



2025

# BENEFITS ENROLLMENT GUIDE

MARCH 1, 2025 - DECEMBER 31, 2025



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## MEDICARE PART D CROSS-REFERENCE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.

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 Dayforce: [www.dayforcehcm.com](http://www.dayforcehcm.com) or the benefits website: <https://dtebenefits.com>. If you have any questions, please reach out to us at [benefits@down2earthinc.com](mailto:benefits@down2earthinc.com). 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



WELCOME

# 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?**

All benefits are required to be elected or declined electronically via the Dayforce system. Your current benefit elections will renew for March 1, 2025 with the exception of Medical and Health Savings Account (HSA) elections. Medical and HSA only will NOT renew and will expire on February 28, 2025 if you do not visit Dayforce by February 4, 2025. If you do not take any action you will automatically decline health coverage for the 2025 calendar year and will be asked to sign the employee health insurance waiver form.

## **What if 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 on the back cover 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 1, 2025. The complete plan year is March 1, 2025 through December 31, 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 Enrollment Event**

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://dayforcehcm.com> – login using the “Employee with WFM” role.

The company identifier: downtoearth

Under Favorites click on the “Down2Earth” icon.

Select the Available “Annual Open Enrollment” event by clicking “Start Enrollment”.

Employees must go through all benefits to the enrollment summary page and confirm their enrollment by clicking “Submit Enrollment”.

For more information regarding your Dayforce account or for trouble logging in, please see your local office manager or email [hr@down2earthinc.com](mailto:hr@down2earthinc.com).

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## **Access the DTE Benefits Information**

Down to Earth provides an easily accessible site with information in English and Spanish (where available) so that you can make informed decisions on your benefits.

Go to <https://dtebenefits.com> to access this information from your computer or cell phone.

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## **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

## MEDICAL BENEFITS – POWER OF CHOICE

Down to Earth offers an Individual Coverage Health Reimbursement Arrangement (ICHRA) plan for you and your eligible dependents.

Down to Earth has partnered with a third-party administrator, SureCo, to provide our employees with the “Power of Choice” regarding your medical benefits. SureCo’s Enrollment Platform leverages the existing direct to carrier market to provide you with the most plan choices as possible. You will be able to choose from a selection of individual plans offered in your state for you and your dependents with your portion of the premium withheld from your paycheck as pre-tax payroll deduction.

### The Power of Choice

#### INDIVIDUAL COVERAGE HEALTH REIMBURSEMENT ARRANGEMENT

With the introduction of Individual Coverage HRA, you can purchase your own individual plan and your employer can still contribute to the cost –all pre-tax.

With SureCo’s Enrollment Platform, you will have access to the right coverage for the right price that fits your needs.

Choose from a variety of medical carriers with various plan structures and premiums (pre-tax), in the individual market.

### Shop and Enroll Online

#### SURECO ENROLLMENT PLATFORM

SureCo’s Enrollment Platforms makes it easy to browse and make your choices. All medical plan descriptions are available on the platform.

Depending upon which medical carrier and plan you elect; your pharmacy services will accompany that carrier’s pharmacy policies, preferred vendors, and formularies.

Please log into SureCo’s Enrollment Platform to view all Summary Plan Disclosure Documents and Pricing.

## DOWN TO EARTH EMPLOYER MONTHLY CONTRIBUTION

Employee – At least 60% of the lowest cost silver plan based on base pay and age of the employee.

*\*LCS = lowest cost silver plan. Monthly premiums for all ICHRA plans are calculated based on the age and rating area of employee. SureCo’s Enrollment Platform will identify the LCS tier plan available for employee and calculate the corresponding percentage. That amount will be used as the employer contribution.*

Please scan below for an informative on-demand video:



# MEDICAL BENEFITS

## MEDICAL BENEFITS – FOR EMPLOYEES 65 AND OVER

Under ICHRA, if you are 65 or older you must enroll in Medicare Part A and Part B or Part C for your health care coverage to be eligible to receive the non-taxed employer contribution and reimbursement.

Medicare is a federal health insurance program for people who are 65 or older, certain younger people with disabilities and people with permanent kidney failure. You are eligible to sign up for Medicare 3 months before you turn 65 and until 3 months after the month you turn 65.

