T.A. SOLBERG COMPANY, INC.

2026 Employee Benefits Guide

Associate Discounts from T.A. Solberg Co., Inc.

Trig's Save 10% In-store	Trig's Smokehouse Save 15% In-store	Trig's Village Market Save 10% In-store	Trig's Floral & Home Save 10%
ToneZone Fitness Save 50%	Caribou Coffee Save 10%	ACE The helpful place. Save 10% In-store	Postal Express Save 10% on Design & Printing Services

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, Ace Hardware, Village Market, 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

Carrier Contacts

Coverage	Carrier	Contact
Medical	Prairie States	833.493.9163 www.prairieontheweb.com
Provider Network	The Alliance	800.223.4139 www.the-alliance.org
Prescription Drug & Specialty Medication	TrueScripts	844-257-1955 www.memberportal.truescripts.com
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 www.deltadentalwi.org
Vision	DeltaVision	844.848.7090 www.eyemed.com
Dependent Care Flexible Spending Account	Employee Benefit Corp	800.346.2126 www.ebcflex.com
Short-Term & Long-Term Disability	New York Life	800.538.3543 www.newyorklife.com/
Life Insurance	New York Life	800.538.3543 www.newyorklife.com/
Human Resources	Nate Vollmer	nvollmer@tasolberg.com
401K Benefit	Empower Retirement	855.756.4738 www.empower-retirement.com

Benefit Schedule

Elections you make during open enrollment will become effective January 1, 2026 and run through December 31, 2026.

This packet includes the benefits and enrollment material offered at T.A. Solberg Company, Inc. for 2026. 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**.

Benefit	Coverage For…	Enrollment Required?	Coverage Effective 1/1/2026 – 12/31/2026
Medical	Employee & Family	Yes	First of the month following date of hire
Health Savings Account	Employee & Family	Yes	First of the month following date of hire
Dental	Employee & Family	Yes	First of the month following date of hire
Vision	Employee & Family	Yes	First of the month following date of hire
Life / AD&D	Employee & Family	Yes	First of the month following date of hire
Employee Assistance Program	Employee & Family	No	Immediately upon hire
Short-Term Disability	Employee Only	Yes	First of the month following date of hire
Long-Term Disability	Employee Only	Yes	First of the month following date of hire
Limited Flexible Spending Account – Dependent Care	Employee & Family	Yes	First of the month following date of hire
401k and 401k Roth Retirement Benefit	Employee Only	Yes	First of the month following date of hire if hired before 1/1/2026. First of the month following 1 year after hire date and at least 1,000 work hours if hired after 12/31/2025.

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 with a medical plan administered by **Prairie States with The Alliance Trilogy Network.**

> **The Alliance Trilogy Network Point-of-Service Plan** provides both in and out-of-network coverage. Locally, both Aspirus & Marshfield Clinic are in-network as well as many others – see the Alliance page for details.

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 Alliance Trilogy Network. Find a participating health care provider in your area by going to: fad.the-alliance.org

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.

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.

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

Plan Pays 100%

Out-of-Network Coinsurance

Plan Pays: 80%

Medical Plan– The Alliance Trilogy Network

PRAIRIESTATES ANOVIA HEALTH

POS Plan | Qualified HDHP – The Alliance Trilogy Network	Anovia Direct Primary Care Clinic	In-Network	Out of Network
Deductible			
Single	**$0**	$3,500	$7,000
Family	**$0**	$7,000	$14,000
Coinsurance	**100%**	100%	80%
Out-of-Pocket Maximum			
Single	**$0**	$6,750	$8,750
Family	**$0**	$13,500	$17,500
Physician Services			
Preventive Care	**100%**	***100%***	***100%***
Virtual Care	**100%**	Not Applicable	Not Applicable
Office Visits	**100%**	Deductible, then 100%	Deductible, then 80%
Hospital Services	**Not Applicable**	Deductible, then 100%	Deductible, then 80%
Trig's Pharmacies	**Not Applicable**	**30 Day Supply**	**90 Day Supply**
(Deductible, then..)			
Tier 1		$20	$50
Tier 2		$40	$100
Tier 3		$100	$250
Specialty Medications		Not Applicable	Not Applicable
All Other Pharmacies	**Not Applicable**	**30 Day Supply**	**90 Day Supply**
(Deductible, then..)			
Tier 1		$30	Not Applicable
Tier 2		$60	Not Applicable
Tier 3		$150	Not Applicable
Specialty Medications		25% to $300	Not Applicable

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

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

Medical Plan Premium Costs

2026 Medical Plan Rates

PRAIRIESTATES

	Your Cost
Bi-Weekly Rates	
Employee	$ 107.22
Employee + Spouse	$ 219.78
Employee + Child*(ren)*	$ 198.34
Family	$ 332.37
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.***

Medical Plan -Prairie States

We're Here For You

Welcome to Prairie States! We partner with **T.A. Solberg Co., Inc.** to administer your health benefits plan with clinical expertise and compassion. We look forward to working with you and for you.

One Call for All the Answers

Your FiveStar Health Concierge helps you with:

- Reviewing health claims
- Understanding eligibility
- Medical coverage and benefits
- Basic prescription coverage
- Pre-Certification requirements
- Website assistance
- Taking advantage of preventive services
- Topics to discuss with your physician
- Hand-off to in-house nurses
- Choosing the right healthcare provider
- Warm transfer call navigation to external partner programs

Experience the Prairie States Difference

Our **FiveStar Health concierge service** is your single point of contact to answer healthcare questions, simplify communication, and ensure you get the most out of your benefits plan.

We keep all of our **health management and administration services in-house** to provide seamless care and integration throughout every step of your personal health experience.

Call us at 1-833-493-9163, 8:00 AM to 5:00 PM CT, Monday through Friday, and your FiveStar Health Concierge will work with your dedicated Prairie States team to provide the answers you need.

Services Effective January 1, 2026	Your Dedicated Prairie States Team
FiveStar Health Concierge and Medical Claims Administration	Christy Chavez
Eligibility & ID Cards	Devonte Berry
Pre-Certification	Penni Nechodomu
Utilization Management	Kaylyn Vinkavich
Case Management	Loua Vang

Find Out More >

Prairie States Services

Member Portal and Mobile App

Your Member Portal at www.prairieontheweb.com provides secure information about your health benefits plan, including claims, authorizations, EOBs, ID cards, deductible and out-of-pocket balances, and messages. You can also access the portal on the Prairie States Enterprises Mobile App!

Medical Claims Administration

You'll appreciate our industry-leading track record for processing claims quickly and accurately. If you have a question, you can speak directly with the person who handled the claim from the start.

Utilization Management and Pre-Certification

Our clinicians work closely with you and your providers to ensure you receive appropriate care and coverage in the most appropriate and cost-effective setting. Pre-Certification information is included in your Plan Document.

Case Management

Offered to you as part of your healthcare plan, Case Management is a clinical service with nurse advocates who provide expertise and support when you or a family member are faced with severe or complex illnesses such as:

- Cancer Care
- Dialysis
- Multiple Chronic Conditions
- Traumas
- High-Risk Pregnancy
- Transplants

Our nurses will also contact you after discharge from a hospital or an outpatient procedure. If you are identified as a candidate, you will be contacted and encouraged to participate in this voluntary program. When you elect to take part, Prairie States helps manage your procedures, conditions, and treatment plans with your providers. Our certified Registered Nurses will be with you every step of the way to ensure you get the best care, at the right time, and for the best price.

