KEITH ZARS POOLS

2026 -2027 Employee Benefit Guide

WELCOME

Keith Zars Pools is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose benefits that are right for you and your family – to keep you physically and financially healthy now and in the feature. This guide is an overview of the benefits available for the plan year, August 1, 2026 – July 31, 2027. Take time to review these benefit options and select the plans that best meet your needs.

This guide is intended to provide a summary of the main features of your benefits package. It is much shorter and less technical than the legal documents and contracts that govern your benefits. We have made every effort to ensure the information in this summary is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance certificates will govern.

The more you understand the various elements of your benefits, the better prepared you will be to take full advantage of the benefits we provide for you and your family. This benefits guide is a resource that will answer questions most Employees have. We have also provided phone numbers of benefit plan vendors and other contacts so you can manage your personal issues more efficiently. Finally, if you have additional questions concerning your benefits or need assistance, please do not hesitate to contact your Human Resources Department or Marsh McLennan Insurance Agency.

CONTENTS

ENROLLMENT THROUGH SMBO (SEE MY BENEFITS ONLINE)

YOU MUST LOG INTO SMBO OR CALL SMBO DIRECTLY

TO MAKE YOUR ELECTIONS.

ENROLLING IN BENEFITS USING SMBO

All benefit materials are located at **www.kzpbenefits.com** so please review this material for plan details and costs.

When you are ready, contact the SMBO Benefits Call Center. If possible, please be in front of a computer so you can view your enrollment live via a screen-share.

Thanks again for being part of the Keith Zars Pools family.

For information on how to enroll in benefits, please call **888-650-3003 Monday – Friday 7:00 a.m. – 5:00 p.m. CST.** SMBO's Benefit Counselors can enroll you directly over the phone

PHONE ENROLLMENT: 888-650-3003

Enrolling is as easy as 1-2-3.

1. Review the benefits material
2. When ready to enroll, phone the Call Center
3. Our live enroller will enroll you directly over the phone.

OR scan the QR code for the Benefit Website.

Benefit Website

2026 BENEFIT PROGRAM HIGHLIGHTS

Administered by Imagine360:

- Medical: 3 plan options to select from
  - Choice
  - Base
  - HDHP with an HSA option

Administered by Guardian:

- Dental: 2 plan options to select from
  - DHMO
  - DPPO: Value and NAP
- Vision: full featured vision benefit plan powered by Davis Vision.
- Basic Life and AD&D: Basic Life is 100% employer paid - $15,000 benefit amount.
- Voluntary Life and AD&D: If you choose to enroll in Voluntary Life, your Voluntary AD&D is automatic and is equal to the amount of your Voluntary Life.
  - You can also elect coverage for your spouse and/or dependent children.
- Voluntary Short- & Long-Term Disability
  - STD replaces 60% of your weekly income.
  - LTD replaces 60% of your monthly income.
- Worksite: Accident (ACC), Critical Illness (CI) & Hospital Indemnity (HI) - These plans are 100% voluntary and are not medical insurance. These plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. Coverage is available for you and your family.

Health Savings Account: Administered by HSABank. Save money tax-free, which you can use to pay your out-of-pocket healthcare expenses. What you don't use rolls over from year-to-year earning interest along the way.

Employee Discount Marketplace via BenefitHub --Discount marketplace with access to thousands of amazing discounts and Cash Back offers on travel, restaurants, shopping, family care, car rentals, favorite local establishments and much more.

Staying connected: MMA Member Support Center - Marsh McLennan Agency's Benefits Member Support Center is your central point of contact for benefits questions.

Imageine360 & Guardian ID cards issued will be mailed to the address listed in the Employee Navigator system. Please be sure your address is correct. Refer to the benefit materials for a more detailed summary of benefits, limitation, and exclusions.

ELIGIBILITY AND ENROLLMENT

To participate in our Employee Benefits Program, you must meet the following criteria:

- Be a full-time Employee as defined in our Employee handbook and
- Work an average of 30 hours per week.
- Enroll within the first 80 days from your date-of-hire or during annual Open Enrollment

Dependents eligible for coverage include:

- Legal spouse (except for medical coverage).
- Dependent children up to the age of 26, includes stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse.
- Dependent children, regardless of age, provided they are incapable of self-support due to a disability and are fully dependent on you for support as indicated on your tax return.

WHEN BENEFITS BEGIN:

The benefit elections you make are effective:

Annual Open Enrollment	August 1st
New Hire	First Sunday following 80 days of continuous employment.

WHEN BENEFITS END:

Your benefit coverage will end on:

- Your regular work schedule is reduced below the minimum hours required to receive benefits.
- Your current employment ends.
- You stop paying your share of the coverage during an unpaid leave of absence.
- Medical ends on the last date of employment. Voluntary benefits end the last day of the month when your employment ends, or you are no longer eligible.

If you cover your dependent(s), benefit coverage ends at the same time the Employee's benefit ends.

- A child is no longer eligible for benefits at the age of 26. For medical, the coverage ends on their birthdate, For Dental and Vision coverage, the child's coverage will terminate at the end of the month.

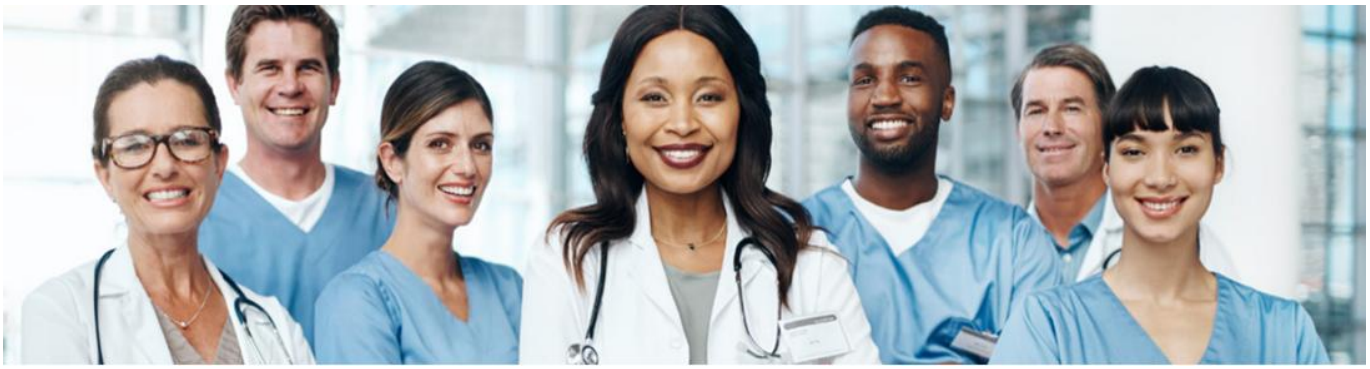
CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event (examples below). When one of the following occurs, you should contact Human Resources within 30 days of the event and be prepared to provide the appropriate documentation to update your coverage.

Examples of qualifying events include:

- Change in your legal marital status.
- Change in the number of your dependents (Example: birth, adoption, or if a child is no longer an eligible dependent).
- Death of spouse or child.
- Change in your spouse's employment status.
- Change in status from full-time to part-time or part-time to full-time.
- Qualified Medical Child Support Order (QMCSO) or legal change of custody.

IRS regulation does not allow changes to benefit elections outside of your new-hire enrollment period or open enrollment UNLESS you experience a qualifying life event.



MEDICAL BENEFITS OVERVIEW

Eligible Employees have a choice of three **Imagine360** medical plans. Each plan covers the same services and includes all the essential benefits and features mandated by law; however, your total annual cost (payroll deductions plus out-of-pocket expenses) will vary by plan. Below is a high-level overview of plan similarities and differences. Additional details about each plan can be found on the next page

	CHOICE	BASE	HDHP
No-Cost Preventive Care	✓	✓	✓
Copay to see a Doctor	✓	✓	X
Copay for Prescriptions	✓	✓	X
Out-of-Network Benefits	✓	✓	✓
No Referrals Needed	✓	✓	✓

2026-2027 WEEKLY DEDUCTIONS

	CHOICE	BASE	HDHP
Employee Only	$89.72	$35.60	$22.92
Employee & Child(ren)	$166.70	$123.91	$91.47

*Spouses are not eligible for medical coverage

CHOICE MEDICAL PLAN HIGHLIGHTS

Below is a high-level overview of plan similarities and differences. Please refer to the Summary of Benefits and Coverage, available in Employee Navigator for a listing of benefits, exclusions, and limitations.

