



BENEFITS 2024-2025

ENROLLMENT GUIDE



MARCH 1, 2024 - FEBRUARY 28, 2025



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WELCOME

Welcome to your Benefit Enrollment Period! As a member of Down to Earth, you are eligible for a wide range of valuable benefits designed to:

- Promote the health and wellness of you and your family
- Protect your income while you are working
- Help you balance your personal responsibilities and work life

This Enrollment Guide highlights your choices and provides an overview of the benefits available to you. During this Benefit Enrollment period, you have the opportunity to evaluate the health needs of you and your family, and make any necessary changes.

Please review your options, make final decisions, and be sure to go online to elect or decline your benefits through the benefits website: <https://dtebenefits.com>. If you have any questions, please reach out to us. We are happy to help.

Thank you for being a member of our team. We look forward to another great benefit year with you!

Sincerely,

Human Resources



FREQUENTLY ASKED QUESTIONS

Who is eligible for benefits?

All full-time employees regularly scheduled to work at least 30 hours per week are eligible for benefits. Coverage may also be elected for dependents, including your legal spouse and dependent children up to age 26, or age 30 in certain situations.

What benefits require election?

This year we will be having a Passive Enrollment. This means if you would like to renew your current insurance benefits as-is, they will roll over to the 2024-2025 plan year. Even if you would like things to remain the same, we ask that you reaffirm your benefit elections online in Employee Navigator.

What if I want to change my elections or I am enrolling for the first time?

New employees may elect coverages for the first time after meeting the New Hire Waiting Period. Please reach out to Human Resources for details. Once elections are made, they can only be changed once annually during the Open Enrollment Period.

What if I make a mistake in choosing coverage or change my mind?

Once Open Enrollment closes, changes cannot be made unless you experience an IRS recognized event. Please be very careful when selecting your coverage.

What is an IRS recognized event?

Examples include: marriage, divorce, birth or adoption, death, change in spouse's employment status, and change in eligibility. Notify Human Resources and complete appropriate documentation within 30 days of experiencing an IRS recognized event.

What if I need to request an ID card?

Contact information for each insurance carrier can be found towards the back of this guide. You have the option of calling the carrier to request ID Cards, or you can also print a temporary card directly from the carrier's website.

When do my requested Open Enrollment elections go into effect?

Approved Open Enrollment elections go into effect March 1st, 2024. The complete plan year is March 1st, 2024 through February 28th, 2025.

Key Insurance Terms

Deductible (Ded.)

Deductible is the amount of money you pay for eligible medical expenses in a calendar year. For In-Network providers, you will pay the negotiated rate. Out-of-Network, you will pay the full charge. After the Deductible is met, you are only responsible for the Coinsurance or Copay amounts until you reach the Maximum Out-of-Pocket amount.

Coinsurance (Coins.)

Coinsurance is a cost sharing between you and the insurance company, once your deductible has been met.

Copay

Copay is a flat fee you pay at the time of service.

Maximum Out-of-Pocket

The most you will pay for covered expenses during the year. After meeting this amount, the plan will pay 100% of covered expenses for the rest of the year.

In/Out-of-Network

If providers are contracted within the plan (In-Network) then they are required to provide care at a negotiated fee which results in lower Out-of-Pocket costs. Providers that are not contracted within your plan's network (Out-of-Network) do not have to adhere to the negotiated contracted rates, therefore can charge you more. It is a smart financial decision to stay In-Network whenever possible.

ACCESS YOUR BENEFITS

Access the Down to Earth Benefits Website

Complete your benefit enrollment online from any computer or mobile device. Review and update your dependents and emergency contacts and choose your benefits.

Website: <https://dtebenefits.com> - then push “login to your benefits”

Enter your username and password for Employee Navigator.

If you have not previously set up a username and password, then you will need to select “Register as a new user”

You will then have to enter your first and last name, the company identifier, the last 4 digits of your social security number, and your birthday.

The company identifier: **downtoearth**

Employees must go through all benefits to the enrollment summary page and confirm their enrollment by clicking agree and done to finish the enrollment.

For more information regarding your Employee Navigator account, please see page 13.

Access the DTE Mobile Wallet

Down to Earth provides employees a mobile wallet in English and Spanish so they can easily access plan information and contacts

Bookmark <https://dtebenefits.com/view-my-mobile-wallet> today and view information from your computer or cell phone!

MEDICAL BENEFITS

Down to Earth is pleased to offer you two medical plan options this year through Vitori. For a complete benefits summary, please refer to the Vitori plan documents in Employee Navigator. Note: *Employees enrolled in the Vitori OA HDHP with HSA and actively contributing to their HSA will receive a quarterly contribution of \$25 for individual coverage and a quarterly contribution of \$50 for family coverage.*

VITORI		
Coverage	Vitori OA HDHP with HSA	Vitori OA
Deductible (Ded.) Individual / Family	Calendar Year \$4,000 / \$8,000	Calendar Year \$2,000 / \$4,000
Coinsurance	You Pay 30% After Ded.	You Pay 20% After Ded.
Primary Physician Service	Ded. + 30%	\$25 Copay
Specialist Physician Service	Ded. + 30%	\$75 Copay
Preventive Care	100% Covered	100% Covered
Inpatient Hospitalization	Ded. + 30%	Ded. + 20%
Outpatient Surgery	Ded. + 30%	\$800 Copay
Emergency Room*	Ded. + 30%	\$500 Copay
Urgent Care Services	Ded. + 30%	\$50 Copay
Diagnostic Lab & X-Ray	Ded. + 30%	\$0 Copay & \$60 Copay
Advanced Imaging	Ded. + 30%	\$300 Copay
Prescription Medications:	Deductible, then	
Generic / Brand Preferred / Brand Non-Preferred /Specialty	\$10 / \$50 / \$80 / 30% up to \$250	\$10 / \$45 / \$70 / 30% up to \$250
Mail-Order (90 Day Supply)	Deductible, then 2x Retail Copay	2x Retail Copay
Out-of-Pocket Max Individual / Family	Calendar Year \$5,600 / \$11,200	Calendar Year \$5,000 / \$10,000
Weekly Deductions (52 x per year)	Vitori OA HDHP with HSA	Vitori OA
Employee	\$29.53	\$92.63
Employee + Spouse	\$138.51	\$208.21
Employee + Child(ren)	\$113.36	\$181.53
Employee + Family	\$248.37	\$324.73