ID Card

Your ID card outlines important health benefits plan details including your Prairie States Member ID, networks, pharmacy plan, contact information, and more.

ID Card Overview

You will receive new health benefits ID cards from Prairie States.

To ensure proper handling of your claims, beginning January 1, 2026, present your Prairie States ID card.

If you do not yet have your ID card as of January 1, 2026, , call Prairie States for assistance.

Benefit Information

PPO Networks

- Primary network (as noted on your ID card):
  - Alliance / Trilogy
- When traveling outside your Primary network area:
  - First Health Network

Pharmacy Benefit Manager(PBM)

- True Scripts

How Do I Choose?

By knowing when telehealth, the doctor's office, urgent care, or emergency care is appropriate, you can make smarter decisions for your health and expenses.

Anovia Health

The Anovia Health Clinic provides wellness and health maintenance, acute/urgent and chronic care, lab testing, medications, vaccines, and minor procedures. Contact Anovia Health Clinic (see additional handout with various locations and contact information) to schedule an appointment. Other primary care providers offer similar care but are subject to copays.

- Wellness & Prevention
- Chronic conditions
- Mental health
- Acute care
- Lab work & basic imaging
- Minor procedures

$0

$0 Cost Option

Primary Care

Your doctor is in the best position to provide a comprehensive plan and coordination of care for your health needs. Most Primary Care Physicians leave appointments open during the day for urgent, non-life threatening needs of their patients. They may also offer telemedicine services for virtual care.

- Routine physicals
- Lab work
- Cold and flu
- Allergies and asthma
- Respiratory problems
- Vomiting and diarrhea
- Minor wound care
- Sports injuries
- Gynecologic problems
- Headache/Migraine
- Abdominal pain
- Earaches

Urgent Care

Urgent Care assists patients with many conditions that are taken care of by primary care physicians. If you are unable to see your own doctor or are traveling outside of your hometown, Urgent Care is a great alternative to fill this patient need. They are also generally less expensive than an ER.

- Cold and flu
- Allergies and asthma
- Sore throat
- Simple fractures
- Sprains
- Vomiting and diarrhea
- Minor wound care
- Sports injuries
- Gynecologic problems
- Headache/Migraine
- Abdominal pain
- Earaches

Emergency Care

Emergency Rooms are prepared to care for patients suffering true emergencies like heart attacks, serious accidents, strokes, and other life-threatening conditions. Any accident or illness that may lead to loss of life or limb, serious medical complication, or permanent disability should be evaluated at an ER.

- Chest pain
- Heart attack
- Difficulty breathing
- Severe burns
- Sudden dizziness or blurred vision
- Uncontrolled bleeding
- Loss of consciousness
- Seizures
- Overdoses
- Fractures with bone showing

How to Read Your EOB

Your Explanation of Benefits (EOBs) are conveniently available online through your Member Portal at www.prairieontheweb.com.

REMINDER:
The Prairie States EOB is not a bill.

This section provides a brief overview of how claims were paid for a specified period of time, as well as the portion providers may bill you after your health plan benefits are paid.

This section shows payment details for each claim.

Prairie States Enterprises, Inc.
PO Box 23
Sheboygan, WI 53082-0023

PRAIRIESTATES

Explanation of Benefits

Retain this for tax purposes
THIS IS NOT A BILL

Customer Service
If you have questions regarding this claim, please call (800)615-7020

Group Name: Sample Group

Jane Doe
123 Test Street
Test IL 60411

For the Service Period: 01/19/2020 thru 01/19/2020

The information below is a summary of the healthcare claims you incurred for the period 01/19/2020 thru 01/19/2020. This information is commonly referred to as an "Explanation of Benefits" (EOB). **This is not a bill.** It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or noncovered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the provider(s) listed below or suspect fraudulent charges please contact the customer service department at the number listed above.

Total Amount Billed $122.00
This is the total amount billed for the dates of service of 01/19/2020 thru 01/19/2020.

Reduction Amount $9.71
This is the amount of dollars saved using various pricing programs and network arrangements provided by Prairie States Enterprises, Inc.. These dollars are not your responsibility.

Total Amount Paid By Plan $112.29
This is the amount the plan paid in total for services rendered from 01/19/2020 thru 01/19/2020. Please see the "Claim Summary" section of this document for more information.

Your Financial Responsibility $9.71
This is the amount the provider(s) of service may bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

Page 1 of 2

Claim Summary

Claim #	Patient	Billed Amount	Not Covered	PPO Discount	Covered Amount	Deductible Amount	Co-Pay Amount	Patient Responsibility	Payment Amount
TestClm#123	John Smith	$122.00	$9.71	$0.00	$122.00	$0.00	$0.00	$9.71	$112.29
	Totals	$122.00	$9.71	$0.00	$122.00	$0.00	$0.00	$9.71	$112.29

