



# **2021 BENEFITS HIGHLIGHTS**

**SALARIED EMPLOYEES**

**1.1.2021 — 12.31.2021**

## OVERVIEW

Pride is very excited to offer our employees an array of benefit programs effective January 1, 2021 through December 31, 2021. The purpose of this guide is to acquaint you with the benefits we offer and to serve as a reference throughout the year. It is important to familiarize yourself with the options so you can choose the plan that best meets your family's needs.

Our programs are designed to attract, reward, and retain talented people who will produce superior business results. We recognize the importance of a strong benefits program to support the needs of you and your family.

**Your medical benefits satisfy the ACA requirements for affordable coverage in 2021.**

**While every effort has been made to present an accurate picture of the benefits offered, the Plan Document will always prevail should a question or conflict arise.** Only the official plan documents establish and govern all rights to benefits under the plans. This guide is not a plan document or any insurance contract. If there is a discrepancy between the information provided in this guide and the applicable plan document or insurance contract, the plan document or insurance contract will control and govern.

## INITIAL ELIGIBILITY & DEPENDENT ELIGIBILITY

All salaried employees of Pride are eligible to participate in the benefit plans **effective the 1<sup>st</sup> of the month following or coinciding with one month after hire date**. Employees will receive an email from the Benefits Department one month prior to the eligibility date with instructions on how to log in to the Greenshades website and complete enrollment or to waive benefits. Rehires can enroll in benefits with no waiting period if you return within 90 days of the previous termination.

Your dependents are eligible for benefits at the same time you are. The following dependents may be enrolled in medical and dental coverages:

- Lawful spouse (same-sex or opposite-sex)
- Children (natural and adopted children) up to the age of 26 for Medical and Dental and up to age 19 for Vision (full time students between the ages of 20-26 are also eligible with proof of student status)
- Children of any age who are physically/mentally disabled (natural and adopted children), if disability begins prior to the maximum age limit

Your benefit elections are final. You cannot change or cancel your benefits unless you experience a qualifying life event.

A qualifying life event is the onset of a lifestyle change including, but not limited to:

- Legal marriage, divorce, or separation
- Birth, adoption, custody, or legal guardianship of a child
- Loss of other coverage due to change in employment status
- Loss of other coverage due to death of subscriber
- Change in eligibility for Medicare, Medicaid or State CHIP program

If you experience a qualifying life event, you must submit an enrollment form along with the supporting documentation within 31 days of the event. In certain circumstances such as a change in Medicare or a State program you will have 60 days to enroll or to make a change. The next annual Open Enrollment period is effective January 1, 2022.



## HOW TO ENROLL

You must enroll on the Greenshades online portal. By enrolling online, you acknowledge your approval of the benefit selections and required payroll deductions.

### Enroll Online – Step by Step!

1. Go to the applicable Greenshades link indicated below.
  - Pride Global/PrideOne/All Other Employees: <https://prideglobal.GreenEmployee.com>
  - Russell Tobin Employees: <https://rta.GreenEmployee.com>
  - Pride Healthcare Employees: <https://pridehealth.GreenEmployee.com>
  - Pride Now Employees: <https://ptlnt.GreenEmployee.com>
2. Click “Create an account”.
3. Provide an email address for your account and create your password. Please take note of the minimum requirements to create a password.
4. Verify your email address by following the link sent to you by Greenshades to continue setting up your account.
5. When prompted, enter the information details requested to verify your account. Enter your Social Security Number with the dashes and your last name.
6. Once your account is created, review and confirm the information in your HR Profile.
7. If applicable, you must first add eligible dependent information to your profile so that you can enroll eligible dependents to your benefit selections.
8. Click the Benefits tab on the tool bar, then select “Begin Enrollment” on the upper right-hand side of the screen.
9. Click Enroll or Waive for each eligible benefit listed. You must make an election for ALL benefits. If applicable, enroll eligible dependents to benefit elections.
10. Sign your name at the bottom of the page and click “Sign and Submit”.

If you intend to waive medical coverage, please note: As part of a revision to the Affordable Care Act, individuals will NO LONGER be required to have health insurance, and there will not be a federal penalty if you chose not to have coverage. Please note as of January 1, 2021, there are a few state mandates that require coverage such as CA, MA, NJ and RI.

**Additionally, if you are waiving medical coverage because you are currently enrolled under an Exchange plan and receiving a subsidy, you should terminate that subsidy because your employer is now offering an affordable plan based on the government’s guidelines that meet the required covered benefits.**

If you leave employment, you do have the right to continue your medical, dental, and vision coverages at 102% of the premium cost through the Consolidated Omnibus Budget Reconciliation Act (COBRA). A notice regarding your eligibility for COBRA continuation upon termination is included at the end of this booklet for your future reference.



# MEDICAL INSURANCE

The group health plan is administered by **Cigna**. Pride has made the transition to Cigna for all the medical insurance needs. Although there is a change in the carrier, the benefits will stay very similar to the previous years. For most doctor and specialist visits, a copayment is due at the time of service. For some services, you are required to pay co-insurance, a certain percentage of the total charges for your bills. Preventative services are covered 100% in-network.

The Base and Mid plan options are **EPO** plans. EPO stands for "Exclusive Provider Organization" plan. As a member of an EPO, you can use the doctors and hospitals within the EPO network but cannot go outside the network for care, as there are no out-of-network benefits, except in the case of an emergency. Referrals are not required to see a specialist.

