contributes up to \$750 to your HSA each year. A second plan, offered by Surest, offers transparent pricing for medical services. It has no deductible or coinsurance and is based on copays. Both plans will give you the option to choose which plan best suits the needs of you and your family. A summary of each plan is provided later in this booklet.

Dental Plan*

A Dental plan administered by Delta Dental will also be offered. This comprehensive plan is outlined in detail in this booklet.

Accident, Critical Illness and Hospital Indemnity

Voluntary benefits help fill the inevitable gaps in coverage left by core health plans, giving you additional options for financial protection. Lakefield is excited to add Accident, Critical Illness and Hospital Indemnity to our benefits offerings for our employees.”

- > **Accident** pays benefits based on a schedule of injuries and treatments related to accidents
- > **Critical Illness** provides a lump sum benefit upon diagnosis of a serious illness such as cancer, heart attack or stroke
- > **Hospital Indemnity** pays a lump sum benefit directly to the member for hospital admissions and stays

Vision Plan*

A Vision Plan administered by Ameritas will be offered. Ameritas offers a dual choice between EyeMed or VSP when choosing a provider for vision care. More information regarding this plan is outlined in this booklet.

Life and Disability Insurance

Voya is our Basic, Voluntary Life and Disability Insurance carrier. Details on the Life and Disability plans are outlined later in this booklet.

Flexible Spending Accounts*

An option to enroll in a Flexible Spending Account (FSA) – Health Care and/or Dependent Care is offered. Navia Benefits is the administrator for the Flexible Spending Accounts and detailed information on how these accounts can reimburse you for certain health care and dependent care expenses can be found in this booklet.

Health Savings Account

You have the option to enroll in a Health Savings Account (HSA) if you choose to enroll in the HSA Medical Plan – You may choose to use the funds in this account to pay for eligible medical and pharmacy out of pocket expenses or you can save it for future expenses. You own this account so you can choose how you would like to use the funds in your account.

LifeBalance Employee Discount Program

LifeBalance is an employee discount program that offers you savings and benefits related to recreation, art, well-being and travel. LifeBalance offers savings in a variety of areas, from fitness clubs to whitewater rafting.

**Please note: You must actively enroll to receive coverage. If you do not enroll when you are eligible (within 30 days of eligibility) you will be unable to enroll until the next Open Enrollment period.*

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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.

WHO CAN YOU COVER?

Who Is Eligible?

Full-time team members working at least 30 hours per week are eligible for coverage the first of the month following 60 days from date of hire.

Part-time team members working 15 to 29 hours per week are eligible for Dental and Vision benefits. Part-time team members working 20-29 hours per week are eligible for additional voluntary life, accident, critical illness and hospital indemnity insurance.

You may enroll your eligible dependents for medical, dental, and vision coverage. We also have voluntary life and AD&D insurance for you, your spouse, and your child(ren).

Eligible dependents are defined as:

- › Your legally married spouse, unless legally separated
- › Dependent children:
 - › Under age 26, or
 - › Disabled, incapable of self-sustaining employment, and dependent upon you for support regardless of age (not applicable to Child Life Insurance)

Eligible dependent children are further defined as:

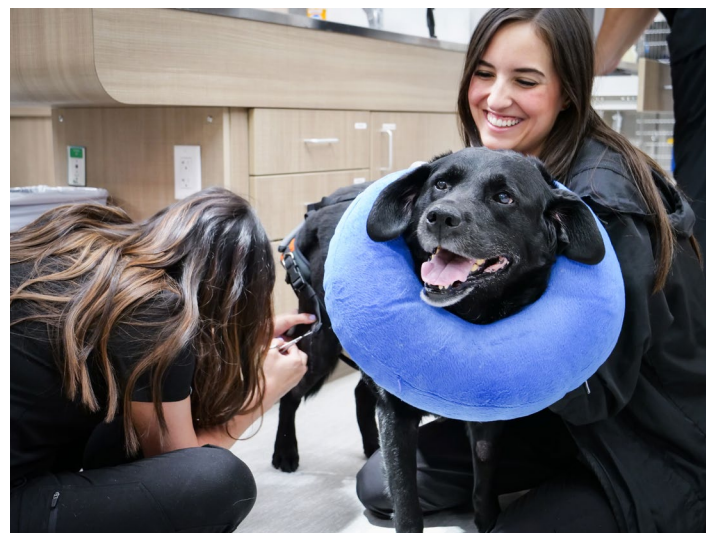
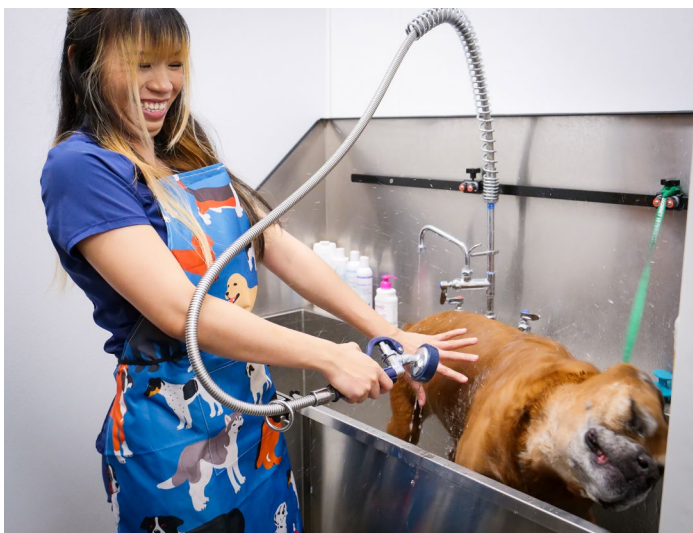
- › Your natural children,
- › Your legally adopted children,
- › Your stepchildren who live in your household full-time in a regular parent-child relationship,
- › A child permanently residing in your household for whom you are the court-appointed legal guardian

Qualified Life Events

The IRS states that the elections you make during an enrollment period, including Flexible Spending Account elections, must stay in effect for the entire plan year, (January 1 through December 31) unless you experience a qualified life event.