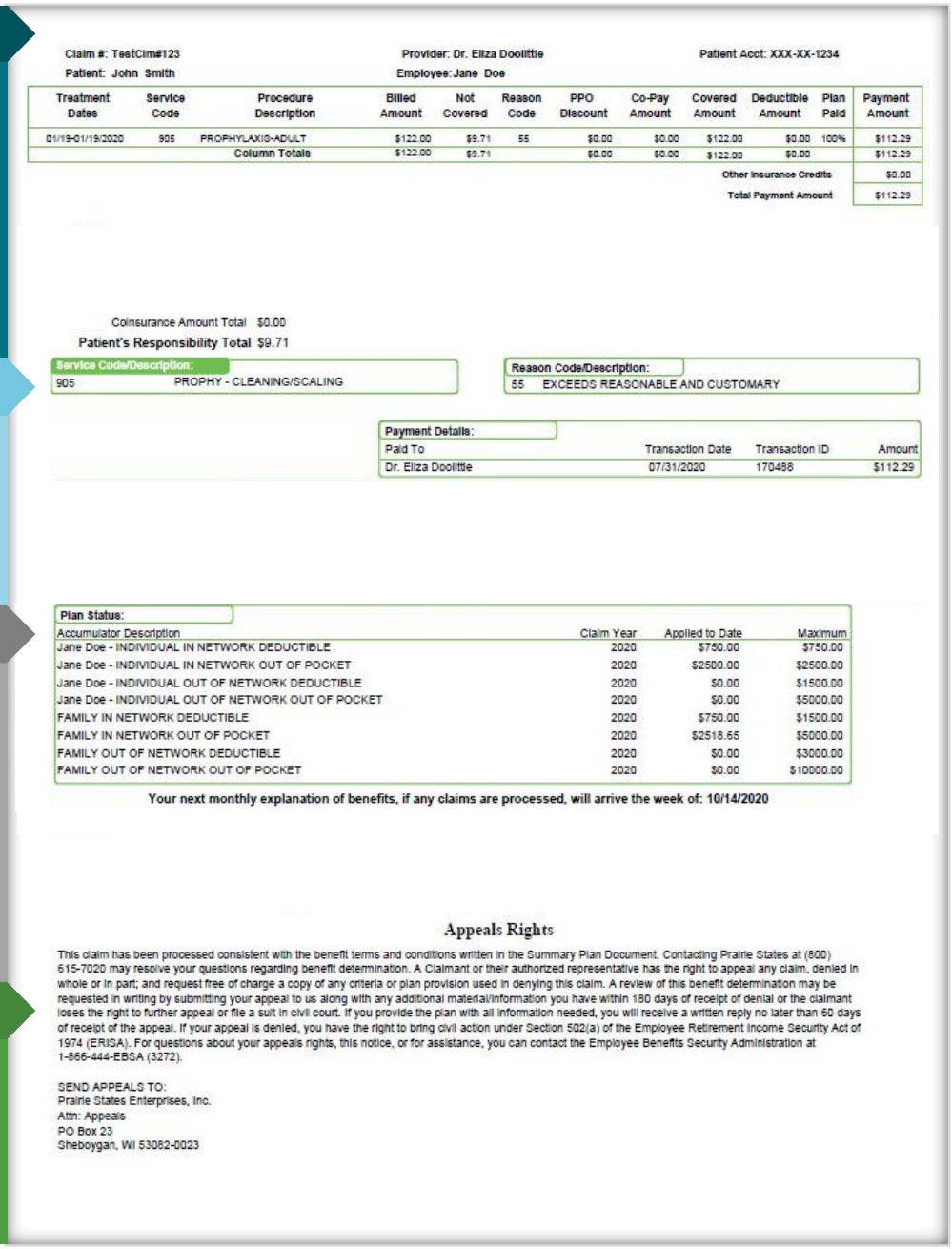
Continued >

Claims are also shown individually including service code, procedure description, applicable co-pay, payment amount, etc.

This section provides service code descriptions for claims processed.

The Accumulator Description Section lists year-to-date amounts paid toward Individual and/or Family Deductibles and Out-of-Pocket amounts.

Details on how to file an appeal are provided at the bottom of your EOB.



Claim #: TestClm#123 Provider: Dr. Eliza Doolittle Patient Acct: XXX-XX-1234
Patient: John Smith Employee: Jane Doe

Treatment Dates	Service Code	Procedure Description	Billed Amount	Not Covered	Reason Code	PPO Discount	Co-Pay Amount	Covered Amount	Deductible Amount	Plan Paid	Payment Amount
01/19-01/19/2020	905	PROPHYLAXIS-ADULT	$122.00	$9.71	55	$0.00	$0.00	$122.00	$0.00	100%	$112.29
		Column Totals	$122.00	$9.71		$0.00	$0.00	$122.00	$0.00		$112.29
									Other Insurance Credits		$0.00
									Total Payment Amount		$112.29

Coinsurance Amount Total $0.00
Patient's Responsibility Total $9.71

Service Code/Description:
905 PROPHY - CLEANING/SCALING

Reason Code/Description:
55 EXCEEDS REASONABLE AND CUSTOMARY

Payment Details:

Paid To	Transaction Date	Transaction ID	Amount
Dr. Eliza Doolittle	07/31/2020	170488	$112.29

Plan Status:

Accumulator Description	Claim Year	Applied to Date	Maximum
Jane Doe - INDIVIDUAL IN NETWORK DEDUCTIBLE	2020	$750.00	$750.00
Jane Doe - INDIVIDUAL IN NETWORK OUT OF POCKET	2020	$2500.00	$2500.00
Jane Doe - INDIVIDUAL OUT OF NETWORK DEDUCTIBLE	2020	$0.00	$1500.00
Jane Doe - INDIVIDUAL OUT OF NETWORK OUT OF POCKET	2020	$0.00	$5000.00
FAMILY IN NETWORK DEDUCTIBLE	2020	$750.00	$1500.00
FAMILY IN NETWORK OUT OF POCKET	2020	$2518.65	$5000.00
FAMILY OUT OF NETWORK DEDUCTIBLE	2020	$0.00	$3000.00
FAMILY OUT OF NETWORK OUT OF POCKET	2020	$0.00	$10000.00

Your next monthly explanation of benefits, if any claims are processed, will arrive the week of: 10/14/2020

Appeals Rights

This claim has been processed consistent with the benefit terms and conditions written in the Summary Plan Document. Contacting Prairie States at (800) 615-7020 may resolve your questions regarding benefit determination. A Claimant or their authorized representative has the right to appeal any claim, denied in whole or in part; and request free of charge a copy of any criteria or plan provision used in denying this claim. A review of this benefit determination may be requested in writing by submitting your appeal to us along with any additional material/information you have within 180 days of receipt of denial or the claimant loses the right to further appeal or file a suit in civil court. If you provide the plan with all information needed, you will receive a written reply no later than 60 days of receipt of the appeal. If your appeal is denied, you have the right to bring civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA). For questions about your appeals rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

SEND APPEALS TO:
Prairie States Enterprises, Inc.
Attn: Appeals
PO Box 23
Sheboygan, WI 53082-0023

Prairie States Member Portal

Your member portal is a secure and convenient way to view all the details of your health benefits plan, as well as make any necessary changes to your information.

Everything You Want to Know

- Healthcare Claims
- Deductibles
- Out-of-Pocket Balances
- Authorizations
- Temporary ID Cards
- Electronic Explanation of Benefits (EOB)
- Benefit Summaries
- Family Account Access Permissions
- Secure Messages
- Frequently Asked Questions (FAQ)
- Forms Library
- Document Uploads
- Links to Online Resources
- Contact Information

Features are available if applicable to your plan.

Download on the App Store

GET IT ON Google Play

Download the **Prairie States Enterprises** app today!

How to Register

- Go to **www.prairieontheweb.com** and select **Member Login** to access the login page.
- The first time you login, you will select **Register** and complete the registration process. Select **Registration Help** for instructions if needed.
- You will need either your Member ID (on your ID card) or Social Security Number (SSN).
- You will also need an email address. It is recommended that you use a personal email address, because it will be used to send you electronic notifications.

Helpful Tips

- You will automatically be enrolled in secure paperless communications for documents that are available electronically.
- If you ever forget your Username or Password, go to the login page and select **Request Username or Password**.

Medical Plan – The Alliance-Trilogy Network

About The Alliance

The Alliance was founded in 1990 by seven Madison-area employers who recognized that by combining their purchasing power, they could lower their increasing health care costs.

As a not-for-profit employer-owned cooperative, The Alliance is owned by 340+ employers across the Midwest. We give our clients the power to improve employee access to care, improve quality, and reduce costs.

We contract directly with over 38,000 providers across the Midwest which means broad freedom of choice for employees and serious savings for employers.

Uncover Savings and Control Costs

We use sophisticated data mining and analytics to develop custom Smarter Networks℠ for our clients. We help you understand your data, empowering you to guide your employees and their families toward high-value care while controlling costs.

Using our Smarter Heath℠ Analysis, we provide analytics so you can:

Unlock

High-Value Health Care for Your Employees and Their Families

We negotiate with health care providers on your behalf and help you develop custom provider networks (Smarter Networks℠) to optimize both quality and savings while maintaining broad freedom of choice for your employees.

Leverage

Deep Data Mining and Innovative Reporting to Reduce Costs

As your strategic partner and health insurance advocate, we open the door to transparency. After a deep dive into your data, we readily share our findings, offering unparalleled insight and expert recommendations informed by decades of industry experience.

Gain

Timely Access to Educational Resources

As the voice for self-funded employers, we provide educational resources, like webinars and training, related to network and benefit design – but we don't stop there. We also host networking events and keep you up-to-date on the latest federal and local health policy issues.