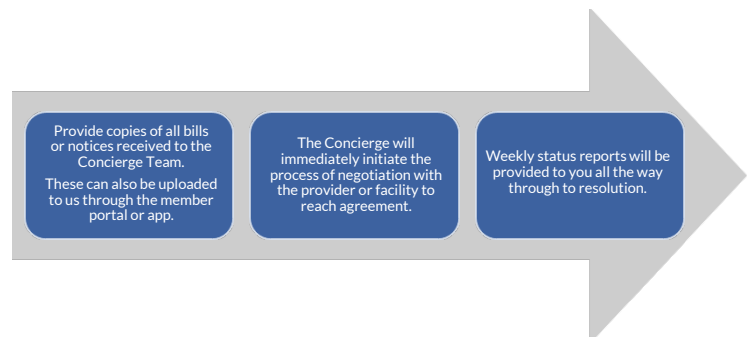
*Extra costs could arise for services after admittance to the Emergency Room.

BALANCE BILLING is when a healthcare provider accepts the “plan allowed” amount, but then bills the patient for the difference between the original billed charges and the amount paid by the plan.

REVIEW YOUR EOB If you have paid the total itemized co-pay, deductible and out of pocket responsibility listed on your Explanation of Benefits (EOB) and have received an additional bill from your provider, then you have received a Balance Bill.

DO NOT PAY THE BALANCE BILL! CONTACT THE CONCIERGE RIGHT AWAY!

Members of Vitori Health are NEVER responsible for paying a Balance Bill. We are ready to help you through the process.



HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the Vitori OA HDHP with HSA plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.



Start It

- Contributions to the HSA are tax-free for you.
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.



Build It

- All of the money in your HSA is yours even if you leave your job, change plans or retire.
- In 2024, the total of your contributions can be up to \$4,150 for individual coverage and \$8,300 for family coverage.



Use It

- You can withdraw your money tax-free at any time, as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



Grow It

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

Eligibility Details

- If you are age 55 or older, you can contribute an additional \$1,000 per year.
- You are not allowed to be enrolled in any other health coverage, and cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.

Quarterly Company Contributions

- For the 2024-2025 plan year, Down to Earth will provide a quarterly contribution of \$25 for individual coverage and \$50 for family coverage
- Employees must be enrolled in the HSA and actively contributing to the account in order to receive the quarterly company contributions
- Contribution will be made last paycheck of March, June, September, and December
- Please be aware that company contributions count towards the annual allowable max:
 - In 2024, the total of your contributions can be up to \$4,150 for individual coverage and \$8,300 for family coverage (+ \$1,000 catch-up contribution if you are over the age of 55).

VITORI PLAN OVERVIEW



OAP & HDHP OAP 2024-2025

UNDERSTANDING YOUR PLAN:

The OAP and HDHP OAP plans are an open access medical plans with no network or provider list. This gives you the freedom to select your provider without worrying about out of pocket penalties or out-of-network claim denials.

YOUR VITORI HEALTH CONCIERGE:

Concierge Support available to help you before, during, or after you get care. Your Vitori Health Concierge will assist you with:

- Questions about your benefits plan and coverage
- Billing questions
- Pharmacy coordination
- Information regarding scheduling visits with providers and coordination with your doctor's office

You can contact the concierge by calling the number located on the back of your ID card.

Additionally, if you're looking for a new provider, the concierge support can pair you with a member advocate that will assist you in finding provider's in your area that are accepting new Vitori Health patients. The Vitori Health member advocates are experienced in communicating with doctor's office administration and billing staff. They are here to support the ongoing care and needs of our members including assistance with scheduling appointments for non-emergency or urgent care.

MEMBER AND APP PORTAL:

With Vitori Health , you have access to the member app and portal to manage your benefits. You can access the app and member portal 24 hours a day. Download the app by visiting your app store and searching "VITORI" or go to vitorihealth.com/member. Here you can access your plan details and Explanation of Benefits statements (EOBs) for any healthcare service you receive, view or print your electronic ID card, send a message to the Vitori Health Concierge Team and more. You will need to create an account for the first time you visit the site using your Vitori Health member ID, which can be found on the front of your Vitori Health member ID card.

NO-COST PHYSICAL AND MENTAL HEALTH TELEMEDICINE:

You have access at **zero-cost** to physical and mental health telemedicine (virtual care) 24/7/365. To get started, you will need to create a member account at mdlive.com/mdtelehealth or call **844-677-6856** directly.

CALL THE CONCIERGE WITH ANY QUESTIONS REGARDING YOUR HEALTH PLAN.

VITORI PLAN OVERVIEW



NO-COST ELECTIVE SURGERIES (NON-EMERGENT)

As a member you have preferred access to high-quality surgeons with **zero cost** (no deductible & no co-insurance). The choice to use this free benefit is voluntary, however, these preferred surgeons are **required** for spine surgery and total joint replacement. For more information, please contact the concierge at the number on the back of your ID card.

VITORI HEALTH PHARMACY SERVICES

Show your Vitori Health member ID the next time you fill a prescription to access your prescription benefits. You have access to national pharmacy chains and independent pharmacies. To learn more about your pharmacy benefits, visit your member portal at vitorihealth.com/member.

Vitori Pharmacy Services can help with:

- Signing up for mail order and specialty pharmacy
- Providing general information, like your copay
- Finding in-network pharmacies
- Pharmacy billing questions

SPECIALTY PRESCRIPTION ASSISTANCE PROGRAM

Vitori Health offers qualifying members the opportunity to fill certain Specialty and brand-name prescription drugs that are on the formulary at **no cost** or **reduced cost** through our Specialty Assistance Program. Pharmaceutical manufacturer assistance that covers full or partial prescription cost, copay coupons that can **remove** your copay responsibility, sourcing your medication through lower cost pharmacies. For more information contact Concierge at the number on the back of your ID card.

NO COST MEMBER PRESCRIPTION DRUG BENEFIT

You can obtain certain brand name prescription drugs at no cost through Vitori Health's preferred pharmacy arrangement. These medications are sourced through channels that are much more cost-effective than traditional prescription purchasing and are the same medications you may be taking now at a fraction of conventional cost. When you choose this option **your cost share is waived**. For more information, please call **855-353-2879** or email info@electrx.com.

