



ENROLLMENT GUIDE

Get to Know Your Benefits for 2024



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GoMacro, LLC. is proud to offer a comprehensive benefits package to you and your family. Review this guide to learn about your options so you can make the most of your GoMacro benefits. The complete benefits package is summarized in this booklet. If you have any questions, feel free to reach out to Human Resources at hr@gomacro.com.

Eligibility and Enrollment

You are eligible to participate in the GoMacro, LLC benefits if you are a full-time employee working at least 30 hours per week. If you enroll in benefits, you may cover your legal spouse, children up to age 26 and unmarried children of any age who are mentally or physically disabled.

You have 30 days from your hire date to enroll in benefits. Your benefits will begin on the first of the month following 30 days of employment. If elections are not made within 30 days, you will need to wait until the next open enrollment period to make benefit changes unless you have a mid-year qualifying event.

Elections made as a new hire will remain until the next open enrollment, unless you or your family members experience a qualifying life event.

Employees share the costs of some benefits (medical, dental and vision). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Telemedicine
- Dental
- Vision
- Life and AD&D
- Short Term Disability
- Voluntary Long Term Disability
- Employee Assistance Program
- Accident, Critical Illness and Hospital Indemnity Insurance
- Health Savings and Spending Accounts

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It may not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the qualifying event to make benefit changes. Keep in mind, the changes must be directly related to the event.

Where can I find additional information about my benefits?

Medical Summary of Benefits and Coverage (SBC), Benefit Summaries and details on all benefits in this guide may be found on the GoMacro benefit website at www.gomacrobenefits.com.



Benefit Terms to Know

- **Copay**- A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible**- What you pay out of pocket for health care services before the plan begins to pay its portion.
- **Coinsurance**- Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table on the following page, and the medical plan pays the rest.
- **Out-of-Pocket Maximum**- What you have to pay before the plan pays 100% of your covered costs.
- **Network**- The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

One-On-One Benefits Assistance

GoMacro, LLC employees have access to a benefit advocate through Vault Admin Services, the GoMacro Benefit Consulting firm, to assist you and your dependents with benefit questions.

Vault Admin Services is ready to help you get the most from your benefit program by providing support and advocate for you at no cost to you. Get assistance with the following:

Explanation of Benefits (EOB)

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

Prescription Challenges

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

Benefits Questions

Are you unsure if the insurance company will pay for a certain procedure?

Claim Issues

Did you receive a bill from a doctor and don't know why?

Difficult Situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want an appeal?

Connect with the Benefit Advocate Center

8:00am- 5:00pm CST

Toll Free: 866.202.0029

Email: clientservices@allthingsvault.com

Helping Patients and Doctors Get Together



Your primary medical network is Cigna. Your medical network is a group of health care providers that includes doctors, specialists, hospitals, surgical centers and other facilities. These health care providers provide services at a lower rate, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor who is out-of-network, and those costs are always higher. There are no discounts with these out-of-network services, and you will be responsible for paying the difference between the providers full charge and the amount your plan will pay. This is called balance billing.

For more than 125 years, the Cigna Network has been committed to building a trusted network of health care providers so we can connect customers with truly personal care. Cigna has several network options available in most market areas. We suggest using their PPO network for the most comprehensive network options.

Cigna provides a provider lookup tool. Visit the Vault Admin Strategies Portal for more information.
<https://amps-pbg-mesa.javelinaweb.com/>

Q. Is this Cigna insurance?

A. No, we utilize the Cigna network for the contracts with physicians and facilities to allow you to access its broad network.

Q. Will I get an insurance card?

A. Yes. You will receive an ID card with the Cigna logo on it signifying that you have access to the Cigna network.

Cigna Network: Administered by Vault Admin Services

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention goes a long way—especially in healthcare. Routine exams and regular preventive screenings provide a no-cost review of your health, if you use an in-network provider. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

The GoMacro medical plans have set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. GoMacro plans cover 100% of the cost for preventive care services like annual physicals and routine immunizations