Learn more at
the-alliance.org | 800.223.4139 | info@the-alliance.org

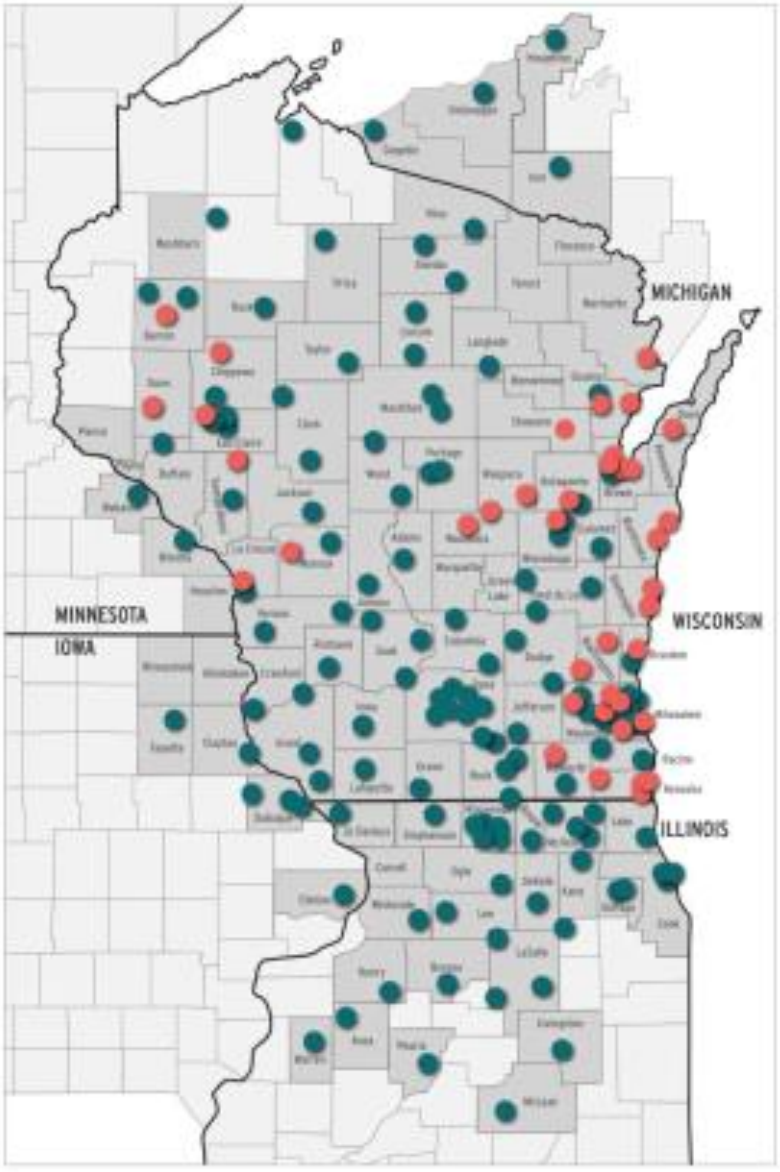
The Alliance
Self-Funding Smart®

Smarter Networks.℠ Serious Savings.

The Trilogy Network

by The Alliance and Trilogy Health Network

Offering self-funded employers seamless coverage with access to both The Alliance and Trilogy Health Networks.



13,500+
HOSPITALS & CLINICS

45,500+
SERVICE PROVIDERS

91%
HOSPITALS CONTRACTED IN WISCONSIN

22-50%
DISCOUNT OFF OF BILLED CHARGES

- The Alliance Hospitals
- Trilogy Hospitals

The Alliance Self-Funding Smart | Trilogy Health Networks

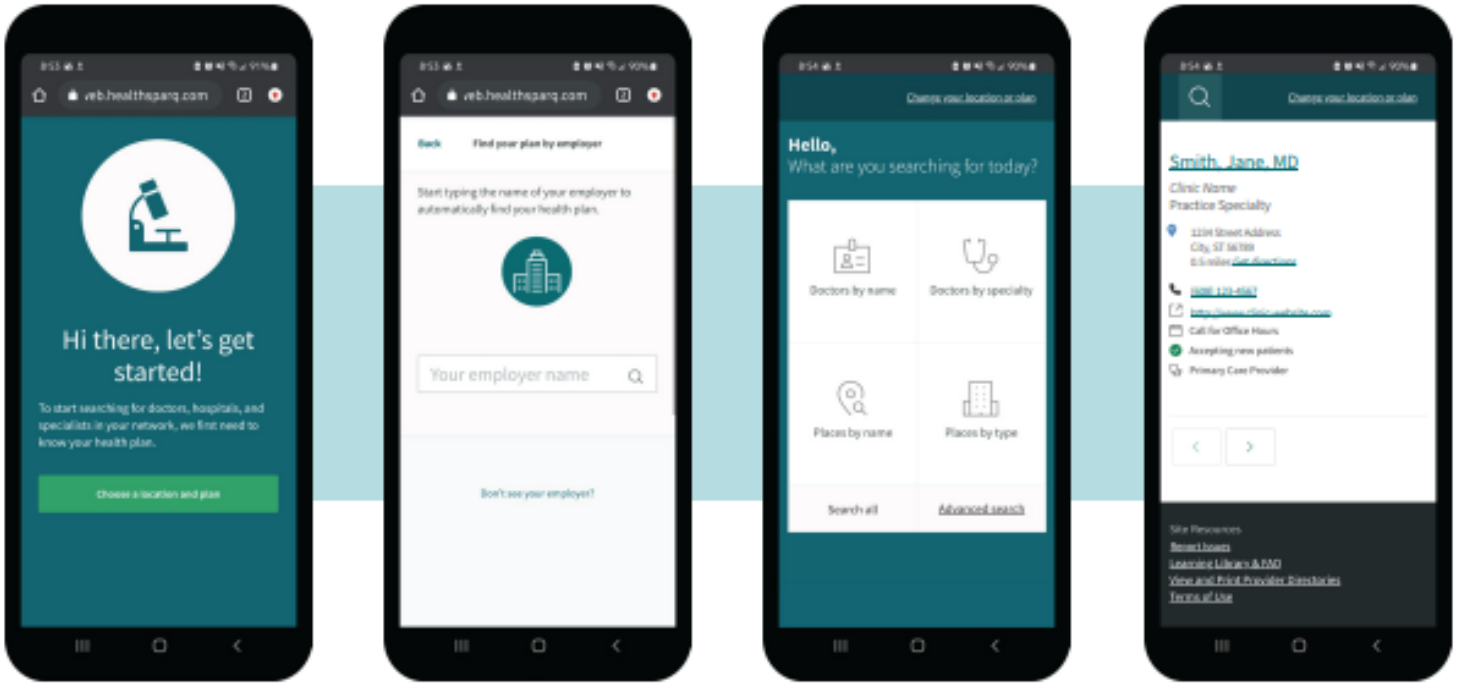
the-alliance.org | 800.223.4139 | info@the-alliance.org

Find a Doctor

Know the quality. Know the costs. Skip the surprises.

Scan this to find a doctor

Compare and contrast doctors, hospitals, and specialty services with readily available information at your fingertips. **Find a Doctor by The Alliance** is all about ease of access so you can make more informed decisions when it comes to choosing high quality, low-cost care.



Step 1: Visit our website

Go to **fad.the-alliance.org** on your computer or mobile device to use Find a Doctor.

Step 2: Find your plan

Type your zip code and employer's name to find your plan. (If no plan options include your employer's name, choose The Alliance Comprehensive Network to view our entire network).

Step 3: Search for providers

Search by doctor name, doctor specialty, facility name, or facility type.

