2026

EMPLOYEE BENEFITS GUIDE

Welcome to
Pine Belt Enterprises!

ACCESS TO CHOICE

Pine Belt Enterprises, Inc. (Pine Belt) strives to offer you and your dependents a competitive and comprehensive benefits package. This year is no exception.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Inside this Guide

Eligibility and Making Benefits Changes

Eligibility

You are eligible to participate in the Pine Belt Enterprises, Inc. Benefits Program if you are a permanent, full-time employee working a minimum of 40 hours per week.

Benefits will begin on the 1st of the month, following completion of 30 days of employment. If employment terminates, all benefits will cease at the end of the month in which termination takes place.

Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Spouse to whom you are legally married.
- Your adult child(ren) up to their limiting age. Medical/Prescription drug and Dental coverage will end at the end of the year in which your eligible dependent turns 26.
- If a dependent child is mentally or physically challenged, coverage may be extended beyond the limiting age.

Making Benefit Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period.

Qualified changes in status include: marriage, divorce, legal separation, birth or adopting of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adopting proceedings, or change in spouse's benefits or employment status.

You must notify Human Resources within 31 days of experiencing a qualified status change.

Staying on your employer's coverage may be easy, but its not always the best option!

Today, more and more Americans are continuing to work beyond the age of 65.

Active Pine Belt employees and dependents that are age 65, or will be soon, have the option each year to enroll in Medicare or continue on the group health plan. Medicare may not be on your mind. It's common for employees to not consider Medicare enrollment while still working, especially if you are content with the health insurance you already have.

People who are actively working and satisfied with their current health insurance plan often avoid exploring Medicare because of its complexity. Many employees that consider this option have found that Medicare may offer more benefits and may be less expensive than their employer-sponsored plans.

To learn more about Medicare options available to you, Reach out directly to Pat Oehme of Oehme Insurance Associates. Pat is available to answer any questions regarding Medicare that you may have. She is even available for 1:1 scheduled meetings!

- Email: **patoehme@optonline.net**
- Phone: **732.988.5822**
- Fax: **732.751.4418**

Benefit Provisions & Terms You Should Know

Understanding your Benefits

Understanding benefits can be difficult, but if you understand key terminology, you will be able to best utilize the benefits available to you. Pine Belt has included the following general definitions for some commonly-used health coverage and medical terms.

- **Coinsurance**: Your share of the costs of a covered health care service, calculated as a percentage of the covered expense for the service. You pay coinsurance plus any deductibles you owe.
- **Copayment (copay)**: A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- **Deductible**: The amount you owe for healthcare services before your plan begins to pay.
- **Out-of-Network Providers**: A provider who does not have a contract with your plan to provide services to you. The Meritain Plans do not cover out-of-network providers. You will be responsible for all charges (except out-of-network emergency room) for services received by an out-of-network provider.
- **Out-of-Pocket Limit**: The most you will pay during a Plan Year before your plan begins to pay 100% of the covered expenses for the remainder of the plan year.
- **Preferred Provider**: A provider who has a contract with your plan to provide services to you at a discount.
- **Generic Prescription Drug**: A drug either chemically equivalent or therapeutically equivalent to brand-name drugs, meaning they have the same ingredients or the same clinical results; they are usually cheaper than brand-name drugs.
- **Brand-Name Prescription Drug**: A drug that has a trade name and is protected by a patent; they are usually more expensive than generic drugs due to expensive advertising.

Medical & Pharmacy Benefits

Meritain/CVS Caremark

NOTE: Both medical plans utilize the same Aetna Choice POS II (Open Access) Network.

	EPO Plan	High Deductible Health Plan with HSA
Benefit Description	**In-Network ONLY**	**In-Network ONLY**
Deductible (Individual/Family)	$2,000 / $4,000	$2,500/$5,000
Out-of-Pocket Maximum (Individual/Family)	**$6,000/$12,000**	**$6,000/$12,000**
Coinsurance	Plan pays 80% after deductible	Plan pays 80% after deductible
Preventative Care Services	100% covered	100% covered
Primary Care Physician (PCP) Required?	No	No
PCP Office Visit	$40 copay	$40 copay after deductible
Specialist Office Visit	$50 copay	$50 copay after deductible
Diagnostic Laboratory	100% covered	100% covered after deductible
Diagnostic X-Ray	100% covered	100% covered after deductible
Advanced X-Ray/Imaging (MRI, CT Scan, PET & Nuclear medicine)	Plan pays 80% after deductible	Plan pays 80% after deductible
Telehealth Services	$40 copay	Plan pays 80% after deductible
Emergency Room	$300 per visit copay (waived if admitted)	$300 per visit copay after deductible (waived if admitted)
Urgent Care Center	$50 copay	$50 copay after deductible
Inpatient Hospital	$500 copay after deductible	$500 copay after deductible
Outpatient Surgery	$250 copay after deductible	$250 copay after deductible
Prescription Benefits		
Retail (30 day supply) Generic/Preferred Brand/Non-Preferred	$20/$40/$70	Plan pays 80% after deductible
Mail Order & Home Delivery (90 day supply) Generic/Preferred Brand/Non-Preferred	$60/$120/$210	Plan pays 80% after deductible

Please note that any benefit that is bolded in the above grid is an adjustment from 2025.