WHAT YOU PAY	IN-NETWORK Imagine360 Providers	OUT-OF-NETWORK Non-Imagine360 Providers
Calendar Year Deductible (Ind / Fam)	$2,250 / $4,500	$2,815 / $5,630
Coinsurance (Carrier Pays / You Pay)	85% / 15%	80% / 20%
Out-of-Pocket Limits (Ind / Fam)	$5,760 / $11,520	$8,280 / $16,560
HSA Compatible	NO	
MEDICAL SERVICES		
Preventive Care	100%	
Physician Office Visit	$20 copay	$25 copay
Specialist Office Visit	$40 copay	$65 copay
Retail Clinics RediClinics, MinuteClinics, Take Care, etc.	$20 copay	$25 copay
Telehealth / Telemedicine Consultation with Plan's provider only	Virtual Emergency & Urgent Care: No Cost Virtual Primary Care: $20 copay Virtual Mental Health Services: $20 copay	
Urgent Care Facilities	$50 copay	$150 copay
KIS Imagine Radiological Benefit CT scans, MRIs, PET scans	$100 copayment	
All other Lab/X-ray Outpatient Hospital or Free-Standing Facility/Independent lab	15% after deductible	20% after deductible
ER Facility /Physician /Ambulatory	$500 copay/visit; 15% coinsurance deductible waived	$500 copay/visit; 15% coinsurance; deductible waived
Inpatient and Outpatient Hospital	15% after deductible	20% after deductible

PHARMACY SERVICES - Rx expenses applies to satisfying the Out-of-Pocket under Non-Imagine360 providers.

SPECIALTY DRUGS NOT COVERED		At H.E.B. (whichever is greater)	At Non-Preferred Pharmacy (whichever is greater)
30 Day:	Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	$10 $200 or 20% up to $600 $300 or 25% up to $850	$40 $250 or 20% up to $750 $350 or 25% up to $1,000
31 – 90 Day:	Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	$30 $600 or 20% up to $1,800 $900 or 25% up to $2,550	$120 $750 or 20% up to $2,250 $1,050 or 25% up to $3,000
Mail	Amazon 90 Day - 2x copay Generics and 3x copay for Brand drugs		

This is a calendar year plan. All deductibles and Out-of-Pocket Maximums reset on January 1st of each year.

Upon reaching the applicable Annual Out-of-Pocket Maximum, Imagine Health and Non-Imagine Covered Medical Expenses and Prescription Drug Expenses are payable at 100% for the remainder of the Calendar Year.

BASE MEDICAL PLAN HIGHLIGHTS

Below is a high-level overview of plan similarities and differences. Please refer to the Summary of Benefits and Coverage, available in Employee Navigator for a listing of benefits, exclusions, and limitations.

WHAT YOU PAY		IN-NETWORK Imagine360 Providers	OUT-OF-NETWORK Non-Imagine360 Providers
Calendar Year Deductible (Ind / Fam)		$2,700 / $5,400	$3,375 / $6,750
Coinsurance (Carrier Pays / You Pay)		80% / 20%	70% / 30%
Out-of-Pocket Limits (Ind / Fam)		$6,900 / $13,800	$8,280 / $16,560
HSA Compatible		NO	
MEDICAL SERVICES			
Preventive Care		100%	
Physician Office Visit		$20 copay	$25 copay
Specialist Office Visit		$40 copay	$65 copay
Retail Clinics RediClinics, MinuteClinics, Take Care, etc.		$20 copay	$25 copay
Telehealth / Telemedicine Consultation with Plan's provider only		Virtual Emergent & Urgent Care: No Cost Virtual Primary Care: $20 copay Virtual Mental Health Services: $20 copay	
Urgent Care Facilities		$50 copay	$150 copay
KIS Imagine Radiological Benefit CT scans, MRIs, PET scans		$100 copayment	
All other Lab/X-ray Outpatient Hospital or Free-Standing Facility/Independent lab		15% after deductible	20% after deductible
ER Facility /Physician /Ambulatory		$500 copay/visit; 20% coinsurance deductible waived	$500 copay/visit; 20% coinsurance; deductible waived
Inpatient and Outpatient Hospital		15% after deductible	20% after deductible
PHARMACY SERVICES - Rx expenses applies to satisfying the Out-of-Pocket under Non-Imagine360 providers.			
SPECIALTY DRUGS NOT COVERED		At H.E.B. (whichever is greater)	At Non-Preferred Pharmacy (whichever is greater)
30 Day:	Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	$10 $200 or 20% up to $600 $300 or 25% up to $850	$40 $250 or 20% up to $750 $350 or 25% up to $1,000
31 – 90 Day:	Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	$30 $600 or 20% up to $1,800 $900 or 25% up to $2,550	$120 $750 or 20% up to $2,250 $1,050 or 25% up to $3,000
Mail	Amazon 90 Day - 2x copay Generics and 3x copay for Brand drugs		

This is a calendar year plan. All deductibles and Out-of-Pocket Maximums reset on January 1st of each year.

Upon reaching the applicable Annual Out-of-Pocket Maximum, Imagine Health and Non-Imagine Covered Medical Expenses and Prescription Drug Expenses are payable at 100% for the remainder of the Calendar Year.

HDHP / HSA MEDICAL PLAN HIGHLIGHTS

Below is a high-level overview of plan similarities and differences. Please refer to the Summary of Benefits and Coverage, available in Employee Navigator for a listing of benefits, exclusions, and limitations.

WHAT YOU PAY		IN-NETWORK Imagine360 Providers	OUT-OF-NETWORK Non-Imagine360 Providers
Calendar Year Deductible (Ind / Fam)		$6,500 / $13,000	$9,200 / $16,600
Coinsurance (Carrier Pays / You Pay)		100% / 0%	100% / 0%
Out-of-Pocket Limits (Ind / Fam)		$6,500 / $13,000	$9,200 / $16,600
HSA Compatible		YES	
MEDICAL SERVICES			
Preventive Care		100%	
Physician Office Visit		0% after deductible	0% after deductible
Specialist Office Visit		0% after deductible	0% after deductible
Retail Clinics RediClinics, MinuteClinics, Take Care, etc.		0% after deductible	0% after deductible
Telehealth / Telemedicine Consultation with Plan's provider only		Virtual Emergent & Urgent Care: $10 Consultation Fee Virtual Primary Care: $0 after Imagine deductible Virtual Mental Health Services: $0 after Imagine deductible	
Urgent Care Facilities		0% after deductible	0% after deductible
KIS Imagine Radiological Benefit CT scans, MRIs, PET scans		0% after deductible	0% after deductible
All other Lab/X-ray Outpatient Hospital or Free-Standing Facility/Independent lab		0% after deductible	0% after deductible
ER Facility /Physician /Ambulatory		0% after deductible	0% after deductible
Inpatient and Outpatient Hospital		0% after deductible	0% after deductible
PHARMACY SERVICES - Rx expenses applies to satisfying the Out-of-Pocket under Non-Imagine360 providers.			
SPECIALTY DRUGS NOT COVERED		At H.E.B.	At Non-Preferred Pharmacy
30 Day:	Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	0% after deductible	0% after deductible
31 – 90 Day:	Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	0% after deductible	0% after deductible
Mail		0% after deductible	

This is a calendar year plan. All deductibles and Out-of-Pocket Maximums reset on January 1st of each year.

Upon reaching the applicable Annual Out-of-Pocket Maximum, Imagine Health and Non-Imagine Covered Medical Expenses and Prescription Drug Expenses are payable at 100% for the remainder of the Calendar Year.

Keith Zars Pools offers a High-Deductible Health Plan (HDHP) as a medical plan option. The HDHP **combines a major medical plan** and a **tax- advantaged personal savings account** known as a Health Savings Account (HSA). They work together to provide healthcare coverage and a way to pay for your out-of-pocket medical, dental, vision and other qualified costs on a tax-free basis. The chart below explains the two components of the plan.