The High plan option is a **PPO** plan, or "Preferred Provider Organization" plan, allowing you to visit whatever in-network physician or healthcare provider you wish without a referral as well as any provider out-of-network. In-network healthcare services are covered at a higher benefit level than out-of-network services.

	Base Plan	Mid Plan	High Plan	
	<b>Cigna</b>	<b>Cigna</b>		<b>Cigna</b>
	OAP EPO In-Network	OAP EPO In-Network	In-Network	OAP PPO Out-of-Network
<b>Deductible</b>				
Individual	\$1,000	\$0	\$0	\$1,000
Family	\$2,000	\$0	\$0	\$2,000
Co-Insurance	80%	100%	100%	70%
<b>Maximum Out of Pocket</b>				
Individual	\$4,500	\$2,500	\$2,500	\$4,000
Family	\$9,000	\$5,000	\$5,000	\$8,000
<b>Copay</b>				
Primary	\$30 Copay	\$25 Copay	\$25 Copay	Deductible + 30%
Specialist	\$50 Copay	\$40 Copay	\$40 Copay	Deductible + 30%
Diagnostic Lab/ X-Ray	Deductible + 20%	No Charge	No Charge	Deductible + 30%
Hospital Inpatient	Deductible + 20%	\$500 Copay per admit	\$500 Copay per admit	Deductible + 30%
Outpatient Surgery	Deductible + 20%	\$250 Copay	\$250 Copay	Deductible + 30%
Emergency Room	\$200 Copay	\$300 Copay	\$200 Copay	\$200 Copay
Urgent Care	\$50 Copay	\$40 Copay	\$40 Copay	Deductible + 30%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Prescription Drugs</b>				
Retail Tier 1/2/3	\$ 15 / \$35 / \$75	\$15 / \$30 / \$60	\$15 / \$30 / \$60	Not covered
Mail Order Tier 1/2/3	\$38 / \$88 / \$150	\$38 / \$88 / \$150	\$38 / \$88 / \$150	
Deductible for Tier 2/3	\$100 (waived for Tier 1)	\$100 (waived for Tier 1)	\$100 (waived for Tier 1)	

<b>Monthly Contributions</b>	<b>Base Plan</b>	<b>Mid Plan</b>	<b>High Plan</b>
<i>Employee Only</i>	\$201.52	\$234.75	\$298.90
<i>Employee + Spouse</i>	\$604.55	\$704.22	\$784.60
<i>Employee + Child(ren)</i>	\$503.80	\$586.86	\$653.84
<i>Employee + Family</i>	\$878.04	\$1,022.80	\$1,139.54

# Cigna MEMBER RESOURCE GUIDE

**Group # 0627737**

**Referred to as Pride Capital Partners**

## **Customer Service**

- To find an in-network provider in your area please call Cigna at 1-800-997-1654 or
- Log on to [www.cigna.com](http://www.cigna.com) and click "Find a Doctor" in the upper-right corner, click the Directory "For Plans Offered through Employer or School".

## **CIGNA FAQ**

**What do I do in case of an emergency?** Emergency room treatment is covered both in and out of the Cigna network service area. If you have a medical emergency, call 911 or seek immediate care at the nearest emergency room. Cigna covers medical emergencies in an emergency room setting. If you are not sure if your condition is a medical emergency, you may want to contact your PCP first to determine the most appropriate place to receive care. If your PCP is not available, you may call Cigna On-Call at [1-800-997-1654](tel:1-800-997-1654)

**What is a primary care physician (PCP), and do I need to select one?** A primary care physician acts as your main contact person for medical care and coordinates any other care you may need, such as a visit to a specialist or hospitalization. You are not required to choose a PCP.

**Do I need a referral for specialists?** A referral is not necessary for visits to specialists.

**What if I need to have lab work done or X-rays taken?** Laboratory work and radiology services ordered by your physician are covered in-network when rendered by Cigna participating providers. Please note that many outpatient radiology services require pre-authorization, which is the responsibility of your Cigna provider. Pre-authorization is your responsibility when seeing a non-participating provider.

**Do I need to submit claim forms?** Members do not need to submit claim forms for in-network services. You must submit claim forms for out-of-network services in order to receive payment.

**What happens to my coverage if I resign from or lose my job?** If you and your covered dependents become ineligible due to termination of your employment for any reason (except for gross misconduct on your part), coverage may be continued under COBRA or state continuation. Please see the following model COBRA Election Notice.

**TIP: Preventative care is covered at 100% in-network!** Be sure you get your annual physical and recommended preventative exams at the appropriate time.

**TIP: Save money by switching your medication to a generic.** Talk to your doctor to see if a generic medication will work for your condition. You can also save money on prescriptions by enrolling in mail-order services for your maintenance medications. When purchasing your prescriptions, be sure to provide the pharmacist with your ID card in order to pay the appropriate copay.

**TIP: For minor emergencies visit Urgent Care Centers.** They are open extended hours, do not require an appointment and are less expensive than a traditional emergency room.

## DENTAL INSURANCE

Pride offers you and your dependents a dental PPO plan through **Guardian**. The **PPO** dental plan utilizes the **DentalGuard Preferred** network and provides in and out-of-network benefits, allowing you to use any dentist you choose. You pay less out of pocket when you choose an in-network dentist. To locate a network provider, please visit <https://guardiananytime.com> or call 1-888-600-1600. Pride is referred to as Pride Technologies with Guardian.