How to Locate a Participating Aetna Choice POS II Provider (Open Access)

1. Visit **www.aetna.com/docfind/custom/mymeritain**
2. Key in the ZIP code, city, county or state of the desired geographical area in the Enter location here field. Click **Search**.
3. Under Select a Plan, choose the **Aetna Choice POS II (Open Access)** from the list of plans, Click **Continue**.
4. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under What do you want to search for near (will display your chosen location) then **Enter**.
5. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.

Prescription Benefits
CVS Caremark

Below is a summary of the prescription benefits, provided by CVS Caremark. If you enroll in one of the medical plans, you are automatically enrolled in the corresponding prescription plan.

Prescription Benefits	EPO Plan	High Deductible Health Plan with HSA
Retail (30 day supply) Generic Preferred Brand Non-Preferred Brand	 $20 copay $40 copay $70 copay	Plan pays 80% after deductible
Mail Order & Home Delivery (90 day supply) Generic Preferred Brand Non-Preferred Brand	 $60 copay $120 copay $210 copay	Plan pays 80% after deductible

Locating an In-Network Pharmacy

In order to locate an in-network pharmacy, you will need to register for an account through CVS Caremark. There are three easy ways to register:

- Go to **www.caremark.com**, click the "**Register Now**" button and follow the instructions.
- Download the CVS Caremark mobile app and create an account.
- Call the number on the back of your prescription ID card. A representative will assist you by sending a personalized registration email or text message with account registration instructions.

Member Website & Mobile App

Please note that the Meritain mobile app is not one that you download from an 'App Store'. Please see the following pages for instructions on downloading the app for your iPhone or Android.

Access Anytime, Anywhere

With the mobile app and website, members can:

- Download and view ID cards to maximize coverage at health care appointments
- Access deductibles, out-of-pocket amounts, claims and Explanations of Benefits (EOBs) to manage health care utilization
- Search for network providers to help save on health care costs
- Submit Coordination of Benefits (COB) information
- Submit claims for reimbursement direct to the member - for medical or other plan reimbursements
- Update user information
- Access benefit plan documents

On-the-go health care benefits information

Meritain health strives to provide user-friendly access to the tools and services members need for healthier lives. With the mobile app for members, Meritain Health provides convenient, around-the-clock access to health care benefits information for smart phones and tablets.

Meritain Health's mobile app makes it even easier for members to become more engaged in their health care: anytime, anywhere. And it's all included as part of your Meritain Health benefits plan.

Member Website

Members can access our mobile-friendly site by visiting **www.meritain.com**. Once registered, the mobile capabilities are ready to use from smart phones and tablets.

Members can easily update account information, electronic communication preference, and HIPAA authorization settings. With attractive, quick-to-navigate displays, members can find and use healthcare information from their mobile device with ease.

How to access your mobile app

iPhone

- **Step 1**: Once you log in to your member website through **www.meritain.com**, click the upload icon at bottom of the page.
- **Step 2**: Scroll through the menu options and select Add to Home Screen.
- **Step 3**: Click Add in the upper right-hand corner.
- **Step 4**: Your Meritain Health app logo will then be installed and added to your home screen.
- **Step 5**: Now, you're all set to log in through the mobile app!

Android

- **Step 1**: Once you log in to your member website through **www.meritain.com**, you'll be prompted with the pop-up message 'Add Meritain Health to Home Screen' at the bottom of the page. Click this message.
- **Step 2**: Click Add to add the app to your home screen.
- **Step 3**: You should see the Meritain Health logo on your phone's home screen.
- **Step 4**: Now, simply launch the app from your home screen and log in.

Maximize Your Medical & Pharmacy Benefits

Keep Non-Emergencies Out of the ER

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing TeleHealth and Urgent Care Centers for ailments that are not life-threatening—for a fraction of the cost!

Before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from TeleHealth or Urgent Care instead. Both services provide effective care—when you need care fast. When you keep non-emergencies out of the ER, you help keep benefits costs down, both for you and Pine Belt.

