SHARP INC. Transportation

2026-2027 | All Employees

# Benefits Guide



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**Disclaimer:** The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail. You can obtain a copy of the Summary Plan Description from the Human Resources Department.

# Welcome

We understand that your life extends beyond the workplace. That's why we offer a variety of benefits to help you be an advocate of your health and well-being. Our goal is to provide choices for you and your family to be appropriately covered through all stages of life.

## When to Enroll

- **Current Employees:** Open enrollment is your once-a-year opportunity to adjust benefit coverages and update any dependents and beneficiaries.
- **New Hires:** Once eligible, you must complete your enrollment within 30 days. Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverage.




**Learn More & Enroll on our Benefits Microsite!**

Company Identifier: **Sharp Transportation**

Scan QR code or visit https://bit.ly/SharpMicrositeG2

## When to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. An election change must be made within 30 days of the qualifying event. Examples include:

- Marriage, divorce, legal separation, or death of a spouse
- Birth, adoption, or death of a child
- Change in child's dependent status
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

**Medicare Part D Notice:** If you or your dependents are on Medicare or will be eligible within 12 months, federal law offers more prescription drug coverage options. Refer to page **32-33** for details.

# New this Year!

## Benefit Highlights

Benefit changes take effect on **07/01/2026**.

Protect Your **Health**

- **Medical:** Sharp Transportation will continue to offer two different plan designs to best cover you and your family.
- **Dental/Vision:** Keep your smile bright and your eyesight strong with dental and vision benefits through MetLife.

Protect Your **Family**

- **Employer-Provided Life/AD&D:** Sharp Transportation, Inc. provides $25,000 of coverage!
- **Voluntary Life/AD&D:** Provide financial security for your loved ones if you pass away. Choose to elect up to $200,000 of guaranteed issue coverage for yourself. Health questions may be required to enroll. Guaranteed issue coverage is also available for spouses ($50,000) and dependents ($10,000). Limits may apply.

Protect Your **Income**

- **Voluntary Short-Term Disability:** Protecting your paycheck is important! This coverage provides income replacement in the event you are unable to work due to injury or sickness. Health questions may be required to enroll. Pre-existing condition limitations may apply.
- **Voluntary Long-Term Disability:** This coverage provides income replacement in the event you are still unable to work after exhausting your short-term disability coverage. Health questions may be required to enroll. Pre-existing condition limitations may apply.

Protect Your **Wallet**

- **Accident:** This coverage pays you cash benefits for a variety of accidental injuries. Purchase for yourself or your whole family. Includes $100 wellness benefit.
- **Critical Illness:** This coverage pays a cash benefit of up to $40,000 to you and/or your dependents when diagnosed with one of 20 covered conditions (including cancer). Includes a $100 wellness benefit.
- **Hospital Indemnity:** This coverage pays you cash benefits when admitted and/or confined to a hospital or ICU. All pre-existing condition limitations and age reductions have been removed. Normal pregnancy covered without a waiting period. Includes $100 wellness benefit.
- **US Legal:** These offerings provide protection including coverage for CDL drivers, families, and identity protection, with options for lower rates and comprehensive benefits.

## How to Enroll: Don't Miss Out!

To ensure you are covered appropriately, everyone is encouraged to complete open enrollment between **June 3rd and June 12th, 2026**.




## Learn More & Enroll Online through our Benefits Microsite!

**Company Identifier:**
***Sharp Transportation***

Scan QR code or visit
https://bit.ly/SharpMicrositeG2

# Contacts

| Benefits Contact | | |
|---|---|---|
| **HR Department** | 435-227-2176 | ken@sharptrucking.com |