An example of a qualified life event is:

- › A change in marital status,
- › The death of a spouse or dependent,
- › The birth or adoption of a child or placement of a child for adoption,
- › A change in dependent's eligibility due to age or student status,
- › A change in the employment status of the team member, spouse or dependent affecting the team member's eligibility under the plan,
- › An entitlement to, or loss of Medicare or Medicaid by the team member, spouse, or dependent, or
- › A change in residence of the team member, spouse or dependent



COST OF COVERAGE

Lakefield pays for a portion of the cost of coverage for you and your dependents when enrolled in one of the Medical/Rx plans.

	HSA MEDICAL PLAN	
	Per Pay Period	
	Full-Time Team Member Deductions	
Team Member (TM) Only	\$77.34	
TM + Spouse	\$188.86	
TM + Child(ren)	\$168.58	
TM + Family	\$280.10	

	SUREST PPO MEDICAL PLAN	
	Per Pay Period	
	Full-Time Team Member Deductions	
Team Member (TM) Only	\$162.21	
TM + Spouse	\$357.37	
TM + Child(ren)	\$321.89	
TM + Family	\$517.05	

	DENTAL PLAN	
	Per Pay Period	Per Pay Period
	Full-Time Team Member Deductions	Part-Time Team Member Deductions
Team Member (TM) Only	\$9.72	\$17.73
TM + Spouse	\$17.92	\$32.52
TM + Child(ren)	\$18.32	\$33.86
TM + Family	\$27.54	\$49.98

	VISION PLAN	
	Per Pay Period	Per Pay Period
	Full-Time Team Member Deductions	Part-Time Team Member Deductions
Team Member (TM) Only	\$3.23	\$3.23
TM + Spouse	\$5.17	\$5.17
TM + Child(ren)	\$5.28	\$5.28
TM + Family	\$8.49	\$8.49

MEDICAL BENEFITS

Medical coverage is a very important part of the benefit program offered to you as a Lakefield team member. During your enrollment period, you will have the opportunity to elect one of two medical plan options:

The UHC HSA Plan

The Consumer Driven Health Plan (CDHP) is a high-deductible medical plan that allows you to contribute pre-tax dollars to a Health Savings Account (HSA) that you use to pay for health care expenses directly.

The CDHP offers lower monthly premiums, but features a higher annual deductible. Lakefield makes a \$750 tax-free contribution to your HSA — in the form of pro-rated payments throughout the year — to help offset the CDHP's higher deductible. It's called a "consumer driven" plan because you actively manage the cost of your health care and prescriptions. You'll benefit from premium savings throughout the year.

The Surest PPO Plan

The Surest plan combines elements of choice, flexibility and cost clarity for an easier experience. Like a PPO, you get the predictability of copays along with access to doctors and clinics from one of the largest provider networks in the country (you don't have to choose a primary physician); and unlike a CDHP, there is no deductible and no coinsurance.

Instead, cost and coverage answers are right at your fingertips before even making an appointment—search, compare and then decide. Lower prices are assigned to higher-value options, based on overall effectiveness of care. With this price visibility, you have opportunities to save.

WHAT IS YOUR HEALTH CARE PROFILE?

HSA PLAN	SUREST PPO PLAN
<ul style="list-style-type: none">› Pay less in monthly premiums› Take charge of my health care costs and services› Save for future health care expenses	<ul style="list-style-type: none">› No deductible and no coinsurance› Cost and coverage options at your fingertips› Lower costs assigned to higher-value care

Please refer to the Lakefield Benefits At-A-Glance (on the ADP Home Page) for full details of each medical plan option available to you.

Get the Detail:

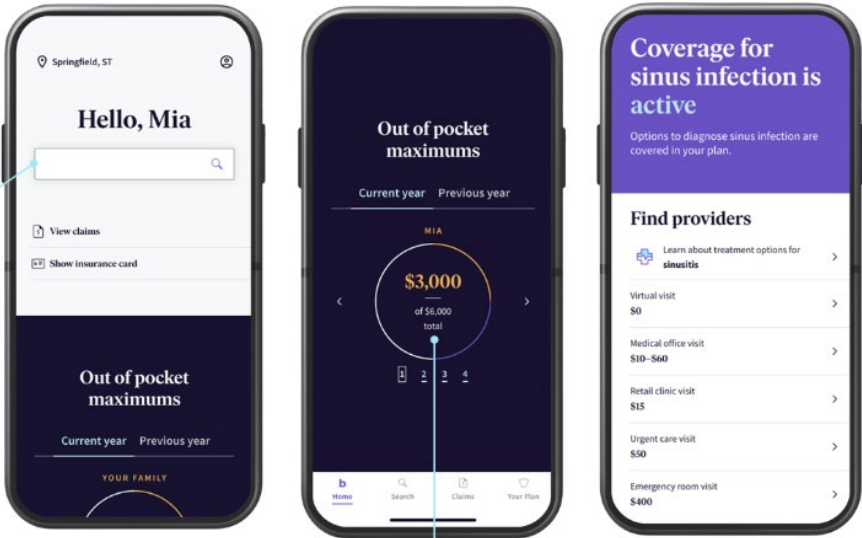
- › Read the contents of this Benefits Highlights booklet carefully.
- › Review all the materials in your enrollment package and familiarize yourself with the various plan options.
- › Carefully review the per pay deductions outlined on the enclosed enrollment form before making your benefit elections.

Preventive Care

Preventive care is covered at 100%, per covered person, per year (regardless of the medical plan option selected). Services include:

- › Immunizations
- › Routine X-rays
- › Pap Tests
- › Routine lab tests
- › Mammograms

SUREST PLAN

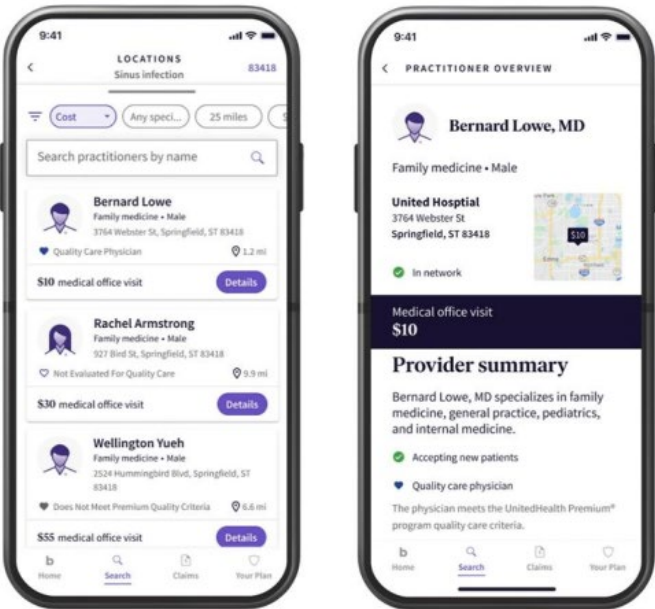


Search by condition, or treatment

Clear, upfront prices

Members are protected with an out-of-pocket maximum to cap their annual spend.