IMPORTANT: If your medical need is life-threatening, go to the Emergency Room or call 9-1-1.

Take Advantage of Preventive Care Services Covered at 100%

Both plans cover eligible expenses for qualified preventive care, such as annual checkups, routine physicals, lab work, mammograms, pap smears, and other health screens at 100%, with no deductible, coinsurance, or copayments.

Save with Generic Drugs

A generic drug is a version of a brand drug. Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are, and meet the same standards set by the FDA. **The major difference is that generic drugs often cost much less.**

Compare Prescription Drug Prices and Save with GoodRx

GoodRx is a valuable resource that allows you to compare prescription drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more about GoodRx and start saving today by visiting **https://connerstrong.goodrx.com**.

Minute Clinic

High-Quality care that's affordable and reliable

MinuteClinic makes it easy for you to get the care you need, when and where you need it. And now you can access all eligible services, including general medical MinuteClinic Virtual Care visits at any in-network MinuteClinic at little to no cost to you.

- MinuteClinic is a walk-in clinic inside select CVS Pharmacy and Target stores, and is the largest provider of retail health care in the United States - with over 1,100 locations in 35 states and District of Columbia.
- It's open every day, including evenings. MinuteClinic offers walk in, scheduled appointments at their brick-and-mortar locations, and MinuteClinic Virtual Care.
- MinuteClinic health care providers treat a variety of illnesses, injuries, and conditions. They can also write prescriptions, when medically appropriate.
- MinuteClinic Virtual Care provides eligible general medical services as a virtual visit option available seven days a week.
- All behavioral health services through MinuteClinic locations and MinuteClinic Virtual Care are not a part of the MinuteClinic benefit and are subject to any applicable cost share and limitations.

*Eligible members enrolled in high-deductible plans must meet their deductible. However, such services would be subject to negotiated contract rates. Once the deductible has been met, members will be able to access MinuteClinic services at no cost-share

Health Savings Account

Health Equity

If you participate in a qualified High Deductible Health Plan (HDHP), you can elect to participate, through payroll deductions, in a Health Savings Account (HSA). An HSA is tax-exempt for contributions, earning and withdrawals for eligible expenses (an expense which pays for care as described in Section 213 (d) of the Internal Revenue Code).

What is an HSA?

An HSA is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible healthcare expenses for you and your dependent(s).

Some characteristics of an HSA:

- An HSA is portable, meaning that if you leave your employer, or retire you can take your HSA funds with you.
- There is no "use-it-or-lose-it" provision with an HSA. If you don't use the money in your account by the end of the year, it stays in the account and collects interest on a tax-deferred basis.
- You can use your HSA funds to pay for qualified expenses with tax-free dollars and plan for future and retiree health-related costs.
- Deductions will be made from your paycheck and automatically sent to your HSA account.

HSA Eligible Expenses Include:

- Medical and prescription drug deductibles, coinsurance and copayments
- Dental deductibles, coinsurance and copayments
- Orthodontia or other dental care
- Eye exams, contact lenses and glasses
- Hearing Aids

Coverage Level	Maximum 2026 HSA Contribution*
Employee	$4,400
All Other Tiers	$8,750

*You may make an additional catch-up contribution of up to $1,000 if you will be age 55 or older in 2026.
*For more detailed information on eligible expenses please refer to IRS publication 502 titled, "Medical and Dental Expenses"

Dental Plan
Delta Dental

The maximums cross-accumulate among all networks. There aren't separate maximums for PPO dentists, Premier dentists and Non-Participating dentists.

You have the freedom to seek care from a dentist of your choice whether in or out-of-network. You will have a higher level of benefit if you utilize the Network. Benefits are covered according to the following Summary of Benefits. For more information or to locate participating Delta Dental providers, please visit **www.deltadental.com** or call **800.452.9310**.

For full benefit description, please refer to the Delta Dental plan summary.

Additional dental plan enhancements are available to members to further reduce the risk of gum disease and overall oral health. To learn more about these programs, please contact Delta Dental at **800.452.9310**.