Dental PPO		
Guardian		
Group #496243		
Dental Guard Preferred		
	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$50	\$50
Family	Up to \$150	Up to \$150
Deductible waived for	Preventive Care	
Annual Plan Maximum	\$1,500	
<b>Coinsurance</b>		
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered	
Note	Out of Network claims may be subject to balance billing	

Dental Monthly Contributions	You Pay:
<i>Employee Only</i>	\$19.18
<i>Employee + Spouse</i>	\$38.41
<i>Employee + Child(ren)</i>	\$45.70
<i>Family</i>	\$64.93

## VISION INSURANCE

Pride offers you and your dependents a **vision PPO** plan through **Guardian**. The plan provides in and out-of-network benefits, allowing you to see any doctor you choose. To locate a network provider, please visit <https://guardiananytime.com> or call 1-888-600-1600.

Vision PPO		
Guardian		
VSP Network		
	In-Network	Out-of-Network
<b>Copay</b>		
Exam	\$10 Copay	\$10 Copay
Materials	\$20 Copay	\$20 Copay
<b>Covered Services (After applicable Copay)</b>		
Eye Exam	\$0	Any amount over \$50
Single Vision Lenses	\$0	Any amount over \$48
Bifocal Lenses	\$0	Any amount over \$67
Trifocal Lenses	\$0	Any amount over \$86
Frames	\$130 allowance, 20% discount on balance	Any amount over \$48
Contact Lenses (Elective)	\$130 allowance	Any amount over \$120
<b>Frequencies</b>		
Exams	Every 12 months	
Frames	Every 24 months	
Lenses or Contacts	Every 12 months	

Vision Monthly Contributions	You Pay:
<i>Employee Only</i>	\$6.92
<i>Employee + Spouse</i>	\$8.38
<i>Employee + Child(ren)</i>	\$8.38
<i>Family</i>	\$14.75



## BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Through **Guardian**, Pride offers **Basic Life & AD&D Insurance** at no cost to employees. Your designated beneficiary will receive a benefit to help ease their financial burden if you die from a covered accident or illness. AD&D provides an additional benefit if you die or become dismembered due to a specifically covered accident. You do not have to provide health information for this benefit and may take the coverage with you if you leave the company.

- Basic Life Insurance equal to \$50,000
- Basic AD&D Insurance benefit amount is 100% of the life amount
- Age benefit reductions apply.

## VOLUNTARY TERM LIFE INSURANCE

You, your spouse, and children have the option to enroll in **Voluntary Term Life/AD&D Insurance** at 100% of the premium cost. Dependent coverage can only be elected if Employee coverage is also elected.

- Employee coverage in \$10,000 increments; Maximum of \$300,000; \$100,000 Guarantee issue
- Spousal coverage in \$5,000 increments; Maximum of \$100,000; \$25,000 Guarantee issue
- Coverage for child(ren) in \$1,000 increments per child age 14 days to 26 years; \$10,000 Guarantee Issue
- Guarantee Issue available only during initial enrollment opportunity
- The benefit will reduce by 35% at age 65 and by 50% at age 70.

*Please consult the following pages to determine the appropriate level of coverage and premium cost.*

## SHORT TERM DISABILITY INSURANCE

All full-time employees working a minimum of 30 hours per week are eligible for **Short Term Disability (STD) Insurance** provided at no cost to employees. "Disabled" means that you are unable to perform all the material duties of your job, not doing any work for payment, and under the regular and continuing care of a physician.

- STD benefit begins on the 1<sup>st</sup> day of injury or the 8<sup>th</sup> day of illness and pays up to 60% of pre-disability earnings to a maximum of \$500 per week

## LONG TERM DISABILITY INSURANCE

All full-time employees working a minimum of 30 hours per week are eligible for **Long Term Disability (LTD) Insurance** at no additional cost.

- LTD benefit begins on the 181<sup>st</sup> day of continuous injury or illness and pays up to 60% of pre-disability earnings to a maximum of \$5,000 per month

## GUARDIAN MEMBER RESOURCE GUIDE

### Customer Response Unit

Get the quickest assistance to your inquiries by calling the specific Customer Response Unit below.

- Dental Member Services 800-541-7846
- VSP Member Services 877-814-8970
- Group Term Life & AD&D 800-525-4542
- Short Term Disability 800-268-2525
- Long Term Disability 800-538-4583

### GuardianAnytime

When you log in to [www.guardiananytime.com](http://www.guardiananytime.com), you'll be able to view and manage your benefits plan information quickly and easily. View coverage details and amounts, effective date and premiums, check the status of your claims or even submit a disability claim. Temporary ID cards are also available online. You can also locate a network provider online or call the hotlines listed above.





# VOLUNTARY TERM LIFE INSURANCE - COST ILLUSTRATION

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6-10 times your annual income, factoring in projected costs to help maintain your family's current lifestyle. To help you assess your needs, you can also go to Guardian Anytime and use our Life Insurance Explorer Tool.

