

**T.A. SOLBERG COMPANY, INC.**

**2024** Employee Benefits Guide

# Guide Content:


This guide will help you get to know your benefits and your choices for the 2024 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

- Discount Benefits and Perks
- Health Plan Summaries
- Health Plan Value-Added Services
- Health Savings Account
  - \*HSA Rewards
  - \*HSA Instructions (Associated Bank Portal)
- Dental Plan Summary, Premiums
- Vision Plan Summary, Premiums
- Dependent Care Benefit – Flexible Spending
- Account Basic Life, AD&D, Voluntary Life, AD&D, Disability, Voluntary Long-Term Disability
- Additional Benefits
- Enrollment Checklist
- Forms
  - \*Spousal Medical Certification Form
  - \*Wellness Certification Form
  - \*HSA Change Form
  - \*Exercise Rewards Submission Form
- Required Notices

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

*New & Enhanced!*

## Associate Discounts from T.A. Solberg Companies.

 <p>Save 10% In-store</p>	 <p>Save 15% In-store</p>	 <p>Save 10% In-store</p>	 <p>Save 10%</p>
 <p>Save 50%</p>	 <p>Save 10%</p>	 <p>20% off Regularly Priced Items 10% off Power Tools, Mowers and Grills</p>	 <p>Save 10% on Design &amp; Printing Services</p>

## Associates are our greatest asset

- Rewarding our associates with the discounts above is one way we help you achieve your goals - from savings to work/life balance.
- Use your current associate discount card to receive these benefits. Please note the Trig's and Trig's Smokehouse discounts are available in-store only.
- Ask your leader any questions you may have or feel free to reach out to HR.

**T.A. Solberg Company, Inc.**  
All T.A.S. policies and exclusions still apply.

**Visit our associate dashboard for more info at [Trigs.com](https://www.trigs.com)**



## Carrier Contacts



<i>Coverage</i>	<i>Carrier</i>	<i>Contact</i>
Medical	Aspirus Health Plan	800.847.4707 <a href="http://www.aspirus.org/aspirus-health-plan">www.aspirus.org/aspirus-health-plan</a>
Prescription Drug	Navitus	844.268.9789 <a href="http://www.aspirus.org/aspirus-health-plan">www.aspirus.org/aspirus-health-plan</a>
Specialty Medication	Lumicera	855.847.3553 <a href="http://www.aspirus.org/aspirus-health-plan">www.aspirus.org/aspirus-health-plan</a>
Trig's Pharmacy	Minocqua Eagle River Rhinelander Tomahawk	715.356.9449 715.479.6413 715.369.4849 715.453.2741
Dental	Delta Dental of WI	800.236.3712 <a href="http://www.deltadentalwi.org">www.deltadentalwi.org</a>
Vision	DeltaVision	844.848.7090 <a href="http://www.eyemed.com">www.eyemed.com</a>
Dependent Care Flexible Spending Account	Employee Benefit Corp	800.346.2126 <a href="http://www.ebcflex.com">www.ebcflex.com</a>
Short-Term & Long-Term Disability	New York Life	800.538.3543 <a href="http://www.newyorklife.com/">www.newyorklife.com/</a>
Life Insurance	New York Life	800.538.3543 <a href="http://www.newyorklife.com/">www.newyorklife.com/</a>
Human Resources	Nate Vollmer	715.252.2684 <a href="mailto:nvollmer@tasolberg.com">nvollmer@tasolberg.com</a>
401K Benefit	Empower Retirement	855.756.4738 <a href="http://www.empower-retirement.com">www.empower-retirement.com</a>

# Benefit Schedule

Elections you make during open enrollment will become effective January 1, 2024 and run through December 31, 2024.

This packet includes the benefits and enrollment material offered at T.A. Solberg Company, Inc. for 2024. We encourage you to take the time to read through and explore your benefits options. At T.A. Solberg Company, Inc., we value our associates and are committed to providing a comprehensive and competitive benefits package. To keep up with evolving trends, below are changes you will see in this year's benefit package:

Certain benefits you elect require an associate contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact **Nate Vollmer (Director of HR)** at [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com).

<i>Benefit</i>	<i>Coverage For...</i>	<i>Enrollment Required?</i>	<i>Coverage Effective 1/1/2024 - 12/31/2024</i>
<b>Medical</b>	Employee & Family	Yes	First of the month following date of hire
<b>Health Savings Account</b>	Employee & Family	Yes	First of the month following date of hire
<b>Dental</b>	Employee & Family	Yes	First of the month following date of hire
<b>Vision</b>	Employee & Family	Yes	First of the month following date of hire
<b>Life / AD&amp;D</b>	Employee & Family	Yes	First of the month following date of hire
<b>Employee Assistance Program</b>	Employee & Family	No	Immediately upon hire
<b>Short-Term Disability</b>	Employee Only	Yes	First of the month following date of hire
<b>Long-Term Disability</b>	Employee Only	Yes	First of the month following date of hire
<b>Limited Flexible Spending Account – Dependent Care</b>	Employee & Family	Yes	First of the month following date of hire
<b>401k and 401k Roth Retirement Benefit</b>	Employee Only	Yes	First of the month following date of hire

# Medical Plans



You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. T.A. Solberg provides eligible associates the choice of two medical plans administered by **Aspirus Health Plan**.

1. The **Signature HMO Plan** offers the lowest premiums and features Aspirus Health Care and affiliated providers and does not provide any coverage – outside of the network – except for emergency room services or with an approved referral from Aspirus Health Plan.
2. The **Freedom Network Point-of-Service Plan**. This is a 2-Tier plan – meaning that it does provide both in and out-of-network coverage. This option features Freedom Network which provides additional access to WI-based providers in addition to all of the providers in the Signature Network, but does have a higher premium cost.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Aspirus Health Plan network that you select. Find a participating health care provider in your area by going to: <https://p1.aspirushealthplan.com/find-a-doctor/>

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information. This information can be found on the associate benefits portal at [www.trigs.com/benefits](http://www.trigs.com/benefits).

## Terms to Know

### Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** covering costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

### In-Network Coinsurance

**Both Plans Pay 100%**

### Out-of-Network Coinsurance

**Freedom Plan only: Pays 80%**

### Eligibility

- All full-time employees

### And Your...

- Spouses
- Biological children, stepchildren, legally adopted children (effective from the date place for adoption), and foster children up to age 26.

## Medical Plan Option 1 -Signature Network

<b>Aspirus Health Plan</b>	<b>HMO Plan   Qualified HDHP</b>	
<b>Signature Network (OPTION 1):</b>	<b>In-Network Coverage Only</b>	
<b>Deductible</b>		
Single		\$3,500
Family		\$7,000
<b>Coinsurance</b>		100%
<b>Out-of-Pocket Maximum</b>		
Single		\$6,750
Family		\$13,500
<b>Physician Services</b>		
Preventive Care		<b>100%</b>
Virtual Care		See MDLive Info
Office Visits		Deductible, then 100%
<b>Hospital Services</b>		Deductible, then 100%
<b>Trig's Pharmacies</b> (Deductible, then..)	<b>30 Day Supply</b>	<b>90 Day Supply</b>
Tier 1	\$20	\$50
Tier 2	\$40	\$100
Tier 3	\$100	\$250
<b>Specialty Medications</b>	25% to \$250	Not Applicable
<b>All Other Pharmacies</b> (Deductible, then..)	<b>30 Day Supply</b>	<b>90 Day Supply</b>
Tier 1	\$30	<b>Not Applicable</b>
Tier 2	\$60	<b>Not Applicable</b>
Tier 3	\$150	<b>Not Applicable</b>
<b>Specialty Medications</b>	25% to \$300	Not Applicable

**Prescription Drug Services:** 90-day supplies of medication can be only filled through Trig's Pharmacies. Prescriptions filled through other pharmacies will be limited to a 30-day supply. Maintenance medications (non-speciality that are taken on an on-going regular basis) can only be filled through Trig's Pharmacies after two refills.

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

# Signature Network for Group Health Plans

## A high-quality, cost-effective, and local network

Aspirus Health Plan's Signature Network represents the full continuum of health care services, including more than 800 Aspirus physicians and specialists. It is comprised of Aspirus-employed physicians and independent physicians, numerous hospitals, ambulatory surgery centers, and other allied health care professionals and facilities.