Step 4: Review your results

You can compare doctors by location, gender, and languages spoken. You can even find out what their Leapfrog Score is!

Learn more at
the-alliance.org | 800.223.4139 | info@the-alliance.org

The Alliance
Self-Funding Smart®

Healthcare Appointment?

Remember to Bring Your Insurance Card!

Grab your most current insurance card

Show it before every appointment

Receive the best price possible

It's important to show your insurance ID card before every appointment – whether it's for a primary care doctor, urgent care, or ER visit – so you are billed correctly.

Showing your ID card ensures that you receive the best price possible and are not balance-billed (also known as surprise billing). It also makes your medical claims faster to process and reduces processing mistakes, which helps save your employer money, too.

If you have a copay plan, it is important to know your copay before receiving care to make sure you are billed correctly. You can find information about your copay responsibility in your benefit plan documents. Your copay information may also be printed on your ID card.

For any questions about your health benefits or insurance ID card, contact your Third-Party Administrator (TPA) using the number on the back of your card.

Welcome, T.A. Solberg, to TrueScripts!

We are pleased to announce effective 1/1/2026, TrueScripts will be partnering with T.A. Solberg as your NEW prescription management company! We will work with you and T.A. Solberg as a team to achieve the best possible value from your prescription benefit plan. We strive to provide cost-effective solutions without interfering with the quality of your healthcare. Here are some key points to keep in mind effective 1/1/2026**:**

1. You will be receiving ***new insurance ID cards*** from Prairie States with the TrueScripts pharmacy billing information. It is imperative that you present this card to your pharmacy when filling prescriptions on or after 1/1/2026, this includes refills. We also suggest telling the pharmacy staff you have switched to TrueScripts – this will minimize any confusion and delays in filling your prescription.

2. ***90-day supply prescriptions*** can conveniently be filled at any Trig's Pharmacy or approved mail order pharmacy. A new prescription will be needed from your healthcare provider for 90-day fills at the pharmacy or by mail order. Since your provider should be able to call this into your pharmacy of choice, an office visit typically will not be required.

3. If you have a ***Prior Authorization*** in place for a medication or taking a ***Specialty Medication,*** please contact our Member Care staff prior to 1/1/2026 to prevent disruption at the pharmacy. If you are not sure if a prior authorization is in place for any of your current medications, please contact us and we will verify if one is required.

4. The TrueScripts Member Portal gives you 24/7 access to your plan information, claims history, and other tools and resources that will help you save money and get the most out of your prescription benefits. To register please visit memberportal.truescripts.com.

Our friendly Member Care staff is available to address any concerns discreetly and with a professional attitude. Please contact us toll free Monday-Friday 7:00 a.m. – 5:00 p.m. CST at (844) 257-1955 with any questions. Again, welcome to TrueScripts. We look forward to a long and successful partnership with you!

Your Account Management Team,

Lisa Walker	*Brandt Petty*	*Claudia Padgett*
Lisa M. Walker Director of Account Management	Brandt Petty Account Executive	Claudia Padgett Account Manager

In case you need to fill a prescription and have not received your new ID card from Prairie States, please contact TrueScripts Member Care at (844) 257-1955.

TrueScripts™

T.A. Solberg Co., Inc.

Mail Order Member Education

Members may choose to receive prescription medications via mail order pharmacy. This alternative to retail pharmacy is completely optional. Should you wish to enroll in mail order, please follow the steps below, and note that there will be no changes in your plan setup:

1. On page 2 of this document, you will find contact information for the mail order pharmacy. Please contact this pharmacy to set up an account with them. You can complete this step in one of the following methods:

   a. Set up a profile on their website
   b. Call their customer service number

2. Have a list of the medications and prescribing doctors ready to input when asked.

3. Provide the pharmacy with your TrueScripts Processing information:

   a. RxBin: 025862
   b. RxPCN: TSAC
   c. RxGroup: 00015730
   d. Your Member ID number printed on your card

4. If you have current refills at another pharmacy, you can ask that the mail order pharmacy call and request that they are transferred over to your new pharmacy.

5. A new prescription may be needed from your healthcare provider for 90-day fills at the retail pharmacy or mail order. The pharmacy can reach out to your provider to request this script. Since your provider should be able to call this into your pharmacy of choice, an office visit typically will not be required.

6. If the pharmacy informs you that your insurance is not contracted with TrueScripts, please request that they call TrueScripts for us to assist further. You may also contact our Member Care Team, who will be happy to provide you with assistance and ***Amazing Care***.

Mail Order Pharmacy Network

To enroll in mail order, please visit one of the websites below:

COSTCO PHARMACY

260 Logistics Avenue, Suite B
Jeffersonville, IN 47130
PHONE: 1-800-607-6861 FAX: 1-800-633-0334
E-Scribe: NCPDP 025862
pharmacy.costco.com
Membership not required to utilize mail order

PPS Postal Prescription Services

P.O. Box 2718
Portland, OR 97208
PHONE: 1-800-552-6694 FAX: 1-800-723-9023
NABP 3812674 - NPI 1528003910
ppsrx.com

Pill Pack by amazon pharmacy

250 Commercial Street, Suite 2012
Manchester, NH 03101
PHONE: 1-866-332-1668 FAX: 603-935-9108
E-Scribe: NCPDP 3061582
pillpack.com
(PillPack Dispenses 30-Day Supply Only)

Care-Fill®

28 Conneaut Lake Rd
Greenville, PA 16125
PHONE: 844-522-CARE (2273) FAX: 844-308-1485
E-Scribe: NCPDP 6005943
carefillltc.com
Care-fill mail order is not yet available in CA.

TrueScripts.

Amazing Care at your fingertips!

Introducing

TEXT & LIVE CHAT

memberportal.truescripts.com **Get Started!**

Whether you want to receive money-saving updates or need to ask time-saving questions, our new text message and live chat services put the power in your hands!

SMS Text - receive notifications for savings opportunities, confirmation of refills, plan updates, and more!

- Register in the TrueScripts Member Portal at memberportal.truescripts.com. Upon registering, check the box, ☐ **I agree to receive text messages from TrueScripts**
- You can also opt to receive emails by checking ☐ **I agree to receive emails from TrueScripts**
- If you are already registered in the portal, you can opt to receive text messages and emails by going to "My Profile" in the drop-down window at the top right corner of your screen. Here, you will see the option to check one or both boxes and update your profile.
- You may also call TrueScripts to opt into our SMS texting services.

Live Chat - get assistance with a claim, drug pricing information, explanation of benefits, and more!

- Register or log-in to your TrueScripts Member Portal. Once logged in, you will see the Live Chat button at the bottom right-hand corner of your screen. Just click to get started!
- To help us best assist you, you will be asked to submit a few pieces of information.
- Within less than a minute after clicking "Submit," you will be connected with a live TrueScripts professional.

Our team is available via live chat, text message, or standard phone call at the number below during our regular business hours of Monday - Friday, 8AM - 6PM (ET).

We look forward to serving ***you!***

TrueScripts. Amazing Care

We are Experts in Prescription Benefits.
Questions? Please call and speak to a care specialist who will answer your questions. **812-257-1955**

Anovia Health-Direct Primary Care Clinic

ANOVIA HEALTH

WELCOME TO ANOVIA HEALTH

Your new primary care team

T.A. Solberg chose Anovia because they believe healthcare should work for you—not the other way around. We're here to make sure it does.