| Coverage | Carrier | Phone Number | Website/Email |
|---|---|---|---|
| **Medical & Pharmacy** | MotivHealth | 844-234-4472 | https://member.motivhealth.com<br>Non-Utah Residents:<br>https://providerlocator.firsthealth.com |
| **Telemedicine** | Teladoc | 800-835-2632 | www.teladoc.com |
| **Pharmacy Savings** | CleverRx | 800-873-1195 | www.cleverrx.com/sharp |
| **Health Savings Account** | BCC SmartCare | 800-685-6100 | https://benefitcc.wealthcareportal.com |
| **Dental** | MetLife | 800-942-0854 | www.metlife.com/mybenefits |
| **Vision** | MetLife | 855-MET-EYE1<br>(or 800-428-4833) | www.metlife.com/mybenefits |
| **Life & AD&D** | Symetra | 877-377-6773 | www.symetra.com/MyGo |
| **Disability** | Symetra | 877-377-6773 | www.symetra.com/MyGo |
| **Accident** | Symetra | 800-497-3699 | www.symetra.com/MyGo |
| **Critical Illness** | Symetra | 800-497-3699 | www.symetra.com/MyGo |
| **Hospital Indemnity** | Symetra | 800-497-3699 | www.symetra.com/MyGo |
| **Pre-Paid Legal** | US Legal | 800-356-LAWS<br>(or 800-356-5297) | www.uslegalservices.net |
| **Federal Benefits Advocacy** | FEDlogic | 877-837-4196 | www.fedlogicgroup.com<br>(Login Employee Access Code: SHAR22) |
| **Employee Assistance Program** | Guidance Resources through Symetra | 888-327-9573 | www.guidanceresources.com<br>(Register with Web ID: SYMETRA) |
| **Discount & Perks** | PerkSpot | 866-606-6057 | https://cottinghambutler.perkspot.com |

## Learn More & Enroll on our Benefits Microsite!

Company Identifier: **Sharp Transportation**

Scan QR code or visit
https://bit.ly/SharpMicrositeG2



# Eligibility

## Employee Eligibility

All full-time employees working 30 or more hours per week will be eligible for benefits. As a new employee, you have 60 days from your initial start date to enroll in benefits.

- **Medical, Dental, Vision:** These coverages will take effect on the first of the month following 60 days of employment.
- **Other Coverages:*** All other coverages will take effect on the first of the month following 60 days of employment.

* **IMPORTANT:** These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.

## Dependent Eligibility

If you are enrolled in coverage, you may also have the option to enroll your dependents in coverage.

### Definition of "Eligible Dependents"

**Medical, Dental, and Vision Coverage** dependents include:

- **Your legally married spouse.** Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed. For the purposes of this definition, "spouse" shall not mean a common law spouse or domestic partner.
- **Your dependent children under age 26**. This includes natural, step, foster, adopted, or other children under your legal guardianship.
- For additional eligibility details, please refer to the policy contract or summary plan documents.

**Other Coverages:** See page 17 for definitions of an "eligible dependent" under the Voluntary Life/AD&D Policy. Please note that benefit-eligible employees cannot be enrolled as a "spouse", and dependent children cannot be covered more than once. Please refer to the policy certificate or HR for more information.

### Dependent Verification Requirement

Employees who wish to enroll a dependent in coverage are required to provide supporting documents to verify dependent eligibility. **If we do not have supporting documentation on file, your dependent's coverage will not be processed**. If you are unsure if you have the required documents on file, contact Human Resources.



### Applicable documents include:

- Marriage certificate (for spouse)
- Birth certificate (for dependents)
- First page of most recent tax return listing covered dependents (for spouse or dependents)

### Working Spouse Provision

If your legal spouse has medical insurance offered through his or her employer, they are not eligible for the Medical plan.

To verify your spouse's eligibility, you must complete a Working Spouse Provision Form. Failure to complete this form will result in coverage being terminated for your spouse. If the working status of your spouse changes during the year, you must confirm eligibility by completing an updated Working Spouse Provision Form. Please speak with Human Resources for the necessary form(s).

# Employee Navigator

Access your employee benefits from your computer, tablet, or smartphone!