REMINDER

If scheduling an appointment with a medical professional, please follow the standard approach with your doctor when moving to new health insurance. At your next visit, present your ID card and ask your doctor's office staff to follow their process to update your insurance and billing information in their records. If your provider has questions, ask them to please call the Vitori Health concierge at the number on the back of your member ID card so they can assist you. Your physician should want to maintain your relationship and you should advocate for this.

MDLIVE®



MDLIVE: Your virtual care provider

Visit with a doctor 24/7 from your home,
office, or on-the-go.

**\$0 COPAY* - NO COST
FOR VITORI HEALTH MEMBERS**



Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Now visiting the doctor is easier than ever. Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7. Family members enrolled in the health plan are also eligible.



U.S. board-certified doctors with an average of 15 years of experience.



Consultations are convenient, private and secure.



Prescriptions can be sent to your nearest pharmacy, if medically necessary.

Your virtual doctor is here. Join for free today!

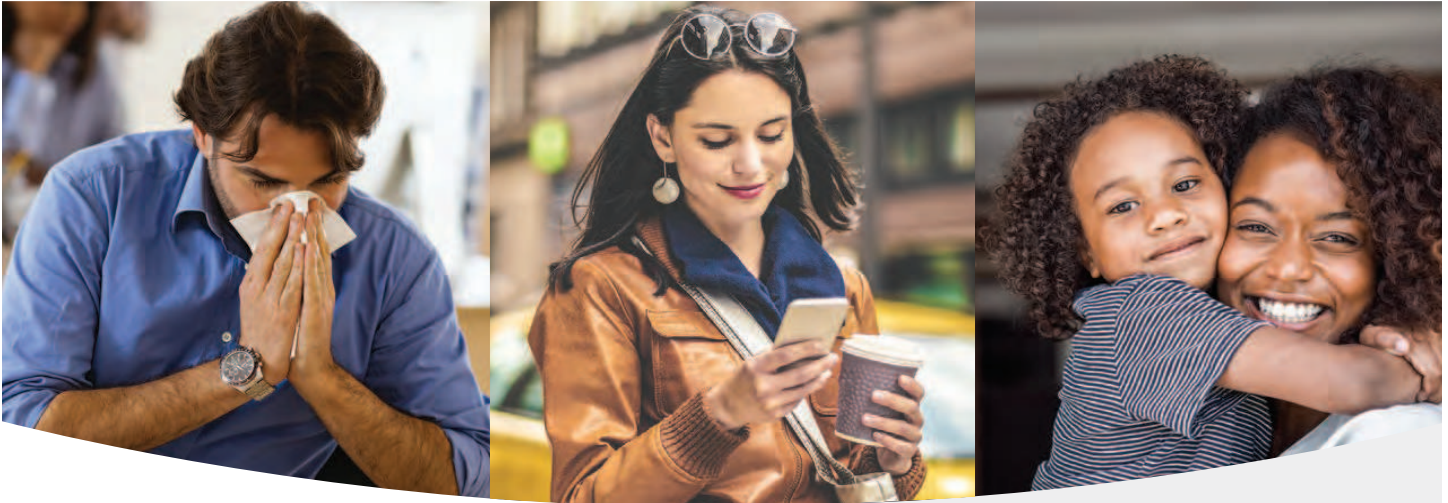


*Members on HSA plans must first meet deductible requirements

[VITORIHEALTH.COM/TELEHEALTH](https://www.vitorihhealth.com/telehealth)

844-677-6856

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Common conditions we treat:

- Common Cold
- Flu
- Cough
- Fever
- Insect Bites
- Allergies
- Diarrhea
- Nausea
- Vomiting
- Pink Eye
- Sore Throat
- Constipation
- Ear Problems
- Headache
- Sinus Infection
- Acne
- Rash
- Respiratory Problems
- Urinary Problems / UTI
- And More

We Now Provide Behavioral Health Care!

- Anxiety
- Depression
- Stress
- Relationship Issues
- And More

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

VITORIHEALTH.COM/TELEHEALTH

844-677-6856

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VITORI CONCIERGE



SPOTLIGHT: CONCIERGE MEMBER SUPPORT

You have concierge support available to help in case you have any problems before, during, or after you get care.

YOUR VITORI HEALTH CONCIERGE WILL:

- Answer questions about your benefits plan and coverage.
- Provide an orientation to the member app or portal.
- Assist you with any billing questions or unexpected bills.
- Assist with pharmacy coordination.
- Educate your doctor or provider on your plan.
- Confirm your eligibility and benefits with your provider.
- Pair you with a Member Advocate that can assist you in finding a new provider, if needed.

FREQUENTLY ASKED QUESTIONS:

Q: A doctor/other provider says that they do not accept my insurance. What do I do ?

A: Sometimes this happens if the provider's office does not recognize the logo on your ID card. You can explain that your health benefits can be verified by contacting Vitori Health at the number on the back of your ID card.

Q: What if the provider asks me to pay more than what my health plan says I owe?

A: Unexpected billing is rare, but can occur in any health plan. If this occurs, please contact the Vitori Health Concierge Team at for assistance. Do not pay more than your benefit cost-share on your EOB.