	PPO BASE PLAN	PPO BUY-UP PLAN	HDHP WITH HSA
	In-Network		
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible	\$2,000 single/\$4,000 family	\$1,000 single/\$2,000 family	\$3,000 single/\$6,000 family
Annual Out-of-Pocket Maximum	\$4,000 single/\$8,000 family	\$2,000 single/\$4,000 family	\$6,000 single/\$12,000 family
Coinsurance	20%	20%	20%
	Out-of-Network		
Annual Deductible	\$4,000 single/\$8,000 family	\$2,000 single/\$4,000 family	\$6,000 single/\$9,000 family
Annual Out-of-Pocket Maximum	\$8,000 single/\$16,000 family	\$4,000 single/\$8,000 family	\$12,000 single/\$15,000 family
Coinsurance	40%	40%	40%
Doctor's Office			
Preventive Care (screening, Immunizations)	0%	0%	0%
Primary Care Office Visit	\$30 copay per visit	\$30 copay per visit	20% after deductible
Specialist Office Visit	\$80 copay per visit	\$80 copay per visit	20% after deductible
Diagnostic test (x-ray, blood work)	20% after deductible	20% after deductible	20% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	20% after deductible
Hospital Services			
Emergency Room (Copay waived if admitted)	Facility: \$250 copay, then 20% after deductible; Provider: 20% after deductible	Facility: \$250 copay, then 20% after deductible; Provider: 20% after deductible	20% after deductible
Inpatient (per occurrence)	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible
Physical, Occupational and Speech Therapy Services	20% after deductible	20% after deductible	20% after deductible

GoMacro Health Savings Account Contribution

Employees enrolled in the High Deductible Health Plan with Health Savings Account (HDHP with HSA) will receive a HSA contribution of \$1,000 on January 1st in addition to a dollar for dollar match up to an additional \$1,000. The funds in the Health Savings Account may be used to pay for expenses not paid by your health plan i.e. Deductibles.

Employee Contributions for Benefits

WELLNESS RATES		
BENEFIT PLAN	MONTHLY	PER PAY PERIOD
Medical/Rx PPO Base Plan		
Employee	\$125.62	\$28.99
Employee + Spouse	\$460.61	\$106.30
Employee + Child(ren)	\$376.87	\$86.97
Family	\$778.86	\$179.74
Medical/Rx PPO Buy-up Plan		
Employee	\$192.62	\$44.45
Employee + Spouse	\$635.65	\$146.69
Employee + Child(ren)	\$520.08	\$120.02
Family	\$1,044.97	\$241.15
Medical/Rx HDHP with HSA Plan		
Employee	\$97.96	\$22.61
Employee + Spouse	\$369.43	\$85.25
Employee + Child(ren)	\$314.85	\$72.66
Family	\$629.01	\$145.16

Employees enrolled in the High Deductible Health Plan with Health Savings Account (HDHP with HSA) will receive an HSA contribution of \$1,000 on January 1st. In addition GoMacro will provide a \$1,000 dollar for dollar match for a maximum \$2,000 employer contribution.

NON-WELLNESS RATES		
BENEFIT PLAN	MONTHLY	PER PAY PERIOD
Medical/Rx PPO Base Plan		
Employee	\$139.65	\$32.23
Employee + Spouse	\$512.08	\$118.17
Employee + Child(ren)	\$418.98	\$96.69
Family	\$865.88	\$199.82
Medical/Rx PPO Buy-up Plan		
Employee	\$214.14	\$49.42
Employee + Spouse	\$706.68	\$163.08
Employee + Child(ren)	\$578.19	\$133.43
Family	\$1,161.72	\$268.09
Medical/Rx HDHP Base Plan		
Employee	\$108.90	\$25.13
Employee + Spouse	\$410.71	\$94.78
Employee + Child(ren)	\$350.03	\$80.78
Family	\$699.29	\$161.37

Your Pharmacy Network: FairoRx



CLARITY REDEFINED

At Last, Pharmacy Benefits That Work For Everyone.

Clients empowered by knowing the clarity of their real costs, not just their spend.

Simple Tools. Powerful Solutions.

FairoRx is committed to delivering flexible specialty and clinical pharmacy programs designed to reduce prescription drug spend while maximizing our member's healthcare experience and meeting the unique needs of our clients and members.

FairoRx makes it easy for members to manage their pharmacy benefits. We know it's important for members to get answers, understand their benefits, save money, and fill their prescriptions quickly. FairoRx is here to help! Contact one of our expert member specialists at [833.464.9600](tel:833.464.9600) or register now to see the difference. It's never been easier and more convenient to manage your pharmacy benefits. Access the FairoRx Member Portal online or on your mobile device. With these powerful tools, you may be able to save money on your prescriptions.

Formulary Lookup

The formulary can be accessed by logging into your FairoRx member portal account and selecting Benefit Documents. Please visit <https://fairosrx.com/members/#/login> to be taken to the member login page.