Go to [www.Medicare.gov](http://www.Medicare.gov) to understand your Medicare options and enroll\*.

*\*Please be aware, Medicare enrollment is not automatic and is not managed within the SureCo Enrollment Platform.*

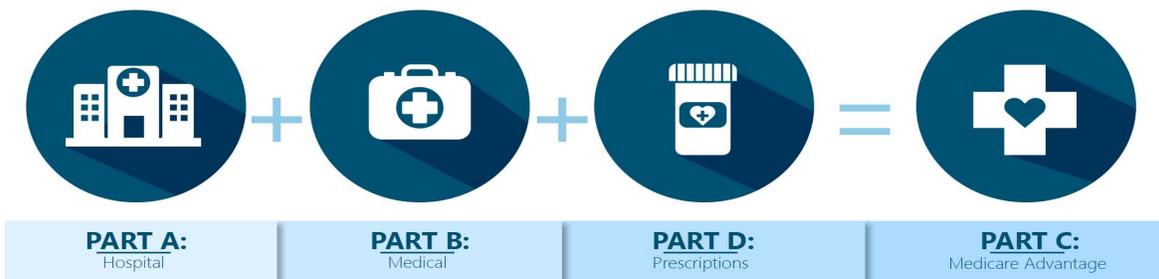
Enrolling in Medicare does not sacrifice your employer's contribution towards your health care premiums. In fact, as a Medicare eligible employee, you are eligible to receive a non-taxed expense reimbursement from Down to Earth to offset the cost of your Medicare premiums. To finalize the amount of your non-taxed reimbursement, you will be asked to verify your enrollment status in Medicare Part A and Part B or Part C and your monthly out of pocket premiums.

### Next Steps:

1. Understand your [Medicare options](#)
2. Call the Social Security Administration at (800) 772-1213. To get an immediate estimate of when you're eligible for Medicare and your premium amount, use the [Medicare Eligibility and Premium Calculator](#).
3. Please report your Medicare enrollment update to SureCo as soon as possible. Once updated, SureCo will contact you to send a copy of your premium notices so your employer can begin applying your non-taxed expense reimbursement to future payroll checks.

## Know your Medicare basics

Medicare Advantage Insurance Plans



# MEDICAL BENEFITS

## SURECO'S ENROLLMENT PLATFORM – MEDICAL BENEFITS ENROLLMENT INSTRUCTIONS

New for 2025, Down to Earth will be utilizing separate enrollment portals for its medical and ancillary enrollments. The following pages contain important information about SureCo's Enrollment Platform that will be exclusively utilized for our employees' medical benefit elections. Please refer to the "Access Your Benefits" section on page 5 for details about the Dayforce platform to complete your ancillary elections.

Employees must log into the Enrollment Platform to elect or decline benefits (medical only) for 2025. This is NOT a passive enrollment.

<https://enrollme.hixme.com/login>

### HOW TO REGISTER:

- A welcome email and log in instructions for the Enrollment Platform will be sent on the first day of your open enrollment period.
- Go to the link above during your scheduled open enrollment period.
- Click the "New User? Sign up here" link which will advance you to the sign-up page.
- Enter the following information to register your account:
  - Email address
  - Phone number
  - Zip code
  - Date of birth
  - Last 4 digits of social security number (SSN)
- Create your password!

The image shows two overlapping screenshots of the SURECO Enrollment Platform. The top screenshot is the 'Sign up' page, which includes a header with the SURECO logo and the text 'Sign up.' Below this, there is a note: 'If your employer has provided your information, you have an account waiting to be setup. Just fill out your information below to get started.' The form fields include 'Email or Phone Number' (with a sub-note 'Your email or phone number'), 'Password (Show password) / Forgot your password?' (with a sub-note 'Your password'), and a 'Sign up' button. The bottom screenshot is the 'Login' page, which includes a header with the SURECO logo and the text 'Enrollment Platform'. It has a 'Login' button and a 'Sign up' button at the bottom. A note at the bottom of the page reads: '\*Email or phone is required. Create your password. Password (Show password). Password required. Confirm password. Sign up.'