WHY T.A. SOLBERG CHOSE ANOVIA

1. Real Access to Care

- Healthcare shouldn't be something you avoid because of cost or hassle
- Same-day access when you're sick, real time with your provider

2. No More Healthcare Runaround

- o more long waits, rushed appointments, or surprise bills
- Your employer removed those barriers so you can get care when you need it

3. Support When You Need It

- Good healthcare means you can focus on your life, not worry about your health
- We're here whenever you need us—text, call, video, or in person

ANOVIA HEALTH

WHAT ANOVIA DOES

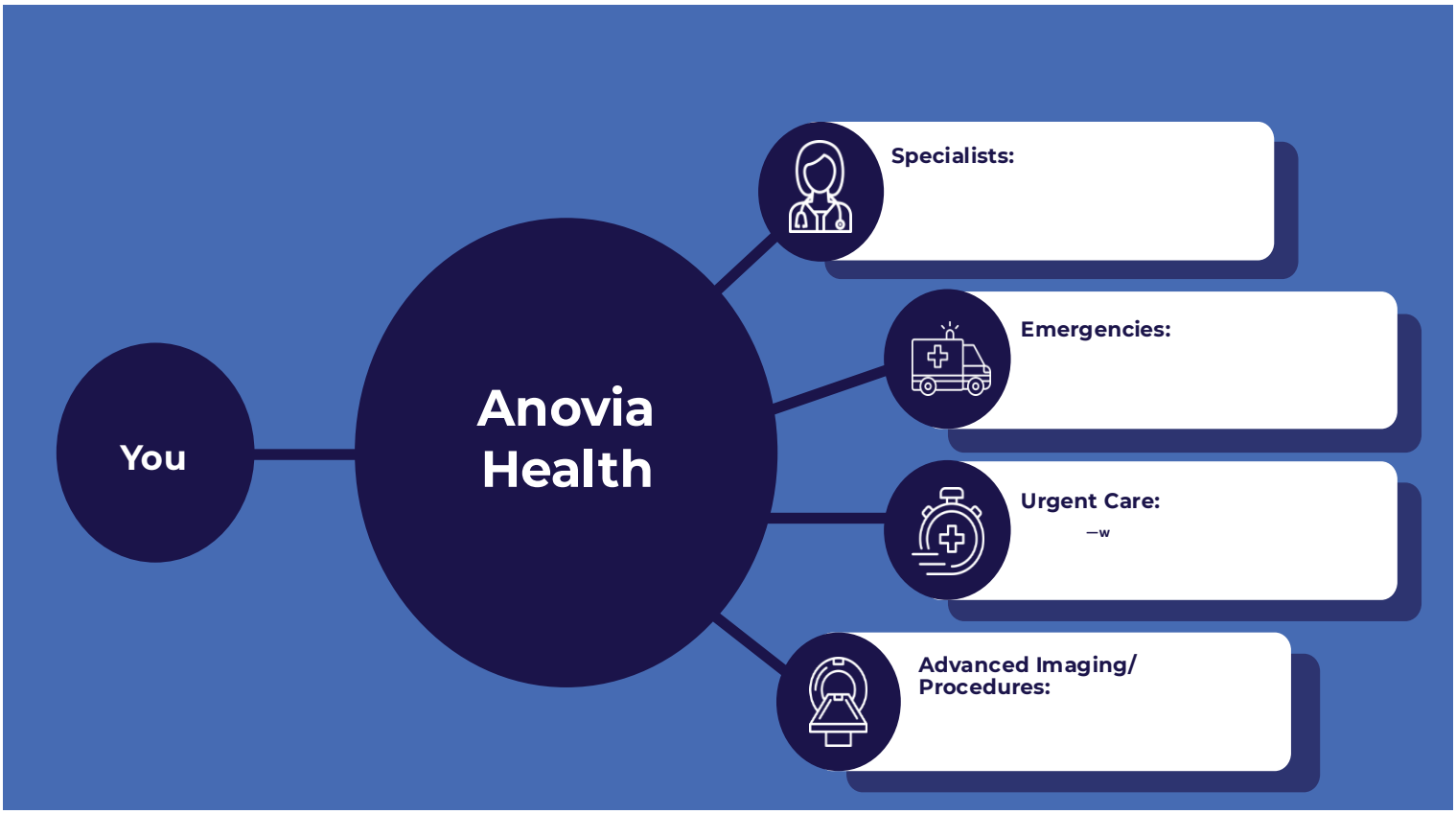
What we Handle

- Wellness & prevention
- Chronic conditions
- Mental health
- Acute care
- Minor procedures
- Lab work and basic imaging

What We Are:

- We're your primary care team - the first place you go for most health needs
- Think of us like your family, but with way more time and access