Features Available to FairoRx Members:

- My Account
- Benefit Documents
- Frequently Asked Questions
- Medication Lookup
- Pharmacy Locator
- Prescriptions
- Member ID Cards
- Financial Information

To download the app:



PLAN TYPE >>>	PPO BASE PLAN	PPO BUY-UP PLAN	HDHP WITH HSA
	In-Network	In-Network	In-Network
Prescription Drugs			
Pharmacy Deductible	N/A	N/A	Combined with Medical
Retail & Mail Order Tier 1 Drugs	1-30 day supply: \$10 copay 90 day supply: \$25 copay	1-30 day supply: \$10 copay 90 day supply: \$25 copay	20% after deductible
Retail & Mail Order Tier 2 Drugs	1-30 day supply: \$35 copay 90 day supply: \$87.50 copay	1-30 day supply: \$35 copay 90 day supply: \$87.50 copay	20% after deductible
Retail & Mail Order Tier 3 Drugs	1-30 day supply: \$70 copay 90 day supply: \$175 copay	1-30 day supply: \$70 copay 90 day supply: \$175 copay	20% after deductible
Specialty Drugs (1-30 day supply)	20% to max \$200 copay	20% to max \$200 copay	20% after deductible

Telemedicine: Clever Health



Easier. Faster. Better. Virtual Care for the Entire Family

partnering with clever health



**Smart
Virtual Care**



**Virtual
Primary Care**



**Mental Health
& Counseling**



**Discounts on
Prescriptions**



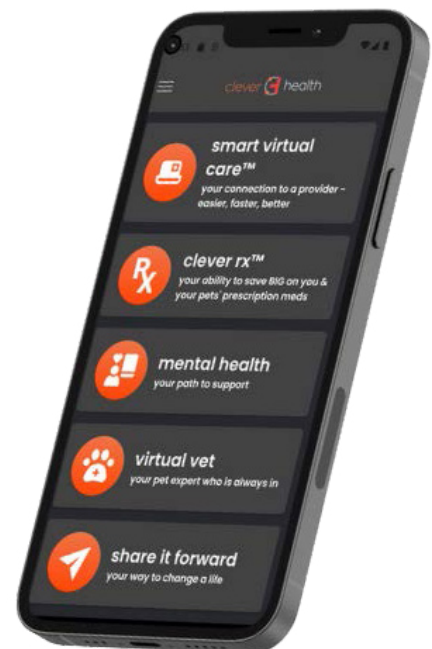
**Virtual
Vet**

Clever Health just makes sense. Easier, faster, better for the patient, and much more affordable. Waiting hours just for a phone call? Archaic, overpriced prescriptions? Suffering with anxiety and depression alone? Never again. Now that's clever!

- Access to board certified licensed medical doctors
- Available 24/7 365 days a year
- Eliminate unnecessary ER and urgent care visits
- Common treatments such as flu, respiratory, uti, allergies, and more!
- Up to 80% savings compared to other telehealth plans
- Free Rx discounts and easy refills
- 97% report feeling better following a call for mental health support



**Consults now included with
your plan! Download the
Clever Health app or scan the
code shown to get registered!**



Disclosure. This is not insurance and is not intended to replace health insurance.. V060923

Flexible Spending Accounts



You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in). Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income. A Limited Purpose FSA works exactly the same as the FSA Medical Plan however, it is limited to reimbursements only for dental and vision expenses and only available to employees enrolled in the HDHP with HSA medical plan.

- Healthcare Spending Limit:** \$3,200 (Available to employees enrolled in the Base and Buy Up plans)
- Limited Purpose Flexible Spending Limit:** \$3,200 (Available to employees enrolled in the HDHP with HSA plan)
- Dependent Care Spending Limit:** \$5,000 (Used to pay for child and elder care expenses)

Health Savings Account



Participants of HDHP with HSA Plan ONLY

An HSA is a personal bank account that GoMacro funds, and YOU own. You can use the account to save money, income-tax free, through a payroll deduction to pay for qualified medical expenses. HSA funds roll-over from year-to-year and the account is portable should you change health plans, retire or change employment.

- Eligibility:** To be eligible you must enroll in GoMacro HDHP with HSA Medical Plan.
- Cannot be covered by any other health plan (such as a spouse's plan) that is not a qualified HDHP plan.
- Cannot be enrolled in Medicare, TRICARE or TRICARE for Life
- Cannot be claimed as a dependent on someone else's tax return
- Cannot have received VA or Indian Health benefits within the past three months
- Cannot also be simultaneously covered by a health care flexible spending account (FSA) except in the case of a limited purpose FSA.