*If you do not visit the Enrollment Platform by 5pm on the final day of your open enrollment period, you will automatically decline health coverage for the remainder of the 2025 calendar year and will be asked to sign the employee health insurance waiver form.*

### BEFORE YOU BEGIN:

To help you find the plan that's right for you, consider more than just the plan's monthly premium. We have prepared the following FAQ's to better prepare you for making your medical elections.

#### **What matters the most to you? Here's a list of things to consider when choosing a plan that works for you:**

- Referral required to see a specialist **VS** Can see a specialist without a referral
- 20% coinsurance (% of the bill you pay) **VS** 50% coinsurance
- Copays from the beginning **VS** Pay full cost until you reach the deductible
- Low premium with high costs for care **VS** High premium with low costs for care
- Your doctor in network **VS** Finding a new doctor

#### **Are your medications covered?**

- Health insurance plans vary on which medications they cover and how much they will charge. Each insurance company has a list of prescriptions they cover (called a

# MEDICAL BENEFITS

formulary or drug list) on their website. Whether you pay a copay or have to pay full price for a drug will depend on which plan you choose.

## Is it important to you to keep your current providers?

- If you are interested in trying to elect a new plan that has your current providers in network, make sure to make a list of those providers/hospitals before OEP starts.
- A lot of employees have questions about which plans their existing provider or hospital will accept: The Enrollment Platform will allow you to search for plans that your current provider(s) are in network for, and participating in. This will help you weed out plans that may not suit you.; however, it is recommended that YOU CALL your doctor to confirm eligibility in the specific Individual Health Plan.
- SureCo uses a 3rd party network database to populate provider data – and they cannot guarantee that all plan and provider data has been updated at the time an employee is researching. Since providers leave and join plans often, we highly recommend that you play it safe and call your doctor to confirm they currently accept your plan.

## NEED HELP? SURECO IS HERE FOR YOU:

For questions related to the Enrollment Platform, your ICHRA medical plan's coverage or for support enrolling in a medical plan, please contact SureCo's Employee Experience Team.

- Email: [employee.experience@sureco.com](mailto:employee.experience@sureco.com)
- Phone: 949.989.4906

**Breaking Down Your Benefits**

**\$175.21**  
Per pay period (2021 January)

**Aetna CVS Health**  
Bronze S

Dr. John Doe - verified

- > Primary Care \$35
- > Specialist Visit \$95
- > Deductible \$0
- > Family Deductible \$0
- > Out-of-Pocket Maximum \$8,200

Benefits Summary Compare Add to My Benefits

**Primary Care:** Doctors who are your first point of entry into the health care system

**Ex:** physicals, necessary medication prescription, minor illnesses or injuries, screening for common health issues

**Specialist Visit:** Doctors with advanced training and degrees in a special branch of medicine. Many can also perform minor surgeries

**Ex:** Neurologists, Radiologists, Cardiologists, Psychiatrists, and Oncologist

**Deductible:** The fixed dollar amount that the you must pay each year before your plan coverage kicks in

**Family deductible:** Each family member has an individual deductible. All individual deductibles funnel into the family deductible

**Out of Pocket Maximum:** The most a health insurance policy holder will pay each year for covered health expenses. Once the limit is reached, the plan will cover 100% of qualified medical and health expenses

**Navigating Drug Formularies**

Tier	Drug Type	Cost
1	Preferred Generics	\$
2	Generics	\$\$
3	Preferred Brands	\$\$\$
5	Non-preferred Brands	\$\$\$\$
6	Specialty Drugs	\$\$\$\$\$

**The Difference Between Drug Types**

**Preferred Generics**  
These drugs have the same active ingredients and work the same way as the brand-name drugs they copy.

**Generics**  
More expensive than preferred generics. They can include some brand-name indications.

**Preferred Brands**  
These drugs are included in a plan's list of covered drugs and may not have a generic version.

**Non- Preferred Brands**  
You will pay more for these drugs than for preferred brand drugs. You may be able to a generic drug, that will cost you less.

**Specialty Drugs**  
These drugs are used to treat ongoing health conditions. They often require special handling and may have to be ordered through a specific pharmacy.