1



Surest lowers prices when the data analyze indicates the service is a higher-value option.

- Upfront pricing
- Quality Rating
- In-network designation
- Location
- Accepting patients

2

Clear answers about your costs, your coverage, your options.

surest
A UnitedHealthcare Company

GENERAL PLAN DETAILS

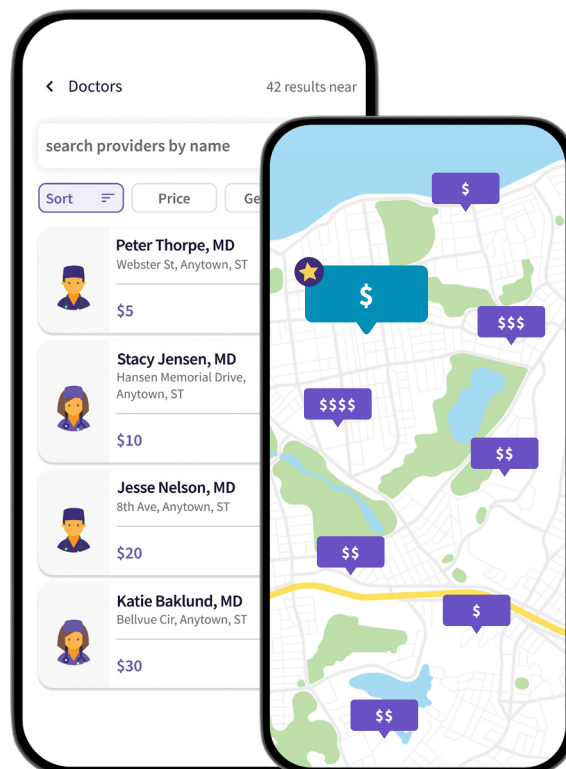
Deductible	\$0
Out-of-pocket limit	
Employee	\$5,000
Family	\$10,000
Prescription drugs – 30-day	
Preventive drugs	\$0
Tier 1	\$10
Tier 2	25% (min \$25 max \$50)
Tier 3	25% (min \$45 max \$90)

YOUR COPAYS

Preventive visit	\$0
Office visit	\$10 to \$65
Virtual visit (primary & urgent)	\$0
Virtual visit (specialty)	\$0 – \$70
Mental health office visit	\$10
Urgent care visit	\$30
Emergency room visit	\$325
Basic diagnostic lab tests, X-rays and ultrasounds	\$0
Physical therapy*	\$10 – \$50
Maternity labor and delivery	\$625 – \$1,375

“Everything is just **easy and affordable.**
I feel in control of my health plan for the first time.”

Jaime A., Surest member



Providers, locations, and prices are fictional. Prices are representative of member copays, no deductible.



See how powerful simple can be.

To check prices or see if your doctor is in-network:
Join.Surest.com | Access code: Lakefield2025



Get Started
britehr.app/
Lakefield2-025

Online care options are part of the Surest plan.



Access to a virtual health network may help reduce out-of-pocket costs, improve outcomes, and save time and money. Search for these conditions within your employer's pre-member site, Join.Surest.com, to see how it works.



Virtual visits

Access a virtual network of licensed physicians and behavioral health specialists through Doctor On Demand. Available 24/7 on demand or by appointment, get help with colds, allergies, UTIs, prescription refills, anxiety, stress and more.¹



Virtual visits

Receive care—for less—without leaving home with K Health. 24/7 access to doctors for colds and coughs, asthma, allergies, rashes, sinus infections, UTIs, chronic heartburn, migraines and more.²

NEW Virtual Care Services Offered through the Surest Plan

- Virtual Mental Health: \$10 Copay
- Virtual Migraine: \$10 Copay
- Virtual Dermatology: \$10 Copay
- Virtual Speech Therapy: \$10 Copay
- Virtual GI: \$40 Copay



Quality vs. quantity

It may be helpful to know how the Surest plan assigns prices to health services. Prices (sometimes called copayments or copays) are low for what we consider higher-value options, such as those based on quality, efficiency and overall effectiveness of care. **When you check prices before seeking or scheduling care—you have the power to potentially save money.**

surest™

1. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations. 2. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations. 3. All information provided by 2nd.MD is intended for general informational purposes only, and is in no way intended to create a provider-patient relationship as defined by state or federal law. Administrative services provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA. © Bind Benefits, Inc., dba Surest. All rights reserved. B2C_22-AI-303871_1022

MEDICAL BENEFITS



MEDICAL PLAN HIGHLIGHTS

	HSA PLAN			SUREST PPO	
	In-Network "Tier 1" Choice Plus	In-Network All Other Choice Plus	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,650/Ind. \$3,300/Family (aggregate) Offset by \$750 employer HSA contribution	\$1,650/Ind. \$3,300/Family (aggregate)	\$3,000/Ind. \$6,000/Family	\$0/Ind. \$0/Family	\$0/Ind. \$0/Family
Annual Out-of-Pocket Maximum <small>*includes annual deductible</small>	\$6,000/Ind. \$12,000/Family	\$6,000/Ind. \$12,000/Family	\$12,000/Ind. \$24,000/Family	\$5,000/Ind. \$10,000/Family	\$10,000/Ind. \$20,000/Family
Lifetime Maximum	Unlimited			Unlimited	
Pre-existing Condition Limitation	None			None	
Preventive Medical Care, Sickness or Injury	10% of eligible expenses (preventive care covered at 100%)	20% of eligible expenses (preventive care covered at 100%)	50% of Eligible Expenses	Covered at 100%	\$100 copay
Specialty Physician Office visit	10% of eligible expenses	20% of eligible expenses	50% of Eligible Expenses	\$10-\$65 copay, depending on visit	\$195 copay
Emergency Health Services	20% of eligible expenses	20% of eligible expenses	Same as Network Benefit	\$325 copay	Same as Network Benefit
Urgent Care Center Services	20% of eligible expenses	20% of eligible expenses	50% of eligible expenses	\$30 copay	\$90 copay
Hospital – Inpatient Stay	20% of eligible expenses	20% of eligible expenses	50% of eligible expenses	\$1,600	\$4,800
Outpatient Surgery	20% of eligible expenses	20% of eligible expenses	50% of eligible expenses	\$20-\$2,500 copay, depending on procedure	
Durable Medical Equipment	20% of eligible expenses	20% of eligible expenses	50% of eligible expenses	Up to \$500	Up to \$1,000