## The Signature Network also offers:

- More than 51 specialties
- Comprehensive network of outpatient centers and physician clinics
- Home health care and hospice services
- Ambulatory surgery services

### Aspirus Health Hospitals in Wisconsin

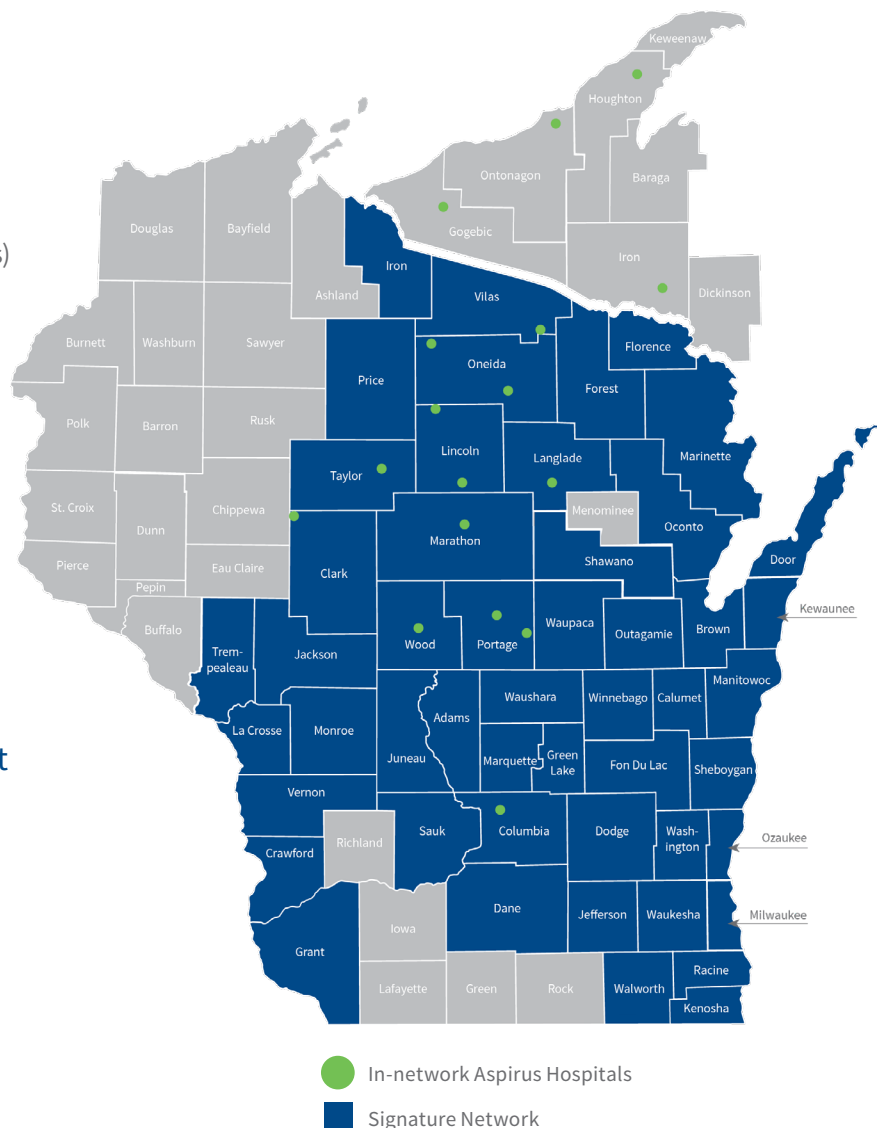
- Aspirus Divine Savior Hospital (Portage)
- Aspirus Eagle River Hospital
- Aspirus Langlade Hospital (Antigo)
- Aspirus Medford Hospital
- Aspirus Merrill Hospital
- Aspirus Plover Hospital (Stevens Point)
- Aspirus Rhinelander Hospital
- Aspirus Riverview Hospital (Wisconsin Rapids)
- Aspirus Stanley Hospital
- Aspirus Stevens Point Hospital
- Aspirus Tomahawk Hospital
- Aspirus Wausau Hospital
- Howard Young Medical Center (Woodruff)

### Aspirus Health Hospitals in Michigan's Upper Peninsula

- Aspirus Iron River Hospital
- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hospital (Laurium)
- Aspirus Ontonagon Hospital

### Other in-network hospitals throughout Wisconsin include:

- Aurora Health Care
- Bellin Health
- Children's Wisconsin
- Gundersen Health System
- Reedsburg Area Medical Center
- The Medical College of Wisconsin
- ThedaCare
- UW Health



Plans and products are available to businesses in the following counties: Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Sauk, Shawano, Taylor, Vilas, Waushara and Wood.



# List of providers

Counties	Hospitals in County	Major Providers in County
<b>Brown</b>	Aurora BayCare Medical Center, Bellin Memorial	Aurora Medical Group, Bellin Health Partners, Children's Wisconsin
<b>Calumet</b>	Aurora Medical Center Manitowoc, ThedaCare Regional Medical Center - Appleton	Bellin Health Partners, ThedaCare Physicians
<b>Columbia</b>	UW Hospital and Clinics	UW Health System
<b>Crawford</b>	Gundersen Boscobel Area Hospital and Clinics, Gundersen St. Joseph's Hospital and Clinics, UW Hospital and Clinics	Gundersen Health System, UW Health System
<b>Dane</b>	American Family Children's Hospital, UW Hospital and Clinics	UW Health System, Children's Wisconsin
<b>Dodge</b>	Aurora Oshkosh, Aurora Washington Co., ThedaCare Medical Center - Berlin	Aurora Medical Group, UW Hospitals and Clinics
<b>Door</b>	Aurora BayCare, Aurora Manitowoc, Bellin Memorial	Aurora Medical Group, Bellin Health Partners
<b>Fond du Lac</b>	Aurora Medical Center Oshkosh, Aurora Medical Center Washington Co. Aurora Sheboygan	Aurora Medical Group
<b>Grant</b>	Gundersen Boscobel Area Hospital and Clinics	Gundersen Boscobel Area Hospital and Clinics
<b>Green Lake</b>	ThedaCare Medical Center-Berlin	ThedaCare Physicians
<b>Jackson</b>	Aspirus Riverview, Gundersen Lutheran, Gundersen Tri-County	Gundersen Health System, Children's Wisconsin
<b>Jefferson</b>	UW Hospital and Clinics	UW Health System
<b>Kenosha</b>	Aurora Medical Center Kenosha	Aurora Medical Group, Children's Wisconsin
<b>Kewaunee</b>	Aurora Medical Center Manitowoc	Aurora Medical Group, BayCare Clinic, Bellin Health Partners
<b>La Crosse</b>	Gundersen Lutheran	Gundersen Health System
<b>Manitowoc</b>	Aurora Medical Center Manitowoc	Aurora Medical Group
<b>Marinette</b>	Aurora Medical Center - Bay Area	Aurora Medical Center - Bay Area, Bellin Health Partners, Northreach Healthcare
<b>Marquette</b>	ThedaCare Medical Center - Berlin, ThedaCare Medical Center - Wild Rose	ThedaCare Physicians
<b>Milwaukee</b>	Aurora Sinai, Aurora St. Luke's, Aurora St. Luke's South Shore, Aurora West Allis, Children's Wisconsin	Aurora Medical Group, The Medical College of Wisconsin, Children's Wisconsin
<b>Monroe</b>	Gundersen Lutheran, Gundersen St. Joseph's	Gundersen Health System
<b>Oconto</b>	Bellin Health Oconto Hospital	Aurora Medical Group, Bellin Health Partners
<b>Outagamie</b>	ThedaCare Regional Medical Center-Appleton	Aurora Medical Group, ThedaCare Physicians
<b>Ozaukee</b>	Aurora Medical Center Grafton	Aurora Medical Group, Children's Wisconsin
<b>Racine</b>	Aurora Memorial of Burlington	Aurora Medical Group, Children's Wisconsin
<b>Sauk</b>	UW Hospital and Clinics, Reedsburg Area Medical Center	UW Health System, Reedsburg Area Medical Center
<b>Shawano</b>	ThedaCare Medical Center-Shawano	Aurora Medical Group, Bellin Health Partners, ThedaCare Physicians
<b>Sheboygan</b>	Aurora Sheboygan Memorial Medical Center	Aurora Medical Group
<b>Trempealeau</b>	Gundersen Tri-County Hospital and Clinics	Gundersen Tri-County Hospital and Clinics, Gundersen Health System
<b>Vernon</b>	Gundersen St. Joseph's Hospital and Clinics	Gundersen Health System, Gundersen St. Joseph's Hospital and Clinics
<b>Walworth</b>	Aurora Lakeland Medical Center	Aurora Medical Group, Children's Wisconsin
<b>Washington</b>	Aurora Medical Center Washington Co.	Aurora Medical Group, Children's Wisconsin
<b>Waukesha</b>	Aurora Summit, Oconomowoc Memorial, Waukesha Memorial	Aurora Medical Group, Children's Wisconsin
<b>Waupaca</b>	ThedaCare Medical Center-New London, ThedaCare Medical Center-Waupaca	Aurora Medical Group, ThedaCare Physicians
<b>Waushara</b>	ThedaCare Medical Center-Wild Rose	ThedaCare Physicians
<b>Winnebago</b>	Aurora Medical Center-Oshkosh, Children's Wisconsin, ThedaCare Regional Medical Center-Neenah	Aurora Medical Group, ThedaCare Physicians, The Medical College of Wisconsin, Children's Wisconsin