## Monthly premiums displayed. Policy Election Cost Per Age Bracket

### Policy Election Amount

Employee	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	\$ .34	\$ .38	\$ .54	\$ .89	\$ 1.40	\$ 2.11	\$ 3.41	\$ 5.67	\$ 9.07
\$20,000	\$ .68	\$ .76	\$ 1.08	\$ 1.78	\$ 2.80	\$ 4.22	\$ 6.82	\$ 11.34	\$ 18.14
\$30,000	\$ 1.02	\$ 1.14	\$ 1.62	\$ 2.67	\$ 4.20	\$ 6.33	\$ 10.23	\$ 17.01	\$ 27.21
\$40,000	\$ 1.36	\$ 1.52	\$ 2.16	\$ 3.56	\$ 5.60	\$ 8.44	\$ 13.64	\$ 22.68	\$ 36.28
\$50,000	\$ 1.70	\$ 1.90	\$ 2.70	\$ 4.45	\$ 7.00	\$ 10.55	\$ 17.05	\$ 28.35	\$ 45.35
\$60,000	\$ 2.04	\$ 2.28	\$ 3.24	\$ 5.34	\$ 8.40	\$ 12.66	\$ 20.46	\$ 34.02	\$ 54.42
\$70,000	\$ 2.38	\$ 2.66	\$ 3.78	\$ 6.23	\$ 9.80	\$ 14.77	\$ 23.87	\$ 39.69	\$ 63.49
\$80,000	\$ 2.72	\$ 3.04	\$ 4.32	\$ 7.12	\$ 11.20	\$ 16.88	\$ 27.28	\$ 45.36	\$ 72.56
\$90,000	\$ 3.06	\$ 3.42	\$ 4.86	\$ 8.01	\$ 12.60	\$ 18.99	\$ 30.69	\$ 51.03	\$ 81.63
\$100,000	\$ 3.40	\$ 3.80	\$ 5.40	\$ 8.90	\$ 14.00	\$ 21.10	\$ 34.10	\$ 56.70	\$ 90.70
\$110,000	\$ 3.74	\$ 4.18	\$ 5.94	\$ 9.79	\$ 15.40	\$ 23.21	\$ 37.51	\$ 62.37	\$ 99.77
\$120,000	\$ 4.08	\$ 4.56	\$ 6.48	\$ 10.68	\$ 16.80	\$ 25.32	\$ 40.92	\$ 68.04	\$ 108.84
\$130,000	\$ 4.42	\$ 4.94	\$ 7.02	\$ 11.57	\$ 18.20	\$ 27.43	\$ 44.33	\$ 73.71	\$ 117.91
\$140,000	\$ 4.76	\$ 5.32	\$ 7.56	\$ 12.46	\$ 19.60	\$ 29.54	\$ 47.74	\$ 79.38	\$ 126.98
\$150,000	\$ 5.10	\$ 5.70	\$ 8.10	\$ 13.35	\$ 21.00	\$ 31.65	\$ 51.15	\$ 85.05	\$ 136.05
\$160,000	\$ 5.44	\$ 6.08	\$ 8.64	\$ 14.24	\$ 22.40	\$ 33.76	\$ 54.56	\$ 90.72	\$ 145.12
\$170,000	\$ 5.78	\$ 6.46	\$ 9.18	\$ 15.13	\$ 23.80	\$ 35.87	\$ 57.97	\$ 96.39	\$ 154.19
\$180,000	\$ 6.12	\$ 6.84	\$ 9.72	\$ 16.02	\$ 25.20	\$ 37.98	\$ 61.38	\$ 102.06	\$ 163.26
\$190,000	\$ 6.46	\$ 7.22	\$ 10.26	\$ 16.91	\$ 26.60	\$ 40.09	\$ 64.79	\$ 107.73	\$ 172.33
\$200,000	\$ 6.80	\$ 7.60	\$ 10.80	\$ 17.80	\$ 28.00	\$ 42.20	\$ 68.20	\$ 113.40	\$ 181.40
\$210,000	\$ 7.14	\$ 7.98	\$ 11.34	\$ 18.69	\$ 29.40	\$ 44.31	\$ 71.61	\$ 119.07	\$ 190.47
\$220,000	\$ 7.48	\$ 8.36	\$ 11.88	\$ 19.58	\$ 30.80	\$ 46.42	\$ 75.02	\$ 124.74	\$ 199.54
\$230,000	\$ 7.82	\$ 8.74	\$ 12.42	\$ 20.47	\$ 32.20	\$ 48.53	\$ 78.43	\$ 130.41	\$ 208.61
\$240,000	\$ 8.16	\$ 9.12	\$ 12.96	\$ 21.36	\$ 33.60	\$ 50.64	\$ 81.84	\$ 136.08	\$ 217.68
\$250,000	\$ 8.50	\$ 9.50	\$ 13.50	\$ 22.25	\$ 35.00	\$ 52.75	\$ 85.25	\$ 141.75	\$ 226.75
\$260,000	\$ 8.84	\$ 9.88	\$ 14.04	\$ 23.14	\$ 36.40	\$ 54.86	\$ 88.66	\$ 147.42	\$ 235.82
\$270,000	\$ 9.18	\$ 10.26	\$ 14.58	\$ 24.03	\$ 37.80	\$ 56.97	\$ 92.07	\$ 153.09	\$ 244.89
\$280,000	\$ 9.52	\$ 10.64	\$ 15.12	\$ 24.92	\$ 39.20	\$ 59.08	\$ 95.48	\$ 158.76	\$ 253.96
\$290,000	\$ 9.86	\$ 11.02	\$ 15.66	\$ 25.81	\$ 40.60	\$ 61.19	\$ 98.89	\$ 164.43	\$ 263.03
\$300,000	\$ 10.20	\$ 11.40	\$ 16.20	\$ 26.70	\$ 42.00	\$ 63.30	\$ 102.30	\$ 170.10	\$ 272.10