Percentages shown are the team member responsibility out of pocket expenses after the deductible.

Save money by using Tier 1 doctors.

Did you know the cost you pay varies for different providers – for the same service? Consider Tier 1 when you need care.

You can easily choose the doctors, specialists and facilities that offer the greatest value by finding a Tier 1 symbol next to physicians' names. Just go to "Find a Doctor" on myuhc.com® and spot the blue dot.



Prescription Drugs

When you enroll in one of the medical plan options, you automatically receive prescription drug coverage through OptumRx. The prescription drug plan is based on a three-tiered copay structure tied to a formulary drug list and a generic drug policy. The amount you pay for each prescription depends on whether the drug is a brand or generic medication and whether it appears on the formulary list of preferred medication. You can access myuhc.com through the Internet, or call the Customer Service number on your ID card to determine the tier status for your prescription. There are two ways you can receive your prescription drug benefits:

- › Retail pharmacy (a local drug store): You receive up to a 31-day supply and make a copayment for your prescription.
- › Mail order drug program: If you are on maintenance medication (for a medical condition that requires ongoing use of medications, such as high blood pressure, diabetes or a thyroid condition), you can use the mail-order prescription service. When you order prescriptions by mail, you can receive up to a 90-day supply and make a copayment for your prescription.
- › Health Care Reform law requires that the coverage of FDA-approved contraceptives for women be covered at 100% with no copay when filled at a participating pharmacy. This will apply to Tier I or the lowest-cost tier of UHC's Prescription Drug List. The list of the preventative covered contraceptives can be found in the Healthcare Library on the ADP Home Page under preventive care medications. Specialty prescriptions will be provided through our specialty pharmacy vendor, Brivo RX.

	PRESCRIPTION DRUG COVERAGE	
	Retail Pharmacy	Mail Order
Tier 1: Generic	\$10	\$20
Tier 2: Brand	25% (\$25 Min.–\$50 Max.)	25% (\$50 Min.–\$100 Max.)
Tier 3: Non-Formulary	25% (\$45 Min.–\$90 Max.)	25% (\$90 Min.–\$180 Max.)
Supply Limit	31 days	90 days

Prescription drug benefits are subject to the Medical deductible.

Effective January 1st, Lakefield will be adjusting our prescription drug list with OptumRx. Affected team members will receive a communication directly from OptumRx with any changes and alternative prescriptions.

Generic Prescription Drug Program

For all prescriptions filled by home delivery and network pharmacies, the policy is to have a prescription filled with the generic equivalent drug unless the prescription specifically states, "do not substitute." Prescriptions where the physician has specified DAW (dispense as written) will be filled with the brand drug. If DAW is not noted, prescriptions will automatically be dispensed with a generic equivalent drug. If you choose a brand drug when a generic equivalent is available or your physician has specified DAW, you will pay the generic copay plus the cost difference between the brand drug and the generic drug.

GoodRX

GoodRX is an alternative resource for pharmacy savings outside of the medical plan. GoodRX gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. Please note, these discounts are not run through insurance and do not go towards your deductible.

(Go to [goodrx.com](https://www.goodrx.com) for more information.)



Say hello to Self Care from AbleTo

On-demand access to self-help for stress and emotional well-being

Get access to self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into tools created by clinicians that are suggested for you based on your responses to a short, optional assessment. Self Care is here to help you feel better—and it's available at no additional cost to you.



Daily mood tracking

Answer daily questions to record your current mood, identify patterns and self-assess your progress.



Meditation tools

Explore classic methods of relaxation—like deep breathing and positive visualization—in the moment when you need them.



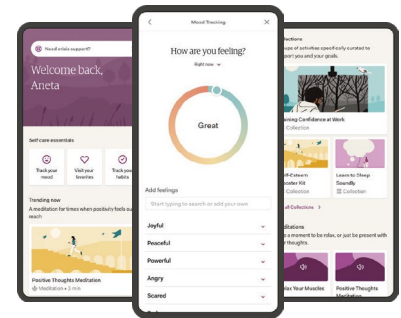
Collections

Build life skills with curated content, tools and resources for the stuff that matters most to you—from work life balance to sleep, and much more.



Personalized roadmap

Track your progress, set goals and make strides through weekly check-ins—Self Care helps you create a roadmap to support your self-guided journey to better mental health.



Ready to get started?

- Visit ableto.com/begin
 > Have your health plan ID handy
- Follow the steps to sign up
- Begin your self-care program

Learn more

Visit ableto.com/begin > Have your health plan ID handy

United
Healthcare



Self Care by AbleTo should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained within Self Care is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care may not be available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the Self Care terms of use.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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AIRROSTI

Muscle or Joint Pain? Help is at your Fingertips

Lakefield is excited to offer Airrosti services as an in-network benefit for members and dependents (age 18 or older) enrolled in the medical plan.

EXPERT DIAGNOSIS	QUALITY PATIENT CARE	CONSISTENT RESULTS
Your Airrosti Provider will perform a thorough clinical assessment to accurately diagnose the root cause of your pain or injury.	Each hour-long appointment consists of highly specific manual therapy and individualized active exercises to get you pain free fast.	Most patients report injury resolution, increased flexibility and range of motion, and a return to pain-free activity within 3 visits!

WHAT IS AIRROSTI?