## Medical Plan Option 2 – Freedom Network

Aspirus Health Plan Freedom Network (OPTION 2):	PPO Plan   Qualified HDHP	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$3,500	\$7,000
Family	\$7,000	\$14,000
<b>Coinsurance</b>	100%	80%
<b>Out-of-Pocket Maximum</b>		
Single	\$6,750	\$6,750
Family	\$13,500	\$13,500
<b>Physician Services</b>		
Preventive Care	<b>100%</b>	Deductible, 80%
Virtual Care	See MDLive Info	See MDLive Info
Office Visits	Deductible, then 100%	Deductible, then 80%
<b>Hospital Services</b>	Deductible, then 100%	Deductible, then 80%
<b>Walk-in Clinics   Urgent Care   ER</b>	<b>Deductible 100%</b>	
<b>Trig's Pharmacies</b> (Deductible, then..)	<b>30 Day Supply</b>	<b>90 Day Supply</b>
Tier 1	\$20	\$50
Tier 2	\$40	\$100
Tier 3	\$100	\$250
<b>Specialty Medications</b>	25% to \$250	Not Applicable
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Tier 1	\$30	<b>Not Applicable</b>
Tier 2	\$60	<b>Not Applicable</b>
Tier 3	\$150	<b>Not Applicable</b>
<b>Specialty Medications</b>	25% to \$300	Not Applicable

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## Flexibility to choose care

Aspirus Health Plan’s Freedom Network represents the full continuum of health care services, including more than 800 Aspirus physicians and specialists. It is comprised of Aspirus-employed physicians and independent physicians, numerous hospitals, ambulatory surgery centers, and other allied health care professionals and facilities. \*

## The Freedom Network also offers:

- More than 51 specialties
- Comprehensive network of outpatient centers and physician clinics
- Home health care and hospice services
- Ambulatory surgery services

*\*The Freedom Network is comprised of providers that are contracted through Aspirus Health Plan’s Signature Network in Wisconsin, as well as, any other Wisconsin based providers in the First Health Network.*

### Aspirus Health Hospitals in Wisconsin

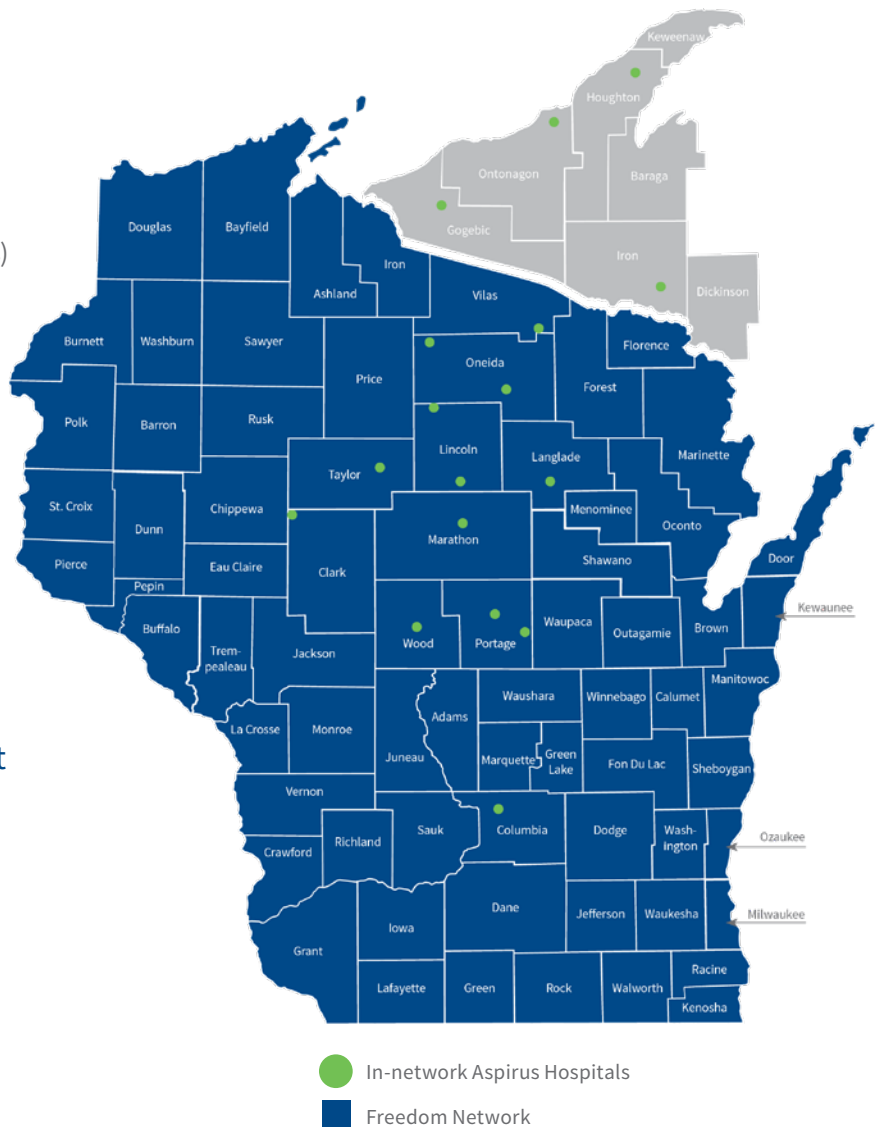
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### Aspirus Health Hospitals in Michigan’s Upper Peninsula

- Aspirus Iron River Hospital
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### Other in-network hospitals throughout Wisconsin include:

- Aurora Health Care
- Bellin Health
- Children's Wisconsin
- Froedtert
- Gundersen Health System
- Marshfield Clinic Medical Center's
- Mayo Clinic Health System
- Reedsburg Area Medical Center
- The Medical College of Wisconsin
- ThedaCare
- UW Health



● In-network Aspirus Hospitals  
 ■ Freedom Network

*Plans and products are available to businesses in the following counties: Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Sauk, Shawano, Taylor, Vilas, Waushara and Wood.*

# Network Outside of Wisconsin

## Comprehensive access to health care providers nationwide

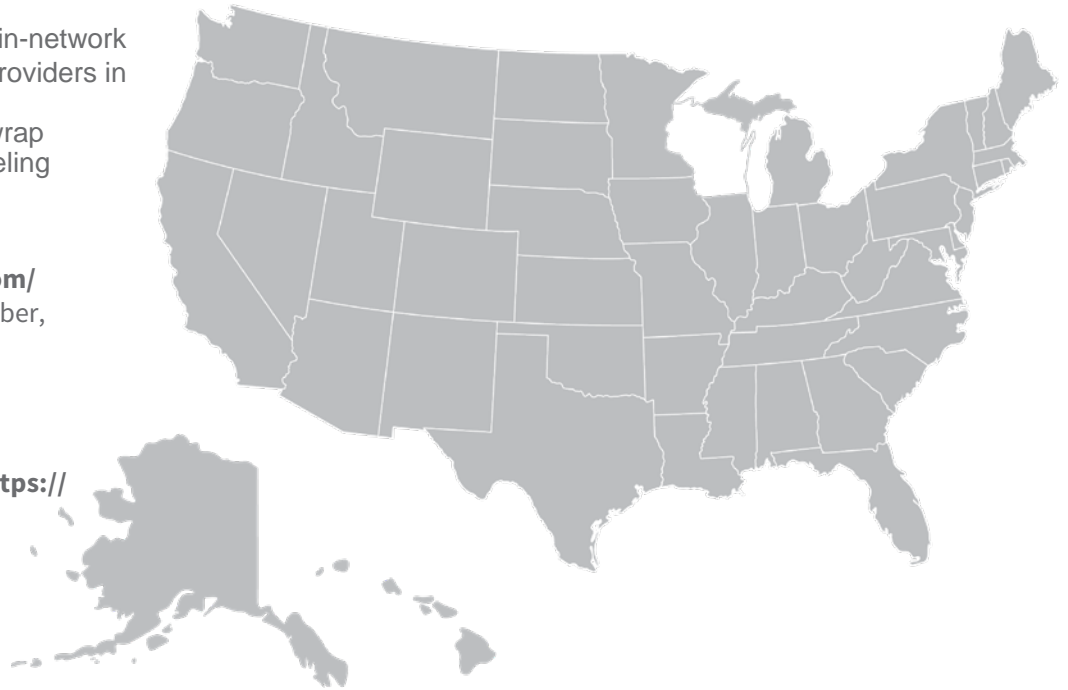
Group members can enjoy access to in-network benefits when they visit in-network providers in 49 states outside of Wisconsin. The out-of-state network functions as a wrap network for members living and traveling outside of Wisconsin.