**Policy Election Amount**

Spouse/DP	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$5,000	\$.17	\$.19	\$.27	\$.45	\$.70	\$1.06	\$1.71	\$2.84	\$4.54
\$10,000	\$.34	\$.38	\$.54	\$.89	\$1.40	\$2.11	\$3.41	\$5.67	\$9.07
\$15,000	\$.51	\$.57	\$.81	\$1.34	\$2.10	\$3.17	\$5.12	\$8.51	\$13.61
\$20,000	\$.68	\$.76	\$1.08	\$1.78	\$2.80	\$4.22	\$6.82	\$11.34	\$18.14
\$25,000	\$.85	\$.95	\$1.35	\$2.23	\$3.50	\$5.28	\$8.53	\$14.18	\$22.68
\$30,000	\$1.02	\$1.14	\$1.62	\$2.67	\$4.20	\$6.33	\$10.23	\$17.01	\$27.21
\$35,000	\$1.19	\$1.33	\$1.89	\$3.12	\$4.90	\$7.39	\$11.94	\$19.85	\$31.75
\$40,000	\$1.36	\$1.52	\$2.16	\$3.56	\$5.60	\$8.44	\$13.64	\$22.68	\$36.28
\$45,000	\$1.53	\$1.71	\$2.43	\$4.01	\$6.30	\$9.50	\$15.35	\$25.52	\$40.82
\$50,000	\$1.70	\$1.90	\$2.70	\$4.45	\$7.00	\$10.55	\$17.05	\$28.35	\$45.35
\$55,000	\$1.87	\$2.09	\$2.97	\$4.90	\$7.70	\$11.61	\$18.76	\$31.19	\$49.89
\$60,000	\$2.04	\$2.28	\$3.24	\$5.34	\$8.40	\$12.66	\$20.46	\$34.02	\$54.42
\$65,000	\$2.21	\$2.47	\$3.51	\$5.79	\$9.10	\$13.72	\$22.17	\$36.86	\$58.96
\$70,000	\$2.38	\$2.66	\$3.78	\$6.23	\$9.80	\$14.77	\$23.87	\$39.69	\$63.49
\$75,000	\$2.55	\$2.85	\$4.05	\$6.68	\$10.50	\$15.83	\$25.58	\$42.53	\$68.03
\$80,000	\$2.72	\$3.04	\$4.32	\$7.12	\$11.20	\$16.88	\$27.28	\$45.36	\$72.56
\$85,000	\$2.89	\$3.23	\$4.59	\$7.57	\$11.90	\$17.94	\$28.99	\$48.20	\$77.10
\$90,000	\$3.06	\$3.42	\$4.86	\$8.01	\$12.60	\$18.99	\$30.69	\$51.03	\$81.63
\$95,000	\$3.23	\$3.61	\$5.13	\$8.46	\$13.30	\$20.05	\$32.40	\$53.87	\$86.17
\$100,000	\$3.40	\$3.80	\$5.40	\$8.90	\$14.00	\$21.10	\$34.10	\$56.70	\$90.70

**Policy Election Amount**

Child(ren)

\$1,000	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17
\$2,000	\$0.33	\$0.33	\$0.33	\$0.33	\$0.33	\$0.33	\$0.33	\$0.33	\$0.33
\$3,000	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
\$4,000	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67
\$5,000	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84
\$6,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
\$7,000	\$1.17	\$1.17	\$1.17	\$1.17	\$1.17	\$1.17	\$1.17	\$1.17	\$1.17
\$8,000	\$1.34	\$1.34	\$1.34	\$1.34	\$1.34	\$1.34	\$1.34	\$1.34	\$1.34
\$9,000	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
\$10,000	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67	\$1.67

Refer to Guarantee Issue row on page above for Voluntary Life GI+AA amounts. Premiums for Voluntary Life Increase in five-year increments  
‡Spouse/DP coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply.

# COMMUTER BENEFITS

## Commuter Benefits

Full-time salaried employees are eligible for commuter benefits administered by **PrimePay**. You can save money by paying for certain out-of-pocket costs with pre-tax dollars. Because the amount you contribute is withheld from your paycheck before federal, state (if applicable), Social Security and Medicare taxes are deducted, your take-home pay is larger.

Parking & Transit Benefits are eligible only when incurred to commute to and from work. You can elect:

- **PARKING** monthly maximum \$270
- **TRANSIT** monthly maximum \$270

**Transit Pass Expenses** are expenses incurred or paid for a pass, token, fare card, voucher, or similar item for transportation on mass transit facilities (such as train, bus, subway or ferry).

**Commuter Highway Vehicle Expenses (Including Van Pool / Uberpool)** are expenses incurred or paid for transportation in a commuter vehicle if such transportation is in connection with travel between your residence and place of employment.

**Qualified Parking Expenses are expenses** incurred or paid for parking at or near your regular place of employment with the Company, or expenses incurred to park your car at a location from which you commute to your regular place of employment

You can enroll on Greenshades prior to the beginning of the coverage period when benefits will begin. Your Elections will be deducted each pay period and will be available for reimbursement for claims incurred the following month. Your election for each new month must remain the same as for the previous month unless you submit a request on Greenshades before the beginning of the following month and the date you receive or use benefits for that month. Your new election will be effective on the 1st of the month after the change is processed.