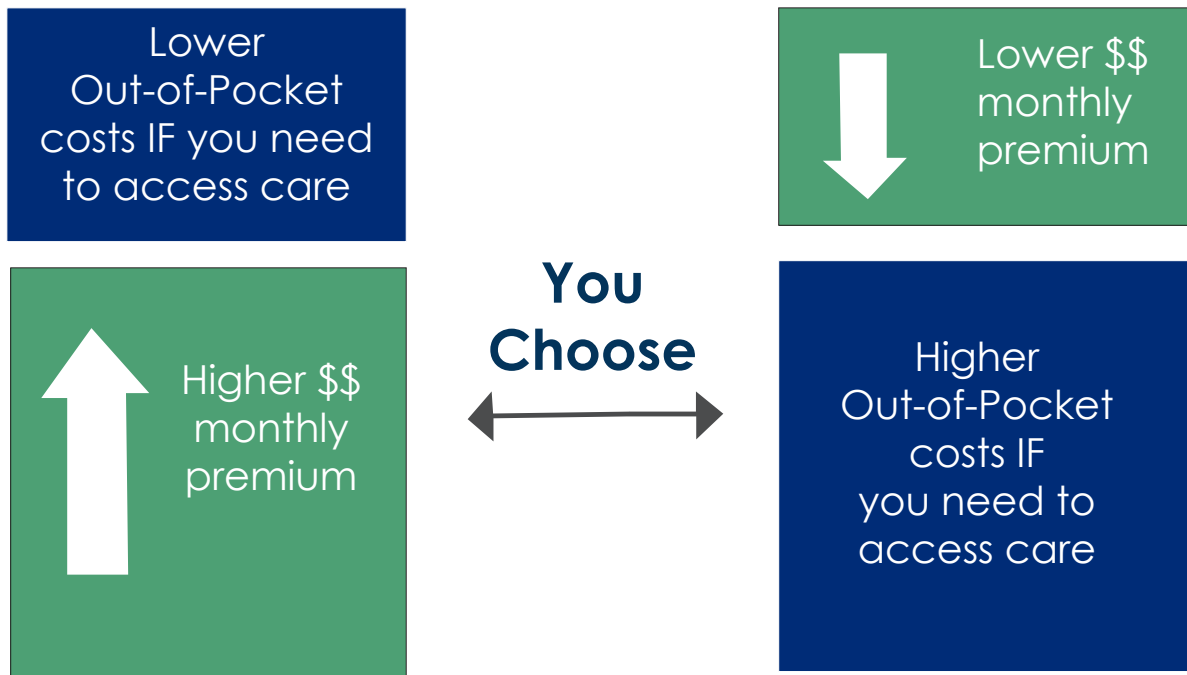
**CALL THE CONCIERGE
WITH ANY QUESTIONS
REGARDING YOUR
HEALTH PLAN.**



THE PLAN DIFFERENCES

The Plan Differences

Comparing HSA plans to traditional health plans can be difficult, as each has pros and cons. For example, traditional health plans typically have higher monthly premiums, a smaller deductible, and fixed copays and/or coinsurance. You pay less Out-of-Pocket due to the lower deductible and copay, but pay more each month in premiums. HSA plans generally have lower monthly premiums and a higher deductible. You may pay more Out-of-Pocket for medical expenses, but by opening a Health Savings Account (HSA) at a bank, an account specifically dedicated to health expenses, you can use your HSA to cover these costs and you pay less each month for your premium.



Traditional PPO Plan

- Pay larger payroll deductions
- Less Out-of-Pocket, but no HSA

HDHP Plan with HSA

- Save money on payroll deductions
- Have a tax-free HSA to help you with unexpected health care expenses

DENTAL BENEFITS

Down to Earth is pleased to offer you two dental plan options this year through Mutual of Omaha. The PPO plans offer In-Network and Out-of-Network benefits. Contact Mutual of Omaha directly to locate In-Network providers and facilities. Please see the table below which provides coverage highlights for both plans. For a complete benefits summary, please refer to the Mutual of Omaha plan documents in Employee Navigator.

MUTUAL OF OMAHA				
Coverage	Option 1: Low PPO		Option 2: High PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Maximum Annual Benefit (Calendar Year)	\$1,000	\$1,000	\$1,500	\$1,500
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Orthodontia Dependent child (up to age 26) and adult coverage	N / A		50% up to \$1,500 lifetime maximum	

Dental Payroll Deductions

Weekly Deductions (52x per year)	Low PPO	High PPO
Employee	\$3.21	\$5.30
Employee + Spouse	\$6.53	\$10.79
Employee + Child(ren)	\$7.60	\$12.55
Employee + Family	\$10.91	\$18.02

VISION BENEFITS

Down to Earth is pleased to offer you a vision plan option this year through Mutual of Omaha. Visit an In-Network provider to access benefits for annual eye exams, prescription contacts, or lenses and frames. If you visit an Out-of-Network provider, you may be required to submit a claim form to Mutual of Omaha to access your benefits. For a complete benefits summary, please refer to the Mutual of Omaha plan documents in Employee Navigator.

MUTUAL OF OMAHA			
Coverage	Vision Plan Network Name: EyeMed Insight		
	In-Network	Out-of-Network	Frequency of Benefits
Eye Examination	\$10 Copay	Reimbursed up to \$37	Once every 12 months
Eyeglass Lenses:	\$25 Copay	Reimbursed up to: Single \$20 Bifocal \$36 Trifocal \$64	Once every 12 months
Eyeglass Frames	\$150 Allowance + 20% off Balance	Reimbursed up to \$66	Once every 24 months
Contact Lenses (In Lieu of Eyeglasses)	\$150 Allowance + 15% off Balance	Reimbursed up to \$120	Once every 12 months
Laser Vision Correction	Discount Pricing Available	N / A	N / A

Vision Payroll Deductions

Weekly Deductions (52x per year)	Vision Plan
Employee	\$1.36
Employee + Spouse	\$2.72
Employee + Child(ren)	\$2.99
Employee + Family	\$4.34

LIFE, DISABILITY, AND 401(k)

Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance

Voluntary Life Insurance is available for purchase on yourself, your spouse, and your child(ren) on a voluntary basis. Premiums are based on your age and the coverage amount selected, and will be payroll deducted. Employees must be actively working to enroll in this benefit. Refer to the Mutual of Omaha plan documents in Employee Navigator for complete benefit information and rates.

Insured	Available Increments	Maximum Benefit	Guaranteed Issue Amount
Employee	\$10,000	5X Annual Salary up to \$500,000	5X Annual Salary up to \$150,000
Spouse	\$5,000	100% of Employee Election up to \$150,000	100% of Employee Election up to \$25,000
Child(ren)	\$2,000	\$10,000	\$10,000

Note: Evidence of Insurability (health history questionnaire) may be required if you are electing coverage after your initial new hire enrollment period and/or over the Guaranteed Issue amount.

Disability Insurance

Disability insurance provides income protection, should you become disabled due to a non-work-related illness or injury. **This benefit is available to management & salaried employees only.** Rates are based on age and coverage, please refer to the Mutual of Omaha plan documents in Employee Navigator for complete plan information. Disability insurance is 100% voluntary and coverage is paid by the employee.