High-Deductible Health Plan (HDHP)
Complete medical coverage for you and your covered dependents. This plan features lower premiums in exchange for a larger deductible and out-of-pocket maximum.

+

Health Savings Account (HSA)
Save money tax-free which you can use to pay your out-of-pocket healthcare expenses. What you don't use rolls over from year-to-year earning interest along the way.

WHO'S COVERED? You, your legal spouse, and your tax dependents.

WHO QUALIFIES/IS ELIGIBLE FOR AN HSA? Anyone can qualify if you are:

- Enrolled in an HSA-eligible HDHP
- Under the age of 65,
- Cannot be claimed as a dependent on another person's tax return.
- Covered by a high-deductible health plan, and **NOT** covered by any other type of health insurance plan (i.e. Health FSA –either account holder or account holder's spouse).
- Not receiving Medicare (Part A, B or D) or Social Security benefits,
- Not enrolled in Tricare
- Not have VA medical benefits (received in past three months)

HSA MAXIMUM CONTRIBUTIONS

HSA's Indexed Annually – 2026 Calendar Year	Individual	Family
Maximum Annual Contribution, regardless of the deductible amount under the HDHP.	$4,400	$8,750
Maximum Catch-Up Provision for Individuals 55+ yrs: **$1,000** per eligible account.	$5,400	$9,750

TRIPLE TAX SAVINGS!!!		
1. You don't pay federal taxes on contributions to our HSA.	2. Earnings from interest and investments are tax free.	3. Distributions are tax-free when used for qualified health expenses.

HSA - WHY PARTICIPATE?

These funds belong to you...FOREVER!

- This is your bank account with no plan year restrictions or "use or lose" feature.
- Save your money, reimburse yourself when needed and invest for your future.
- You can increase, decrease, stop and start your contributions at any time.
- You can continue to contribute year after year and withdrawals (provided you are enrolled in an HDHP) can be made at any point in time.
- Whether you withdraw the money tomorrow, five years from now, or in retirement, funds used for qualified healthcare expenses are always tax-free.

WHAT'S COVERED?

You can use the money tax-free to pay for eligible expenses such as:

- Copays & Deductibles
- Prescriptions
- Dental Care
- Contacts & Eyeglasses
- Laser Eye Surgery
- Orthodontia
- Chiropractic Care
- Hearing Aids

Note: An HSA also allows for reimbursement of Long-Term Care, Medicare Premiums, and COBRA Premiums.

For a full list of covered expenses, please go: hsabank.com/QME or http://www.irs.gov/publications/p502/index.html

How do I enroll in the Health Savings Account?

1. Meet the HSA criteria before you can open HSA account.
2. You will elect the amount you want contributed to your HSA in Employee Navigator.
3. KZP will provide your enrollment information to HSABank.
4. Once HSABank receives your information, HSABank will send a welcome packet and debit card in the mail to the address on file in Employee Navigator.

How do I transfer my existing HSA balance from my prior employer or bank?

- You can download the HSA transfer form, from the Member Website at https://www.hsabank.com . Complete and follow the instructions for submission.

If my spouse has an FSA with his/her Employer, can I enroll in an HSA?

- No. If you and your spouse file taxes together, the IRS states that you cannot have an FSA and HSA.

Discover a benefits plan that lets you own your health and wealth

Ready to enroll? See what an HSA-eligible health plan and HSA can do for you. Take the first step at hsabank/discover or scan the QR code.

For questions, call the Member Services phone #: 800-357-6246

Access the Member Website at: https://www.hsabank.com

Create member account at: https://account.hsabank.com/#/auth/login?partner=15

IMAGINE360 RESOURCES

Imagine360 designed a better health plan solution that helps you and your family get the most from your coverage. You have access to online resources through your user-friendly member portal. Plus, a team of experts and advocates that are always available, including trained nurses who can answer general questions and help you navigate your options for care.

Complete Health Care Guidance

Advocates will help you find and compare providers based on quality metrics, cost and other data. Access real-time, industry-leading data and helpful information on their website.

Health and Clinical Support

Licensed medical professionals and counselors will help you manage chronic medical conditions like diabetes, asthma, and heart disease. They will also explain any new diagnosis or treatment plan, manage your medications, and even schedule appointments.

Help with Benefits and Claims Issues

Imagine360 advocates are available to help you find providers, answer benefit questions, and help resolve any claims and billing issues.

Questions: call Imagine360 for help at 1-800-903-4360 or visit www.imagine360.com.

WORKING TOGETHER ON CLAIMS AND BILLING ISSUES

Imagine360's Part

- Once you see a doctor, advocates will closely review your claim to ensure it is accurate and does not exceed your plan's allowable amount.
- If the bill has errors or overbilling, advocates will notify the provider and send an adjusted payment. (Most of the time, the payment is accepted.)
- If you receive a balance bill after that payment is made, Imagine360 will provide a dedicated team of advocacy experts, including legal support, to resolve the issue.

Your Part

- Compare your provider bill(s) to your Explanation of Benefits (EOB) for the amount you owe.
- If you receive a balance bill, notify Imagine360 at 800-903-4360.
- Send the bill immediately to Imagine360 if it does not match.
  - Email – bb@imagine360.com
  - Fax – 888-560-2447
  - Mail – 1550 Liberty Ridge Dr., Wayne, PA 19087
- Be on the lookout for any other bills and/or correspondence (e.g., call, email or letter) from your provider that Imagine360 may need to know about or review

FREQUENTLY ASKED QUESTIONS

My provider does not recognize my medical ID card. What do I do?

Tell the provider's office staff to call the number on your benefits ID card to verify your coverage and eligibility. You can call us at that same number if you have any difficulties.

What does it mean that my health plan includes price protection?

Imagine360 helps to lower your out-of-pocket costs by reviewing medical claims to ensure you only pay what is fair and reasonable. If you are ever billed for more than the out-of-pocket responsibility that is listed on your Explanation of Benefits, or have a question about a bill, call Imagine360 immediately.

What do I do in a medical emergency?

If you have a medical emergency and a facility is making it difficult to seek immediate treatment, call the number on your benefits ID card and Imagine360 will contact a representative at the facility.

What types of medical bills are reviewed?

Imagine360 reviews costs from hospitals, outpatient surgery centers, and skilled-nursing facilities.

What if the provider asks me to pay for my procedure up front?

The only out-of-pocket expense you should pay at the time of service is a copay or deductible (if applicable). Call Imagine360 to confirm these amounts or tell Imagine360 if the facility will not perform treatment without payment.

I got a provider bill that does not match my Explanation of Benefits. What should I do?

Sometimes a provider may bill you for charges that exceed your plan's allowable limits. This is called a "balance bill." If you receive a balance bill, call Imagine360 to resolve the bill on your behalf. It is very important that you immediately send Imagine360 any bills or notices you get so they can get to work on your behalf right away. You will be updated throughout the process.

ONLINE/MOBILE ACCESS -IMAGINE360

Use the secure member portal from **miBenefits Portal** to get 24/7 immediate access to health and wellness information such as claims and plan benefits, deductible balances and much more.

Register Online

Go to: **miBenefits.imagine360.com.**

Click "Sign up here."

Get the App

Download the free **"i360 miBenefits"** app.

Download on the App Store | GET IT ON Google Play

Scan here to register for the portal.

- Learn about your benefits.
- ID Card Management
- Find Providers Right for You
- Get a Healthcare Spending Snapshot
- See Clams & Benefits Information
- Manage Your Personal Information

PHARMACY BENEFITS

PCA Rx manages your pharmacy benefits. The pharmacy program offers retail, home delivery and 24/7 support through the patient portal.

WAYS TO SAVE MONEY ON YOUR PRESCRIPTIONS

Retail Pharmacy Network: Access a robust nationwide pharmacy network, including most major pharmacy chains and many local pharmacies. You will pay a lower copay by filling your prescriptions at **HEB**.

- $10 Copay for a 30-day supply of Generic prescriptions filled at H-E-B Pharmacy
- $30 Copay for a 90-day supply of Generic prescriptions filled at H-E-B Pharmacy
- Save $$ by transferring your prescription to HEB: in person, online at **heb.com/pharmacy/transfer** or by phone

Home Delivery Service: Your benefit plan includes two home delivery services.