Once enrolled, you may use the program immediately. You can use PrimePay's Debit Card to purchase your parking and/or transit passes or submit a claim on the Participant Portal for eligible expenses paid out of your pocket. You can also submit a paper claim to: PRIMEPAY, Attn: FSA Claim, 1487 Dunwoody Drive, West Chester, PA 19380

**If there is a voluntary/ involuntary employment, claims must be filed within 60 days after the end date or funds in the account will be forfeited. Your PrimePay debit card will be made inactive 30 days from the end date. This is a use it or lose it policy.**

## Access Your Account

You can easily access your account 24-hours a day on PrimePay's portal to check your balance, file new claims, check a status of a claim, set up email/mobile text alerts, and much more! Visit [www.mybenefitfunds.com/PrimeFlex/](http://www.mybenefitfunds.com/PrimeFlex/)

You can also download the PrimePay Mobile App for easy access. Available on all major smartphone App stores. PrimePay Customer service can be reached at 877-769-3539 or [primeflex@primepay.com](mailto:primeflex@primepay.com)

## Potential Employee Savings

Without Commuter Transit		With Commuter Transit	
Gross Annual Pay	\$50,000	Gross Annual Pay	\$50,000
Tax Rate (25%)	-\$12,500	Max. annual commuter transit	-\$3,060
Net annual pay	\$37,500	Adjusted gross pay	\$46,940
Annual commuting expenses	-\$3,060	Tax Rate (25%)	-\$11,735
Final take-home pay	\$34,440	Final take-home pay	\$35,205
<b>You could save this much per year with a Commuter Transit Account: \$765</b>			

*The figures in this chart are estimates, which are based on an annual salary of \$50,000 and a maximum contribution to the benefit account. Your tax savings may differ depending on your salary, tax rate and commuter expenses*

## COMMUTER BENEFITS (Cont.)

### Here are the directions on how to set up online access to your account:

1. Make sure your pop-up blockers are off.
2. Go to [www.mybenefitfunds.com/primeflex](http://www.mybenefitfunds.com/primeflex)
3. This will bring you to the Participant Portal, click the hyperlink next to New User?

A few things you need to know are:

- Your Employee ID is your social security number without any spaces or dashes.
- Use the Employer ID, which is PRINP8023
- Skip the PrimeFlex card number section
- Your User ID needs to be at least 6 characters long

Your password needs to be between 8 – 20 characters long and contain at least 3 of the 4 following features: A capital letter, lowercase letter, number, and special character (!@#\$%^&\*)

If you come up with an error saying, User ID already exists, this means that some else already has that User ID, you will need to create another one and then input your password again.

You may submit claims online using Internet Explorer. (This is the only web browser that will work) If you choose to submit online, this is what you will need to do:

1. Once you are logged in, on the left-hand side, under "My Accounts", select the option "Request Reimbursement"
2. Select "Add New"
3. Complete the online form with:
  - Service dates
  - Amount you are claiming
  - Name of the provider, such as the doctor's name or the name of the store
  - Select the account type (HRA or FSA/TRN/PKG/DCA)
  - If you have access to scanner, upload your Explanation of Benefits from your insurance company\* right to the electronic claim form; if not:
    - A screen should come up showing a verification form, you will need to print the form and fax it with the EOBs/receipts if you are unable to upload them.
4. Select okay
5. There is a certification check box; you must check that box for the claim to go through.
6. Select submit

\*Please note, you can only submit ONE attachment. If your attachment is more than one page, combine them into ONE document that you can then upload to the claim. Contact PrimePay at 877-769-3539 if you need further assistance.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## WorkLifeMatters

Pride participates in Guardian's comprehensive Employee Assistance Program. With WorkLifeMatters, you can receive expert support services to assist you and your family with a variety of life issues from family care, stress, depression, or addiction. Call WorkLifeMatters at [800-386-7055](tel:800-386-7055).

### Key services include:

- Unlimited telephonic counseling through a convenient toll-free number.
- Up to three face-to-face visits per family member, per year, with a doctoral psychologist or other behavioral health professional
- Numerous resources to assist persons who are facing life challenges such as locating childcare, providing elder care, planning for adoption or learning about pregnancy or child development.
- A comprehensive, online database including information on everyday home and family issues – accessible 24 hours a day, seven days a week.
- Financial consultation for insureds and their beneficiaries who receive a death benefit of \$50,000 or more or are receiving Long-Term Disability payments. The purpose is to educate the beneficiaries on options available to protect the benefit received; no solicitation is done.
- Unlimited legal advice by telephone, referral to a local attorney for a free 30-minute session, and any additional legal service at a 25% discount. These services may include but are not limited to real estate living wills and estate and probate law.

*WorkLife Matters is administered by Integrated Behavioral Health, an independent national employee assistance program. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.*



## VOLUNTARY ACCIDENT INSURANCE

You can't plan for accidents, but you can be better prepared financially to handle them when they happen. What if:

- Your child gets hurt playing sports or on the school playground?
- You injure yourself while doing home repairs or while on vacation?

Accident insurance can help you be prepared by providing you with a payment to use as you see fit if you experience a covered event. There are no waiting periods for coverage to begin and payment will be in addition to any other insurance you may have. This payment can help you focus more on healing and recovery, rather than the stress of getting your household or childcare bills back on track following the accident expenses.

Pride will be offering two accident plans from which you can choose (Low or High Plan). Below we have outlined how much each plan costs and examples of some of the lump-sum payments that can be made for certain accidents covered under the plan.