# MEDICAL BENEFITS

## SURECO'S ENROLLMENT PLATFORM STEP-BY-STEP PROCESS

1. Log in and acknowledge user agreement
2. Start by confirming your personal information
3. Then edit/add any dependents
4. Select a Provider (if desired)
5. Next... start shopping for a medical plan by scrolling through available options
6. Lastly...confirm your selections and electronically sign and check out your cart

### PERSONAL INFORMATION:

- It is critical that you verify the demographic details for yourself and any dependents. Key fields that will impact your health plan selections and rates include date of birth, zip code and county.
- Please make sure that you are using your physical address where you reside – health providers will verify and reject addresses that are mailing addresses, business addresses or PO Box.
- If you want to include dependents such as spouse, domestic partner, or child on your health plan, please click the "Add a Dependent" button to add each individuals' details into the system. Just like with your account, the pricing for the available plans will be based on the age and address of the dependent.
- The Platform is equipped to "split" families into groups when family members live in different rating areas. This will allow you to shop for separate health plans by "group" to ensure each member gets the best coverage available to them in their area.

### PROVIDER SEARCH:

- If you are interested in keeping your current providers, the Enrollment Platform will allow you to search for plans that your current provider(s) accepts. Since providers leave and join plans often, we highly recommend that you play it safe and call your doctor to confirm they currently accept the plan you select.
- If you prefer, you can also contact the specific carrier (such as Florida Blue or United Healthcare) or visit their website to view a list of participating providers.

### BENEFIT SELECTIONS:

- When you log into the Enrollment Platform, the plans and prices that you see will be based on the demographic details you entered in the personal profile.
- The per paycheck cost displayed in the Platform will include your employer's contribution.
- When you shop for medical plans in the individual market, you will notice that they are classified by metallic colors – Bronze, Silver, Gold (and Platinum). These metallic colors are designed to showcase plans that are more "rich" than others. That is not to say a bronze plan is not "rich". It all depends on the healthcare needs you and your family are looking for. For example, bronze will most likely be the least expensive premium deducted from your pay whereas gold will be the most expensive premium deducted from your pay. The key consideration is how often you will need to utilize your insurance.
- To fully understand what each plan covers and what you would pay for covered services under that plan, you should view the (SBC) Summary of Benefits and Coverage available by clicking the Benefits Summary button.

# MEDICAL BENEFITS

- It is very important for every employee to educate themselves on health terminology. Now, more than ever, it is important that you take time to learn about your health benefits.



## Co-Payment

The fixed dollar amount that is covered for every doctor's visit Ex: \$50 co-payment that the covered employee pays for during each doctor's visit.



## Deductible

A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventative health expenses.



## Family Deductible

Each family member has an individual deductible. All individual deductibles funnel into the family deductible.



## Out of Pocket

Out-of-pocket limit is the most a health insurance policyholder will pay each year for covered health expenses. Once the limit is reached, the plan will cover 100% of qualified medical and health expenses.



## In Network

Hospitals, medical providers, and clinics for whom the insurance plan has an agreement to care for a negotiated amount for its members. It is most likely that these plans will cover a greater share of costs for in-network providers because their networks provide services at a lower price due to the insurance companies which they have contracts with.



## Out of Network

Doctors or hospitals who are not in your network will not accept an approved amount unless you are in-network. If you are not in-network, you are responsible for paying the difference between the provider's full charge and your plan's approved amount.

## FINISH ENROLLMENT AND CONFIRM BENEFITS:

- This is the final step in the enrollment process. Please make sure to confirm your elections!
- Even if you declined health coverage, or have elected Medicare, it is important to electronically sign the acknowledgement on this page to Confirm and Submit your Elections for 2025.

### Confirm Elections & Electronic Signature

If you are finished electing your benefits it's time to **lock** your elections.  
To see your elections again, you may still **review your cart**.

I confirm my elections

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**To sign, type your name in the box below**  
I understand and acknowledge that providing my name in the box above constitutes a legal signature provided electronically.

*Sign here*

**To proceed, click the "Confirm my elections" button.**  
Once you click the button below, you will no longer be able to make any changes to your benefit elections.

[Confirm my elections](#)

# HEALTH SAVINGS ACCOUNT (HSA)

## Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with a 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. \*Down to Earth will audit enrollments to ensure compliance once Open Enrollment is closed.