WHEN YOU NEED MORE THAN PRIMARY CARE



ANOVIA HEALTH

WHAT THIS MEANS FOR YOU

Unlimited Visits

See us as often as you need, no limits

Real Time with Your Provider

–60-minute appointments—not rushed -minute visits

Same-Day or Next-Day Access

Sick? We'll get you in today or tomorrow

Multiple Ways to Connect

In person, video call, text, email, or phone—your choice

No Surprise Bills

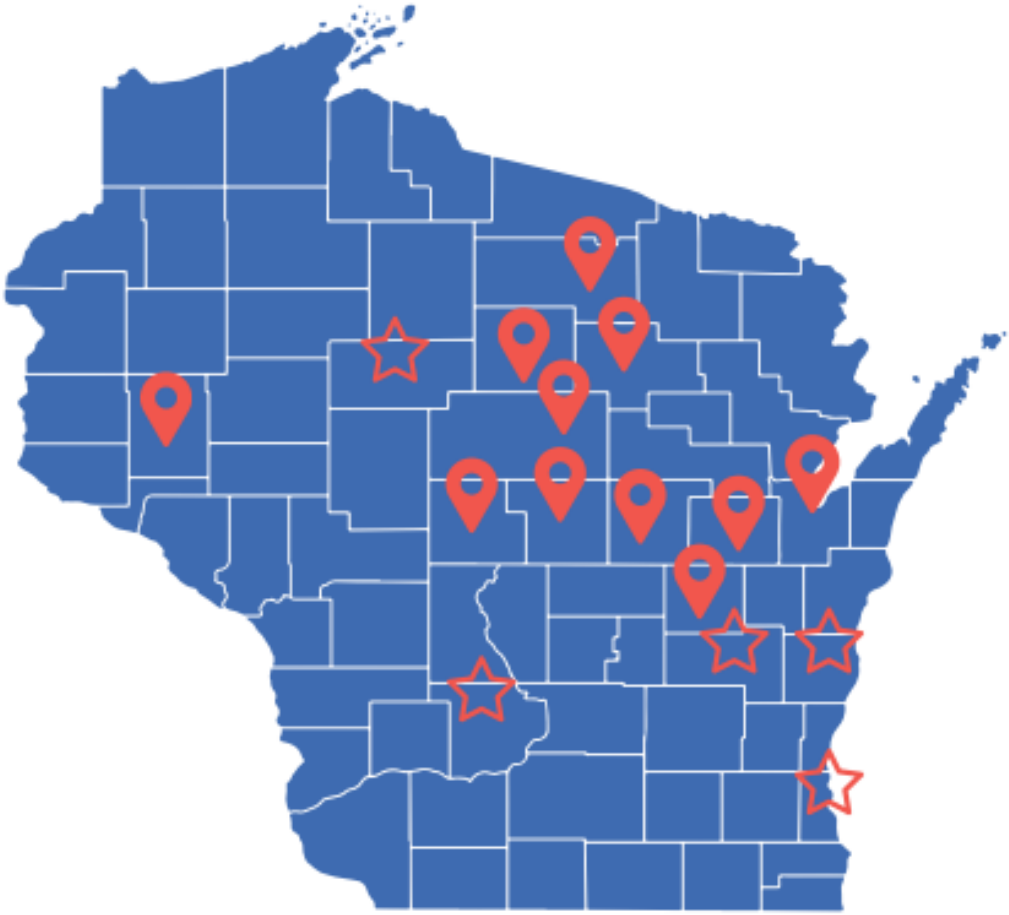
o eductibles, no confusing charges

Someone Who Knows You

Your providers will actually remember your name and your health history

ANOVIA HEALTH

YOUR CARE - WHEREVER YOU NEED IT



Current Locations:
Antigo | Appleton | Clintonville | De Pere | Marshfield | Menomonie | Merrill | Oshkosh | Stevens Point | Weston | Wisconsin Rapids | Rhinelander

Exploring:
Baraboo | Germantown | Medford | Sheboygan

Anovia members have access to all our clinic locations

ANOVIA HEALTH

CURRENT LOCATIONS & CONTACT INFO

Antigo
510 Ackley St., Ste 2
(715) 500-4651

Appleton
59 Park Place, Ste 100
(920) 764-8677

Clintonville
270 N. Main St.
(715) 468-6098

De Pere
1200 N. Enterprise Dr.
(920) 289-4206

Marshfield
203 W. Upham St.
(715) 506-5328

Menomonie
1321 Stout Rd., Ste 1
(715) 953-0238

Merrill
1401 E. Main St., Ste A
(715) 804-1313

Oshkosh
530 Pearl Ave., Ste B
(920) 776-6651

Rhinelander
580 Shepard St.
(715) 200-8752

Stevens Point
2417 Post Rd.
(715) 883-3200

Wausau
605 S. 24th Ave., Ste 20
(715) 519-8617

Weston
7402 Stone Ridge Dr., Ste 3
(715) 636-0590

Wisconsin Rapids
2811 8th St.
(715) 515-7900

1794 Allouez Ave.
Suite C – Box 230
Green Bay, WI 54311-6281
(920) 310-8920
Info@anoviahealth.com

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

Money Goes In	Pretax contributions from all sources, up to a total of: ○ $4,400 for individual coverage ○ $8,750 if you enroll your spouse and/or child(ren) ○ An extra $1,000 if you are age 55 or older
Money Goes Out	You pay the full cost of non-preventive care & prescription drugs, until you meet the deductible. You receive discounted rates in-network. 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.
Have Money Left? It Rolls Over!	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.

*

* *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 ta return

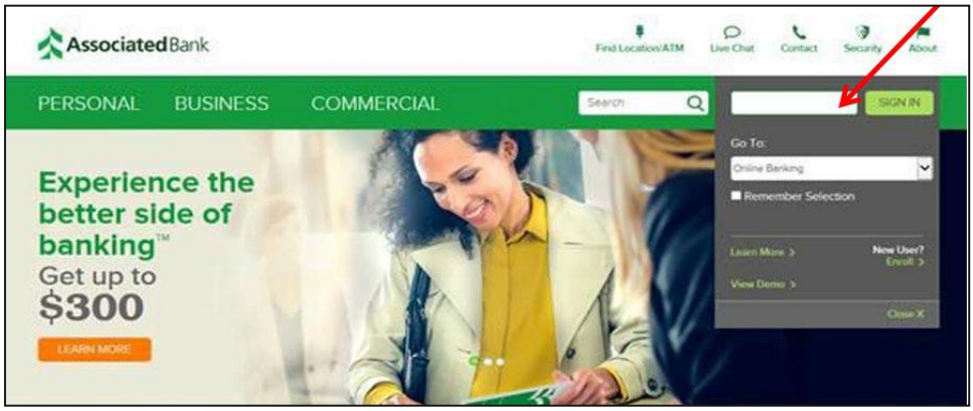
Great Choice Reward (2026)

- **$50 deposit into HSA for associates after their first visit to Anovia Health (any type of visit)**

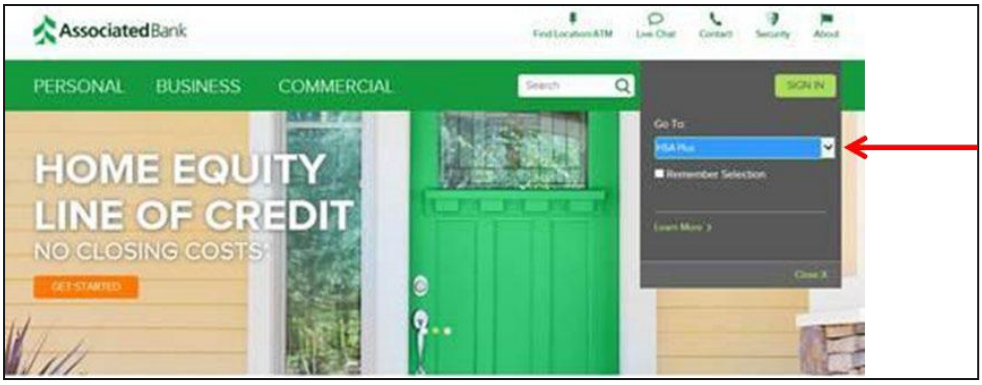
- **$50 deposit into HSA for associates after their covered spouse's first visit to Anovia Health (any type of visit)**

Instructions: Associated Bank Enrollment Portal

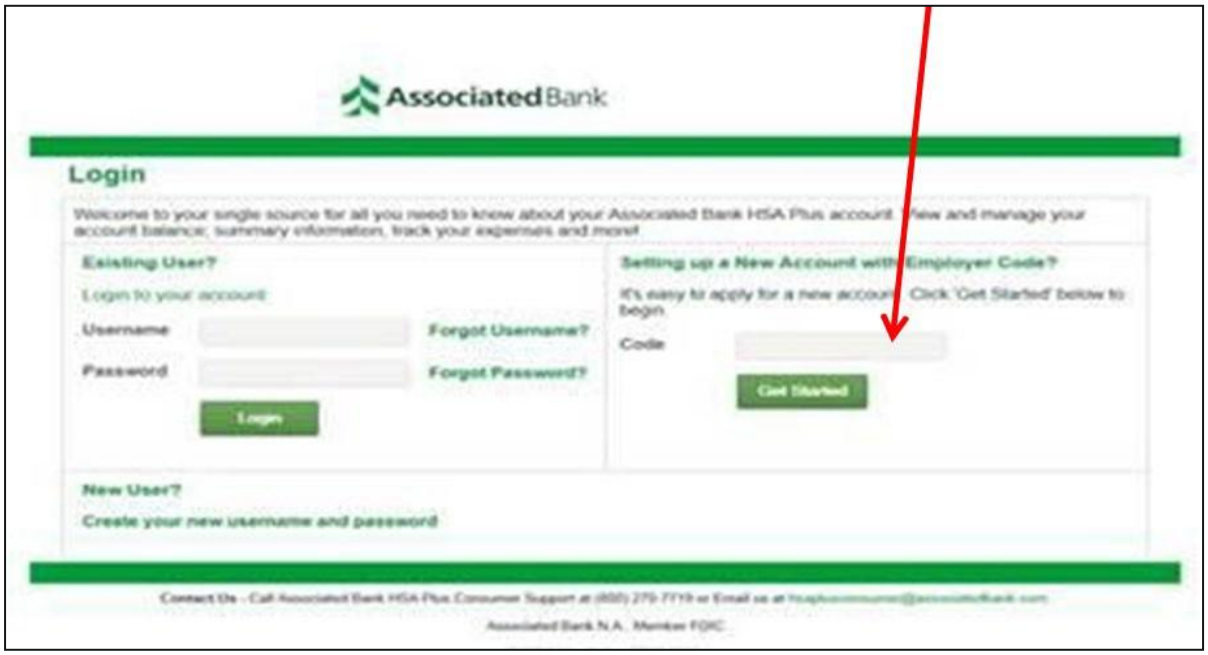
1. Go to www.AssociatedBank.com Click the white box next to SIGN IN



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.