Services/Treatments	Low Plan Payment	High Plan Payment
Fractures & Dislocations (some limitations apply)	\$50-\$3,000	\$100-\$6,000
Second- and third-degree burns	\$50-\$3,000	\$100-\$6,000
Concussions	\$200	\$400
Cuts/lacerations	\$25-\$200	\$50-\$400
Eye Injuries	\$200	\$300
Ambulance	\$200-\$750	\$300-\$1,000
Emergency care	\$25-\$50	\$50-\$100
Inpatient surgery	\$100-\$1,000	\$200-\$2,000
Medical Testing (including X-rays, MRIs, CT scans)	\$100	\$200

Rates Type	Monthly	
	Low Plan	High Plan
Employee Only	\$4.76	\$9.12
Employee + Spouse	\$8.95	\$17.12
Employee + Children	\$9.79	\$18.74
Employee + Spouse/Children	\$12.26	\$23.46

This plan provides protection 24 hours a day — while on or off the job. You can also take your coverage with you if your employment status changes. If you have questions or wish to enroll, call 1-800-GET-MET8 (1-800-438-6388).

## NEW VOLUNTARY LEGAL INSURANCE

MetLaw could save you hundreds of dollars in attorney fees for common legal services like:

- Estate planning documents, including wills and trusts
- Real estate matters
- Financial matters, such as debt-collection defenses
- Traffic offenses
- Document reviews
- Family law, including adoptions and name changes

Voluntary Legal Insurance	
Standard Plan	PEPM
Employee	\$21.00
Spouse	\$21.00
Dependent	\$21.00

With MetLaw, the group legal plan available through Hyatt Legal Plans, you get access to a nationwide network of over 14,000 pre-qualified attorneys with have an average of 25 years of experience offering a broad range of legal services. You can access an attorney by telephone or in-person for advice on an unlimited number of personal legal matters. You can also choose an out-of-network attorney and be reimbursed through the MetLaw plan.

No matter how many times you use a network attorney over the course of the year for covered legal matters, all you pay is your monthly premium, no copayments, and no deductibles. Your spouse and dependent children also have access to the plan benefits for added peace of mind!

Visit [members.legalplans.com](http://members.legalplans.com) and click on "Attorney Locator" to find an attorney near you. Then click on "obtain a case number" to get a case number to provide to the attorney. For more information, call 1-800-821-6400 between 8:00 a.m. – 8:00 p.m. EST.

# 401K RETIREMENT FUND

Pride offers employees a 401k program administered by Principal. This program allows members to receive a company match directly from Pride into their 401k. Below we have outlined the details of the 401k program.

## Auto-Enrollment

When eligible, employees will be automatically enrolled into the 401k program at 3%. Employees can opt out of the plan or enroll at a different rate if they wish to do so.

## Eligibility

You become eligible to start contribution into the 401k immediately.

## Match

The Company matches 25% up to the first 6% of contributions.

## Service Requirement

Eligible employees must be employed on the last day of the plan year (December 31<sup>st</sup>) to be eligible for the company match.

## Company Match Funding

The match will be funded once a year based on your contributions for the whole calendar year. The match amount will be funded **after the plan year end**. For example, the 2021 plan year match will be funded in 2022.

## Vesting

You will be 100% vested in the company match when you complete three (3) years of service with the company. Note, the 1 year waiting period counts towards the 3 years of service.

Contact Principal at 800-547-7754 if you have any questions and refer to Group 7-17825.





## COMPLIMENTARY BENEFITS

Company	Benefit
	<p>Thousands of discounts available on your favorite merchants for both employees and their families</p> <ol style="list-style-type: none"> <li>1.) Go to <a href="http://perksatwork.com">perksatwork.com</a></li> <li>2.) Click on Register for free</li> <li>3.) Use your Pride Perks at work email address to set up your account</li> </ol>
	<p>Save 15% on full price merchandise at all Brooks Brothers Locations in the US. Organization Id #10990 and Pin Code# 60282</p>
	<p>Voted Nerd Wallet and Money Tips Best Credit Union!</p> <p>Credit Union Membership Free Financial Education Free Financial Well Programs for those who qualify <a href="http://www.alliantcreditunion.org">www.alliantcreditunion.org</a></p> <p>Company Code: PRI</p>
	<ol style="list-style-type: none"> <li>1.) Go to <a href="http://www.1800flowers.com">www.1800flowers.com</a></li> <li>2.) Stay on the Flowers tab at the top where the default tab page loads.</li> <li>3.) Employees can shop any of the collections on that page</li> <li>4.) At checkout your employees will be able to use the promo code to a receive a15% discount</li> </ol> <p>Company code: GLOBAL</p>
	<p>Employees will now have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows &amp; more!</p> <ol style="list-style-type: none"> <li>1.) Go to <a href="http://www.plumbenefits.com">www.plumbenefits.com</a></li> <li>2.) Click on "Become a Member"</li> <li>3.) You will then be prompted to create an account with your email and company code.</li> </ol> <p>Company Code: PrideG</p>



## EMPLOYEE HEALTH ADVOCATE

Dear Valued Employee of **Pride**,

There are numerous resources available to assist you with your healthcare needs and concerns. The Cigna Member Services hotline is available 24/7. You can also register on the Cigna Member Portal to check coverages, get claim statuses, find account balances, search for a doctor, update your address, and more.

### Your Insurance Carrier's Information:

#### MEDICAL

##### **Cigna**

Group # 0627737

[www.mycigna.com](http://www.mycigna.com)

800-997-1654

Pride is referred to as Pride Capital Partners

#### DENTAL / VISION

##### **GUARDIAN**

Group # 496243

[www.guardiananytime.com](http://www.guardiananytime.com)

888-600-1600

Pride is referred to as Pride Technologies

#### EMPLOYEE ASSISTANCE

##### **WORKLIFE MATTERS**

[Jbhworklife.com](http://Jbhworklife.com)

800-836-7055

#### COMMUTER BENEFITS

##### **PRIMEPAY**

Group # PRINP8023

[www.mybenefitfunds.com/primeflex](http://www.mybenefitfunds.com/primeflex)

877-769-3539

Pride is referred to as Pride Capital Partners

Your Benefits Administrator is also a valuable contact for premium contribution questions, eligibility and effective date issues, and member ID cards/forms.