### 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 2025, the total of your contributions can be up to \$4,300 for individual coverage and \$8,550 for family coverage. If you are age 55 or older, you can contribute an additional \$1,000 per year



### 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](http://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 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 activity 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 2025, the total of your contributions can be up to \$4,300 for individual coverage and \$8,550 for family coverage (+ \$1,000 catch-up contribution if you are over the age of 55).**

## 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 found on <https://dtebenefits.com/more-benefit-information>.

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 and adult coverage	N / A		50% up to \$1,500 lifetime maximum	

### Dental Payroll Deductions

Weekly Deductions (52 x per year)	Low PPO	High PPO
Employee	\$3.57	\$5.89
Employee + Spouse	\$7.25	\$10.98
Employee + Child(ren)	\$8.45	\$13.95
Employee + Family	\$12.14	\$20.02

# DENTAL BENEFITS

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DENTAL  
INSURANCE

## IT'S FAST AND EASY TO FIND A DENTIST

With Our Online Provider Directory

Season Service Select, LLC



With our dental insurance, you have complete freedom to select the dentist of your choice either in network or out of network. However, you'll enjoy greater savings by selecting a dentist who is part of the network. The network currently has thousands of dentists nationwide, so chances are good there's a participating dentist near you.

### Online Provider Search

You can find a dentist online quickly and easily.

- 1 Go to [MutualofOmaha.com/Dental](https://MutualofOmaha.com/Dental)
- 2 Click on "Find a Dentist"
- 3 Select your **network**
- 4 Enter your **ZIP code** or **City and State** to find a provider near you
- 5 Optional search criteria include:
  - Specialty
  - Provider last name
  - Distance
  - Gender
  - Language
  - NPI
  - License number
- 6 Save your results by exporting the provider list via email or print function.

### Contact A Provider

If you choose to call a provider directly, be sure to mention their affiliate network to clarify their association with us. If there is still confusion, or you do not know the affiliate network, please contact our Dental Service team for assistance.

**Note:** The search results will display the participating providers affiliate network. See example below:

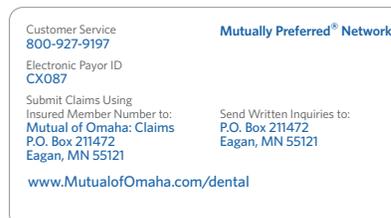
**Network:** Mutually Preferred Network / [Affiliate Network]

### Dental Customer Service

If you have questions or need additional assistance during business hours, contact our service team at (800) 927-9197.

### Your Dental ID Card

The name of your network is displayed in the upper right corner (back-side) of your dental ID card. See sample below.



Mutually Preferred®



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

## 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 found on <https://dtebenefits.com/more-benefit-information>.

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 (52 x per year)	Vision Plan
Employee	\$1.51
Employee + Spouse	\$3.02
Employee + Child(ren)	\$3.32
Employee + Family	\$4.83

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VISION  
INSURANCE

## Online Reference Guide for Plan Members



You have a great vision insurance plan. Now learn how you can make full use of our vision plan website to ensure proper vision health for you and your family.

### With online access you can:

- View benefits information
- View claims history and Explanation of Benefits
- Locate a provider
- Access forms or submit a claim online

### Getting Started

- Log on to [MutualofOmaha.com/vision](https://MutualofOmaha.com/vision)
- Click on "View my vision benefits"
- Click the "Need to Register?" button – enter your name, date of birth, member ID number (located on your member ID card) or the last four digits of your Social Security Number (if provided by your employer), zip code and email address and follow the instructions to select your username and password

### Logging On

- Go to [MutualofOmaha.com/vision](https://MutualofOmaha.com/vision)
- Click on "View my vision benefits"
- Enter your username and password
- Click the "Login" button

## Online Tools and Resources

### View your benefits

- Coverage, effective dates, and benefit frequency
- Dependents included in the plan
- Benefits used by you and your dependents
- Print ID cards
- Special Offers
- Know Before You Go cost estimator tool

### Access a claim form

If you visit an out-of-network provider, you will have to pay for services out-of-pocket and submit a claim form located in the "Claims" section.

### Find a provider

Once you've created an account and signed in, click "Provider Locator." From here, you can search by ZIP code or "use my location" to find a provider near you.