PPO Plus Premier	Delta Dental PPO	Delta Dental Premier	Non-participating
	Maximums accumulate among all networks. There aren't separate maximums for PPO dentists, Premier dentists, and Non-participating dentists.		
Individual Calendar Year Deductible (waived for Preventive & Diagnostic)	$50	$50	$50
Family Calendar Year Deductible (waived for Preventive & Diagnostic)	$150	$150	$150
Calendar Year Maximum	$1,000	$1,000	$1,000
Preventive & Diagnostic • Exams, Cleanings (each twice in a calendar year) • Bitewing X-Rays (twice per calendar year for persons 18 and younger, once per calendar year for persons age 19 and over) • Fluoride Treatment (twice a calendar year, children to age 19) • Sealants	100% covered	100% covered	100% covered
Remaining Basic • Fillings (including composite restorations on back teeth) • Simple Extractions, Root Canals (Endodontics) • Periodontal, Oral Surgery, Repair of Dentures • Space Maintainers	80% covered after deductible	80% covered after deductible	80% covered after deductible
Crowns & Prosthodontics • Crowns, Gold Restorations (over natural teeth) • Bridgework, Full & Partial Dentures	50% covered after deductible	50% covered after deductible	50% covered after deductible
Orthodontic Benefits (Child Only to age 19) • Coinsurance • Lifetime Maximum – per-patient	50% covered $1,000	50% covered $1,000	50% covered $1,000

Further instructions on how to locate a participating Delta Dental provider can be found on the following page.

Finding an In-Network Dentist

There are two easy ways to find a dentist in your area: by using your computer or using your smartphone.

On your computer

Find providers using **www.DeltaDentalNJ.com/FAD** in four easy steps:

1. Enter your city, zip code, or partial address
2. Select the distance you are willing to travel
3. Select a network
4. Click "**Search**"

On your smartphone

Find providers using the Delta Dental mobile app in five easy steps.

1. Click on "**Find a Dentist**"
2. Choose your network — Delta Dental PPO Plus Premier
3. Choose your dentist type
4. Add a dentist's last name (optional)
5. Click "**Search**"

Questions about the networks or a dentist's participation?

Call the Delta Dental Customer Service Department at **800.452.9310**.

Voluntary Vision Plan

NVA

Below is a summary of the Voluntary Vision plan provided by NVA.

Benefit	In-Network	Out-of-Network (Reimbursed amounts)
Examination Once Every 12 Months	Covered 100% After $10 Copay	Up to $40
Lenses Once Every 12 Months	Standard Glass or Plastic Covered 100% After $25 Copay	Single Vision Up to $40 Bi-focal Up to $60 Tri-focal Up to $80 Lenticular Up to $100
Lens Options		
Oversized	Covered 100%	Up to $5
Fashion Gradient Tint	Covered 100%	Up to $12
Scratch-Resistant Coating (Standard)	Covered 100%	Up to $10
Solid Tints	Covered 100%	Up to $10
Polycarbonate SV - Under Age 19	Covered 100%	Single Vision Up to $25
Polycarbonate BI - Under Age 19	Covered 100%	Bi-focal Up to $30
Polycarbonate TRI - Under Age 19	Covered 100%	Tri-focal Up to $30
Frames Once Every 24 Months	Covered up to $130 Retail Allowance Retail Allowance (20% discount off remaining balance over $130 allowance) [3]	Up to $50
Elective Contact Lenses (In lieu of Lenses) Once Every 12 Months	Covered up to $130 Retail Allowance (15% discount (Conventional) or 10% discount (Disposable) off remaining balance over $130) [4]	Up to $105
Fitting/Follow Up [1]		
• Standard Daily Wear	Covered 100%	Up to $20
• Standard Extended Wear	Covered 100%	Up to $30
• Specialty	Covered 100%	Up to $50
Medically Necessary Contacts [2]	Covered 100%	Up to $225

[1] Only covered if member chooses Contact Lenses.
[2] Prior Authorization required from NVA. Includes fitting and follow up.
[3] Discount does not apply to Wal-Mart, Sam's Club, or Lenscrafters locations or for certain proprietary brands.
[4] Discount does not apply at Wal-mart/Sam's Club locations, Lenscrafters, Contact Fill (NVA Mail Order), or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.

Need help finding a participating vision provider? Go to **www.e-nva.com**, click "**Find Provider**", then enter either a zip code or a city and state and click "**Search**".

For a full description of benefits, please refer to the NVA plan summary.

Instructions on how to locate a participating NVA provider can be found on the following page.

Finding an In-Network Vision Provider

You want to use your NVA benefit to get your eyes examined or to purchase eyewear or maybe both, but how do you know which eye doctor or optical retailer takes your NVA vision benefit? It's easy to find an NVA participating provider at **www.e-nva.com**.

Finding a Provider

Visit **www.e-nva.com** and click on "**Find a Provider**". Enter your group/sponsor number found on your NVA ID card and then search by either zip code within 5, 10, 20, or 30 miles radius or by state, city, and Name of Provider. Click on the "**Find a Provider**" button to search using the criteria entered and the results will populate.