### Your Benefit Administrator's Information:

#### **Pride Benefits**

**212-235-5300**

[Pridebenefits@prideglobal.com](mailto:Pridebenefits@prideglobal.com)

## Important Legal Notices Affecting Your Health Plan Coverage

### **SUMMARY OF BENEFITS AND COVERAGE (SBC)** As

part of Health Care Reform, the government designed the Summary of Benefits and Coverage (SBC) to help people understand and compare different medical plans. SBCs give you a common, templated overview of each medical plan and help you make "apples to apples" comparisons when you are choosing between multiple plans. It can also help if you want to compare your plan with coverage available through your spouse's employer. There are three parts of the SBC:

- Summary of Benefits and Coverage.
  - This chart summarizes the key features of the medical plan. It shows how the plan covers various types of services such as office visits, outpatient surgery, hospitalization and prescription drugs.
- Coverage Examples.
  - Examples show how much you and your plan might pay for two specific types of care - having a baby and managing Type 2 diabetes.
- Glossary of Health Coverage & Medical Terms.
  - The glossary provides definitions for common health insurance terms.

The Summary of Benefits and Coverage (SBC) attached to the end of this package. You can also request a har

### **PRIVACY PROTECTION**

The health and welfare plans maintained by PRIDE CAPITAL PARTNERS, LLC are required to protect the personal health information of plan participants ("Protected Health Information"), as mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Act protects privacy of individually identifiable health information, sets national standards for the security of electronic protected health information, and protects identifiable information being used to analyze patient safety events and improve patient safety. To learn more about your HIPAA rights, visit [www.hhs.gov/ocr/privacy/or/hr.phh.com](http://www.hhs.gov/ocr/privacy/or/hr.phh.com).

A copy of the Privacy Policy can be obtained by contacting Charlie Robinson Human Resources Specialist at 212-235-5312.

### **SUMMARY PLAN DESCRIPTIONS (SPDs)**

A copy of the Summary Plan Descriptions (SPDs) for all employer-sponsored health and welfare plans, including medical, Charlie Robinson Human Resources Specialist at 212-235-5312. SPDs are comprehensive summaries of each of the rules and coverage levels for each plan, including eligibility, benefit amounts, change and appeal processes, consumer rights information and more.

### **PAPER COPIES**

You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact Charlie Robinson Human Resources Specialist at 212-235-5312 to request a paper copy.

### **THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)**

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Oxford Base Plan: \$1,000 deductible for employee only and \$2,000 for family coverage and 20% coinsurance. Oxford Mid and High Plan \$0 deductible for employee only and family coverage and 0% coinsurance.

### **NEWBORNS ACT DISCLOSURE - FEDERAL**

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

### **NOTICE OF SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing 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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Charlie Robinson Human Resources Specialist 420  
Lexington Ave, 30<sup>th</sup> Floor New York, New York United  
States 10170 212-235-5312.

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## Important Notice from PRIDE CAPITAL PARTNERS, LLC 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 PRIDE CAPITAL PARTNERS, LLC 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. PRIDE CAPITAL PARTNERS, LLC has determined that the prescription drug coverage offered by the PRIDE CAPITAL PARTNERS, LLC Oxford Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current PRIDE CAPITAL PARTNERS, LLC coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current PRIDE CAPITAL PARTNERS, LLC coverage, be aware that you and your dependents will be able to get this coverage back during open enrollment or in the case of a special enrollment opportunity.

### 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 PRIDE CAPITAL PARTNERS, LLC 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 **PRIDE CAPITAL PARTNERS, LLC** 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778). Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2016

Name of Entity/Sender: PRIDE CAPITAL PARTNERS, LLC

Contact--Position/Office: Charlie Robinson Human Resources Specialist

Address: 420 Lexington Ave, 30<sup>th</sup> Floor  
New York, New York United States 10170

Phone Number: 212-235-5312

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### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

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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 August 10, 2017. Contact your State for more information on eligibility.



<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1- 855-MyARHIPP (855 -692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1- 800-403-0864
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221- 3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742

<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Websites: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-811-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/ebsa](http://www.dol.gov/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care

Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or Charlie Robinson Human Resources Specialist at 212-235-5312

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

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: PRIDE CAPITAL PARTNERS, LLC	4. Employer Identification Number (EIN): 731685839	
5. Employer address: 420 Lexington Ave	6. Employer phone number: 212-235-5312	
7. City: New York	8. State: NY	9. ZIP Code: 10170
10. Who can we contact about employee health coverage at this job? Charlie Robinson		
11. Phone number (if different from above)	12. Email address: Charldaysha.robinson@prideglobal.com	

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

[Redacted area]

Some employees. Eligible employees are:

FULL TIME EMPLOYEES MEETING ELIGIBILITY REQUIREMENTS

[Redacted area]

- With respect to dependents:

We do offer coverage. Eligible dependents are:

EMPLOYEE'S SPOUSE AND CHILDREN AS DEFINED UNDER THE CERTIFICATE OF COVERAGE.

[Redacted area]

We do not offer coverage.

**X** If checked, this coverage meets the minimum value standard\*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)