➢ Amazon Pharmacy

- $20 Copay for 90-day generics supply filled at amazon pharmacy
- Easy on-line sign up at www.amazon.com/homedelivery-meds. Have your member ID card for RxBIN & RxPCN3.
- Your doctor can send your Rx's by:

E-Scribe: Amazon Pharmacy 001	Fax: 1-512-884-5981	Phone: 855-206-3605, press 1 (prescribers only)

- Questions: call **Amazon Pharmacy Customer Care** at **1-855-745-5725**.

➢ Mark Cuban Cost Plus Drug Company

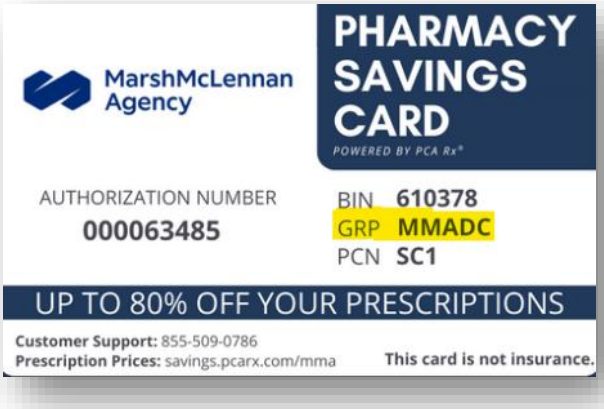
- $0 Copay for **generic** prescriptions filled at Mark Cuban CostPlus Drug Company
- Hundreds of common drugs at the lowest possible prices shipped directly to your door.
- Visit www.costplusdrugs.com/medications/ for available medications.
  1. Find your medication
  2. Create your account costplusdrugs.com/create-account/
  3. Ask your doctor to send new prescriptions to: "Mark Cuban Cost Plus Drug Co."

Scan the QR code or visit costplusdrugs.com to get started!

Prescription Savings Card: Easy savings to use at your pharmacy. Accepted at major pharmacy chains nationwide. Approximately 35,000 access points, including CVS, Target, Walgreens, Kroger, H.E.B. and more.

How Can I Use My Savings Card

1. Get the prescription savings card from shown here or at https://ww.savings.pcarx.com/mma. The website shows prices and coupons for various pharmacies.
2. Show the card to your pharmacist when picking up medications.
3. Save up to 80%!



NOTE: Card is not insurance. Card does not apply to deductible or Maximum Out Of Pocket.

ONLINE/MOBILE ACCESS -PCA RX

Patient Portal

- Fast and safe tools to help manage Rx benefits online or on a mobile device.
- Check the formulary, price, benefit summary and history.
- Convenient online and mobile access is available 24/7
- Register for an account at https://pcarx.myrxplan.com/login
- Call 855-283-7882 or email info@pcarx.com
- Download the mobile app.

View coverage, benefits & print your ID cards.

View claims history.

Check for drug interactions.

Price a medication.

Locate a pharmacy.

APPLE STORE (IOS)

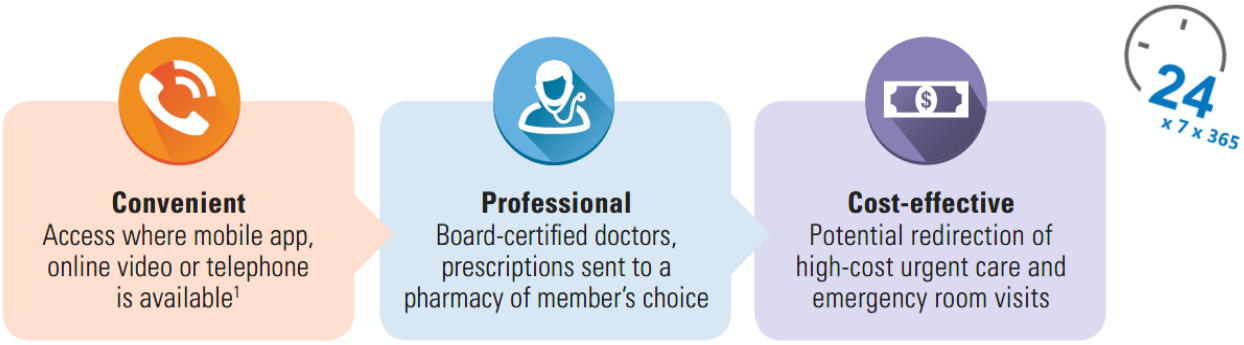
GOOGLE PLAY STORE (ANDRIOD)

1. Scan the appropriate bar code depending on your smart device to be directed to the app store.
2. Download/open the app.
3. You can register your account or log in using your email address if you already registered online.
   - ❖ *Patient Portal available at the start of benefits.*

VIRTUAL VISITS

Virtual visits solution, powered by **Recuro Health**, lets members have a live consultation with an independently contracted, board-certified doctor or therapist. This can happen 24 hours a day, seven days a week by phone. board-certified therapists are available by online video or mobile app (by appointment).

Instead of going to a physician's office, clients can talk while at home, work, or many other places. And a virtual visit cost less than going to the urgent care clinic or emergency room.



GENERAL HEALTH	PRIMARY CARE	COUNSELING & PSYCHIATRY
• Allergies • Asthma • Nausea • Sinus infections • Minor Injuries	• Wellness visits • Preventive Care visits • Prescriptions • Weight Management • Chronic Condition Management	• Anger Management • Anxiety/Depression • Stress management • Substance abuse • Grief/loss • Eating/Sleeping Disorders

GET STARTED:

- Visit www.imagine360.com/telehealth or member.recurohealth.com
- Call the **I360 Recuro** support line: 888-528-4655 or 844-715-1724
- Download the "**Recuro Care**" app @ member.recurohealth.com

Scan here to make a virtual care appointment.

WHERE TO GET CARE

You have many choices where to seek medical attention. However, some healthcare providers may be more expensive than others. Use the guidelines below to help you decide which makes the most sense for your medical needs.

Virtual Visits $

The licensed physicians, nurses and physicians' assistants can diagnose non-emergency medical problems and recommend treatment and even call in a prescription to your pharmacy for the cost of a copay. Available al day, every day. Call for such things as:

- Cold and flu symptoms
- Urinary tract infections
- Sinus issues
- Pink eye

Walk-In Clinics $$

Available on retail store hours. Walk-in clinics are staffed by nurse practitioners or physicians' assistants who treat non-emergency minor ailments such as:

- Sprains
- Minor skin conditions or cuts
- Strep Throat
- Common infections

Emergency Room $$$$

Doctors available all day, every day. If you have a life-threatening situation or late-night trauma, go to the ER. If a situation is life threatening, call 911.

Go to the ER if you are experiencing:

- Difficulty Breathing
- Sudden change in vision
- Chest pain
- Sudden weakness
- Slurred speech
- Head, eye, or spinal injuries

Urgent Care $$$

Hours typically include weekends, evenings, and holidays. Make use of an urgent care clinic for more serious illnesses or non-life-threatening injuries that need immediate attention, such as:

- Minor strains, or sprains
- Broken bones or simple fractures
- Cuts that may need stitches.
- Minor burns

Doctor's Office $$

Your physician knows your health history, and you can build a partnership together for your long-term health. Office hours vary. See your physician for:

- Routine check-ups
- Preventive care
- Immunizations
- Treatment for long-term issues

Watch out for Freestanding Emergency Rooms!

They often look just like an Urgent Care Clinic, but the cost can be significantly higher- often 10 or 15 times the cost of an Urgent Care. Look for the word "Emergency" in the name. Still unsure. Ask the admissions clerk if you will be charged an ER copay or an Urgent Care copay.

DENTAL PLAN HIGHLIGHTS

Guardian

Everyone deserves a healthy smile. **Keith Zars Pools** offers dental insurance through **Guardian**. Keep you and your family smiling with affordable dental plans that make it easy to visit your dentist for regular cleanings and preventative care, as well as for major treatment.