### Save Time
Manage your benefits whenever and wherever you are.

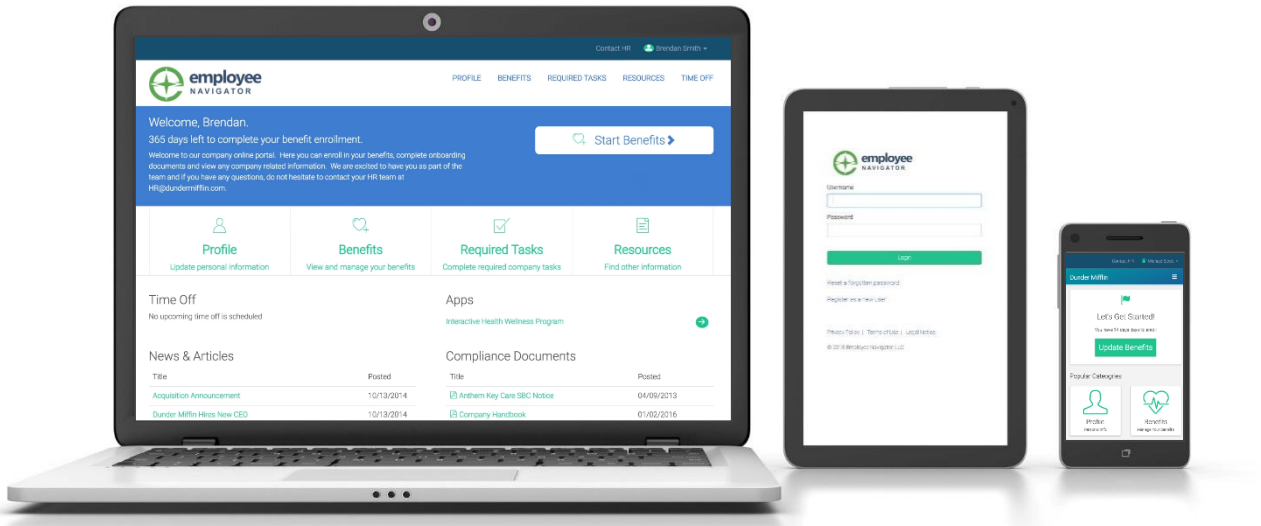
### Find Resources
Search providers, carrier customer service numbers, and your company contacts.

### Access Benefits
View your benefits, plan documents, and other educational materials.

### Download/Print Materials
Download and print generic ID cards, benefit materials, and forms.

### Make Decisions
Decide which benefits you want to elect, change, or decline.

### Make Changes
Update dependents and beneficiaries if you experience a life-changing event.




## Access Employee Navigator through our Benefits Microsite!

Company Identifier: **Sharp Transportation**

Scan QR code or visit
https://bit.ly/SharpMicrositeG2





# Employee Contributions

If you have questions or concerns, please speak to Human Resources. **Note: if you log into Employee Navigator, your rates will all be shown on a per-pay period basis.**

| Medical | Traditional Plan | | HSA Plan | |
|---|---|---|---|---|
| | Weekly | Bi-Weekly | Weekly | Bi-Weekly |
| **Employee Only** | $80.19 | $160.39 | $69.05 | $138.09 |
| **Employee + Spouse** | $208.33 | $416.65 | $179.44 | $358.89 |
| **Employee + Child(ren)** | $152.27 | $304.54 | $131.15 | $262.29 |
| **Family** | $280.40 | $560.80 | $241.55 | $483.10 |

| Dental | Weekly | Bi-Weekly |
|---|---|---|
| **Employee Only** | $6.98 | $13.97 |
| **Employee + Spouse** | $14.82 | $29.64 |
| **Employee + Child(ren)** | $15.93 | $31.86 |
| **Family** | $25.40 | $50.79 |

| Vision | Weekly | Bi-Weekly |
|---|---|---|
| **Employee Only** | $1.32 | $2.64 |
| **Employee + 1 Dependent** | $2.60 | $5.19 |
| **Family** | $4.14 | $8.28 |

| | |
|---|---|
| **Basic Life/AD&D** | Employer-provided! |
| **Voluntary Life/AD&D**<br>**Disability**<br>**Accident**<br>**Critical Illness**<br>**Hospital Indemnity** | To view your personalized rates, log in to **Employee Navigator**. |

# Medical

MotivHealth



Locate an in-network provider near you at
https://member.motivhealth.com
(Non-Utah Residents: https://providerlocator.firsthealth.com)

This coverage allows you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider.

| Medical | Traditional Plan | | HSA Plan | |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Annual Deductible** | | | | |
| Individual | $3,500 | $7,000 | $3,500 | $7,000 |
| Family | $7,000 | $14,000 | $7,000 | $14,000 |
| **Coinsurance** (Plan Pays/You Pay) | 80% / 20% | 60% / 40% | 80% / 20% | 60% / 40% |
| **Annual Out-of-Pocket Maximum** | | | | |
| Individual | $6,500 | $13,000 | $5,000 | $10,000 |
| Family | $13,000 | $26,000 | $10,000 | $20,000 |
| **Services** | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Preventive Care** | Covered 100% | 40% coinsurance | Covered 100% | 40% coinsurance |
| **Primary Care Office Visit** | $30 copay | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| **Specialist Office Visit** | $50 copay | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| **Urgent Care** | $75 copay | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| **Emergency Room** | $500 copay | | 20% coinsurance after deductible | |
| **Hospitalization** | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| **Prescription Drugs** | **Traditional Plan** | | **HSA Plan** | |
| **Tier 1** | $5 copay | | 20% after deductible | |
| **Tier 2** | $30 copay | | 20% after deductible | |
| **Tier 3** | $100 copay | | 20% after deductible | |
| **Tier 4** | $200 after deductible | | 20% after deductible | |