### Locating In-Network Providers

Visit <https://p1.aspirushealthplan.com/find-a-doctor/>. Enter your Group Number, and click Go.

### Visitors

If you are visiting our website, go to <https://p1.aspirushealthplan.com/find-a-doctor/>. Select the I Agree button. You will be redirected to a page where you can search for a health care provider.



■ Network covers all 49 states outside of Wisconsin.

*If you choose to receive care from a non-participating provider, you will incur higher out-of-pocket costs.*



Providers are subject to change.  
For current information and to confirm a provider is in-network visit **AspirusHealthPlan.com**.

Call 833-811-4176 to select an Aspirus primary care practitioner.

# Medical Plan Premium Costs

Bi-weekly Rates	Your Cost Signature HMO	Company Cost Signature HMO	Your Cost Freedom PPO	Company Cost Freedom PPO
Employee	\$ 89.42	\$ 253.44	\$ 120.44	\$ 255.82
Employee + Spouse	\$ 183.31	\$ 519.55	\$ 246.90	\$ 524.42
Employee + Child(ren)	\$ 165.43	\$ 468.87	\$ 222.81	\$ 473.26
Family	\$ 277.20	\$ 785.68	\$ 373.37	\$ 793.03

## Surcharge

### Spousal Surcharge

\$25 Per Month

If offered coverage from another source

*\*Must complete Medical Coverage Verification Form if spouse is enrolled in a medical plan option.*



# Active & Fit Exercise Rewards

Aspirus Health Plan is pleased to offer a fitness rewards program for all members (ages 18+) who are enrolled on the District's Health Insurance Plan!



✓ \$30/month reward for visiting a gym at least 10 times per month for 30-minutes each visit

✓ To be eligible for the reward:

- (1) Use an "acceptable" fitness center that meets certain requirements
- (2) Visit the facility at least 10 times a month for 30 minutes a visit
- (3) Be age 18+ and enrolled on the Aspirus Health Plan insurance offered to T.A. Solberg Associates

✓ To claim your reward, you must:

- Complete a paper "Visit Submission Form" and submit it to American Specialty Health (ASH) – *address on form*

**\*\*Note – the mobile app will be discontinued in 2024\*\***

ToneZone Fitness is an  
approved facility!







## Acceptable Fitness Center Requirements:

1. Must have staff oversight and be open to the general public
2. Must offer a membership agreement
3. Must collect monthly or yearly fees – indicated by the membership agreement
4. Must have a clean Better Business Bureau record
5. Must carry liability insurance
6. Exclusions/Limitations include: rehab or physical therapy centers, martial arts centers, gym centers, hotels, social clubs or sports teams/leagues

# Understanding Your Care Options

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

Type of Care	Common Services	Approximate Wait Time	Average Member Cost
 <b>MDLive</b>	<ul style="list-style-type: none"> <li>○ General Health</li> <li>○ Counseling</li> <li>○ Psychiatry</li> <li>○ Dermatology</li> </ul>	<ul style="list-style-type: none"> <li>○ \$50 per visit or less</li> <li>○ \$90 per visit or less</li> <li>○ \$250 per visit or less</li> <li>○ \$59 per visit or less</li> </ul>	<p><b>No Wait</b> No exposure to germs in a waiting room</p> <p><b>\$50-250</b></p>
 <b>Urgent Care/Walk-in</b>	<ul style="list-style-type: none"> <li>○ Sprains or strains</li> <li>○ Mild asthma attack</li> <li>○ Sore throat</li> <li>○ Earaches</li> </ul>	<ul style="list-style-type: none"> <li>○ Minor broken bone</li> <li>○ Minor cut</li> <li>○ Minor infection</li> <li>○ Minor rash</li> </ul>	<p><b>Same Day</b> Availability</p> <p><b>\$150-\$200</b> Average Cost</p>
 <b>Your Doctor's Office</b>	<ul style="list-style-type: none"> <li>○ Preventative services</li> <li>○ Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>○ Medical problems that are not an immediate, serious threat to your health or life</li> </ul>	<p><b>1 Week</b> or More</p> <p><b>\$100-\$150</b></p>
 <b>Emergency Room</b>	<ul style="list-style-type: none"> <li>○ Sudden change in vision</li> <li>○ Sudden trouble talking</li> <li>○ Large open wounds</li> <li>○ Major burn</li> </ul>	<ul style="list-style-type: none"> <li>○ Severe head injury</li> <li>○ Heavy bleeding</li> <li>○ Chest pain</li> <li>○ Major broken bone</li> </ul>	<p><b>3 – 12</b> Hours</p> <p><b>\$1,600-\$2,000</b> Average Cost</p>

# Health Savings Account (HSA)

A Health Savings Account (HSA) allows you to pay for qualified medical expenses tax-free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

## Health Savings Account

Both of the medical plans offered by T.A. Solberg feature an HSA – Qualified High Deductible Health Plan. An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

When you enroll in either of the High Deductible Health Plan options, you may open an HSA with **Associated Bank**. See instructions on the following page.

## How the HSA Works

<b>Money Goes In</b>	<p>Pretax contributions from all sources, up to a total of:</p> <ul style="list-style-type: none"><li>○ \$4,150 for individual coverage</li><li>○ \$8,300 if you enroll your spouse and/or child(ren)</li><li>○ An extra \$1,000 if you are age 55 or older</li></ul>
<b>Money Goes Out</b>	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
<b>Have Money Left? It Rolls Over!</b>	<p>Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave T.A. Solberg, you can take it with you.</p>

\* If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

## Eligibility

- You must be enrolled in a HDHP
- You cannot have any other "impermissible coverage." If your spouse has a General Purpose FSA, you are not eligible to contribute to an HSA.
- You cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person's tax return





## New Program Starting in 2024!

All associates that participate in the TAS health plan and have an HSA account open with TAS are eligible to participate in our HSA Rewards program.

You can earn rewards in three ways and the company will deposit money into your associate HSA accounts as it is earned by the you.

**Visit our associate dashboard for more info at [Trigs.com](https://Trigs.com)**

### **New Year-Fresh Start Reward**

- \$15 for active SINGLE accounts; \$25 for active FAMILY accounts that are established by 1/1/2024.
- Must have active account by 1/1/2024.
- Deposited on first paycheck of the new year (1/4/2024)
- Newly Eligible Associates = earn the reward if account is set up by the end of their eligibility period (usually 30 days).

### **Wellness Reward**

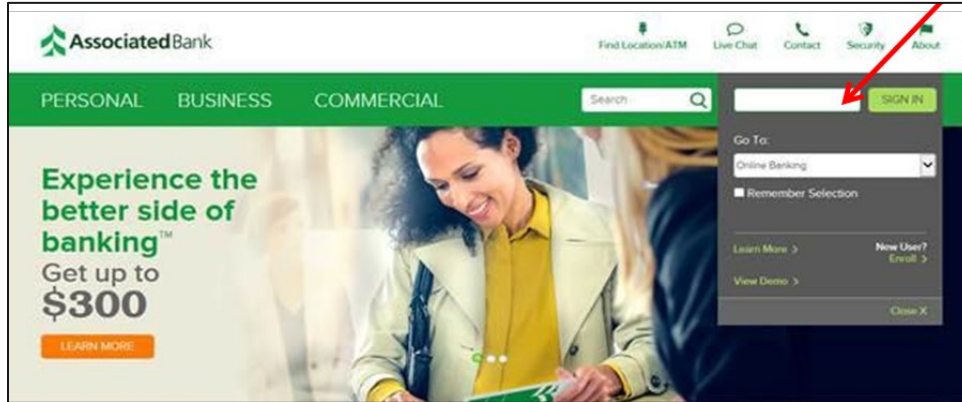
- \$35 for each associate that completes annual wellness visit by 12/31/2024.
- Complete certification form and turn into HR. (See facility leaders for details)
- Deposited at the end of the same quarter. (Must be active associate)

### **Trig's Pharmacy Utilization Group Reward**

- Up to \$40 for each associate per year (\$10 per quarter) if 75% of all precriptions by all plan participants are filled at Trig's Pharmacies.
- This is a group reward that includes dependents and spouses.
- Must be an active associate at end of each quarter to receive the reward.