	DHMO	PPO VALUE Plan	PPO NAP Plan
Network		DentalGuard Preferred	
Annual Benefit Maximum	UNLIMITED	$1,750	$1,750
Calendar Year Deductible	NONE	$50 Employee / $150 Family (Waived for preventive services.)	$50 Employee / $150 Family (Waived for preventive services.)
Preventive Services: Cleanings, X-Rays, Sealants	Fee Schedule Applies	0%, deductible waived	0%, deductible waived
Basic Services: Fillings, Scaling & Root Planning, Root Canal, Simple Extractions, Periodontal Maintenance	Fee Schedule Applies	0% after deductible	20% after deductible
Major Services: Crowns, Dentures, Implants, Periodontal Surgery, Bridges, TMJ	Fee Schedule Applies	40% after deductible	50% after deductible
Orthodontic Services:	N/A	N/A	N/A
Non-Network Providers	N/A	Network Fee Schedule	90th Percentile of Usual & Customary
Waiting Periods** Basic/Major Services		6 months / 12 months	6 months / 12 months
Maximum Rollover Threshold Rollover Amount Maximum Rollover Limit	N/A	$700 $350 $1,250	

This is a calendar year plan. All deductibles and Out-of-Pocket Maximums reset on January 1st of each year.
**Waiting period applies to late applicants. A late applicant is a person that does not enroll at initial enrollment or during an open enrollment period.

2026-2027 WEEKLY DEDUCTIONS

	DHMO	PPO VALUE	PPO NAP
Employee	$3.10	$5.76	$5.76
Employee & Spouse	$5.22	$12.38	$12.38
Employee & Child(ren)	$6.93	$14.76	$14.76
Employee & Family	$8.46	$20.60	$20.60

Find a Provider on the go

Our mobile app helps you find dentists and vision providers in your Guardian network and access your ID cards.

Download on the App Store

GET IT ON Google Play

Finding a Network Dentist Provider

- Go to: https://www.guardiananytime.com/fpapp/search
- Click on Plan type: PPO: DentalGuard Preferred or Managed Dental Care (DHMO/Prepaid).
- Enter zip or Dentist Name

DENTAL MAXIMUM ROLLOVER ACCOUNT

GUARDIAN will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Plan Annual Maximum	Threshold (Spending)	Maximum Rollover Amount	Maximum Rollover Account Limit
Value Plan max: $1,750 NAP Plan max: $1,750	Value Plan max: $700 NAP Plan max: $700	Value Plan max: $350 or $500* NAP Plan max: $350 or $500*	Base Plan max: $1,250 Buy-Up Plan max: $1,250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years. *If only in-network providers were used during the benefit year.	Plan Annual Maximum plus Maximum Rollover

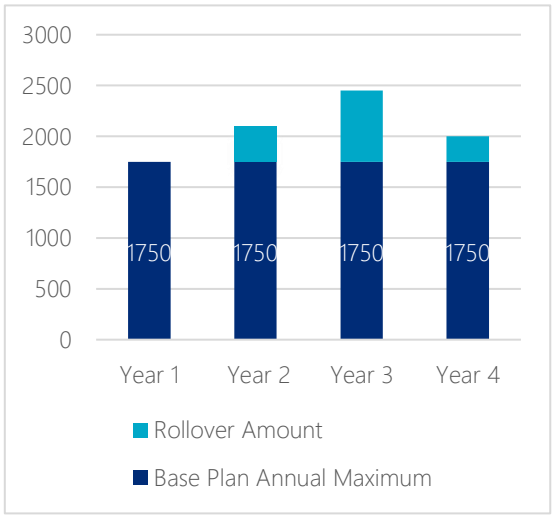
Here's how the benefits work:

Year One: Jane selected the PPO Dental Plan. She starts with a $1,750 Plan Annual Maximum. She submits $150 in dental claims. Since she did not reach the $700 Threshold, she receives a $350 rollover that will be applied to Year Two.

Year Two: Jane now has an increased Plan Annual Maximum of $2,100. This year, she submits $50 in claims and receives an additional $350 rollover added to her Plan Annual Maximum.

Year Three: Jane now has an increased Plan Annual Maximum of $2,450. This year, she submits $2,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

Year Four: Jane's Plan Annual Maximum is $2,000 ($1,750 Plan Annual Maximum + $250 remaining in her Maximum Rollover Account).



VISION PLAN HIGHLIGHTS

Whether you wear glasses or have perfect eyesight, you should have your vision checked annually. Many illnesses and conditions such as diabetes can be identified through a routine eye exam. Below is a summary of the benefits available to you under **Guardian**, powered by **Davis Vision**. Remember, go to an in-network provider to maximize the value of your vision plan.

	IN-NETWORK	OUT-OF-NETWORK
Vision Network	Davis Vision	N/A
Eye Exams	$0 copay	Up to $59 reimbursement
Lenses		
Single	$10 copay	Up to $30 reimbursement
Bifocal	$10 copay	Up to $50 reimbursement
Trifocal	$10 copay	Up to $65 reimbursement
Frames	$150 allowance + 20% off balance	Up to $70 reimbursement
Contact Lenses		
Standard	$50 copay	N/A
Custom	$75 copay	N/A
Elective Lenses	$150 allowance	$120 reimbursement
Medically Necessary	Covered after $10 copay.	$210 reimbursement
Evaluation & Fitting	Standard $50 / Custom $75	Included in contact lens allowance.
Frequency –based on date of service		
Exams	One calendar year benefit period.	
Lenses and Contacts	One calendar year benefit period.	
Frames	One calendar year benefit period.	
Laser vision correction	Up to 25% discount off national average.	N/A
Cosmetic Extras	Discounted up to 45% off providers UCR.	N/A

Additional discounts not available at Costco, Walmart or Sams Club.

2026-2027 WEEKLY DEDUCTIONS

	VISION
Employee Only	$1.46
Employee & Spouse	$2.76
Employee & Child(ren)	$3.01
Employee & Family	$3.87

Finding a Network Vision Care Provider

- Go to: https://www.guardiananytime.com/fpapp/vision
- Click on Guardian Vision-Full Feature
- Enter your Zip code

Find a Provider on the go

Our mobile app helps you find dentists and vision providers in your Guardian network and access your ID cards.

Download on the App Store

GET IT ON Google Play

BASIC AND VOLUNTARY LIFE INSURANCE

Discussing what might happen to your family if you were not around to provide for them is not always the easiest conversation. Life insurance can help you plan for your family's future needs. Voluntary Life and AD&D premium can be found when you enroll through Employee Navigator.

EMPLOYER PAID LIFE AND AD&D

Keith Zars Pools provides, **at no cost to you**, life and accidental death insurance for you. In the event of your death, the basic life coverage would pay your beneficiary (ies) a benefit of $15,000.

In the event of accidental death, beneficiary (ies) would receive an additional benefit **equal to the benefit amount described above**. If you lose a limb or suffer other permanent disability as the result of an accident, you may be eligible for other benefit payments under the AD&D plan. These are determined according to the injury.

Age Benefit Reduction for both Life & Voluntary Life:
35% at age 65, 50% at age 70, 70% at age 75 and 80% at age 80.

VOLUNTARY LIFE AND AD&D

You may purchase additional insurance in increments of $10,000 up to $500,000. Guarantee Issue is $200,000.

Spouses may enroll in increments of $5,000 up to a maximum of $250,000 but **not exceeding 50%** of the life insurance you elected for yourself. Guarantee issue for a spouse is $25,000. Spouse voluntary life is based on employee age and terminates at age 70.

Children: You can also purchase up to a $10,000 policy for your children in $5,000 increments.

- childbirth to 14 days is $500.
- Age 14 days to age 26, 100% of the amount elected.

Note that the child premium covers all children.

PORTABILITY & CONVERSION - Basic and Voluntary Life benefits allow for portability or conversion options, should you leave **Keith Zars Pools**. If you are interested, please contact your Human Resources department for more information.

ANNUAL ELECTION - After you first enroll for Employee Voluntary Term Life Insurance, you may choose to **increase** your amount of Voluntary Life Insurance by an amount **not to exceed an increase of $50,000** or the guaranteed issue amount. This option is available once annually during the Voluntary life enrollment period. Evidence of Insurability will not be required unless the insurance amount exceeds the amount of $50,000.00 for annual election.

EVIDENCE OF INSURABILITY - Employees electing over the Guarantee Issue amount will need to complete an Evidence of Insurability form.