**Please review the full plan documents for details.** If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

# Find a Provider

Locate an in-network provider near you at
https://member.motivhealth.com
(Non-Utah Residents: https://providerlocator.firsthealth.com)

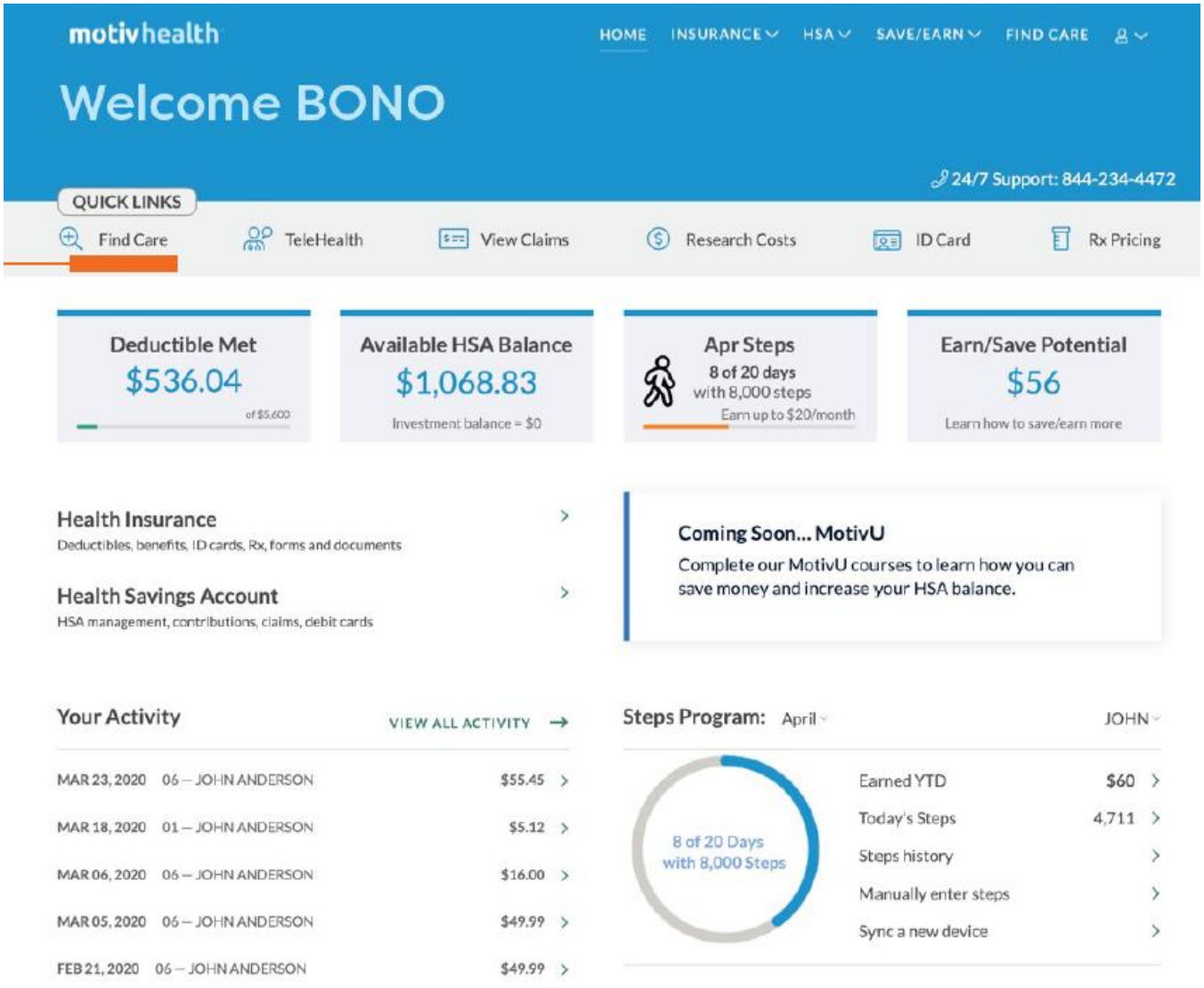
## How to Search for Providers

To help you earn, save and spend your health care dollars effectively, we encourage you to identify and use only high-value health care providers. To help you identify in- network providers, we've provided you this brief guide. If you have questions regarding the provider search tool or need assistance identifying an in-network provider in your area, please contact a Personal Health Assistant by dialing **844-234-4472.**

### 1. Go To MotivHealth.com

Click "Log In." Enter your username and password.