Dependent Care FSA

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:	$7,500

All Full Time Employees Eligible!

New Limit for 2026!

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.

DELTA DENTAL

Individual Annual Maximum	**$1,000**
Deductible	
Employee Only	$50
Family	$150
Diagnostic & Preventive Care Services Exams, Cleanings, Fluoride Treatments, X-rays, Space Maintainers, Sealants	100%
Basic Restorative Services Emergency Treatments to relieve pain, Fillings, Extractions & Repairs & Adjustments to Bridges & Dentures	80%
Major Restorative Services Crowns, Inlays, Onlays, Bridges and Dentures, Repairs and Adjustments to Bridges and Dentures, Endodontics (nonsurgical & surgical), Periodontics	50%
Implants	0%
Orthodontic Services	
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 or visit 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.

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 See Delta Vision Benefit Guide		

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.

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

Employee/Spouse	Rates
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
AD&D Coverage	**Rates**
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

*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

923865 b 0921 SMRU 1914423 Exp. Date 09.21.2023

NEW YORK LIFE 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 polices.**

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.**

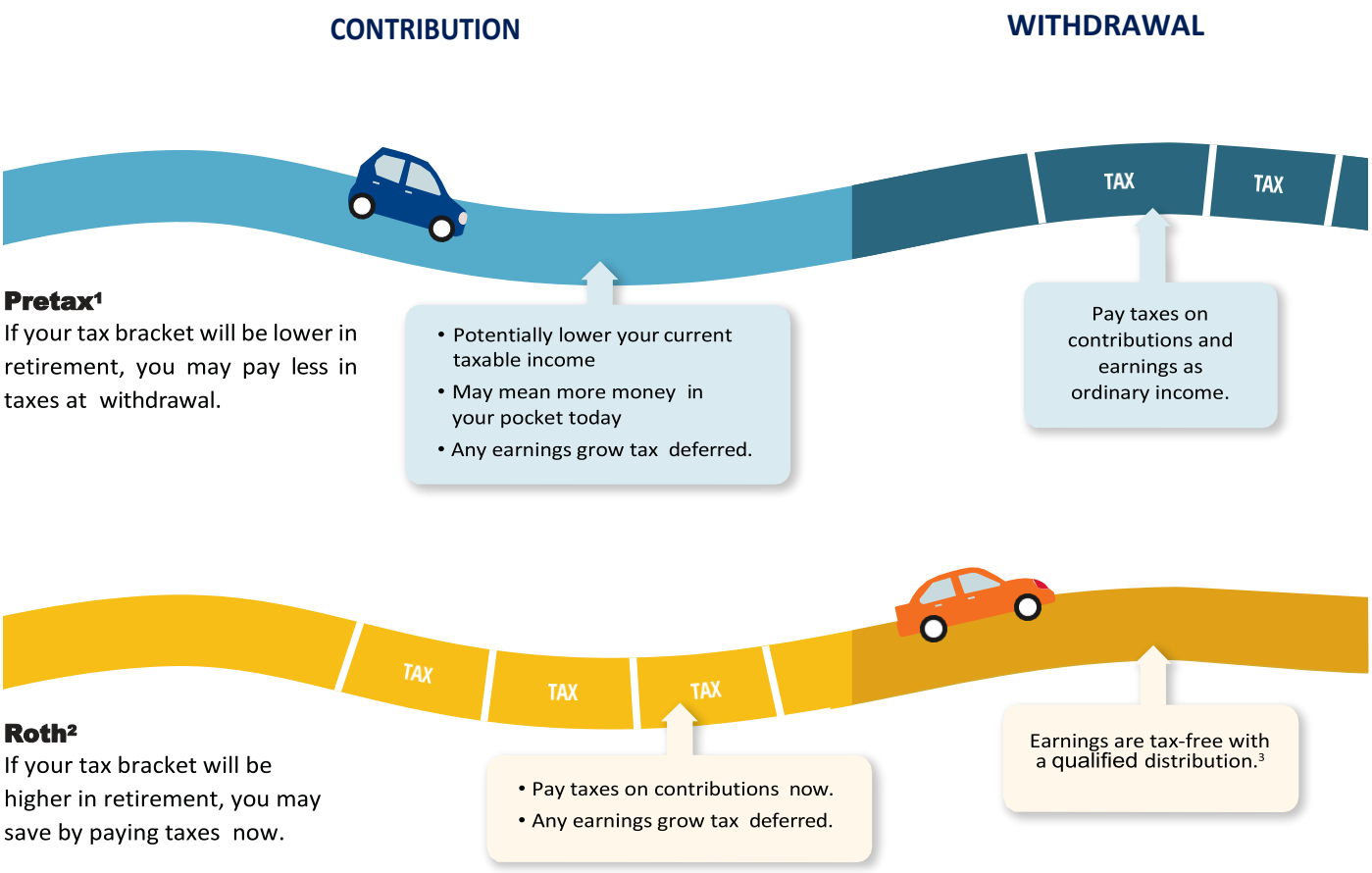
NEW YORK LIFE GROUP BENEFIT SOLUTIONS

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.



Pretax[1]
If your tax bracket will be lower in retirement, you may pay less in taxes at withdrawal.

Roth[2]
If your tax bracket will be higher in retirement, you may save by paying taxes now.

Visit› 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.[3]
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.[5]	
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.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal, or tax recommendations or advice.

Next Steps - Enrollment

Dayforce

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, 2026 elections/waiver for health insurance.

DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is thetime 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.

V▮S▮ON PLAN

If you would like to enroll, add, change or drop dependent(s), now is thetime 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 SAV▮NGS 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 BENEF▮T PLANS -FSA

If you would like to enroll, add, or change your benefit elections, now is thetime 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 L▮FE, 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.

QUEST▮ONS? 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: _____

2026 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 2026 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.

2026 IRS HSA Annual Contribution Limits

Single Health Plan = $4,400
Family Plan = $8,750
Age 55+ Catch Up = $1,000

Associate Signature:_____Date:_____

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**.

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 medial 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**. 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.**

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.** 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.**

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

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**
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**

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. 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 15th to December 7th.

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

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990
FOR USE ON OR AFTER APRIL 1, 2011

Form 10182-CC **Updated April 1, 2011**

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**

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

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

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

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 INSURNACE 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"[1] standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit 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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1
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): Nate Vollmer, **(715) 252-2684**, **nvollmer@tasolberg.com**

- 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**.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

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

CHIP (continued)

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

CHIP (continued)

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ 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: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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