Airrosti is an outcome-based healthcare group of musculoskeletal specialists (chiropractors and physical therapists) who expertly deliver high quality, patient-centered musculoskeletal care through a consistent and evidence-based care pathway. Airrosti providers address one of the highest cost and fastest growing healthcare categories for employers, payors, and individuals — musculoskeletal injuries and conditions.

Airrosti’s proven ability to rapidly resolve pain and injuries (average 3.2 visits per case) results in:

- > Exceptional outcomes and member experience
- > Prevention of unnecessary surgeries and imaging
- > Significant improvements in productivity

COMMON INJURIES SUCCESSFULLY TREATED BY AIRROSTI PROVIDERS

- > Back Pain
- > Knee Pain
- > Arm Pain
- > Foot Pain
- > Wrist Pain
- > Plus more

WHAT MAKES AIRROSTI UNIQUE?

Airrosti’s standardized clinical pathways define the care delivery model and reduce variability among our providers. Four primary disciplines are performed at each hour-long, one-on-one patient visit:

- > Clinical Guideline Assessments at each visit (detailed orthopedic, muscle, functional, and neurological testing) help to avoid unnecessary imaging, surgeries, and lengthy recovery times
- > Manual Therapy focused on quickly restoring function and pain-free range of motion
- > Active Functional Rehab to stretch, strengthen, and support rapid injury recovery
- > Patient Education that promotes lasting results and ongoing wellness

DOWNLOAD THE APP TODAY TO START YOUR RECOVERY PLAN

airrosti.com
800-404-6050

DENTAL BENEFITS



The Delta Dental Plan is a Preferred Provider Organization (PPO) Plan that allows you to receive dental care from any provider. You and your covered family members have convenient access to the dental care you need through a nationwide network of dentists. Or, you have the option to visit any licensed dentist or dental specialist without a referral.

Delta Dental has negotiated contracts with their in-network PPO participating dentists who have agreed to offer their services to members at reduced contracted fees. This means you will have lower out-of-pocket costs when you receive care from a participating dentist. If you decide to receive care from a non-participating dentist, the benefit percentage is based on the Reasonable and Customary (R&C) dental allowance for your geographic area. You may be billed for any amounts in excess of the R&C limit.

DENTAL PLAN HIGHLIGHTS

DELTA DENTAL PPO PLAN	
In-Network & Out-of-Network	
Deductible	\$50/Team Member Only \$150/Family
Preventive	100%
Basic Services	80% after deductible
Major Services	50% after deductible
Orthodontia Services Children to age 19	50% up to \$1,500 lifetime maximum
Calendar Year Maximum	\$1,500

TO FIND: Plan Summaries for Delta Dental, please see the Lakefield Benefits At-A-Glance (on the ADP Home Page).



VOLUNTARY VISION PLAN

Lakefield provides you the opportunity to purchase Voluntary Vision from Ameritas for vision care for yourself, your spouse and/or your dependent child(ren). The vision plan is designed to provide you and your covered family members with quality eye care from any vision provider. Ameritas offers you the option to choose between VSP and EyeMed for your vision care. VSP and EyeMed have extensive networks of vision care providers nationwide. The vision benefit plans include routine eye exams and an allowance for frames, lenses and contact lenses. Please refer to the summary below which outlines your Voluntary Vision options:

VISION PLANS

	VSP PLAN		EYEMED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visit	\$10 Copay; 12 months	Reimbursed up to \$45	\$10 Copay; 12 months	Reimbursed up to \$35
Eyeglass Lenses				
Single Vision Lens	\$25 Copay; 12 months	Reimbursed up to \$30	\$25 Copay; 12 months	Reimbursed up to \$20
Bifocal Lens	\$25 Copay; 12 months	Reimbursed up to \$50	\$25 Copay; 12 months	Reimbursed up to \$40
Trifocal Lens	\$25 Copay; 12 months	Reimbursed up to \$65	\$25 Copay; 12 months	Reimbursed up to \$55
Medically Necessary Contact Lens (in lieu of glasses)	\$25 Copay; Covered 100%	Reimbursed up to \$210	\$25 Copay; Covered 100%	Reimbursed up to \$200
Elective Contact Lens (in lieu of glasses)	\$130 allowance for contact lens	Reimbursed up to \$105	\$130 allowance for contact lens	Reimbursed up to \$104
Frames	\$130 allowance for a wide selection of frames, OR \$150 allowance for featured frames + 20% off balances over \$130, every other calendar year	Reimbursed up to \$70	\$130 allowance	Reimbursed up to \$65

TO FIND: Plan Summaries for Vision Plan, please see the Lakefield Benefits At-A-Glance (on the ADP Home Page).



FLEXIBLE SPENDING ACCOUNTS

Lakefield offers two types of Flexible Spending Accounts (FSAs) – a Health Care Spending Account and a Dependent Care Spending Account. These accounts reimburse you for certain health care and dependent care expenses before federal, Social Security, Medicare, and (in most areas) state and local income taxes are withheld. Navia Benefits is the administrator of our FSA accounts.

Please ensure you enroll in the right FSA account type. The Health Care FSA is only for health care expenses and the Dependent Care FSA is only for dependent care expenses, like daycare or babysitting, for children under the age of 13 or adult dependents who need daycare. **Once enrolled, you cannot make mid-year changes.**

How Flexible Spending Accounts Work

Each year during the open enrollment period, you must choose to enroll or re-enroll in an FSA and decide how much to set aside during the upcoming calendar year for health care and/or dependent care expenses. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year. These are separate accounts. You may choose to participate in one, both, or neither. Note that you cannot use money from the Health Care Spending Account to cover expenses eligible under the Dependent Care Spending Account, or vice versa.

You may contribute up to \$3,200, or the statutory IRS maximum for 2025, to the Health Care Spending Account and \$5,000 to the Dependent Care Spending Account per year in 2025 (subject to IRS indexing maximums). Health care and dependent care expenses must be incurred between January 1st (or your date of hire, if later) and March 15th of the following year to be eligible for reimbursement. Expenses are considered incurred when the service is provided, not when you are billed or when you pay. You may submit claims at any time throughout the year.

You may carry over up to \$640, or the 2025 IRS maximum, of unused funds remaining in your Health FSA at the end of the Plan Year to be used for Medical Care Expenses incurred during the next Plan Year. There is no rollover for the Dependent Care FSA.