You'll find the doctor's name, phone number, address, service level and distance from zip code or city and state entered in the search. By clicking on "**view details**" or "**view map**" you will be taken to the Provider Details screen.

Provider Details Screen

On the provider details screen you can view language spoken, age limits, whether the provider is accepting new patients, the address of the provider's office, and be able to get directions to the provider's office. If you are logged into the NVA website you will see the number of frames available at $0 to you. If you are not logged into the website the number of frames will not be listed.

Questions about the networks or a provider's participation?

Call NVA 24/7/365 at **800.672.7723**.

Commuter Benefits

Optum Financial

Pine Belt employees can elect Commuter Benefits through Optum Financial (formerly ConnectYourCare).

Reduce your commuting expenses by taking advantage of the Commuter Benefits reimbursement account. The IRS allows for certain work-related transit and parking expenses to be deducted from your paycheck on a pre-tax basis. Because you do not pay taxes on these expenses, you can **SAVE BIG!**

Allowed expenses under the reimbursement account include:

- **Mass Transportation**
  - Expenses incurred for commuter transportation via train, subway, bus or transit via van-pooling (vehicle must seat six adults not including the driver and at least 80% of mileage must be used to drive to and from work) will be eligible for reimbursement.
- **Parking**
  - Expenses incurred by parking near your place of employment or commuter parking at or near a point of mass transit will be eligible for reimbursement.

The IRS allows up to **$340 a month** to be deducted pre-tax for commuter costs, and up to **$340 a month** pre-tax for parking costs. Any amount beyond that becomes a post-tax deduction.

Substantial Tax Advantages: Reduce your taxes by the amount of transit and parking you purchase, subject to IRS limits. By participating in the benefit, you are giving yourself a raise!

If you are interested in electing the Optum Financial Commuter Benefits, please contact Cathy D'Ambrosio in Human Resources at **732-363-2900**, ext. 3070 or **cathyd@pinebeltcars.com**.

Basic Life and AD&D

USAble

Pine Belt provides you with basic life and accidental death and dismemberment (AD&D) coverage at no cost to employees. There are no changes to the Basic Life and Accidental Death and Dismemberment (AD&D) insurance provided through USAble.

Please contact Human Resources to update your beneficiary.

	Basic Employee Life and AD&D
Life Insurance Benefit Amount	$20,000
Reduction Schedule	The benefit reduces to 65% at age 65; 50% at age 70; and terminates at retirement
AD&D Insurance Amount	Equal to life insurance amount
Eligibility	All permanent, full-time employees qualify for this coverage. Coverage begins on the first of the month following 30 days of active employment.
Contributions	This benefit is provided at no cost to you once you meet you eligibility waiting period. If you have questions, please see your local HR Manager for further information.

Voluntary Benefits

Aflac

Eligible employees also have the option to purchase the following voluntary benefits, administered by Aflac. Voluntary benefits can be used to supplement your core benefits and protect your family's financial future, should you be faced with the unexpected. The cost of these benefits is 100% paid by employees.

Accident Insurance

In the event of an unexpected injury, accident insurance can help protect your personal finances. Aflac provides affordable insurance that helps with expenses not covered by major medical insurance. Aflac pays cash benefits directly to you (unless specified otherwise), which can be used for anything you choose, meaning uncovered medical expenses won't break the bank if you are injured.

Cancer Protection Assurance

If faced with a cancer diagnosis, Aflac believes you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families. Aflac pays cash benefits directly to you, meaning you can have additional financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Short-Term Disability Income Insurance

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have additional financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Supplemental Whole Life Insurance with Accelerated Death Benefit

No one likes to think about the need for life insurance. But when people depend on you, Aflac is here to help you ensure their financial futures with life insurance benefits. You can choose the face amount that fits your budget as well as your lifestyle. If something happens to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills and debts.
- Income replacement
- Emergency funds and retirement expenses

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Aflac's hospital confinement indemnity insurance pays the benefit amount, as applicable, for a covered sickness or injury that occurs while coverage is in force. Benefit amounts can be paid for hospital confinement and daily hospital confinement.

For additional information and to enroll, scan the QR code or contact:

Brian DeNoia
848-207-0501
Brian_denoia@us.aflac.com

CancerCare Program

(Included in Health Plan Coverage)

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.

Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples are Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.

Expert Medical Team

During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.

How do I use the Program?

To gain access to our services, register online at **www.cancercareprogram.com**, or call us at **1.877.640.9610**. Once you are registered in our system, a nurse will be assigned to your case and they will help you for the rest of your cancer journey.

Do I have to pay for CancerCARE?