- If you do not sign up for Voluntary Life insurance when you are first eligible, you will be considered a **late applicant**. Late applicants are required to complete an Evidence of Insurability form for any amount elected at a future date.
- The Evidence of Insurability form can be completed online. The link will be posted on Employee Navigator. The link is **guardiananytime.com/eoi**.

BENEFICIARY INFORMATION - Please verify that your beneficiary information is correct and up to date. Feel free to update your beneficiary information in Employee Navigator throughout the year. In the event of your death, policy proceeds will be paid according to your most recent beneficiary designation. You may name primary and contingent (secondary) beneficiaries. You are the beneficiary for Life and AD&D coverage on your dependents.

NOTE: Due to legal restrictions, minors cannot be paid the death benefit directly. The recommendation is to set up a trust for the minor that is named as a beneficiary.

DISABILITY INSURANCE

The unexpected could happen at any time. Disability insurance ensures your paycheck and provides you and your family peace of mind if you are unable to work due to illness or injury that occurs off the job. **Keith Zars Pools** provides its full-time eligible Employees the opportunity to enroll in Voluntary Short-Term and/or Voluntary Long-Term Disability insurance. Your Short-Term and Long-Term Disability premiums can be found when you enroll through Employee Navigator.

VOLUNTARY SHORT-TERM DISABILITY-STD

This coverage provides a **weekly** income if you are unable to work due to an illness or injury. Our STD policy will replace **60%** of your weekly income up to **$1,000** per week for up to **12 weeks.**

You are eligible to receive benefit payment on day 8 for accidents and illness.

The STD policy has a **Pre-existing Condition** Limitation of 3/12. 3 months look back with a 12-month exclusion.

VOLUNTARY LONG-TERM DISABILITY-LTD

Should your disability last more than **90** days, this plan will provide a replacement **monthly** income equal to **60%** of your pre-disability income. Our LTD policy will **replace up to $6,000** and up to a maximum benefit period of 2 years or up to age 70.

The LTD policy **has a Pre-existing Condition** Limitation of 3/12. 3 months look back with a 12-month exclusion.

PRE-EXISTING CONDITION

If you have been treated, diagnosed, or taken medication for a debilitating condition within ***3 months*** of enrollment, you may be excluded from receiving disability benefits, for that condition, for up to ***12 months***. Once you have been on the plan for more than a year, this no longer applies.

Please note, while pre-existing is being checked, Guardian will pay two weeks of benefits, if it's determined that pre-existing applies. You will **not** be required to pay back the benefit.

EVIDENCE OF INSURABILITY

- If you do not sign up for Voluntary Short-Term or Long-Term insurance when you are first eligible, you will be considered a **late applicant**. Late applicants are required to complete an Evidence of Insurability form. The Evidence of Insurability form can be completed online. The link will be posted on Employee Navigator. The link is **guardiananytime.com/eoi**.
- Make sure to indicate what coverage you are electing.

IMPORTANT! You are not eligible to receive short-term disability benefits if you are receiving worker's compensation.

VOLUNTARY WORKSITE BENEFITS

Guardian

Accident Insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses; help supplement your daily living expenses and cover unpaid time off work.

SUMMARY OF BENEFITS		Accident Plan
Accident coverage	Off the job	
Accidental Death and Dismemberment (Principal Sum -PS)	Employee Spouse Dependent	$20,000 $10,000 $5,000
Examples of benefits -all depend on the specific type of injury and site of injury		
Accidental Injuries	Fractures, dislocations, burns, concussion, coma, lacerations, broken tooth, eye injuries.	$25 - $15,000
Accident – Medical Services & Treatments	Ambulance, ER, Non-ER, Physician follow-ups, Therapy, Medical Testing, Medical Appliance, Transportation, Prosthetic Devices, Surgery, etc.	$50 - $2,500
Hospital Benefits	Admission / ICU, Confinement Hospital (up to 365 days per accident) Confinement ICU (15 days per accident) Confinement Rehab (up to 15 days)	$1,000 / $2,000 $250 per day $500 per day $100 per day
Other Benefits		
Transportation Benefit Lodging Benefit Child Organized sport Wellness Benefit	3 trips per accident Up to 30 nights per accident 25% increase to child benefit $50/year	$300 per day $125 per night

2026-2027 WEEKLY DEDUCTIONS

	Accident
Employee	$2.37
Employee & Spouse	$3.97
Employee & Child(ren)	$4.19
Employee & Family	$5.79

Submitting your wellness benefit claim is easy:

- Go to guardianlife.com and select "Log in" to register or access your account.
- Under "Your tasks," click "Start a claim," scroll down to select Wellness, and "Submit your Wellness claim online."
- Complete or verify the Member information.
- Complete the Wellness information.
- Review a summary of the information entered and confirm its accuracy.
- Submit the claim.

VOLUNTARY WORKSITE BENEFITS

Critical Illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living..

SUMMARY OF BENEFITS	
Employee Volume Amount	Choose from $10,000 up to $20,000
Spouse Volume Amount Child Volume Amount	From $5,000 to $10,000 (up to 50% of Member's benefit) 25% of employee's principal sum
Member/ Spouse / Child Wellness Benefit	$50 per year for each enrolled family member - for completing certain routine wellness screenings or procedures.
COVERED CONDITIONS – Plan pays 100% of the benefit amount unless stated otherwise	
Core Conditions	Heart Disorders, Lung and Vascular disorders, Organ Failures, Neurological Disorders, Chronic Disorders, Loss of Senses, Coma, Severe Burns,
Cancer Conditions	Invasive-pays 100%, Bone Marrow Failure -pays 100%, Benign Brain or Spinal Cord tumor -pays 100%, Carcinoma in Situ 30%, Skin Cancer $250
Child Covered Conditions	Autism, Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes
OTHER CONDITIONS – Plan pays at 25% of the benefit amount	
Other Conditions	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery, Acute Respiratory Distress Syndrome (ARDS)
IF REOCCURRING BENEFIT is eligible -between 25% to 50% of the Critical Illness principal sum.	

Critical Illness rates are based on your age and are provided below

2026-2027 WEEKLY DEDUCTIONS

Employee		
Age	**$10,000**	**$20,000**
0 – 30	$0.85	$1.71
30 – 39	$1.50	$3.00
40 – 49	$3.18	$6.37
50 – 59	$6.62	$13.25
60 – 69	$11.63	$23.26
70 +	$20.03	$40.06

Child cost is included with the employee election.

Spouse		
Age	**$5,000**	**$10,000**
0 – 30	$0.43	$0.85
30 – 39	$0.75	$1.50
40 – 49	$1.59	$3.18
50 – 59	$3.31	$6.62
60 – 69	$5.82	$11.63
70 +	$10.02	$20.03

Spouse rate is based on employee's age bracket.

VOLUNTARY WORKSITE BENEFITS

Guardian

Hospital Indemnity supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered Employees to spend as they choose.

SUMMARY OF BENEFITS		Low Plan	High Plan
Hospital / ICU Admission	2x per calendar year per insured (Accident/Sickness 24-hour coverage)	1,000	$1,500
Hospital / ICU Confinement	30 days per calendar year per insured	$100 / $200	$200 / $400
Hospital Short Stay	1 day per year per insured	$200	$200
Newborn Nursery Care Confinement	1 day per confinement	$100	$100
Newborn Increased Admission/Confinement Benefit for NICU	25% increase to child benefit		
Pre-Existing Condition Limitation Included	Waived during a member's initial eligibility; 3 months look back period, 6 months treatment free/12-month exclusion period, Continuity of Coverage; applies to late entrants only.		
Dependent Age Limits	Childbirth to 26 years		
Additional Benefit included **Carrot Fertility Health and Family-building**	To help empower employees with compassionate, personalized, and inclusive support, Guardian embedded a fertility health and family-building offering into the hospital indemnity insurance that gives you access to family building, fertility, urology, maternity, parenting, postpartum, menopause and low testosterone support, and more. Guardian is offering these important services in partnership with Carrot, a global organization dedicated to providing educational fertility health and family-building support — for everyone, everywhere. • Up to 3 educational virtual chats sessions/year with specialty experts • Unlimited online groups sessions • 24/7 support from the Carrot Care Team • Unlimited virtual access to educational resources		

2026-2027 WEEKLY DEDUCTIONS

	Accident	
	Low Plan	High Plan
Employee	$2.38	$3.67
Employee & Spouse	$5.78	$8.98
Employee & Child(ren)	$4.26	$6.59
Employee & Family	$7.67	$11.90

WELLTHY CAREGIVING SUPPORT SERVICES

Guardian + Wellthy

(INCLUDED WITH HOSPITAL INDEMNITY PLAN)

Providing resources and support for caregivers at work

Helping support the caregiving employee. Millions of people in the US care for a spouse, parent, child, or relative with complex needs.