GoMacro Health Savings Account Contribution

Employees enrolled in the High Deductible Health Plan with Health Savings Account (HDHP with HSA) will receive an HSA contribution of \$1,000 on January 1st. In addition GoMacro will provide a \$1,000 dollar for dollar match for a maximum \$2,000 employer contribution. 2024 HSA Annual Maximum Contribution Limits (Employee & Employer combined):

- Individual:** \$4,150
- Family:** \$8,350
- Age 55+:** Additional \$1,000 Catch Up Contribution

Dependents and HSA: Children age 24 if full time student (or 19 if not full time student) cannot use a parent's HSA for eligible expenses despite health reform allowing children to remain on medical up to age 26.

If enrolling in the HDHP with HSA medical plan for the first time, you are automatically enrolled in the Health Savings Account. GoMacro will establish your HSA account with HealthEquity and will deposit \$1,000 to your HSA account as of the first payroll following your plan effective date. HealthEquity will send you a welcome kit, account activation instructions and a debit card mailed to your home address on file with GoMacro.



HealthEquity
Telephone HSA.: 866.346.5800
Telephone FSA: 877.924.3967
Online Portal: www.healthequity.com



Your GoMacro 2024 Wellness Program

GoMacro has an organizational commitment to the wellness of our team. As part of our commitment, we have a robust wellness program for employees. Employees who engage and participate in the wellness program may earn a reduction to their medical premiums beginning the next benefits year. If you participated last year in 2023, you may have noticed a decrease in 2024.

Listed below are the wellness program requirements. Employees who meet the below requirements by September 30, 2024 will earn a reduction to their medical premiums next year.

Wellness Program - 2024

Required Activities:

1. Complete Online Health Risk Assessment
2. Complete Biometric Screening
3. Complete 1 Wellness Challenge
4. Complete 3 Asset Health online courses with a passing score of 70%
5. Complete 2 SMART Goals

2024 Wellness Challenges:

Good Deeds Challenge

April 1, 2024 - April 28, 2024

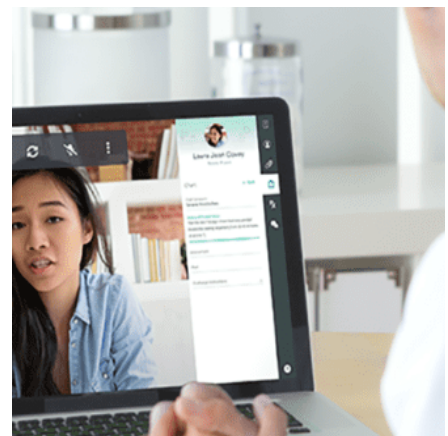
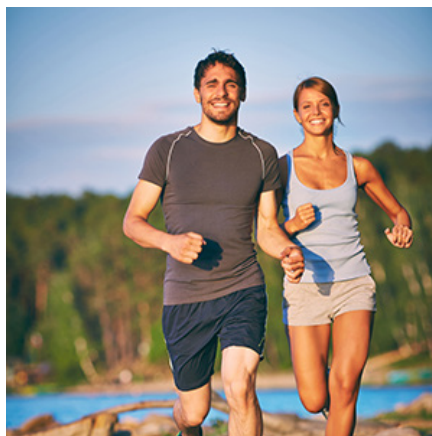
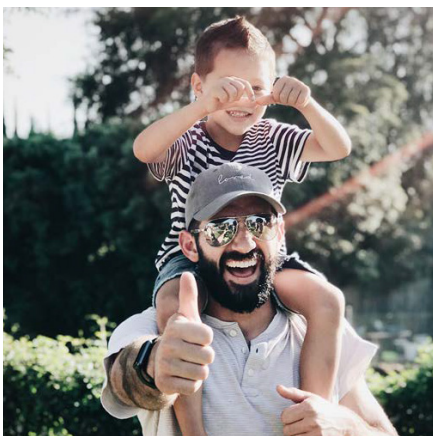
Choose to Lose Challenge

June 3, 2024 - June 30, 2024

Game Board Challenge

August 5, 2024 - September 1, 2024

If you have any questions regarding the GoMacro wellness program, please see Human Resources.



Administered by Delta Dental of Wisconsin, Inc.



Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the GoMacro, LLC dental benefit plans. GoMacro employees have the option to purchase a high or low dental plan. This allows you to determine the level of benefits that fits your needs.

SERVICES	LOW PLAN		HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000	\$1,000	\$2,000	\$2,000
Preventive Dental Services <i>(cleanings, exams, x-rays)</i>	100%	100%	100%	100%
Basic Dental Services <i>(emergency treatment, fillings, non-surgical extractions)</i>	30% *	50% *	20% *	40% *
Major Dental Services <i>(surgical extractions, endodontics, periodontics, crowns, inlays, onlays, bridges, dentures, repairs, implants)</i>	60% *	60% *	20% *	40% *
Orthodontia Services <i>(covered to age 26)</i>	Not covered	Not covered	50% to \$2,500 lifetime maximum	50% to \$2,500 lifetime maximum

**after deductible*

When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

CheckUp™ Plus allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum – leaving more flexibility for restorative care that might be needed later.