The CancerCARE Program is an additional service included in the health plan covered by your company. Registration and program features are covered by your health plan. Contact your HR representative for more information. What if I am already being treated for cancer?

You can join CancerCARE at any point during your treatment. Once registered, we are able to collaborate with your local oncologist and give them access to resources they may not have at their facility. We will also review your treatment plan to ensure everything is evidence-based quality care.

I don't have cancer, do I still need to register?

Registration is only required if you have been diagnosed with cancer. If you had cancer in the past and are now cancer-free, you can still register as a survivor and we will help you deal with any long-term issues and concerns. Covered dependents can also register for CancerCARE.

NICU Care Management

ProgenyHealth (Included in Health Plan Coverage)

ProgenyHealth is the only company exclusively dedicated to NICU Care Management. ProgenyHealth's integrated services start when an infant is admitted to the NICU and continue through a baby's first birthday, and beyond.

Delivering better outcomes by optimizing savings levers:

- Length of Stay: ProgenyHealth standard of 10% or greater reduction of length of stay
- Leveling of Care: Direct savings across all payment methodologies
- DRG Assignments: Correct diagnosis codes to ensure appropriate assignment and weights
- ER Visits: Case management support to prevent unnecessary ER visits
- Readmissions: Reduction in hospital readmissions through focused Case Management
- Social Detriments of Health: Solving for shelter, food insecurity, health literacy, transportation, and other SDoH concerns

Did You Know...

$64,815	Is the average cost of a preterm birth, an increase by 25%
1 in 10	Infants in the US are born premature; trending up 4 years in a row
1 in 9	Families experience food insecurity
15 minutes	One infant is born with Neonatal Abstinence Syndrome every 15 minutes, on average, in the US

Frequently asked questions

- **What is ProgenyHealth?**
  ProgenyHealth is the only national company dedicated to the care management for NICU infants. Their care coordination team includes neonatologists, pediatricians, lactation consultants, nurses, and social workers with a deep understanding of the latest evidence-based health protocols needed to improve outcomes for premature and medically complex newborns.
- **What activities will ProgenyHealth conduct?**
  ProgenyHealth's clinical care nurses conduct admission and continued stay review, discharge planning, and post hospitalization care of newborns admitted to the NICU or Special Care Nursery. These services also include any readmissions that may occur after discharge.
- **What are the hours of operation?**
  ProgenyHealth's regular hours of operation are 8:30 am to 5:00 pm Monday - Friday EST. However, their dedicated care managers work flexible hours to make themselves available to you at other times.
- **How is ProgenyHealth notified for admission and continued stay review of newborns?**
  The associated TPA will notify ProgenyHealth via secure fax for the initial admission and any concurrent view.

To learn more about how ProgenyHealth can improve health outcomes and deliver substantial NICU case cost savings, visit **www.progenyhealth.com** or call **610.832.2001 ext. 227**.

Valenz (Formly KISx Card)

Surgical Assistance (Included in Health Plan Coverage)

Valenz is the nation's largest surgical and imaging direct contracting solution. We are here not only to save you and your employees a substantial amount of money, but to make healthcare SIMPLE — the way it should be!