FSA Debit Card

If you elect a Flexible Spending Account for 2025, you will automatically receive a Navia Benefits FSA Mastercard Debit Card (if you were enrolled previously, you will not receive a new card). This will allow you to pay for eligible healthcare expenses at the point of service, simply by swiping your card. No more need to send in receipts and file claims. Some of the features of this card include:

- > For a Health Care FSA, the card will be loaded with your annual contribution amount at the start of the plan year. If you are enrolled in a Dependent Care FSA, only the amount of your contributions to date will be available for you to access.
- > You can purchase both eligible and non-eligible items on the same transaction. Eligible items will be approved for payment by the card and the remaining non-eligible items may be paid using another form of payment.
- > Track your transactions and account balance(s) online.
- > If you elect both FSAs, you will have one single card for both accounts. Navia's system can differentiate between healthcare and dependent care expenses.

Look for more details and information in the material provided with your new Navia Benefits Card.

HEALTH SAVINGS ACCOUNT

You own it: Your HSA will carry over year-to-year, and you can take the money with you if you leave Lakefield.

You are in control: Pay for qualified health care expenses or save the money for a future need – even into retirement.

You receive Lakefield funding: Lakefield contributes up to \$750 yearly. You do not have to contribute to your HSA in order to receive the Lakefield funding; however, you must open an HSA with Optum Bank to receive Lakefield funding. This will be in the form of a \$150 initial deposit during the first month of coverage followed by per pay period contributions of \$30 starting after 3 months of coverage through the end of the plan year. (Note: For coverage effective 11/1/2025, the initial contribution will be \$100. For coverage effective 12/1/2025, the initial contribution will be \$50).

HSAs Offer Triple Tax Savings:

- > Tax-free contributions into your HSA.
- > Tax-free earnings.
- > Tax-free withdrawals on qualified health care expenses.

The HSA includes a convenient debit card to pay for eligible expenses. Online bill-pay, checks, and wire transfers are also available. In order to use your HSA to pay a medical bill, you must have sufficient funds in the account to cover the expense. If you don't have enough funds to cover the cost, you may be able to reimburse yourself using pre-tax dollars after the fact. See details on the Optum Bank website.

To deposit money into an HSA, you must be enrolled in an HSA-eligible health plan and not covered under another health plan. Please talk to a tax, benefits, or financial advisor if you have questions.

How The HSA Works With Your HSA Medical Plan

LAKEFIELD CONTRIBUTES:	Funds to your HSA to help you pay for eligible expenses Up to \$750 annually	
BEFORE MEETING DEDUCTIBLE:	You pay 100% \$1,650 team member only; \$3,300 family	
AFTER MEETING DEDUCTIBLE:	You pay 20% (10% for Tier 1 provider)	Plan pays 80% (90% for Tier 1 provider)
AFTER MEETING OUT-OF-POCKET MAX	Plan pays 100% after \$6,000 team member only; \$12,000 Family	

Preventive care is covered 100% when you use an in-network doctor.

Eligibility

You are NOT eligible to set up or contribute to an HSA if you are claimed as a dependent on someone else's tax return or if you are eligible to receive benefits from any plan that is not a qualified Consumer Driven Health Plan (CDHP) including:

- > A non-qualified (non-CDHP) health plan
- > A non-limited purpose FSA
- > Medicare or Medicaid
- > Indian Health Services
- > A military or veteran's healthcare program (e.g. TRICARE)



VIRTUAL VISITS

See a doctor whenever, wherever

GET ACCESS TO CARE 24/7 WITH VIRTUAL VISITS.

A Virtual Visit lets you see a doctor from your mobile device or computer without an appointment. Choose from an AmWell or Doctor on Demand network provider and pay \$50 or less for the visit.

To learn more and start a visit, go to uhc.com/virtualvisits. You can also go directly to amwell.com or doctorondemand.com — or the AmWell or Doctor On Demand mobile apps.

Virtual Visits are covered under your health plan benefits either way you decide to access care.

Tips for registering:

1. Locate your member ID number on your health plan ID card.
2. Have your credit card ready to cover any costs not covered by your health plan.
3. Choose a pharmacy that's open in case you're given a prescription.

BEHAVIORAL HEALTH VIRTUAL VISITS

Behavioral health virtual visits provide quick and easy access to behavioral health professionals from your mobile device, tablet or computer.

The value of behavioral health virtual visits:

- > You can connect with a provider from the comfort of home.
- > Convenient appointment times accommodate busy schedules.
- > They're part of your behavioral health benefit through UnitedHealthcare. Costs and coverage may vary — please check your benefits for details.

Use a virtual visit for needs such as:

- | | | |
|--------------|-------------|---------------------------|
| > Depression | > ADD/ADHD | > Mental Health Disorders |
| > Anxiety | > Addiction | and Counseling |

To schedule a behavioral health virtual visit:

1. Visit myuhc.com and sign in or register for an account.
2. Refine search as needed, and choose a provider with the "telemental health provider" designation.
3. Call the provider to set up a time.



LIFE AND AD&D BENEFITS

Life and Accidental Death and Dismemberment (AD&D) insurance provides you and your family with financial protection should you die or become permanently disabled. Voya is our Life and AD&D insurance carrier.

Basic Life and AD&D Insurance

Lakefield provides **company paid** Basic Life and AD&D Insurance coverage for all benefit eligible team members. All benefit eligible team members receive **company paid** life insurance in the amount of \$20,000. The company paid basic life and AD&D insurance is outlined below:

**Directors and above, please contact a member of Benefits Team for more specific plan information*

All benefit-eligible team members receive \$20,000 of Basic Life and AD&D coverage.