Caregiving is on the rise across the country, with more than 53 million US adults now caring for a loved one. That's why Guardian partners with Wellthy to offer caregiving services to help support all phases of life. With the Guardian + Wellthy caregiving services offering, you will have access to the support you need to successfully tackle any caregiving challenge you might face, while also being able to stay on top of your own physical, mental, and emotional wellness.

Features of the Guardian + Wellthy caregiving services

Caregiving is undeniably important, yet it can be incredibly complex. For some caregivers, figuring out where they should even begin is a mystery. The Guardian + Wellthy caregiving services help caregivers tackle logistical and administrative tasks, so they can prioritize the well-being of themselves and their loved ones.

Features include:

- Dedicated, hands-on support from experts who get to know each family and help tackle their to-dos.
- Comprehensive care planning tools and resources in one centralized, accessible place.
- Peer-to-peer space where family caregivers can find support and exchange knowledge.

.

What do I get with Wellthy?

1-on-1 support from real humans

Wellthy's experienced Care Team is only a click or call away

Solutions that match your family's needs

Care is not one-size-fits-all. We thoughtfully match your family with care solutions that are a perfect fit

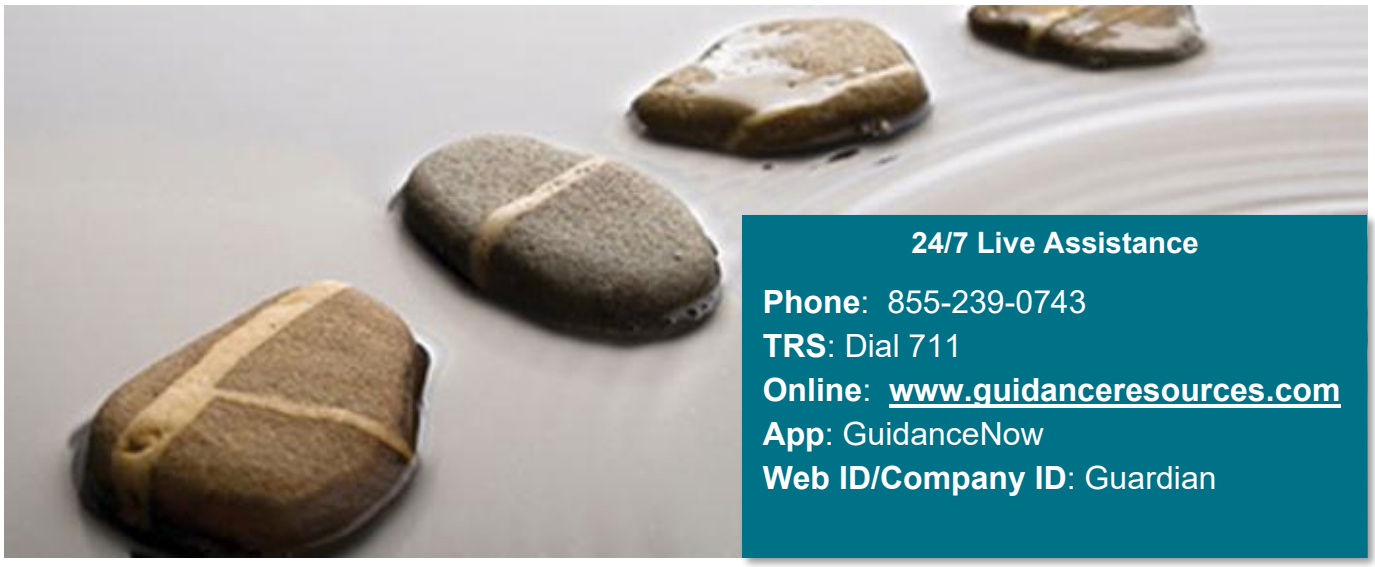
Helpful resources for every life stage

Search our library of expert insights, tips, and practical advice - or tune into a virtual webinar

EMPLOYEE ASSISTANCE PROGRAM

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Confidential Employee Assistance Program (EAP), available through **ComPsych GuidanceResouces** can help you find a balance between work and home life. **ComPsych** confidential counseling, expert guidance and valuable resources to help you and your household members manage any of life's challenges, big or small. These services are provided at no charge.

- Confidential counseling: 3 face-to-face or virtual sessions per person, per issue, per year.
- Emotional support for issues like marital problems, stress, anxiety, grief, job pressures, and substance misuse.
- Work-life support: referrals and resources for child/elder care, moving, pet care, college planning, home repair, car buying, event planning, and more.
- Legal guidance: access to attorneys for questions on divorce, custody, real estate, debt, bankruptcy, landlord/tenant issues, civil/criminal actions; includes a free 30-minute consultation and 25% fee reduction if representation is needed (except in New York).
- Financial information: budgeting, debt management, tax issues, and other money concerns with access to financial professionals.
- Digital support: online counseling, work-life resources, articles, podcasts, videos, self-assessments, and on-demand training.
- Online will preparation: simple, secure, and complimentary tool for drafting wills and living wills.
- Wellness support: 3-5 coaching sessions for tobacco cessation, weight management, sleep improvement, motivation, back care, diabetes prevention, and more.



24/7 Live Assistance

Phone: 855-239-0743
TRS: Dial 711
Online: www.guidanceresources.com
App: GuidanceNow
Web ID/Company ID: Guardian

WILL PREPARATION SERVICES

Will Preparation Services through EstateGuidance is available to members that elect to enroll in the Voluntary Life and AD&D plan.

Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with Will Preparation Services through EstateGuidance.

EstateGuidance makes it easy with online tools that walk you through the process in minutes. Access the site using the directions provided and supply the information at the prompts.

- Your will can be completed online and downloaded to your computer or printed and shipped to you.
- You can draft a living will to ensure you get the end-of-life care you desire
- You can also daft final arrangements document expressing your wishes for your funeral services.

Log on to EstateGuidance® to:

- Complete a customized will: No cost to you
- Have your will printed and sent to you: $14.99
- Draft a living will: $14.99
- Draft a final arrangements document: $9.99

For more information, go to www.estateguidance.com
Promotional Code: Guardian
Or call: 1-855-239-0743

DISCOUNT PROGRAM

BenefitHub

A world of discounts is waiting...
Save big. Every day.

Welcome to your Discount Marketplace!

Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

To access your discounts:

1) Go to URL: https://employeeperks.benefithub.com

2) Enter the referral code: **Q2NTZA**

3) Complete registration

QUESTIONS? CALL 1-866-664-4621

OR EMAIL customercare@benefithub.com

MMA MEMBER SUPPORT CENTER

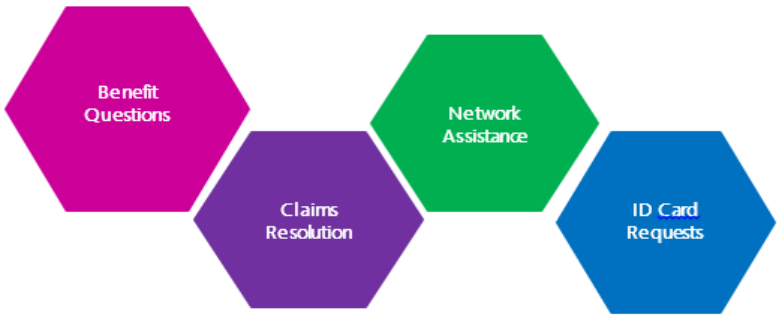
Marsh McLennan Agency's Member Support Center is your central point of contact for benefits questions.

Call (800) 207-2265 and enter PIN 2226.

Or email: keithzarspools@marshmma.com to contact one of our benefits representatives.