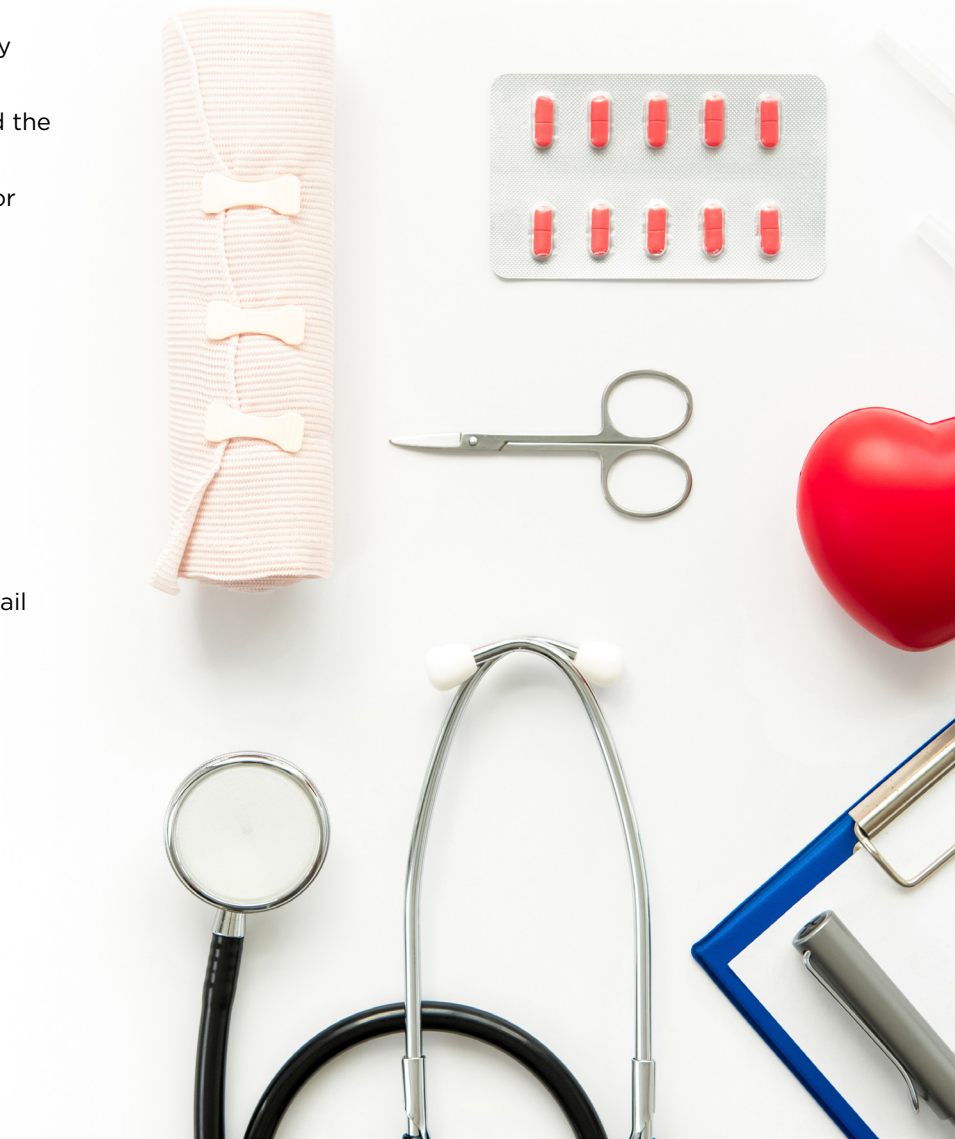
Experience:

- 1 in 3 patients use the program more than once within a year
- Valenz procedures constitute 30-35% of your annual medical spend
- Patient no longer avoids a procedure that they possibly couldn't afford
- Valenzis integrated with over 40 TPA's around the Country
- Valenz published in Employee Benefits Advisor Magazine
- Valenz client at the White House as part of Transparency Executive Order

Savings:

- 50% Average Savings
- Over 400 Procedures Available
- $310 per Employee per Year Savings

For more information contact **877-GET-KISX**, email **info@getKISx.com** or visit **GETKISx.com.**



Additional Resources

Benefits MAC

Conner Strong & Buckelew

Don't get lost in a sea of benefits confusion! With just one call or click the Benefits MAC can help guide the way! The Benefits Member Advocacy Center ("Benefits MAC"), can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on

Please contact the Conner Strong & Buckelew Benefits Member Advocacy Center for Assistance:

- Via phone: **800-563-9929**, M–F, 8:30am — 5am EST
- Via web: **www.connerstrong.com/memberadvocacy**

BenePortal

Online Benefits Information

At Pine Belt, you have access to a full-range of valuable employee benefit programs. BenePortal is available 24/7 to Pine Belt's employees and their eligible dependents to access benefit plan information, insurance company contacts, forms, guides, links and other applicable benefit materials. You can:

- Review your options for medical, prescription, dental and vision coverage
- Download plan designs, Summary Plan Descriptions, Enrollment Forms, etc.

Simply go to: **www.pinebeltbenefits.com** to access your benefits information today!

Husk Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Learn more at **https://marketplace.huskwellness.com/connerstrong**.