Voluntary Life and AD&D Insurance

In addition to your Basic Life Insurance provided by the company, you have the opportunity to purchase Voluntary Life Insurance for yourself, your spouse and/or your dependent child(ren). Please refer to the summary below which outlines your Voluntary Life Insurance options:

	OPTIONS	COST
Voluntary Team Member Life and AD&D	Increments of \$10,000; not to exceed 5x your annual earnings. The maximum amount of coverage you can elect is \$300,000. If you are a new hire and you elect over \$100,000 you will need to complete an Evidence of Insurability (EOI). If you elect voluntary coverage after your initial 31-day eligibility period (as a late entrant) you will need to complete an EOI. *Refer to "When Evidence of Insurability is Required" section of this booklet	You pay the entire cost
Voluntary Spouse Life and AD&D	Increments of \$5,000 up to \$30,000. No evidence of insurability is required unless enrolling outside initial enrollment period. *Refer to "When Evidence of Insurability is Required" section of this booklet	
Voluntary Dependent Child Life Live birth to age 26, limited to \$250 of coverage	Increments of \$2,500 to \$10,000	

**Please refer to the Voya Voluntary Life and Disability Highlight Booklet for more detailed benefit information about these Basic and Voluntary Life and AD&D plans. You must complete the Voya Voluntary Application if you wish to enroll in the Voluntary Life and AD&D insurance program.*

TO FIND: Both documents, please see the Lakefield Benefits At-A-Glance (on the ADP Home Page).

Designate Your Life Insurance Beneficiary

You must designate your beneficiary(ies) by entering them into ADP. Go to Myself > Personal Information > Dependents and Beneficiaries. Be sure that Lakefield has your most up-to-date beneficiary information. If there are no beneficiaries on file, benefits will be paid in accordance with the successive beneficiary provisions obtained in the group life insurance policy. You may change your beneficiary any time throughout the year.

LIFE AND AD&D BENEFITS

When Evidence of Insurability (EOI) is Required

If you elect a level of life insurance coverage that requires Evidence of Insurability (EOI), or evidence of good health, you must complete a Voya Application found in the Lakefield Benefits At-A-Glance (on the ADP Home Page). You must complete the form and return it by the deadline date indicated.

Submitting a completed Evidence of Insurability Form does not guarantee coverage. If you are a new hire and select an amount in excess of the guaranteed issue amount, you will initially receive coverage up to the Guaranteed Issue amount. The amount in excess of the guaranteed issue will be subject to approval of your EOI form by Voya. Your requested coverage level goes into effect on the date it is approved by Voya.

Evidence of Insurability for You

You must provide evidence of insurability if one of the following situations apply:

- > If you are a new hire and your Voluntary Life Insurance exceeds \$100,000.
- > You previously provided evidence of insurability and were not approved for additional life insurance coverage.
- > You elect Voluntary Life Insurance after your initial 31-day eligibility period (late entrant).

Evidence of Insurability for your Spouse

Your spouse must provide evidence of insurability if one of the following situations apply:

- > You elect Spouse Life Insurance after your initial 31-day eligibility period (late entrant).

Long-term care

WHAT IS LONG-TERM CARE (LTC)?

This benefit will help pay for services to care for you when you can no longer perform everyday activities on your own. These activities can range from help at home with meal preparation and housekeeping to personal care services like bathing, dressing, eating and moving around. Care is typically received at home, in a nursing home or in an assisted living facility which is a home-like setting that offers safety and security.

CHUBB LIFE + LONG TERM CARE BENEFIT

Lakefield Vet offers a hybrid Life + Long Term Care plan for our TMs. It's one policy with two benefits – it offers life insurance coverage for your family and LTC benefits if you need them. Please note this is a permanent life policy and is not intended to replace our Voya Life insurance policy. This plan provides life coverage after you retire, as well as helps protect you if you need long term care services.

Electing a plan is simple:

- > Choose a life insurance benefit \$25,000 - 150,000
- > You can access 4% of the selected life benefit per month if you need LTC
- > The LTC benefit will keep paying up to 3x the life benefit

Example: If your life insurance benefit is \$100,000, your monthly LTC benefit would be \$4,000 and your total long term care benefit \$300,000.

Spouses can enroll if the employee enrolls and a Child Term Rider is also available up to \$25,000 (Life only). These plans are fully portable if you leave the company.

401(K) PLAN

After six months worked, team members who are at least 18 years of age, regardless of hours worked each week, are eligible to participate in the Lakefield 401(k) Plan with a discretionary employer match of \$1 for \$1 for first 1% and then \$0.50 on the \$1 for the next 5%. If team members contribute the full 6% then there is a 3.5% match., subject to IRS established limits. Eligible team members will receive their 401(K) information packets a month before they are eligible. The packets are mailed to the personal address listed in ADP.

Vesting: There is a 2 year vesting period prior to team members getting access to the Lakefield match.

Eligible team members will be automatically enrolled to contribute 3% of their compensation each pay period. If you do not complete the Plan enrollment guide by either electing to defer a portion of your compensation or affirmatively electing not to participate in the Plan, you will automatically be enrolled in the Plan.

**Please contact The Standard for additional information (contact information on page 17).*



VOLUNTARY BENEFITS

Accident Insurance

A FINANCIAL CUSHION WHEN ACCIDENTS HAPPEN

Accident insurance pays cash benefits for the treatments and injuries associated with an accidental injury such as fractures, dislocations, burns, emergency room, or urgent care visit, and physical therapy. If you or a covered family member suffers an accident, the plan will pay a lump sum benefit based on a predetermined schedule of benefits.

Critical Illness Insurance

FILL FINANCIAL GAPS DUE TO SERIOUS ILLNESS

Critical Illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum benefit is paid directly to you.

Hospital Indemnity Insurance

HELP COVER OUT-OF-POCKET COSTS

A hospital stay can be costly, even if you have medical coverage. Hospital Indemnity insurance can help cover your medical deductible or coinsurance if you are hospitalized by paying a lump-sum benefit directly to you.

EMPLOYEE (TM) ASSISTANCE PROGRAM

Life can be a juggling act. It takes time and energy to balance your work, family and personal challenges. To help you manage life's daily challenges, Lakefield Veterinary Group is pleased to announce the SupportLinc team member assistance program (EAP), administered by Curalinc Healthcare. SupportLinc offers confidential and professional support, including the following resources, at no cost to you or your family:

Free Legal Services

The SupportLinc program provides free telephonic or (30-minute) face-to-face consultation with a local attorney.

Text Therapy

Exchange text messages, voicenotes and resources with a licensed counselor through the Textcoach™ mobile and desktop app.

Mobile

The eConnect® mobile app, which can be downloaded using the QR code below, allows you to talk to or request a callback from a SupportLinc counselor.