Locating an In-Network Dentist

Please visit the GoMacro benefits website for the member website link.

Premiums (Employee Contributions)

BENEFIT PLAN	MONTHLY	PER PAY PERIOD
Dental Low Plan Rates		
Employee	\$30.45	\$7.03
Employee + Spouse	\$60.90	\$14.05
Employee + Child(ren)	\$56.22	\$12.97
Family	\$93.73	\$21.63
Dental High Plan Rates		
Employee	\$50.05	\$11.55
Employee + Spouse	\$100.30	\$23.15
Employee + Child(ren)	\$102.57	\$23.67
Family	\$168.09	\$38.79

Administered by Delta Vision of Wisconsin, Inc.



Regular eye examinations can help determine your need for corrective eyewear but may also detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. GoMacro employees have access to a voluntary vision plan through Delta Vision which uses the EyeMed Insight network of providers.

Service	IN-NETWORK <i>(Any Delta Vision/EyeMed Insight Provider)</i>	OUT-OF-NETWORK <i>(Any qualified non-network provider of your choice)</i>
Eye Exam - Once every 12 months	\$20 copay	Reimbursement up to \$35
Lenses - Once every 12 months		
Single Vision Lenses	\$20 copay	Reimbursement up to \$25
Lined Bifocal Lenses	\$20 copay	Reimbursement up to \$40
Lined Trifocal Lenses	\$20 copay	Reimbursement up to \$55
Frames - once every 12 months	\$150 allowance then 20% off	Reimbursement up to \$75
Contact Lenses - Once Every 12 Months if you elect contacts instead of lenses/frames		
Elective	Conventional: \$150 allowance then 15% off; Disposable: \$150 allowance	Reimbursement up to \$120
Medically Necessary	Covered in full	Reimbursement up to \$200

Locating an In-Network Vision Provider:

Please visit the GoMacro benefit website for the member website link or call 844.764.5301.

Reminder:

No need for an ID card. To take advantage of your Delta Vision benefit, simply contact a Delta Vision —EyeMed Insight provider and let them know you have Delta Vision coverage—they handle the paperwork for you.

Premiums (Employee Contributions)

BENEFIT PLAN	MONTHLY	PER PAY PERIOD
Vision Rates		
Employee	\$5.13	\$1.18
Employee + Spouse	\$10.26	\$2.37
Employee + Child(ren)	\$10.47	\$2.42
Family	\$15.60	\$3.60



Policy 956656



Basic Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by GoMacro. GoMacro provides eligible employees a basic life insurance policy of 1x Annual Earnings to max \$500,000 at no cost to you. For Basic Life Insurance, any employer paid life insurance premiums above \$50,000 of benefit will be taxable to the employee.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. GoMacro provides eligible employees AD&D coverage of 1x Annual Earnings to max \$500,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by GoMacro.

Voluntary Life

GoMacro employees may purchase a voluntary life and accidental death and dismemberment (AD&D) policy for themselves or their dependents. If you elect to purchase additional coverage for your dependents, you must purchase a policy for yourself. As a new employee, you are guaranteed to be issued coverage (up to \$50,000 or five times your annual earnings, and up to \$25,000 not to exceed 100% EE's amount for your spouse) without answering Evidence of Insurability (EOI) medical questions. The waiver over the medical questionnaire only applies when you are first eligible.

- **Employee:** Up to five times your annual earnings in increments of \$10,000; \$500,000 maximum amount. Guarantee issue of \$50,000.
- **Spouse:** Up to \$100,000 in increments of \$5,000 (not to exceed 100% of EE's amount). Guarantee issue of \$25,000.
- **Children:** Birth to 14 days: \$0; 14 days to 6 Months; \$500; Unmarried 14 days to 19 or 23 if full time student: Increments of \$1,000 to max \$10,000
- **Special feature:** If you enroll for the for voluntary life at initial eligibility, you may enroll for additional coverage up to \$10,000 without the need to complete an EOI as long as the total amount does not exceed the Guarantee Issue.

Plan features include:

- Living Care / Accelerated Death Benefit—75% the amount of the life benefit, not to exceed \$500,000.
- Waiver of Premium—If determined you are totally disabled, your life insurance benefit will continue without payment of premium
- Portability and Conversion included.
- Age reduction: Benefits reduce to 50% at age 70. Spouse coverage terminates when attain age 70.