Support is available Monday - Friday from 8 am - 6 pm CT, provided in both English and Spanish.

Our benefits specialists are insurance professionals! They know about your employee benefit plans, and their goal is to resolve your questions promptly and effectively. If your question cannot be resolved in one email or phone call, you will be kept informed of the inquiry status until a resolution has been reached.



Keith Zars Pools Ltd.

Health and Welfare
Benefits Annual Notice Packet

For the 08/2026 Plan Year

Dear Valued Employee,

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law.

Enclosures:

Children's Health Insurance Program (CHIP) Notice

Women's Health and Cancer Rights Act (WHCRA) Notice

Newborns' Mothers Health Protection Act (NMHPA) Notice

USERRA Continuation

Genetic Information Nondiscrimination Act (GINA)

HIPAA Special Enrollment Rights Notice

Medicare Part D Creditable Coverage Notice

Updated HIPAA Notice of Privacy Practices

Family Medical Leave Act

Should you have any questions regarding the content of the notices, please contact your Human Resources office.

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 page 34 for more details.

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 March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website:http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service:1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone:678-564-1162, Press 1 GA CHIPRA Web-site: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website:Iowa Medicaid | Health & Human ServicesMedicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Web-site: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY:Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website:http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone:1-800-356-1561CHIP Premium Assistance Phone:609-631-2392CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY:711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program(CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website:https://www.scdhhs.gov Phone:1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hippprograms Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone:1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medi-caid Phone: 304-558-1700 CHIP Toll-free phone: 1-855 MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/ badger careplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions

for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Human Resources office for more information.

Newborns' And Mothers' Health Protection Act (NMHPA) Notice

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 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).

USERRA Continuation

Your right to continued participation in a group health plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under a group health plan by paying premiums in the manner specified by the Plan Sponsor.

If you do not elect to continue to participate in a group health plan during an absence for military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA continuation coverage under a group health plan for up to the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for continuation coverage with after-tax funds, subject to the rules that are set out in the applicable Plan features.

USERRA continuation coverage is considered alternative coverage for purposes of COBRA. Therefore, if you elect USERRA continuation coverage, COBRA coverage will generally not be available.

Genetic Information Nondiscrimination Act (GINA)

Gina prohibits group health plans from discriminating on the basis of genetic information. Genetic information is:

1. Information about an individual's genetic tests;
2. Genetic tests of an individual's family members; and
3. The manifestation of a disease or disorder of an individual's family members.

The group health plan may collect genetic information after initial enrollment; it may not do so in connection with the annual renewal process. The group health plan may not adjust premiums or increase contributions based on genetic information, nor request or require genetic testing or use genetic information for underwriting purposes.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Keith Zars Pools, Ltd. group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance (“CHIP”) program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your Human Resources office.

Medicare Part D Creditable Coverage Notice

Important Notice from Keith Zars Pools, Ltd.
About Your Prescription Drug Coverage and Medicare
Keith Zars Pools Ltd. Medical Plans

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Keith Zars Pools, Ltd. 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. **Keith Zars Pools Ltd. has determined that the prescription drug coverage offered by the imagine360 Base, Choice and HDHP/HSA medical plans are, 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 while enrolled in Keith Zars Pools, Ltd. coverage as an active employee, please note that your Keith Zars Pools, Ltd. coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Keith Zars Pools Ltd. coverage as a former employee.

You may also choose to drop your Keith Zars Pools Ltd. coverage. If you do decide to join a Medicare drug plan and drop your current Keith Zars Pools, LTD coverage, be aware that you and your dependents may 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 Keith Zars Pools, LTD 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 Keith Zars Pools, Ltd. 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).

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:	August 1, 2026
Name of Entity/Sender:	Keith Zars Pools
Contact--Position/Office:	Shelly Chance, Human Resources Manager
Address:	17427 San Pedro, San Antonio, Texas 78232
Phone Number:	210-494-0800 x 173

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Keith Zars Pools, Ltd. ("KZP") sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of KZP, the Plan, and your legal rights regarding your protected health information, including certain substance use disorder (SUD) records covered by 42 CFR part 2 (Part 2), held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

(1) your past, present or future physical or mental health or condition;

(2) the provision of health care to you; or

(3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully insured group health plans offered by KZP, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the KZP Human Resources at:

Keith Zars Pools Ltd.
Attention: Benefits Department
Shelly Chance
17427 San Pedro Ave
San Antonio. TX 78232

Effective Date

This Notice, as revised, is effective August 1, 2026.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use. Other instances where we might disclose your protected health information would be to process and pay claims for substance use disorder treatment, review services for authorization or medical necessity, conduct case management or utilization review, and to coordinate benefits or stop loss reporting as part of normal plan administration.

For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or pre-certification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information, including SUD treatment records, to a Business Associate to administer claims or to provide support services, such as utilization

management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law
We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety
We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors
For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations
In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation
If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans
If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation
We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks
We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities
We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes
If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

SUD treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Law Enforcement
We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors
We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities
We may release your protected health information to authorized federal officials intelligence, counterintelligence, and other national security activities authorized by law.

Inmates
If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research
We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or

(2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits
We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You
When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach
We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures

Personal Representatives
We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
(2) treating such person as your personal representative could endanger you; or
(3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members
With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations
Other uses or disclosures of your protected health information not described above, including the use and disclosure of SUD Part 2 treatment records, psychotherapy notes, and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications
You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice
You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see Your Rights Under HIPAA.

Complaints
If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: https://www.hhs.gov/hipaa/filing-a- complaint/complaint-process/index.html.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

Family Medical Leave Act

The Family and Medical Leave Act (FMLA) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

Covered employers must provide an eligible employee with up to 12 weeks of unpaid leave each year for any of the following reasons:

- for the birth and care of the newborn child of an employee;
- for placement with the employee of a child for adoption or foster care;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- to take medical leave when the employee is unable to work because of a serious health condition.

Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75

miles. Whether an employee has worked the minimum 1,250 hours of service is determined according to FLSA principles for determining compensable hours or work.

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition.

Upon return from FMLA leave, an employee will be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. Group health insurance coverage for an employee on FMLA leave is maintained under the same terms and conditions as if the employee had not taken leave.

For additional information regarding your benefits under FMLA, please contact your Human Resources office.

CUSTOMER SERVICE & CONTACT INFORMATION

BENEFIT	CARRIER	GROUP ID	PHONE / WEB ADDRESS
Medical	Imagine360	H870809	800-903-4360 www.imagine360.com or mibenefits.imagine360.com Email: myplan@imagine360.com
Virtual Care	Recuro Health	H870809	888-528-4655 or 844-715-1724 imagine360.com/care/telehealth or member.recurohealth.com
Pharmacy PCA Rx Mark Cuban CostPlus Drug Co Amazon Pharmacy	PCA Rx CostPlus Amazon	KZP	855-283-7882 / pcarx.myrxpla.com costplusdrugs.com/medications 855-745-5725 / www.amazon.com/homedelivery-meds
Health Savings Account	HSA Bank	Keith Zars Pools	800-357-6246 / www.hsabank.com
Dental Vision Basic Life & AD&D Voluntary Life/AD&D Short- & Long-Term Disability Worksite -Accident, Critical Illness, Hospital Indemnity	Guardian	00053701	888-482- 7342 / www.guardianlife.com
Employee Assistance Program	Guardian	00053701	855-239-0743 / www.guidanceresources.com
Will Preparation Services	Guardian	00053701	855-239-0743 / www.estateguidance.com
COBRA	Proficient	Keith Zars Pools	210-659-8100 / cobra@proficientbenefits.com
SMBO -See My Benefits Online	SMBO	Keith Zars Pools	888-650-3003 / www.kzpbenefits.com
MarshMcLennan Agency			
Discount Program	BenefitHub	866-664-4621 / email: customercare@benefithub.com	
MMA Member Support Center (*Benefit questions, eligibility, claims assistance)*	MMA	800-207-2265 PIN 2226 / email: KeithZarsPools@marshmma.com	
MMA Team	Chandra Klumpyan - 210-489-7519 / chandra.klumpyan@marshmma.com		

MarshMcLennan Agency

KEITH ZARS POOLS