MUTUAL OF OMAHA		
Coverage	Voluntary Short-Term Disability	Voluntary Long-Term Disability
Benefit Pays	60% of Base Salary	60% of Base Salary
Maximum Benefit	\$2,500 per Week	\$12,000 per Month
Benefits Begin	Accident: Day 1 Illness: Day 8	Day 91
Maximum Benefit Period	11 Weeks	Social Security Normal Retirement Age (SSNRA)
Pre-Existing	3 months look back / 6 months insured	3 months look back / 12 months insured

Note: Evidence of Insurability (health history questionnaire) may be required if you are electing coverage after your initial enrollment period.

401(k) Retirement Savings Plan

The Down to Earth 401(k) Retirement Savings Plan offers a convenient way to save for your future through payroll deductions. You are eligible to participate in the plan on the first day of the quarter following 6 months of service with the company. Contributions from your pay are made on a pretax basis or post-tax Roth — up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit. Employee 401(k) deferrals and Safe Harbor contributions are always 100% vested.

401(k) benefits are not accessed through the Employee Navigator enrollment flow. To enroll in this benefit please visit <https://americanfunds.retirementpartner.com/participant> and click the register button to set up your account.

SUPPLEMENTAL BENEFITS

Accident Insurance

Mutual of Omaha's accident Insurance policy is an indemnity plan that provides you and your family with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the unexpected Out-of-Pocket medical and non-medical expenses associated with an accident. Coverage is worldwide and in force 24 hours a day, 365 days per year.

Weekly Rates (52x per year)	Accident Insurance
Employee	\$2.31
Employee + Spouse	\$4.15
Employee + Child(ren)	\$4.15
Employee + Family	\$5.77

Critical Illness

Mutual of Omaha's Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered specified critical illness such as a heart attack, stroke or specified disease. This coverage is available to you and your covered dependents. Even those who plan for unexpected events with life, disability and health insurance may discover that some expenses associated with a critical illness can still remain unpaid. It provides benefits to you directly and allows you to use the funds however you choose. Rates for employees and spouse are based on the employees age at the beginning of the plan year, please refer to Employee Navigator for full plan details and rates.

Insured	Minimum Amount	Maximum Amount	Increments	Guaranteed Issue Amount
Employee	\$10,000	\$20,000	\$10,000	\$20,000
Spouse	\$5,000	100% of Employee Election up to \$20,000	\$5,000	\$20,000
Child(ren)	25% of employee/member benefit up to \$5,000			\$5,000

Hospital Indemnity

Mutual of Omaha's Hospital Indemnity plan, (Medical Bridge) provides you and your family with cash payments in the event of a hospital admission or a non-admission stay of 20 hours or more. This plan is particularly effective at covering deductible and coinsurance costs which can escalate quickly due to a hospital stay. As with all Mutual of Omaha policies, payments are made directly to you and you maintain control as to what the funds are used for. Mutual of Omaha payments do not coordinate with any medical insurance, facility or doctor, giving you the peace of mind of having complete control over your financial resources.

Weekly Rates (52x per year)	Hospital Indemnity
Employee	\$3.23
Employee + Spouse	\$6.92
Employee + Child(ren)	\$4.85
Employee + Family	\$8.31

DTE I CARE

OUR I CARE VALUES

Integrity: We act with honesty, transparency, and reliability, always doing what is right for our customers, our environment and our teams.

Community: We are one team that respects and cares for each other, continuously striving to beautify and improve the communities we serve.

Accountable: We meet our commitments to each other and to our valued customers and act if we fall short of expectations.

Relentless: We are constant in our efforts to provide solutions to customers and to satisfy their needs.

Excellence: We strive to deliver best-in-class quality and safety while improving our services and results every day.

HOW TO APPLY FOR FUNDS:

Call Helping Hands™ at 706.754.6884 (Mention you are with Down To Earth)

**You must meet the grant guidelines and criteria to be eligible to receive money from the DTE I Care Fund.*

DTE I Care Fund

We have created the Down To Earth I Care fund to help our valued team members during times of personal crisis. This fund is made of donations from team members and contributions from the company.

A grant up to \$1,000 can be given to a team member to help cover funeral expenses or a home catastrophe. It could also match up to \$500 for money raised by our employees for their team member in need.

CONTRIBUTE TO THE DTE I CARE FUND TODAY!

Contributions are tax deductible and can be made weekly via payroll deduction or directly to the fund by check sent to Provision Bridge, PO Box 157, Tallulah Falls, GA 30573
(Note: Down to Earth I Care Fund—Fund #16085 on the memo)

For Payroll deductions you can sign up to contribute to the DTE I Care fund through the benefits enrollment system during your new hire period, and annually during the open enrollment period. Throughout the year, you can send an email to ICARE@down2earthinc.com to request a contribution start/stop.

The DTE I Care Fund is a 501(c)3 charitable foundation made possible through ProvisionBridge and Helping Hands™





Welcome to Down to Earth's employee benefits website! As you know, your benefits are an important part of your overall compensation. Down to Earth provides a simple and convenient online benefits enrollment system that will make enrollment fast and easy! After completing your enrollment, you may access Employee Navigator throughout the year to find important information such as benefit summaries, coverage selected and contribution amounts.

Getting Started

Using your computer, tablet or phone
go to the benefits website:

<https://dtebenefits.com>

- If you are a new user, select "Register as a new user". You will then need to enter the following information:
 - First Name and Last Name
 - Company Identifier: "**DOWNTOEARTH**"
 - PIN (Last 4 digits of your Social Security Number)
 - Birth Date (MM/DD/YYYY)
 - Click "Next" and create a Username (email recommended) and Password
- If you have already registered, simply click "Login". If you are registered and have forgotten your login, please click on the "forgot username / forgot password" option on the screen and follow the instructions.

Enrollment

Once logged in, you will go through a series of screens – each screen takes only a few moments to complete. All of your benefit elections will be displayed on a cost "per paycheck" basis based on your specific benefit options.

Important: Be prepared to enter birth dates and social security numbers for yourself and all dependents. Emergency contacts and life insurance beneficiary information are also needed.

Step 1:

Review and update your personal information

- Click "Profile" which will take you to Profile Overview. Review the first 2 sections, Personal Information and Dependents. It is important that all the fields be completed. If the information needs updating or is incomplete, click on "Edit" and enter necessary revisions.