### Customer Service

833-279-4358



Download the EyeMed Members App on your iPhone, iPad or Android to view benefit information and ID card.



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

# AUDITORY BENEFITS

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MUTUAL SOLUTIONS

## YOUR HEARING DISCOUNT PROGRAM



### Program Details

In addition to your hearing care program, you will have access to complimentary aftercare\*, including:

- Custom hearing solutions** — wide choice of products from the industry's leading brands
- Risk-free trial** — find your right fit by trying your hearing aids for 60 days
- Follow-up care** — ensures a smooth transition to your new hearing aids
- Battery support** — battery supply or charging station to keep your hearing aids powered
- Warranty** — 3-year coverage for loss, repairs, or damage
- Financing** — no interest for those who qualify
- Savings for family and friends** — your parents, siblings, in-laws, and friends qualify, too

*\*Risk-free trial - 100% money back guarantee if not completely satisfied, no return or restocking fees. Follow-up care - for one year following purchase. Batteries - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. Warranty - Exclusions and limitations may apply. Contact Amplifon Client Services at 1-888-534-1747 for details.*

### Accessing Your Hearing Program is Easy

Contact Amplifon at 1-888-534-1747. The Patient Care Advocates are available Monday - Friday 7am to 7pm CT.

To learn more visit [amplifonusa.com/mutualofomaha](http://amplifonusa.com/mutualofomaha).

	Level 1	Level 2	Level 3	Level 4	Level 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,295	\$1,495	\$1,895	\$2,195



This is not health insurance. Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Amplifon are independent, unaffiliated companies.

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# LIFE AND DISABILITY INSURANCE

## 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. For a complete benefits summary, please refer to the Mutual of Omaha plan documents found on <https://dtebenefits.com/more-benefit-information>.

Portability & Conversion – If you terminate employment, you have the right to continue your voluntary life insurance. Most carriers require notification within 30 days of termination to exercise this right. For more information, please contact the carrier. Contact information can be found on the back cover of this benefit guide.

Insured	Available Increments	Maximum Benefit	Guaranteed Issue Amount
Employee	\$10,000	5 X Annual Salary up to \$500,000	5 X Annual Salary up to \$150,000
Spouse	\$1,000	100% of Employee Election up to \$150,000	100% of Employee Election up to \$25,000
Child(ren)	\$2,000	100% of Employee Election up to \$10,000	100% of Employee Election up to \$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. For a complete benefits summary, please refer to the Mutual of Omaha plan documents found on <https://dtebenefits.com/more-benefit-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)

## 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 Dayforce enrollment flow. To enroll in this benefit please visit <https://americanfunds.retirementpartner.com/participant> and click the register button to set up your account.

**Eligibility:** Employees are eligible to make deferral contributions on the next entry date after attaining age 21 and completing 6 months of service.

**Entry Dates:** January 1, April 1, July 1 and October 1 after having met the above eligibility requirements.

**Employee Contributions:** You may defer a portion of your compensation and deposit it into the plan on a pre-tax or Roth basis up to the annual IRS maximum \$19,500 for 2020 (\$26,000 if age 50 or older).

**Company Contributions:** The plan provides a Safe Harbor Match contribution for all participants who make 401(k) deferral contributions equal to 1000% up to the first 3% of compensation deferred and 50% on the next 2% deferred.

The company may also make additional Match and/or Profit Sharing contributions each plan year. These contributions are discretionary, with the amount being determined by the employer each year. To be eligible to receive a portion of the matching contribution, participants must make deferral contributions. To be eligible for profit sharing contributions, a participant must have completed 1000 hours of service during the year and be employed on the last day of the plan year.

**Withdrawals:** Your account may be withdrawn in the event of termination of employment, retirement, death, disability or attainment of age 59.5. Distributions will be made as soon as administratively possible following the end of the plan year in which you terminate. Hardship distributions are also permitted under certain specific circumstances.

**Loans:** Participant loans are permitted. You are only permitted to have 2 outstanding loans at a time. Loans are limited to 50% of your vested account balance, not to exceed \$50,000 with a minimum requested amount of \$1,000.