Disability Insurance

GoMacro, LLC pays for eligible employees to receive disability insurance through SunLife. This benefit is often referred to as paycheck insurance as it replaces a portion of your income if you are unable to work as a result of a non-job illness or injury. GoMacro provides Short Term Disability as a company-provided benefit. Long Term Disability is available for purchase.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT?
Short-Term Disability	<ul style="list-style-type: none"> • You receive 60% of your income up to \$1,000 per week. • Benefits begin on the 8th calendar day for illness and injury. • Benefits continue for up to 12 weeks. 	GoMacro
Voluntary Long-Term Disability	<ul style="list-style-type: none"> • You receive 60% of your income up to \$6,000 per month. • Benefits begin after 90 calendar days of absence from work • Benefits continue until you reach Social Security Normal Retirement Age. 	Employee

Long Term Disability Income Insurance:

Employee's Age (as of January 1st of each year)	Per \$1,000 of monthly covered payroll
Under 25	\$0.208
25-29	\$0.259
30-34	\$0.410
35-39	\$0.511
40-44	\$0.921
45-49	\$1.193
50-54	\$0.853
55-59	\$1.541
60-64	\$2.095
65-69	\$1.829
70 and Over	\$0.422

Employee Voluntary Life Insurance and AD&D Policy 956656

Child Voluntary Life Insurance: Monthly rate of \$0.030 for each \$1,000 of insurance.

Employee Voluntary AD&D Insurance: Monthly rate of \$0.038 for each \$1,000 of insurance.

Spouse Voluntary AD&D Insurance: Monthly rate of \$0.026 for each \$1,000 of insurance.

Child Voluntary AD&D Insurance: Monthly rate of \$0.039 for each \$1,000 of insurance.

Employee Voluntary Life Insurance:

Employee's Age (as of January 1st of each year)	Per \$1,000 of monthly covered payroll
Under 20	\$0.100
20-24	\$0.100
25-29	\$0.100
30-34	\$0.100
35-39	\$0.117
40-44	\$0.165
45-49	\$0.247
50-54	\$0.377
55-59	\$0.585
60-64	\$0.871
65-69	\$1.577
70-74	\$1.577
75-79	\$1.577
80-84	\$1.577
85 and Over	\$1.577

Spouse Voluntary Life Insurance:

Employee's Age (as of January 1st of each year)	Per \$1,000 of monthly covered payroll
Under 20	\$0.100
20-24	\$0.100
25-29	\$0.100
30-34	\$0.100
35-39	\$0.117
40-44	\$0.165
45-49	\$0.247
50-54	\$0.377
55-59	\$0.585
60-64	\$0.871
65-69	\$1.577
70-74	\$1.577
75-79	\$1.577
80-84	\$1.577
85 and Over	\$1.577

Employee Assistance Program (EAP) Administered by Sun Life



GoMacro employees and dependents have access to an Employee Assistance Program (EAP) through SunLife. The cost for the EAP services is covered 100% by GoMacro. All services are strictly confidential and no identifying information is provided to your employer. SunLife is HIPAA compliant.

SunLife provides short-term counseling and mental health support services for employees, dependents and those in the immediate household.

There is no copay to use the service and the EAP is not tied to your insurance plans.

SunLife has their own team of licensed counselors as well as a network of proprietary counselors through the nation to assist you wherever you are located.

SunLife is available 24 hours, 7 days a week
877.595.5284
www.guidanceresources.com

Crisis Support Line: If you or a family member is experiencing a mental health crisis, you can call SunLife at 877.595.5284 24/7/365 for real-time support. There is always a master's level counselor available to assist. For medical emergencies or imminent danger, please call 911.

Contact EAP Complete Anytime

Call: 877.595.5284

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNow(SM)

Web ID: EAPComplete



Administered by Sun Life



GoMacro employees and dependents have access to purchase Accident Insurance administered by SunLife. Accident insurance provide coverage where other insurance leaves off and provides cash to help cover the expenses.

How It Works

SunLife Accident coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation, fracture, ambulance services, physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed issue coverage, subject to exclusions and limitations
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage is also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

Benefits subject to maximums, please refer to the plan summary posted on the Go Macro benefit website.

Wellness Benefit: Included and provides a \$50 payment per insured per benefit year for receiving a preventive care exam.

Accident Insurance Premiums

Policy 956656

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Premiums (Weekly)	\$3.99	\$7.19	\$8.46	\$11.65

For additional information on benefit coverage: www.gomacrobenefits.com/accident-insurance



Administered by Sun Life



Helps Protect Your Finances from an Illness.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

Helps Cover Related Expenses.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles, and copays.