# Instructions: Associated Bank Enrollment Portal

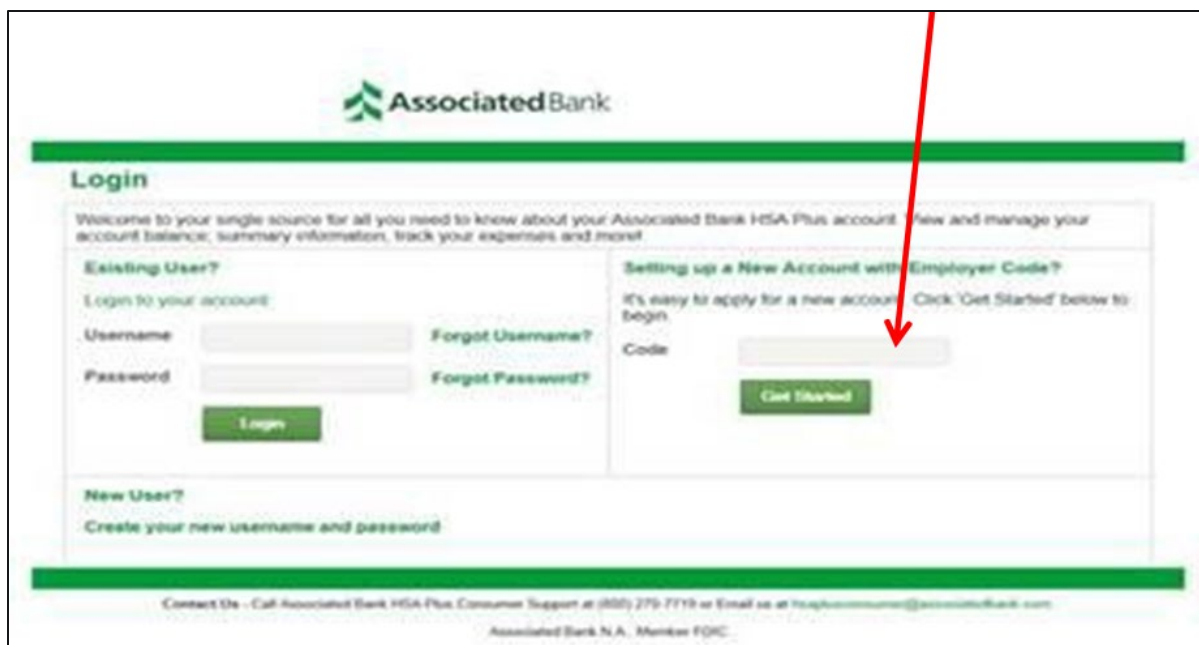
1. Go to [www.AssociatedBank.com](http://www.AssociatedBank.com) Click the white box next to SIGN IN



2. Under SIGN IN, select Associated Benefits Connect from the drop down box. Click SIGN IN



3. At the portal home page, add the Employer Code: **ABK-CV1003** to access the portal to enroll online.



# Dependent Care

## Flexible Spending Account (FSAs) Administered By

Covers eligible **day care** expenses for your tax-qualified dependent(s) under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

### My Plan Eligibility

---

Benefit Type	Eligibility
Dependent Care FSA	The employee is eligible the first of the month following date of hire. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
HSA Contributions	Employees must participate in a qualified High Deductible Health Plan. See your Summary Plan Description (SPD) for more information.
Insurance Premiums	Employees otherwise eligible for certain insurance coverages (listed in the My Other Pretax Benefits section) are eligible to pay for those premiums before taxes.

### My FSA Options

---

You may choose to participate in and contribute to the following flexible spending account (FSA) options.

<b>Dependent Care FSA</b>	Used for daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must be working, looking for work, or be a full-time student to use this account.
Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	\$5,000

#### Eligibility

- All full-time employees

Employee  
**Benefits**  
Corporation

# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why T.A. Solberg offers a dental plan administered by Delta Dental of Wisconsin.



<b>Individual Annual Maximum</b>	<b>\$1,000</b>
<b>Deductible</b>	
Employee Only	\$50
Family	\$150
<b>Diagnostic &amp; Preventive Care Services</b>	
Exams, Cleanings, Fluoride Treatments, X-rays, Space Maintainers, Sealants	100%
<b>Basic Restorative Services</b>	
Emergency Treatments to relieve pain, Fillings, Extractions & Repairs & Adjustments to Bridges & Dentures	80%
<b>Major Restorative Services</b>	
Crowns, Inlays, Onlays, Bridges and Dentures, Repairs and Adjustments to Bridges and Dentures, Endodontics (nonsurgical & surgical), Periodontics	50%
Implants	0%
<b>Orthodontic Services</b>	
Coinsurance	50%
Individual Lifetime Maximum	\$2,000
Dependents & Full-Time Students Eligible to Age	19
Adult Ortho	Not Covered

Refer to the "Your Dental Benefits" Summary Plan document for detailed dental plan coverage information.

## AMPLIFON HEARING HEALTHCARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call [888-901-0132](tel:888-901-0132) or visit [www.amplifonusa.com/deltadentalWI](http://www.amplifonusa.com/deltadentalWI) for information.

Bi-Weekly Rates	Employee Cost
Employee	\$13.92
Employee + Spouse	\$27.00
Family	\$54.42

### Eligibility

- All part-time and full-time employees

# Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why T.A. Solberg provides vision care administered by Delta Dental.



Features	DeltaVision Full Plan Insight Network	
Copay (Exams/Standard Plastic Lenses)	\$20 Copay	
Frame/Contact Allowance	\$150	
Frequency / Based on Calendar Year (Exams/Lenses or Contacts/ Frames)	12/ 12 / 24	
	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays \$20 copay	Plan pays \$35
Diabetic Eye Care Benefits included that provide an additional office visit & diagnostic testing for those who have diabetes		
Frames	Plan pays frame allowance, then 20% off balance	50% of the selected in- network allowance
Laser Vision Correction – Lasik or PRK	15% off Retail Price or 5% off Promotional Price	None
Contact Lens and Contact Lenses – In lieu of spectacles - as well as all other benefit details <b>See Delta Vision Benefit Guide</b>		

Bi-Weekly

Employee Cost

Employee	\$2.31
Employee + Spouse	\$4.62
Employee + Child(ren)	\$4.72
Family	\$7.03

## Eligibility

- All part-time and full-time employees



# Protection Plans

## Short Term Disability (STD)

T.A. Solberg’s Short Term Disability plan paid for by T.A. Solberg Co. This benefit pays a *weekly* percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury.

New York Life	Benefit Highlights
Premium	Employer Paid 100%
Weekly Benefit for Full-Time Associates	75% to \$500 for Full Time; 100% for Managers plus
Sickness Benefit Begins On	1st Day
Accident Benefit Begins On	8th Day
Maximum Benefit Duration	26 Weeks

## Long Term Disability (LTD)

This benefit pays a *monthly* percentage of your salary if you become disabled and are unable to work for an extended period of time. Long-term disability coordinates with short-term disability and starts once short-term benefits run out.