**Vesting:** Employee 401(k) deferrals and Safe Harbor contributions are always 100% vested.

# 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 (52 x 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. Please refer to <https://dtebenefits.com/more-benefit-information> 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, 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 (52 x per year)	Hospital Indemnity
Employee	\$3.23
Employee + Spouse	\$6.92
Employee + Child(ren)	\$4.85
Employee + Family	\$8.31

## HOSPITAL INDEMNITY POLICY NOTICE

### Hospital Indemnity Policy Notice

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#### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

#### **Looking for comprehensive health insurance?**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

#### **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# 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](mailto: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™*



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# 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](http://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.

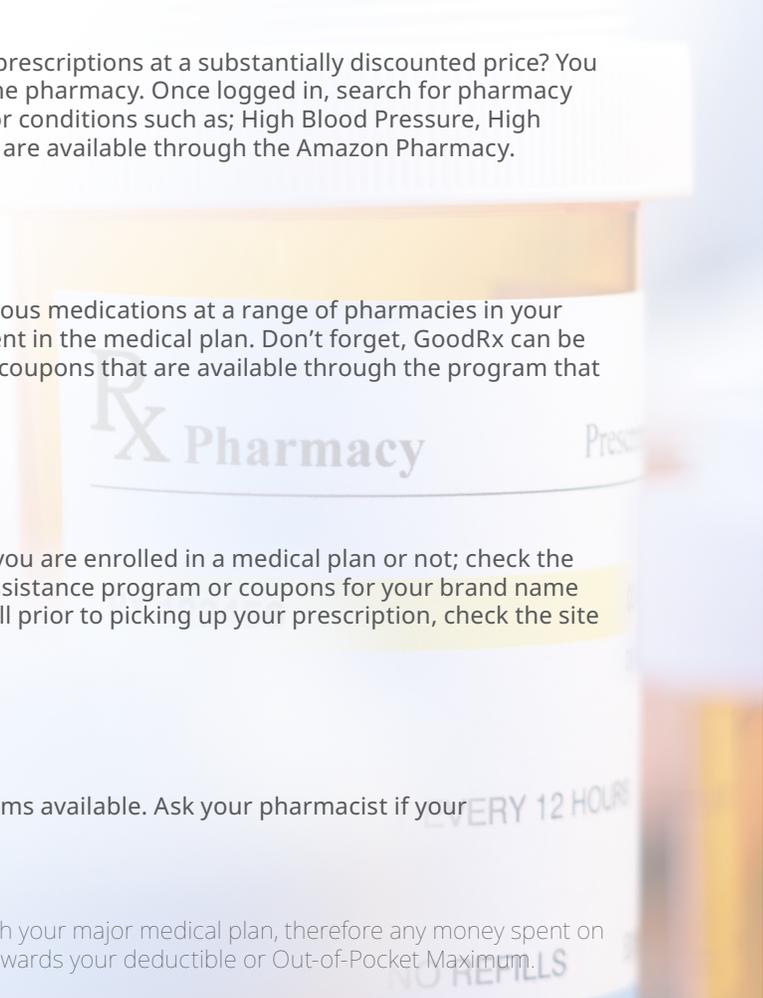
## Manufacturer's Assistance

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

## 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 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

## MEDICAL CARDS

After you enroll for the Medical Plan of your choosing, your insurance carrier will send some or all of the following directly to you:

- Summary Packet
- Medical ID Cards
- Explanation of Benefits (EOB)

### **Member Portal Registration:**

Once you have received your Member ID number, you can register online in the carrier website or download the carrier app.

If you need further assistance, you can submit a ticket through the self-help widget platform on the SureCo website or email: [employee.experience@sureco.com](mailto:employee.experience@sureco.com).