### 2. Click "Find Care"



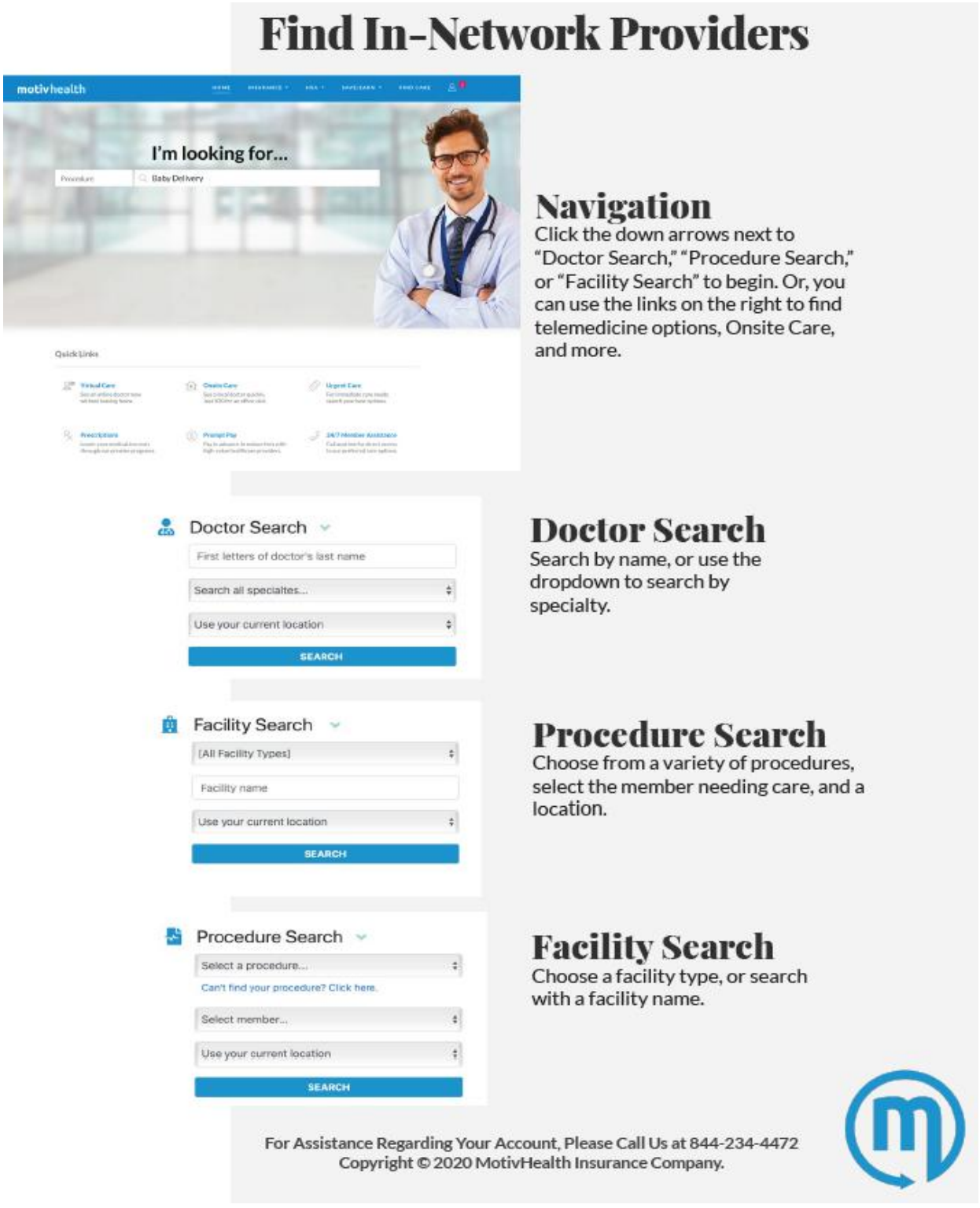

If you have ques:ons concerning our provider search tool or need assistance loca:ng an in-network provider, please contact us, we're available 24/7 by dialing 844-234-4472.