Step 2:

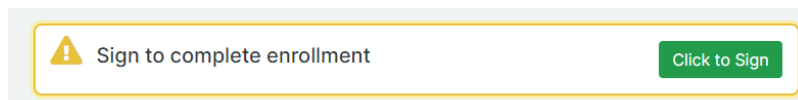
Start your benefits enrollment

- From the Profile page, select the “Home” icon next to your name at the top of the screen. On the Home page click on “Start Enrollment”.

Step 3:

Complete your benefits enrollment

- The next few screens will present benefit selections by type (Medical, Dental, Vision, Life Insurance, etc.). Each page will show you the benefits you are eligible for along with a cost “Per Paycheck”. You will need to select or decline each benefit type, then save and continue to the next benefit. If you are covered under a separate medical plan please indicate what type under your decline reason.
- When asked for beneficiary information, it is important that you complete this section by selecting a dependent(s) or adding a designated person and indicating a benefit percentage for each.
- The last section shows your benefit choices and costs for your review. If you wish to make changes, click the “Edit” button to update your selections. Click “Continue” and you will be given an opportunity to print a Benefits Confirmation Statement. You may also access your enrollment and plan information at anytime by logging into Employee Navigator.
- Last step is selecting “Click to Sign” to submit



When Can I Enroll?

New Hires

You must enroll within 30 days of your eligibility date. If you fail to enroll within your 30 day window, you will be required to wait until Open Enrollment to enroll or make changes. Please complete your online enrollment prior to your effective date.

Open Enrollment

You may enroll and make changes online during this Open Enrollment. Once Open Enrollment is closed, you may not make any changes to your benefit elections unless you experience an IRS recognized event. If you do experience a recognized event during the plan year, please reach out to Human Resources and then log into Employee Navigator and request the change within 30 days of the event. If you fail to do so, you will be required to wait until Open Enrollment to enroll or make changes.



**Scan to
view the
Employee
Navigator
How-To video**

*If you need assistance
with your enrollment,
please contact your
Human Resources
Department.*



PRESCRIPTION SAVINGS

Want to save money on your prescriptions?

Even if you have insurance, you could still pay less Out-of-Pocket than your copay or coinsurance through the medical plan. The following information provides helpful hints and optional discounts you can use to save money on your prescriptions.

Everyone should have safe, affordable medications with transparent prices.

Mark Cuban's Cost Plus Drugs

Cost Plus Drugs is an online pharmacy created by Mark Cuban to deliver cost effective medications to the public without all the mark-ups. If you don't have insurance or have a high deductible plan, you know that even the most basic medications can cost a fortune. Many people are spending crazy amounts of money each month just to stay healthy. Cost Plus currently provides an extensive list of medications available including Preventive, Diabetes, Heart Health, Gastrointestinal, Cancer and Mental Health. The program is continuously updating the list. **(Homepage of Mark Cuban Cost Plus Drugs)**

Go to the following website: www.costplusdrugs.com/medications to check if your medication(s) can be filled using the Cost Plus Program. If your medication is on the list, create an account and then call your physician to discuss.

Amazon

Did you know that Amazon also offers many generic prescriptions at a substantially discounted price? You must have an Amazon Prime membership to utilize the pharmacy. Once logged in, search for pharmacy in the search box to get started. Many medications for conditions such as; High Blood Pressure, High Cholesterol, Depression, Diabetes, Anxiety and more are available through the Amazon Pharmacy.

GoodRx

Download the app or go online to check prices of various medications at a range of pharmacies in your area. GoodRx is available regardless of your enrollment in the medical plan. Don't forget, GoodRx can be used for your pets medications, too! There are many coupons that are available through the program that you can use at your pharmacy.

Manufacturer's Assistance

Manufacturers provide financial assistance whether you are enrolled in a medical plan or not; check the manufacturer's website to see if they offer a copay assistance program or coupons for your brand name medications. Many programs will require you to enroll prior to picking up your prescription, check the site for full details.

Talk to your Pharmacist

Most pharmacies have a database of discount programs available. Ask your pharmacist if your medications can be filled using one of the programs.

Disclaimer: These benefits do not work in conjunction with your major medical plan, therefore any money spent on prescriptions while utilizing these programs will not go towards your deductible or Out-of-Pocket Maximum.

KNOW WHERE TO GO

KNOW WHERE TO GO

71%

of Emergency Room visits are unnecessary or could have been avoided

Virtual Visits

- Cold, Flu or Fever
- Cough
- Rashes
- Bronchitis
- Sore Throat
- Headache/Migraine
- Pink Eye
- Poison Ivy/Oak
- Sprains & Strains
- Sinusitis
- Allergies
- Urinary Tract Infections

FROM THE COMFORT OF YOUR HOME
OPEN 24/7



Walk-In Clinic

- Allergies
- Bladder Infections
- Cold Sores
- Ear Infections
- Eye Infections
- Immunizations
- Sinus Infections
- Strep Throat
- Colds
- Head Lice
- Diabetes
- Blood Pressure Management

WALK-IN OR SCHEDULE APPOINTMENT
WEEKEND HOURS AVAILABLE



Urgent Care

- Strains, Sprains, or Breaks
- Infections
- Mild Burns
- Diagnostic Services (X-Rays, Lab tests)
- Minor Broken Bones (Toes, Fingers)
- Severe Sore Throat or Cough
- Skin Rashes or Infections
- Vomiting, Diarrhea or Dehydration
- Controlled bleeding, cuts that require stitches

TYPICALLY A 30 MINUTE WAIT
EXTENDED HOURS ON WEEKENDS

Emergency Room


- Chest Pain
- Abdominal Pain
- Stroke
- Severe Head Injury
- Major Trauma
- Compound Fractures
- Knife or Gunshot Wounds
- Moderate/Severe Burns
- Poisoning
- Seizures or Loss of Consciousness
- Head, Neck or Back Injuries
- Uncontrollable Bleeding

AVERAGE WAIT TIME IS 2 HOURS
OPEN 24/7

5 WAYS TO CUT HEALTHCARE COSTS


5 WAYS TO CUT DOWN YOUR HEALTHCARE COSTS


1 ALWAYS USE IN-NETWORK PROVIDERS, WHENEVER POSSIBLE




An In-Network provider is a provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates. In general, if you visit an In-Network provider, you will get your healthcare at a lower price.