## 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.

## CONTACT INFORMATION

Questions Regarding	Carrier	Phone / Website
Medical Plan	SureCo	866-235-5515 <a href="http://SureCo.com">SureCo.com</a>
Medicare	EMS	804-898-3412 <a href="http://elitemedicarespecialists.com">elitemedicarespecialists.com</a>
Health Savings Account (HSA)	Inspira Financial	844-729-3539 <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
Dental Plan	Mutual of Omaha	800-927-9197 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Vision Plan	Mutual of Omaha	800-775-6000 <a href="http://www.eyemedvisioncare.com/mutualofomaha">www.eyemedvisioncare.com/mutualofomaha</a>
Accident Insurance	Mutual of Omaha	800-927-9197 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Critical Illness Insurance		
Hospital Indemnity		
Voluntary Life & AD&D Insurance	Mutual of Omaha	888-493-6902 <a href="http://www.mutualofomaha.com/support/claims">www.mutualofomaha.com/support/claims</a>
Voluntary Disability Insurance <i>salaried employees only</i>	Mutual of Omaha	800-388-9606 <a href="http://www.mutualofomaha.com/disability-insurance">www.mutualofomaha.com/disability-insurance</a>
Down to Earth 401(k) Plan	American Funds	800-204-3731 <a href="https://americanfunds.retirementpartner.com">https://americanfunds.retirementpartner.com</a>
DTE I Care Fund	Helping Hands	706-754-6884 <a href="https://dtebenefits.com/dte-i-care">https://dtebenefits.com/dte-i-care</a> email: <a href="mailto:icare@down2earthinc.com">icare@down2earthinc.com</a>
General Questions	Down To Earth	321-263-2700 <a href="mailto:Benefits@down2earthinc.com">Benefits@down2earthinc.com</a>

*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

# Season Service Select, DTE's Annual Notice Packet

For the 2025 plan year

Dear Valued Employee,

Enclosed is a packet of notices and disclosures required by federal law.

Enclosures:

- HIPAA Special Enrollment Rights Notice
- HIPAA Notice of Privacy Practices
- General Notice of COBRA Continuation Rights

Should you have any questions regarding the content of the notices, please contact us at 321-222-3106.

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# ANNUAL NOTICES

## HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Season Service Select, DTE 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, Director of Human Resources 321-222-3106.

## 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.**

Season Service Select, DTE sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of Season Service Select, DTE, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

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

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

# ANNUAL NOTICES

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

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Season Service Select, DTE HIPAA Privacy Officer or Gemma K. Naiken Director of Human Resources:

Season Service Select, DTE  
Attention: HIPAA Privacy Officer  
500 Winderley Place Maitland Florida, 32751

## Effective Date

This Notice as revised is effective March 2025.

## Our Responsibilities

We are required by law to:

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

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

## How We May Use and Disclose Your Protected Health Information

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

### For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

# ANNUAL NOTICES

## **For Payment**

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

## **For Health Care Operations**

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

## **To Business Associates**

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

## **As Required by Law**

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

## **To Avert a Serious Threat to Health or Safety**

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

## **To Plan Sponsors**

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

# ANNUAL NOTICES

## Special Situations

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

### Organ and Tissue Donation

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

### Military and Veterans

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

### Workers' Compensation

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

### Public Health Risks

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

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

### Health Oversight Activities

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

### Lawsuits and Disputes

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

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## **Law Enforcement**

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

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

## **Coroners, Medical Examiners and Funeral Directors**

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

## **National Security and Intelligence Activities**

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

## **Inmates**

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

## **Research**

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## **Required Disclosures**

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

### **Government Audits**

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

### **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons

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other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

## **Notification of a Breach.**

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

## **Other Disclosures**

### **Personal Representatives**

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

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

### **Spouses and Other Family Members**

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

### **Authorizations**

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

## **Your Rights**

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

### **Right to Inspect and Copy**

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

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information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

## **Right to Amend**

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

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

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

## **Right to an Accounting of Disclosures**

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

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

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

## **Right to Request Restrictions**

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

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request

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in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

## **Right to Request Confidential Communications**

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

## **Right to a Paper Copy of This Notice**

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

For more information, please see [Your Rights Under HIPAA](#).

## **Complaints**

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

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

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## 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 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;

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- 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;
- or
- 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 the Plan Administrator within 60 after the qualifying event occurs. You must provide this notice to: Gemma K. Naiken Director of Human Resources.**

### ***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

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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 within 60 days of the date of the notice in order to receive the additional extension.

## *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](http://www.healthcare.gov).

## ***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 period<sup>1</sup> 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.

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<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>. These rules are different for people with End Stage Renal Disease (ESRD).

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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](http://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](http://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 , 500 Winderley Place Maitland Florida, 32751, 321-222-3106



# BENEFITS ENROLLMENT GUIDE

MARCH 1, 2025 - DECEMBER 31, 2025

2025