HealthyLearn

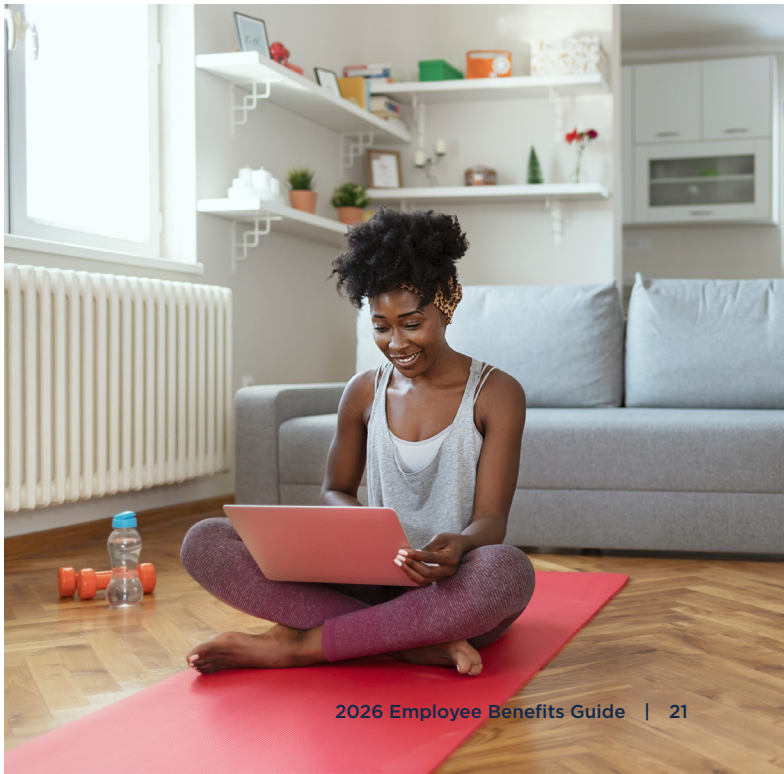
This resource covers over a thousand health and wellness topics in a simple, straightforward manner. The HealthyLearn On-Demand library features all the health information you need to be well and stay well.

Learn more at **www.healthylearn.com/connerstrong**.

Benefit Perks

This feature provides a broad array of services, discounts, and special deals on consumer services, travel services, recreational services, and much more. Simply access the site and register and you can begin using it now.

Learn more at **https://connerstrong.corestream.com**.



Carrier Contacts

CONTACT	CARRIER NAME	PHONE NUMBER	WEBSITE
Medical	Meritain	800-925-2272	www.meritain.com
Pharmacy	CVS Caremark	800-552-8159	www.caremark.com
Dental	Delta Dental	800-452-9310	www.DeltaDentalNJ.com
Voluntary Vision	NVA	800-672-7723	www.e-nva.com
Life and AD&D	USAble	800-370-5856	www.usablelife.com
Health Savings Account (HSA)	Health Equity	866-346-5800	www.healthequity.com
NICU Assistance	Progeny Health	610-832-2001 ext. 227	www.progenyhealth.com
Cancer Management	Cancer Care	877-640-9610	www.cancercareprogram.com
Surgical Assistance	KISx	877-438-5479	www.getkisx.com
Voluntary Aflac	Aflac	800-992-3522	www.aflac.com

Legal Notices

Section 125

Certain benefits described in this guide may be purchased with pre-tax payroll dollars as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually increase your spendable income.

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

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

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact the HR/Benefits Department.

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with HR/Benefits Department.

Newborns' and Mothers' Health Protection Act

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

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

A Summary of Benefits and Coverage (SBC) will be available for your review by logging into Pine Belt's custom BenePortal website or by requesting a copy form Cathy D'Ambrosia in Human Resources. These documents will summarize important information about health coverage in a standard format. If you would like a hard copy of the SBC, you may obtain one from Human Resources.

Premium Assistance Under Medicaid & The Children's Health Insurance Program (CHIP)

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

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

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

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

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

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

ALASKA – Medicaid
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

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ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
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+)
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

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

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

INDIANA – Medicaid
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)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
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 Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
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
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

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

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

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

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

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

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

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

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

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

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

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – 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)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

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

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

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website:
https://medicaid.utah.gov/upp/

Legal Notices

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
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

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

West Virginia – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

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

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

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

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

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

Important Notice from Pine Belt Enterprises About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Pine Belt Enterprises and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare 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.
- Pine Belt Enterprises has determined that the prescription drug coverage offered by Meritain Health/CVS Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

Prescription Benefits	EPO Plan	High Deductible Health Plan with HSA
Retail (30 day supply) Generic Preferred Brand Non-Preferred Brand	$20 copay $40 copay $70 copay	Plan pays 80% after deductible
Mail Order & Home Delivery (90 day supply) Generic Preferred Brand Non-Preferred Brand	$60 copay $120 copay $210 copay	

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Pine Belt Enterprises coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Pine Belt Enterprises coverage, be aware that you and your dependents will 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 Pine Belt Enterprises 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 Pine Belt Enterprises 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:	December 2025
Name of Entity/Sender:	Pine Belt Enterprises
Contact – Position/Office:	Human Resources
Address:	1088 Route 88, Lakewood, NJ
Phone Number:	732-363-2900 ext. 3070

PINE BELT ENTERPRISES | 1088 ROUTE 88 | LAKEWOOD, NJ