New York Life	Benefit Highlights
Premium	Employee Paid – See rate chart
Monthly Benefit	60% to \$6,000
Elimination Period	180 Days
Maximum Benefit Duration	Until you are able to return to work, or if you are permanently disabled, you will receive this benefit up to your Social Security Normal Retirement Age (SSNRA)

Age	Monthly rate per \$100 of earnings
0 – 24	\$0.095
25-29	\$0.122
30 – 34	\$0.233
35 – 39	\$0.366
40 – 44	\$0.545
45 – 49	\$0.734
50 – 54	\$1.017
55 -59	\$1.079
60 – 64	\$1.139
65 – 69	\$1.183
70 - 74	\$1.216
75+	\$1.226

How to Calculate Your Bi-Weekly Cost:

**Step 1:** Divide your annual salary by 12 to calculate your monthly earnings.

**Step 2:** Use the chart to the right to find your Monthly rate based on age.

**Step 3:** Multiply this rate by your monthly earnings, or \$10,000, whichever is less.

**Step 4:** Divide the total by 100. The result is your Monthly cost.

**Step 5:** Multiply your Monthly cost by 12.

**Step 6:** Divide by 26. The result is your Bi-Weekly Cost.

**Eligibility**

- All full-time employees

# Protection Plans (continued)

## Group Term Life and Accidental Death & Dismemberment (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed by T.A. Solberg. As an eligible employee, you are covered for Group Term Life and AD&D insurance at no cost to you.

### New York Life

Premium	Employer Paid 100%
Amount of Life Insurance Benefit	1x Your Salary up to \$250,000
Amount of AD&D Benefit	1x Your Salary up to \$250,000

### Eligibility

- All full-time employees

## Voluntary Life Insurance

You may elect optional life insurance and accidental death and dismemberment (AD&D) insurance. These plans are paid 100% by you and are intended to supplement the provided Basic Life and AD&D Insurance described above. Evidence of insurability may be required for applications for coverage over the guaranteed issue amounts listed below. You can enroll or make changes online via Ceridian.

<i>Employee Benefit</i>	Maximum benefit is \$500,000. Sold in \$10,000 increments. Guaranteed issue amount of \$100,000
<i>Spouse Benefit</i>	Maximum benefit is \$250,000. Sold in \$5,000 increments, Guaranteed
<i>Child(ren) Benefit (to age 26)</i>	Maximum benefit is \$10,000. Sold in \$1,000 increments. The maximum benefit for a

<i>Employee/Spouse</i>	<i>Rates</i>
Less than 30	\$0.059
30-34	\$0.068
35-39	\$0.086
40-44	\$0.145
45-49	\$0.213
50-54	\$0.359
55-59	\$0.59
60-64	\$0.923
65-69	\$1.485
70-74	\$2.313
75+	\$4.143
Child	\$0.20
<i>AD&amp;D Coverage</i>	<i>Rates</i>
Employee	\$0.032
Family	\$0.047

### Eligibility

- All part-time and full-time employees

# Employee Assistance Program (EAP)

Whatever life  
throws at you –  
throw it our way.

Life Assistance Program from  
New York Life Group Benefit Solutions.



Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions (NYL GBS) is there for you with our NYL GBS Life Assistance Program. It can help you and your family find solutions and restore your peace of mind.

#### Call us anytime, any day

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

#### Visit a specialist

You have three face-to-face sessions with a behavioral counselor available to you – and your household members. Call us to request a referral.

#### Monthly webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

#### Achieve work/life balance

For help handling life's challenges, go online for articles and resources on family, care giving, pet care, aging, grief, balancing priorities, working smarter, and more.



#### Legal consultation and referrals\*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



#### Financial consultations

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

#### Life Assistance Program 24/7 support

Phone: (800) 538-3543

Website: [www.nylgbs-lap.com](http://www.nylgbs-lap.com)

\*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. The Life Assistance Program products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Behavioral Health, Inc. and Evernorth Care Solutions, Inc. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

Cigna Corporation and its subsidiaries are not affiliated with New York Life Insurance Company and its subsidiaries. New York Life Group Insurance Company of NY is not authorized in New York and does not conduct business in New York.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT  
SOLUTIONS

## Eligibility

- All employees



# Life Assistance Program.

Virtual counseling support.



## Get personal and confidential video-based counseling sessions with the New York Life Group Benefit Solutions (NYL GBS) Life Assistance Program (LAP).

Dealing with personal problems or substance abuse issues can be a challenge. But with NYL GBS LAP, you don't have to go it alone. And you don't have to go far for the care you need.

NYL GBS LAP will find you a network provider who'll offer virtual counseling sessions, so you can get help when and where it works best for you. Get quality care with video-based services,\* in a way that may be more convenient than visiting an office.

**Q: What kind of device can I use?**

**A:** Use your smartphone, tablet or computer for online video conferencing.

**Q: Will the provider need to see me in person first?**

**A:** You can schedule video-based appointments based on your provider's availability. Depending on your reason for treatment, your provider might require that you be seen first.

**Q: How much will it cost?**

**A:** NYL GBS LAP services are included with certain policies.\*\*



The benefits of receiving care through video-based services.

- Convenience
- Choice
- Privacy
- May reduce or eliminate costs for things like childcare or travel associated with face-to-face visits



Connect with care today.  
For assistance,  
call **(800) 538-3543**.



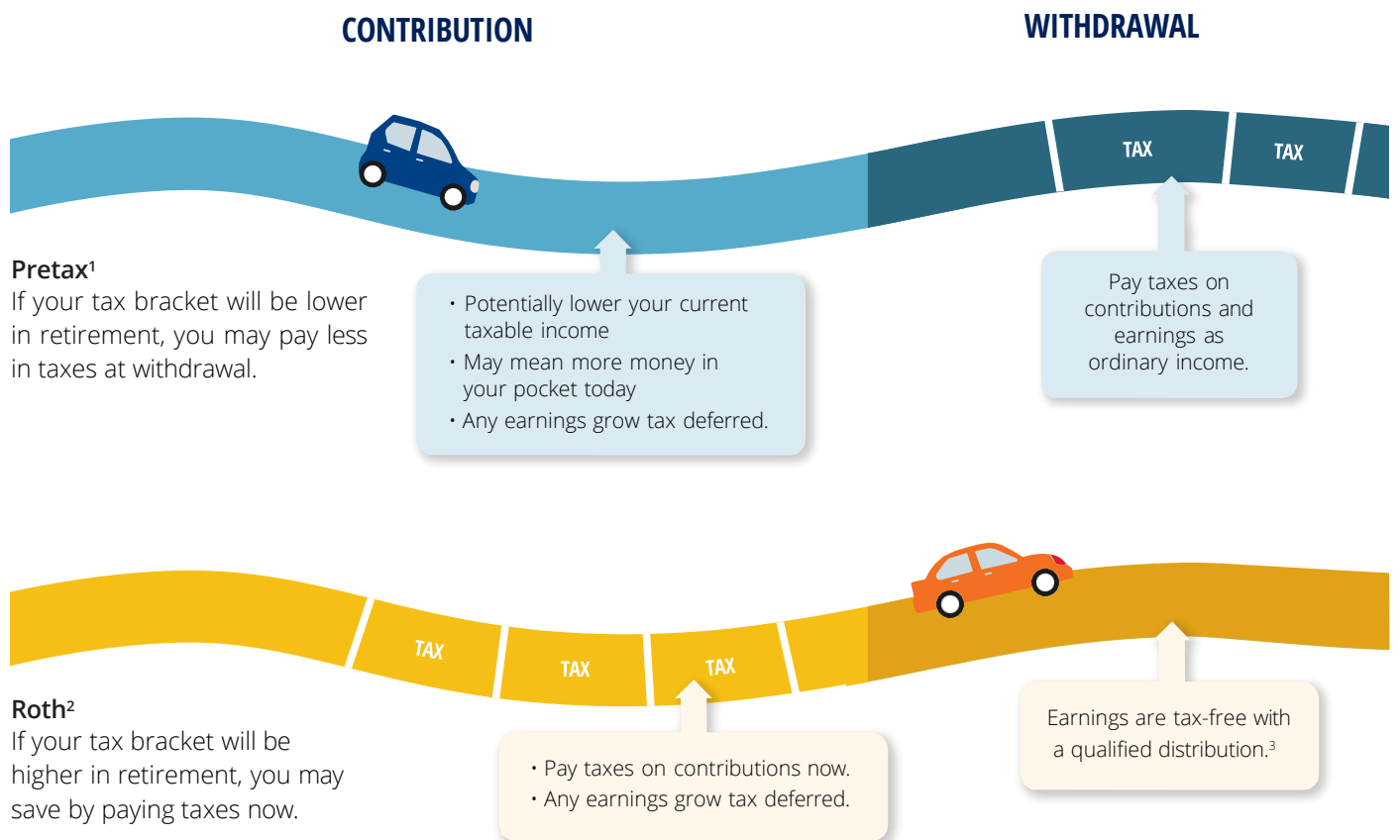
GROUP BENEFIT  
SOLUTIONS

## Eligibility

- All employees

# Pretax or Roth: Which road to take?

Before you determine which road or combination of roads may be right for you, you'll need to consider a few important factors, including when you want to pay taxes. Let's take a closer look.