2 ASK THE RIGHT QUESTIONS

- 
- Why is this treatment necessary?
 - How much will my treatment cost?
 - Can I be treated another way that is equally effective but less costly?


- 
- Shop around at local pharmacies to find the best price on your prescription.
 - Ask your doctor about generic or over-the-counter drug alternatives to brand name prescriptions.
 - Look into discount prescription programs.



In its broadest definition, prevention includes a healthy lifestyle, exercise, diet and other similar efforts. When preventive care services like physical examination, screenings and immunizations are combined with a lifestyle that is focused on wellness, significant savings can be achieved.

4 PRACTICE PREVENTION

3 KEEP PRESCRIPTION COSTS DOWN



Learn to shop for value when it comes to healthcare. Ask your doctor the right questions, conduct price comparisons, read reviews, and review all the medical bills carefully. With a little effort, you can ensure that you are getting the best value for your healthcare dollars.

5 TAKE CONTROL OF YOUR HEALTHCARE

HOW TO ACCESS YOUR ID CARDS

VITORI MEDICAL CARDS

Vitori Health members have access to many features through our online Member Portal & Mobile App:

- View and/or print Member ID Card
- Plan Details
- Claims Details
- Send a message to the Vitori Health Concierge Team
- Download or upload documents directly to the team
- The Mobile App has the same features and functionality as the online Member Portal

Member Portal Registration

Download the app from your app store by searching "Vitori" or text "VITORI" to 65021 or visit vitorihealth.com/member to access the member portal. You will need to create an online account the first time you visit the site using your Vitori Health member ID, which can be found on the front of your Vitori Health Member ID card. The Concierge can assist with confirming your member ID and answer any questions you may have on portal access.

Web: www.vitorihealth.com/member

MUTUAL OF OMAHA DENTAL CARDS

You don't need an ID card to visit a provider, or for your provider to file a claim just let your provider know that you're a Mutual of Omaha member and they can locate you through the provider portal using your Social Security Number.

For account information you can access the Mutual of Omaha website <https://mutualofomahamwp.skygenusystems.com/MWP/Landing>. The button to register as a new user is located on the left side of the page towards the bottom.

You can also call 800-927-9197 to request an ID Card.

MUTUAL OF OMAHA VISION CARDS

You don't need an ID card to visit a provider, or for your provider to file a claim just let your provider know that you're an EyeMed Vision member (part of the Mutual of Omaha EyeMed network) and they can locate you through the provider portal using your Social Security Number.

For account information, you can access the EyeMed website using your social security number by visiting <https://member.eyemedvisioncare.com/mutual/en/>. Once logged in there should be an option to print your ID in case you want it.

EMPLOYEE ASSISTANCE PROGRAM

Available Services
When You Need
Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources <ul style="list-style-type: none"> Additional community resources or possible counseling options come at the expense of the employee
Access	<ul style="list-style-type: none"> 1-800 hotline with direct access to a Master's level EAP professional 24/7/365 services available Telephone support available in more than 120 languages Online submission form available for EAP service requests

EMPLOYEE ASSISTANCE PROGRAM

Basic EAP Services (*continued*)

Features	Value to Company and Employees
Online Services	<ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> ▪ Current events and resources ▪ Family and relationships ▪ Emotional well-being ▪ Financial wellness ▪ Substance abuse and addiction ▪ Legal assistance ▪ Physical well-being ▪ Work and career ▪ Bilingual article library
Employee Family Legal Services	<ul style="list-style-type: none"> ▪ Valuable resources available via website <ul style="list-style-type: none"> ▪ Legal libraries & tools ▪ Legal forms ▪ 1 Legal consultation with an attorney per year (up to 30 minutes) <ul style="list-style-type: none"> ▪ 25% discount for ongoing legal services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals
Employee Family Financial Services	<ul style="list-style-type: none"> ▪ Inclusive financial platform powered by Enrich ▪ Personal financial assessment tool ▪ Personalized courses, articles & resource to meet financial needs ▪ Ongoing progress reports on financial health
Employee Communication	<ul style="list-style-type: none"> ▪ All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> ▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> ▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

WILL PREPARATION

MUTUAL
SOLUTIONS

WHAT YOU NEED TO KNOW ABOUT A WILL?

Services provided by Epoq, Inc.



No one likes to think about what happens when they're gone. But, it's important for you to have a plan and one of the best ways to plan is to make a will.

What Is A Will?

A will, more formally known as a "last will and testament," is a legal document that explains what to do with your things after you die. Requirements are different in each state, but wills typically include:

- What to do with possessions
- What to do with real estate
- What to do with money
- Who should be the guardian for any children
- Who is in charge of making sure the instructions in the will are followed

A will makes sure that people know your wishes after you're gone. It also makes a big difference to your loved ones. They'll already have a lot on their minds as they grieve, and a will can help save them the unnecessary upset and hardship of trying to figure out what you would have wanted.

Why Do I Need A Will?

Did you know that only 33% of Americans have a will? When you die, something needs to be done with the items you own, and any debts will have to be paid. A will allows you to appoint a person (an "executor" or "personal representative") to handle the everyday tasks of settling your estate, like paying bills and hiring brokers to sell any real estate. They'll oversee the distribution of property to the people who have a right to

inherit it. It could be a car, medical reimbursement, or even an insurance settlement if they were in an accident. Also, if you have minor children and wish to appoint someone to take care of them after you pass, a will can serve that purpose.

Courts will honor your wishes as much as possible. If you don't have a will, the state decides what happens with your belongings. Things will be settled according to state laws, even if the state law isn't what you and your family want.

Who should create a will?

Wills are important for almost everyone, but the following people should consider making one:

- Parents
- Married couples
- Unmarried couples
- Home or property owners
- Retired people.

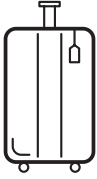
How Do I Get Started?

To create your will, visit www.willprepservices.com and use the code MUTUALWILLS to register. Once registered, you can get started drafting your will.



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

TRAVEL ASSIST



Worldwide Travel Assistance and Identity Theft Protection for You and Your Family

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 120 days in length, and more than 100 miles from home.