Free Financial Services

SupportLinc provides expert financial planning and consultation through our network of licensed financial counselors.

Short-Term Counseling

Through SupportLinc, all employees and benefit-eligible family members may receive up to three (3) in-person counseling sessions with a licensed clinician to address issues such as depression, stress, relationship problems, grief, substance abuse, anxiety or other emotional health concerns.

Web Portal

The SupportLinc web portal provides access to thousands of articles, tip sheets and videos covering a wide array of health, wellbeing and work-life balance topics. The site also contains child and elder care search engines, reference libraries, legal and financial resources, self-improvement programs and educational modules.

Expert Referrals

SupportLinc's knowledgeable specialists provide referrals to resources that help address a wide range of issues such as child or elder care, adoption, pet care, home repair, education and housing needs.

All requests for information or assistance through the SupportLinc program are free of charge and completely confidential. You can contact SupportLinc anytime, around-the-clock, 365 days a year. To get started, call, chat or log in using the information below.

Employee Assistance Program – 24/7 support

888.881.LINC (5462)

supportlinc.com | Username: lakefield

The LifeBalance Program

ALL EMPLOYEES AND THEIR FAMILY MEMBERS HAVE ACCESS TO OVER 2,500 DISCOUNTS INCLUDING:

- › Thousands of well-being related purchases, including gym memberships, yoga classes, personal training sessions, and athletic apparel
- › Popular recreational purchases, including theme park admission, lift tickets, movie tickets, and sporting event tickets
- › Cultural activities such as museum admission, performing arts tickets, musical performances, and arts classes
- › Travel purchases, including hotel stays, car rentals, cruises, and select airline tickets
- › Over 1,000 online options to support well-being at home

To get started, visit lakefield.lifebalanceprogram.com and create an account!





CONTACT INFORMATION

BENEFIT	PROVIDER	PHONE NUMBER	WEBSITE/EMAIL
Lakefield	Payroll Benefits	253-216-1339 253-216-1336	payroll@lakefieldvet.com benefits@lakefieldvet.com
Benefit Advocate	Alliant Employee Benefits	800-489-1390	benefitsupport@alliant.com
Medical & Prescriptions	United Healthcare Network: Choice Plus LVG Group Number: 730003 LPG Group Number: 919719 Surest Surest Member Services LVG Group Number: 78800418 LPG Group Number: 78800467	HSA: 866-734-7670 Surest: 866-683-6440	myuhc.com surest.com
Lakefield Veterinary Group Lakefield Professional Group			
Vision	Ameritas Network: VSP or EyeMed Group Number: 30071379	VSP: 800-877-7195 EyeMed: 866-289-0614	VSP: vsp.com EyeMed: eyemed.com
Dental	Delta Dental of Washington Network: Delta Dental PPO or Delta Dental Premier Group Number: 09491	800-554-1907	deltadentalwa.com
Life & Disability	Voya Policy Number: TBA	800-955-7736	voya.com
Life & Long Term Care	Chubb Insurance	888-504-2313	chubb.com
Employee Assistance Program	Curalinc	888-881-LINC (5462)	supportlinc.com Username: lakefield
Flexible Spending	Navia Benefits	425-452-3490 Toll-Free: 1-877-920-9675	naviabenefits.com
COBRA	Navia Benefits	425-452-3500 Toll-Free: 1-800-669-3539	naviabenefits.com
401(k)	The Standard	800-858-5420	standard.com
HSA	Optum Bank	800-791-9361	optumbank.com

2025 ANNUAL NOTICES

Plan Documents

Summary of Benefits and Coverage and Uniform Glossary: A short, easy-to-understand summary of each plan's benefits and coverage, and a glossary of standard terms, is provided for each benefit plan in the Healthcare Library on the ADP Home Page.

Summary Plan Description: Summary Plan Description (also known as plan Booklet or Plan Document) that describes the important benefit features, rights, and obligations of your plan is provided for each benefit plan in the Healthcare Library on the ADP Home Page.

Medicare Part D Notice

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lakefield Veterinary Group, Inc. has determined that the prescription drug coverage offered by the Lakefield Veterinary Group, Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Lakefield Veterinary Group, Inc. coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Lakefield Veterinary Group, Inc. is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Lakefield Veterinary Group, Inc. prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 Lakefield Veterinary Group, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further. 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 Lakefield Veterinary Group, Inc.] 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](https://www.medicare.gov)
- › Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- › Call 800-MEDICARE (800-633-4227). TTY users should call 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](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2025
Name of Entity/Sender: Lakefield Veterinary Group, Inc.
Contact-Position/Office: Benefits Team
Address: 19717 62nd Ave S., Suite F103, Kent, WA 98032
Phone Number: 206-216-1336

Women's Health and 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.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 206-216-1336.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Lakefield Veterinary Group, Inc. health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Lakefield Veterinary Group, Inc. health plan without waiting for the next open enrollment period if you:

- › Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- › Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- › Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Lakefield Veterinary Group, Inc. health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Lakefield Veterinary Group, Inc. describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Lakefield Veterinary Group, Inc..

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-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, 2024. Contact your State 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-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program website: 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+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991
State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP 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

Health Insurance Premium Payment Program All other Medicaid Website: in.gov/medicaid/ | in.gov/fssa/dfr/
Family and Social Services Administration Phone: (800) 403-0864
Member Services Phone: (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

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

KANSAS – Medicaid

Website: kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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: kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

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

Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: mass.gov/mashealth/pa
Phone: 1-800-862-4840 | TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

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: HHSHIPProgram@mt.gov

NEBRASKA – Medicaid

Website: ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: dhcfp.nv.gov
Medicaid 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. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

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: hhs.nd.gov/healthcare

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: healthcare.oregon.gov/Pages/index.aspx

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: 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)

RHODE ISLAND – Medicaid and CHIP

Website: eohhs.ri.gov/

Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte 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: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp/

Email: upp@utah.gov

Phone: 1-888-222-2542 |

Adult Expansion Website: medicaid.utah.gov/expansion/

Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program/

CHIP Website: chip.utah.gov/

VERMONT – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: hca.wa.gov/

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: dhhr.wv.gov/bms/ or mywvhpp.com/

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (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, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
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 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 20250 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