Pays a Cash Benefit Directly to You.

Critical illness insurance can be used however you want, and it pays in addition to any other coverage you may already have. What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year, per covered person.

BENEFITS (You can purchase this coverage at a group rate.)	
For You	You can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked.
For Your Spouse	If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For Your Child(ren)	If you elect coverage for yourself, you can choose between \$2,500 and \$10,000 of coverage, in increments of \$2,500. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

Covered Conditions: The plan pays 100% of the benefit amount unless stated otherwise.

Core Conditions	Heart Attack End-Stage Kidney Disease Occupational HIV/Hepatitis B, C, or D	Stroke Coronary Artery Bypass Graft (pays 25%) Major Organ Failure
Cancer Conditions	Invasive Cancer Noninvasive Cancer (pays 25%) Skin Cancer (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions (Applies to dependent children only)	Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness Screening Benefit	Payable to any covered person on your plan one-time each year, once you provide proof of an eligible health screening	Employee \$50 Spouse \$50 Child \$50

Wellness Benefit is included and provides a \$50 payment per insured per benefit year for receiving a preventive care exam.

Critical Illness Premiums Policy 956656

Employee Critical Illness

Employee's Age (as of January 1st of each year)	Monthly Rate Per \$1,000 of coverage
Under 25	\$0.520
25-29	\$0.560
30-34	\$0.660
35-39	\$0.890
40-44	\$1.220
45-49	\$1.650
50-54	\$2.380
55-59	\$3.140
60-64	\$3.720
65-69	\$4.830
70-74	\$6.420
75 and Over	\$8.840

Spouse Critical Illness

Employee's Age (as of January 1st of each year)	Monthly Rate Per \$1,000 of coverage
Under 25	\$0.520
25-29	\$0.560
30-34	\$0.660
35-39	\$0.890
40-44	\$1.220
45-49	\$1.650
50-54	\$2.380
55-59	\$3.140
60-64	\$3.720
65-69	\$4.830
70-74	\$6.420
75 and Over	\$8.840

Child Critical Illness

Monthly rate of \$0.120 Per \$1000 of coverage.

Administered by Sun Life



Helps Protect Your Finances.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

Helps Cover Related Expenses.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

Pays a Cash Benefit Directly to You.

Hospital indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

BENEFITS	
Benefits are Payable for Hospital Stays Due to:	<ul style="list-style-type: none"> Sickness Accidents* Routine Pregnancy Pregnancy Complications Newborn Complications Mental/Nervous Disorders Substance Abuse
Additional Reasons to Sign Up:	<ul style="list-style-type: none"> No medical questions to answer- guaranteed issue coverage Benefits add up- many of your benefits can all be payable on the same day

Benefit Schedule

FIRST DAY BENEFITS	HIGH
<i>Payable per benefit year</i>	
First day hospital confinement - <ul style="list-style-type: none"> <i>This benefit pays the first day you stay in a regular hospital bed</i> 	\$1,000 per day 1 day
CONFINEMENT BENEFITS	HIGH
<i>Payable per benefit year</i>	
Hospital Confinement - <ul style="list-style-type: none"> <i>This benefit pays for a hospital stay in a standard room</i> <i>Payable with first day hospital confinement benefit</i> 	\$150 per day Up to 30 days
Intensive Care Unit (ICU) Confinement - <ul style="list-style-type: none"> <i>This benefit pays for a hospital ICU stay</i> <i>Payable with first day hospital confinement benefit</i> <i>Payable with hospital confinement benefit</i> 	\$150 per day Up to 15 days

Wellness Benefit is included and provides a \$50 payment per insured, per benefit year for receiving a preventative care exam.

Hospital Indemnity Premiums

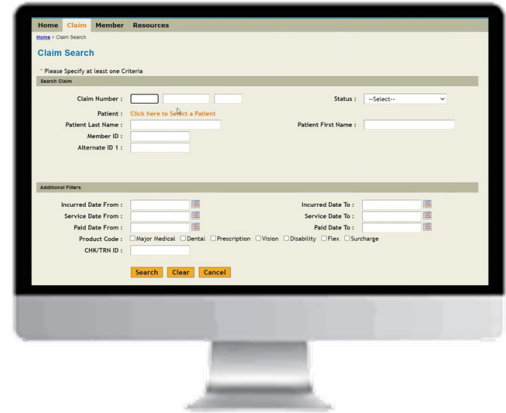
Policy 956656

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Weekly Premiums	\$4.98	\$10.06	\$8.09	\$13.17

Vault Web Portal

The Vault Strategies Web Portal allows you to login and access your eligibility record, claims, benefit documents and other important information regarding your health care. If you have any questions regarding portal registration, login issues, system lock-out, or demographic changes, please feel free to reach out to us at claims@allthingsvault.com.