Visit ► [learningfromempower.com](https://learningfromempower.com) to access helpful information, videos, calculators, and more

## What to know before you hit the road

	Pretax contributions	Roth contributions
Is my contribution taxable in the year I make it?		●
Is my contribution taxed when distributed?	●	
Are potential earnings on my contributions taxed when distributed?	●	No, provided that it is qualified distribution. <sup>3</sup>
Can I contribute to both Roth and pretax plans?	●	●
If I change jobs, can I roll over my account?	●	●
	Yes, to an eligible employer plan (if the plan allows it) or to an IRA. Consider all your options and their features and fees before moving money between accounts.	
If I experience a financial hardship, can I make a withdrawal?	●	●
	Yes, if your plan allows hardship withdrawals.	
Do I have to take a minimum distribution at age 73?	●	●
	Once you reach age 73, you are generally required to begin taking minimum distributions. <sup>5</sup>	
What is the maximum amount I can contribute?	You may contribute up to the IRS limit each year. Check IRS.gov for the limits.	

1 Contributions are made prior to tax withholding.

2 Contributions are made after tax withholding.

3 Subject to requirements: Roth contributions must be in your account for at least five years and the money withdrawn after you have reached age 59½, died, or been disabled. If a distribution is not qualified, the earnings are taxed as ordinary income and may be subject to early withdrawal penalties.

5 Eligible employer plans include: qualified plans (e.g., 401(k), governmental 457(b), and 403(b) plans). Roth contributions can only be rolled over to another designated Roth account or to a Roth IRA.

6 If you are still employed with the employer who sponsors the plan or if you are less than a 5% owner of the business sponsoring the plan, you may not be required to take a minimum distribution. The RMD age is 70½ for individuals who turned 70½ on or before December 31, 2019. The RMD age is 72 for individuals who turn age 70½ after December 31, 2019. The RMD age is 73 for individuals who turn age 72 after December 31, 2032, and before January 1, 2033. The RMD age is 75 for individuals who turn 74 after December 31, 2032. Refer to your plan provisions for more information.

Investing involves risk, including possible loss of principal.

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# Next Steps - Enrollment



Associates **MUST** actively elect or waive any of the coverages listed below at time of hire or annually during open enrollment.

Enrollment for all benefits is completed on the benefits enrollment section in your self-service portal called Dayforce. If you need assistance with accessing your portal, please contact your facility leaders or Human Resources.

---

## HEALTH PLAN

If you would like to enroll, switch your health plan, or change your family status, this is the one time during the year you can do so without a qualifying event.

Regardless of whether or not you are making any benefit plan changes for health insurance, you need to go into DayForce and make your January 1, 2024 elections/waiver for health insurance.

## DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status. No forms are needed.

## VISION PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status. No forms are needed.

## HEALTH SAVINGS ACCOUNTS

New HSA participants need to go online to create an account with Associated Bank. You need to have an account created before you have claims in order to use the HSA tax-free money to pay for them. You can change your HSA contributions monthly.

## DEPENDENT CARE BENEFIT PLANS -FSA

If you would like to enroll, add, or change your benefit elections, now is the time you are able to do that.

## LIFE, AD&D, and STD PLANS

All benefit-eligible associates are enrolled in this plan. Now is a good time to review your beneficiary designation for your life and AD&D policies.

## VOLUNTARY LIFE, AD&D & LTD PLANS

To enroll in this plan, you may enroll online. Evidence of insurability is required if you are requesting amount above the Guarantee Issue.

## QUESTIONS? NEED FORMS?

Contact your Facility Leaders or Human Resources.

# ENROLLMENT CHECKLIST

- 
- ✓ Enrolled/Waived Benefit Elections
  - ✓ Added Dependents to Applicable Plans
  - ✓ Verified Correct Primary Addresses for Dependents
  - ✓ Verified Beneficiaries for Applicable Plans (Ex. Life/ADD Insurance, Retirement Benefit)
  - ✓ Completed Spousal Medical Insurance Coverage Statement (Return to HR – Appendix 1)
  - ✓ Elected HSA Contributions
  - ✓ Set up HSA Account via Associate Bank Portal
  - ✓ Dependent Care Flexible Spending Account
  - ✓ Completed Evidence of Insurability Form (EOI) for all Applicable Voluntary Life Insurance Plans above the guaranteed amount (Return to HR)

# SPOUSE MEDICAL INSURANCE COVERAGE STATEMENT

T.A. Solberg Co., Inc. charges members of our medical plan a \$25 per month surcharge if the spouse is eligible for coverage through his/her employer and the spouse elects not to take the coverage. **If you have a spouse on the company's Medical Plan and the Human Resources office does not receive this document, you will be assessed a \$25 per month Spousal Surcharge.**

T.A. Solberg Co., Inc. Employee: Please complete Part I. Your spouse's employer (if applicable) needs to complete Part II.

## PART I. (To be completed by Employee)

Name: \_\_\_\_\_ Employee Social Security #: \_\_\_\_\_  
(Please print)

Spouse Name: \_\_\_\_\_ Spouse Social Security #: \_\_\_\_\_  
(Please print)

- My spouse is unemployed at this time. Date he/she became unemployed: \_\_\_\_\_
- My spouse is retired.
- My spouse is self-employed and doesn't offer group coverage to his/her employees.
- My spouse is a \_\_\_\_\_ employee.
- My spouse has other medical insurance available through his/her employer but chooses to be covered by T.A. Solberg Co., Inc. regardless if it is primary or secondary coverage (\$25 charge per month applies).
- My spouse is currently employed (Part II and Signature section below must be completed by your spouse's employer).

*I hereby certify that the information contained on this form is true and correct. I understand that T.A. Solberg Co., Inc. reserves the right to verify the information provided on this form by contacting my spouse's employer and that if my spouse becomes eligible for medical coverage from his/her employer during the plan year, I must notify T.A. Solberg Co., Inc. of this change within 30 days. I also understand that intentional misrepresentation of any information constitutes fraud and is a serious violation of company policy, which may result in legal action, financial consequences, and disciplinary action up to and including dismissal.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II. (To be completed by spouse's employer, if applicable)

Company Name: \_\_\_\_\_

Please check all that apply:

- The above named "spouse" is employed at this company.
- The above named "spouse" is eligible for medical coverage, and is currently enrolled in employer's medical insurance (City's coverage will be considered secondary for "spouse"). *Please complete information below regarding current coverage:*
  - Insurance carrier: \_\_\_\_\_ Effective date of coverage: \_\_\_\_\_
- The above named "spouse" is eligible for medical coverage, but is not currently enrolled in employer's medical insurance.  
→ Employee may enroll due to voluntary loss of other coverage (*circle one*): Yes / No
- The above named "spouse" is not eligible for medical coverage at this time; because (*please state reason or attach letter*): \_\_\_\_\_
  - Date employee may apply for coverage again: \_\_\_\_\_
  - Employee may enroll due to voluntary loss of other coverage (*circle one*): Yes / No
- No health insurance coverage is offered by employer.

## Signature of "Spouse" Employer (Must be completed if Part II was completed)

Name of person completing this form: \_\_\_\_\_ (Please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_



# 2024 Wellness Certificate

T.A. Solberg Co., Inc.

Associates enrolled in T.A. Solberg Co., Inc.'s health insurance plan can qualify for a 2024 HSA Reward by completing an annual preventative care exam with their Primary Care Physician (PCP). To verify completion, the following form must be signed by the patient and PCP and returned to T.A. Solberg Co., Inc.'s Human Resources department.

## Section 1 | Patient Section

T.A. Solberg Co., Inc.

Associate Member:

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Last Name*

Patient Date of Birth:

\_\_\_\_\_

*Month*

\_\_\_\_\_

*Day*

\_\_\_\_\_

*Year*

I am participating in the 2024 health insurance HSA Reward program and hereby authorize my healthcare provider to complete this document on my behalf. **I also acknowledge that it is my responsibility to ensure my wellness certificate is completed by my Primary Care Physician (PCP) and is returned to T.A. Solberg Co., Inc. Human Resources department.**

\_\_\_\_\_

**Patient Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

## Section 2 | Primary Care Provider (PCP) Section

Please indicate the patient's achievement:

- Patient has completed an annual preventative care exam between 01/01/2024 – 12/31/2024

**OR**

- The patient is **not required** to complete a preventative care exam on an annual basis.