PRE-TRIP ASSISTANCE*

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport and other documentation needs
- Travel, health advisories and inoculation requirements for foreign countries
- Daily foreign currency exchange rates
- Consulate and embassy locations

IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home, call Travel Assistance toll-free 24/7 for immediate help from a multi-lingual professional.

**Available at any time, not subject to 100 mile travel radius*

EMERGENCY TRAVEL SUPPORT SERVICES

- **Translation and interpreter services** – 24/7 access to translators or interpreters
- **Locating legal services** – referrals for local attorney or consular offices and help maintaining business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- **Emergency payment and cash** – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** – coordination of credit card, airline ticket, or other documentation replacement
- **Vehicle return** – if evacuation or repatriation is necessary

MUGC9550

Fold Here



Worldwide Travel Assistance



Services available for business and personal travel.

For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658

**CARRY THIS CARD WITH
YOU WHEN YOU TRAVEL**

Brought to you by Mutual of Omaha.

Travel Assistance Services provided
by AXA Assistance USA, Inc.

Fold Here



TRAVEL ASSIST

MEDICAL ASSISTANCE

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

TRAVEL ASSISTANCE PLAN LIMITATIONS

AXA Assistance USA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are covered up to \$200,000 per person per event.

IDENTITY THEFT

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

EDUCATION AND PREVENTION

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

RECOVERY INFORMATION

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

ASSISTANCE

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

CONTACT INFORMATION

Questions Regarding	Carrier	Phone / Website
Medical Plan	Vitori Health	www.vitorihealth.com/member member ID needed to register
Telehealth	MD Live	844-677-6856 www.vitorihealth.com/telehealth
Health Savings Account (HSA)	Payflex is now: Inspira Financial	844-729-3539 www.payflex.com
Dental Plan	Mutual of Omaha	800-927-9197 www.mutualofomaha.com
Vision Plan	Mutual of Omaha	800-775-6000 www.eyemedvisioncare.com/ mutualofomaha
Accident Insurance	Mutual of Omaha	800-927-9197 www.mutualofomaha.com
Critical Illness Insurance		
Hospital Indemnity		
Voluntary Life & AD&D Insurance	Mutual of Omaha	888-493-6902 www.mutualofomaha.com/support/ claims
Voluntary Disability Insurance salaried employees only	Mutual of Omaha	800-388-9606 www.mutualofomaha.com/disability- insurance
Down to Earth 401(k) Plan	American Funds	800-204-3731 https://americanfunds. retirementpartner.com
DTE I Care Fund	Helping Hands	706-754-6884 https://dtebenefits.com/dte-i-care email: icare@downtoearth.com
General Questions	Down To Earth	321-263-2700 Benefits@down2earthinc.com
Enrollment	Meehan Agency	866-ENROLL-0 https://www.coloniallife.com/

In this booklet we describe the highlights of our benefit package in non-technical language. In every respect, your rights to benefits under each plan are solely governed by the official document, not the information in this overview packet. If there is a discrepancy, the official Plan documents will prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Please be aware that any and all elements of our benefit package may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Down to Earth. This booklet may not be reproduced or redistributed in any form or by any means without express, prior permission in writing, from Down to Earth.

ANNUAL NOTICES

Medicare Part D Creditable Coverage Notice

Important Notice from Seasons Service Select LLC dba Down To Earth Group Health Plan About Your Prescription Drug Coverage and Medicare

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

When Can You Join A Medicare Drug Plan?

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

ANNUAL NOTICES

If you decide to join a Medicare drug plan while enrolled in Seasons Service Select LLC dba Down To Earth Group Health Plan coverage as an active employee, please note that your Seasons Service Select LLC dba Down To Earth Group Health Plan coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Seasons Service Select LLC dba Down To Earth Group Health Plan coverage as a former employee.

You may also choose to drop your Seasons Service Select LLC dba Down To Earth Group Health Plan coverage. If you do decide to join a Medicare drug plan and drop your current Seasons Service Select LLC dba Down To Earth Group Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Seasons Service Select LLC dba Down To Earth Group 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. **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 Seasons Service Select LLC dba Down To Earth Group Health Plan changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

ANNUAL NOTICES

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

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

Date: 03/01/2024

Name of Entity/Sender: Seasons Service Select LLC dba Down To Earth
Contact--Position/Office: Gemma K. Naiken, MBA, SHRM-CP, NACP-B-PC, Total Rewards Manager Down To Earth Landscape & Irrigation
Address: 2701 Maitland Center Parkway Suite 200 Maitland, FL 32751
Phone Number: (321) 222-3106

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Seasons Service Select LLC dba Down To Earth group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

To request special enrollment or obtain more information, contact Gemma K. Naiken, MBA, SHRM-CP, NACP-B-PC, Total Rewards Manager Down To Earth Landscape & Irrigation (321) 222-3106.

HIPAA Notice of Availability of Notice of Privacy Practices

The Seasons Service Select LLC dba Down To Earth group health maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Gemma K. Naiken, MBA, SHRM-CP, NACP-B-PC, Total Rewards Manager Down To Earth Landscape & Irrigation (321) 222-3106 2701 Maitland Center Parkway Suite 200 Maitland, FL 3275.

ANNUAL NOTICES

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 October 15, 2021. Contact your State for more information on eligibility –

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820
OHIO - Medicaid
Website: https://www.ohio.gov
Ohio Department of Medicaid 50 West Town Street, Suite 400, Columbus, Ohio 43215 Consumer Hotline: 800-324-8680 Provider Integrated Helpdesk: 800-686-1516

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Services

Employee Benefits Security Administration
Services www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human

Centers for Medicare & Medicaid
www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

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Women's Health Cancer Rights Act (WHCRA) Notice

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator at (321) 222-3106 2701.

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

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

Model General Notice of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special

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enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify

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the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Gemma K. Naiken, MBA, SHRM-CP, NACP-B-PC, Total Rewards Manager Down To Earth Landscape & Irrigation (321) 222-3106.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must provide a copy of the notice from Social Security regarding their disability determination in order to receive the additional extension within 60 days of the date of the notice.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Gemma K. Naiken, MBA, SHRM-CP, NACPB-PC, Total Rewards Manager Down To Earth Landscape & Irrigation (321) 222-3106.

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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BENEFITS 2024-2025 ENROLLMENT GUIDE