To sign up for the portal, visit:
<https://amps-pbg-mesa.javelinaweb.com/>



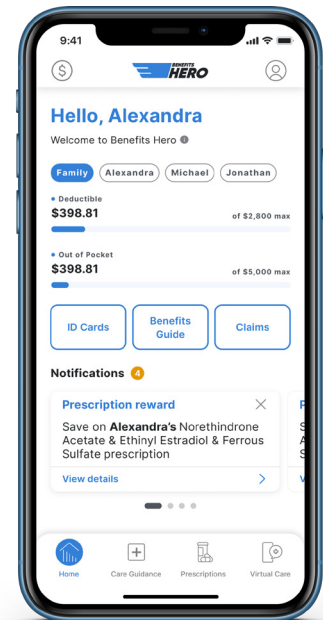
Vault Mobile App

Exclusively for Members with a Vault Health Plan

Vault has partnered with Benefits Hero to bring Vault members an exclusive app with easy access to:

- Client Support
- Care Solutions and Price Transparency
- Order Prescriptions
- View Plan Information
- Push Notifications and Reminders
- Member Rewards

Download from your favorite app store!



CONTACT INFORMATION



If you have specific questions about a benefit plan, please always contact Vault Admin Services first, or your local human resources department at hr@gomacro.com. Please visit the GoMacro benefit website at www.gomacrobenefits.com.

CONTACT INFORMATION			
BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
GoMacro HR Department	GoMacro	608.627.2310	hr@gomacro.com
Your Benefit Advocate Center (TPA)	Vault Admin Services	866.202.0029	www.gomacrobenefits.com clientservices@allthingsvault.com
Medical	Cigna	866.202.0029	https://amps-pbg-mesa.javelinaweb.com/clientservices@allthingsvault.com
Pharmacy	FairosRx	833.464.9600	www.fairosrx.com
Telemedicine	Clever Health	In-App Chat	www.cleverhealth.ai
HSA & FSA Administration	HealthEquity	866.346.5800 877.924.3967	www.healthequity.com
Dental	Delta Dental of Wisconsin	844.764.5301	www.deltadentalwi.com
Vision	Delta Vision of Wisconsin	844.764.5301	www.deltadentalwi.com/vision
Life and AD&D	SunLife	800.247.6875	www.sunlife.com
Voluntary Life and AD&D	SunLife	800.247.6875	www.sunlife.com
Short Term Disability	SunLife	800.247.6875	www.sunlife.com
Long Term Disability	SunLife	800.247.6875	www.sunlife.com
Employee Assistance Program	Guidance Resources	877.595.5284	www.guidanceresources.com
Accident Insurance	SunLife	800.247.6875	www.sunlife.com
Critical Illness Insurance	SunLife	800.247.6875	www.sunlife.com
Hospital Insurance	SunLife	800.247.6875	www.sunlife.com

Notes:

Patient Protections Disclosure

The GoMacro, LLC. Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at the number on the back of your ID card or visit www.cigna.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Cigna 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 the Cigna at the number on the back of your ID card or www.cigna.com.

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: PPO Base Plan (Individual: 20% coinsurance and \$2,000 deductible; Family: 20% coinsurance and \$4,000 deductible)

Plan 2: PPO Buy-up Plan (Individual: 20% coinsurance and \$1,000 deductible; Family: 20% coinsurance and \$2,000 deductible)

Plan 3: PPO Buy-up Plan (Individual: 20% coinsurance and \$3,000 deductible; Family: 20% coinsurance and \$6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 608.627.2310 or landon@gomacro.com.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & ChildHealth Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739v</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website:http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">NEW JERSEY-Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK-Medicaid</p> <p>Website: www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>

NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

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.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

GoMacro, LLC is committed to the privacy of your health information. The administrators of the GoMacro, LLC Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Landon Johns - Vice President of Human Resources at 608.627.2310 or landon@gomacro.com.

HIPAA Special Enrollment Rights

GoMacro, LLC Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the GoMacro, LLC Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan- your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Landon Johns- Vice President of Human Resources at 608.627.2310 or landon@gomacro.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

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

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

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

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What 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 GoMacro, LLC coverage will not be affected.

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with GoMacro, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

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

For More Information About Your Options Under Medicare Prescription Drug Coverage:

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Reminder:

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:	January 01, 2024
Name of Entity/Sender:	GoMacro, LLC
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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department