\_\_\_\_\_

**Primary Care Provider Name** *(please print)*

\_\_\_\_\_

**Primary Care Provider Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

.....

Upon completion, you or your healthcare provider may return this document to your HR Department. It is ***your responsibility*** to ensure that this form is received by our Human Resources department by **the end of the 2024 tax year.**



## 2024 Health Savings Account Authorization Form

All associates that are subscribers to the medical plan offered by T.A. Solberg Co., Inc. have the option to utilize a pre-tax Health Savings Account (HSA) benefit

Health Savings Account holders are permitted to make changes throughout the year. The 2024 annual contribution limits are provided at the bottom of this worksheet.

Associate Name: \_\_\_\_\_

HSA Plan Type (circle one):      Family      Single      Catch Up  
\*Must be 55 yrs. or older

Deduction Type (circle one):      Annual Amount      \$ \_\_\_\_\_  
Catch Up Amount \$ \_\_\_\_\_  
Per Pay Period \$ \_\_\_\_\_  
Effective Date: \_\_\_\_\_

***T.A. Solberg Company, Inc. is not responsible for determining if you are eligible to contribute to an HSA, due to you potentially having other first dollar coverage, Medicare, etc., nor for monitoring that your annual contribution maximum is compliant with IRS Regulations. Please consult your tax advisor.***

Associated Bank Account #: \_\_\_\_\_

\*Follow instructions included in the benefit guide.

### 2024 IRS HSA Annual Contribution Limits

Single Health Plan = \$4,150

Family Plan = \$8,300

Age 55+ Catch Up = \$1,000

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Visit Submission Form

### Part A: Member Information

Note: If you are attending a participating Active&Fit Enterprise™ fitness center to earn rewards, you do not need to submit a Visit Submission Form. Your activity will be tracked and submitted automatically. This form should be used if you do not have online access or if you are attending a qualifying fitness center not in the Active&Fit Enterprise network.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Health Plan \_\_\_\_\_ ID # \_\_\_\_\_

Date of Birth (MM/DD) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email (optional) \_\_\_\_\_

### Part B: Proof of Workouts

Please complete one form per fitness center you use. If you do not earn points through any other tracking method, you need to work out at least 10 times per month at a qualifying fitness center to receive your reward.

Submit a printout from your fitness center or submit this log for visit dates (MM/DD/YY) for the requested benefit period as soon as you meet the visit requirement. You do not need to wait until the end of the benefit period.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
31.	32.	33.	34.	35.	36.	37.	38.	39.	40.
41.	42.	43.	44.	45.	46.	47.	48.	49.	50.

Fitness center information must be legible and complete for your reward to be processed.

Fitness Center Name \_\_\_\_\_

Fitness Center Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fitness Center Phone Number \_\_\_\_\_

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: \_\_\_\_\_  
Signed
Printed
Date

Member Signature: \_\_\_\_\_  
Signed
Printed
Date

Email this completed form to [Fitness@ExerciseRewards.com](mailto:Fitness@ExerciseRewards.com)\*, or mail to:

Active&Fit ExerciseRewards  
P.O. Box 509117  
San Diego, CA 92150-9117

**\*Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

All forms are available at **ActiveandFit.com** or by calling 1.877.771.2746.

**Once your 10 visits are processed, you will receive a redemption email advising you to log in to the Active&Fit Enterprise website. Go to the Rewards page and click "Available to redeem" and select your incentive period. Your check will be mailed within 14 days after you redeem. If you are unable to redeem your reward on the website, Active&Fit ExerciseRewards will automatically redeem your reward approximately 30 days after your reward period in which you earned your reward.**

**Remember:**

- Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a membership agreement; and must have staff oversight. Fitness centers outside of the 50 U.S. states and District of Columbia do not qualify. Refer to ActiveandFit.com for exclusions and limitations.
- Only one exercise session may be logged per calendar day. There must be at least 8 hours between sessions.
- All workouts must be completed at a qualifying fitness center to earn the reward. At-home workouts will not be accepted.

Your Visit Submission Form must be received **no later than 90 days** following the end of each reward period. Your group's benefit plan year is determined by your group's effective and renewal dates. For questions regarding your group's benefit plan year, contact Active&Fit ExerciseRewards Customer Service at **1.877.771.2746**.

Your health plan/employer is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1.877.771.2746** Monday through Friday, 7 a.m. to 8 p.m. Central time, and we will explain how you can work with your physician to find an alternative wellness program with the same reward that is right for you in light of your health status.

# REQUIRED FEDERAL NOTICES

*The required federal notices are provided to clients as a resource. Client assumes all responsibility for any additional notices or disclosures provided along with these template notices. Client also assumes all responsibility for any and all changes made to the template notices provided to the client by M3. Clients are encouraged to consult with their own employee benefits attorney regarding program compliance.*

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment 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 towards 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).

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 the marriage, birth, adoption, or placement for adoption.

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.

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

To request special enrollment or obtain more information, contact **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**.

# 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.**

**Effective Date of Notice:** January 1, 2022

## **Who will follow this notice:**

This notice describes the health information practices of T.A. Solberg Company, Inc. (“Plan Sponsor”) and that of any third party that receives medical information from or for us to assist us in providing your Dental and Short-Term Disability benefits.

## **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

## **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to T.A. Solberg Company, Inc. (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- 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;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

### YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan 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, the Plan may deny your request if you ask to amend information that:

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

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**.

You have the right to a paper copy of this notice. You may ask the Plan 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.

You may obtain a copy of this notice at the Plan’s website [www.trigs.com/benefits](http://www.trigs.com/benefits)



## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: **Nate Vollmer, (715) 252-2684, [nvollmer@tasolberg.com](mailto:nvollmer@tasolberg.com)**

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

# WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator Aspirus Health Plan 715-847-2380 or toll-free 800-847-4707.

# MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Aspirus Health Plan 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. T.A. Solberg has determined that the prescription drug coverage offered by the Aspirus Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

## WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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.

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

OMB 0938-0990

Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **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 Aspirus Health Plan coverage will be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current Aspirus Health Plan coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### **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 Aspirus Health Plan 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 (Or call Aspirus Health Plan 715-847-2380 or toll-free 800-847-4707.)

**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 Aspirus Health Plan changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

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## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **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](http://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](http://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).

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# MARKETPLACE COVERAGE NOTICE

## **GENERAL INFORMATION**

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

## **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

## **CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?**

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

## **DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?**

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit [healthcare.gov](http://healthcare.gov) for the annual affordability percentage or contact the employer identified on the following page of this notice.

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

## **HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup>

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

## MARKETPLACE COVERAGE NOTICE (continued)

### INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: T.A. Solberg Company, Inc.
Employer Identification Number (EIN): 39-1210564
Employer Address: 420 Oneida Street, Minocqua WI 54548
Employer Phone Number: 715-253-7711
Who can we contact about employee health coverage at this job? Phone Number (if different from above): <b>Nate Vollmer, (715) 252-2684, <a href="mailto:nvollmer@tasolberg.com">nvollmer@tasolberg.com</a></b>

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

## 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](http://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](http://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](http://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, 2023. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268



CHIP (continued)

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>                      Phone: 678-564-1162, Press 1                      GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>                      Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64                      Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>                      Phone: 1-877-438-4479                      All other Medicaid                      Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>                      Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>                      Medicaid Phone: 1-800-338-8366                      Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>                      Hawki Phone: 1-800-257-8563                      HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>                      HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>                      Phone: 1-800-792-4884                      HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>                      Phone: 1-855-459-6328                      Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>                      KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>                      Phone: 1-877-524-4718                      Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>                      Phone: 1-888-342-6207 (Medicaid hotline) or                      1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment                      Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>                      Phone: 1-800-442-6003                      TTY: Maine relay 711                      Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a>                      Phone: 1-800-977-6740                      TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>                      Phone: 1-800-862-4840                      TTY: 711                      Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>                      Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                      Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>                      Phone: 1-800-694-3084                      Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>                      Phone: 1-855-632-7633                      Lincoln: 402-473-7000                      Omaha: 402-595-1178</p>

## CHIP (continued)

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.hhs.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## CHIP (continued)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/agencies/ebsa">www.dol.gov/agencies/ebsa</a> 1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>
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### 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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