motivhealth™

# Find a Provider

Locate an in-network provider near you at
https://member.motivhealth.com
(Non-Utah Residents: https://providerlocator.firsthealth.com)

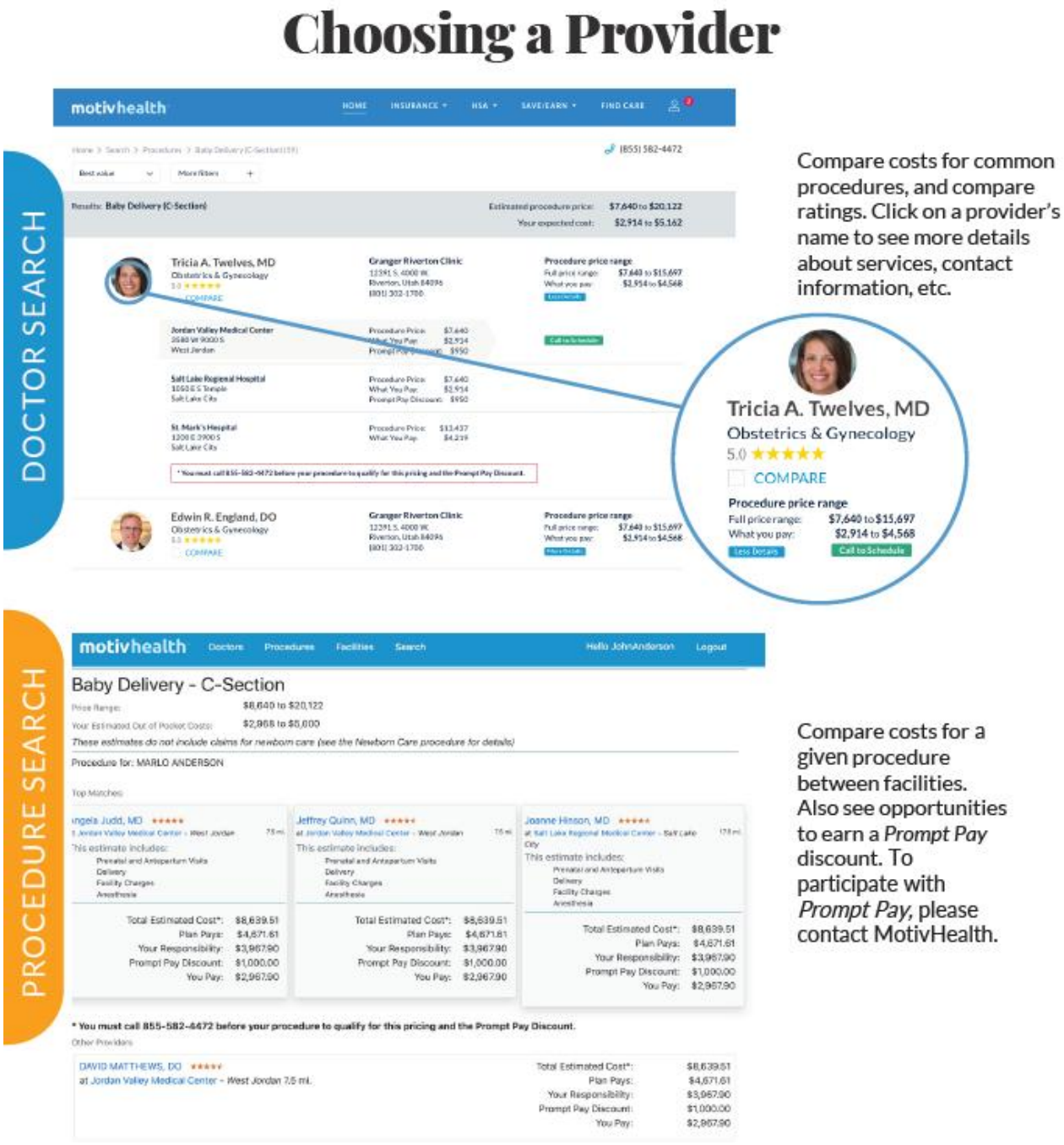
## Search by Provider, Procedure, or Facility



# Find a Provider

Locate an in-network provider near you at
https://member.motivhealth.com
(Non-Utah Residents: https://providerlocator.firsthealth.com)

## Who do I choose?




If you have ques:ons concerning our provider search tool or need assistance loca:ng an in-network provider, please contact us, we're available 24/7 by dialing 844-234-4472.

motivhealth™

# Find a Provider

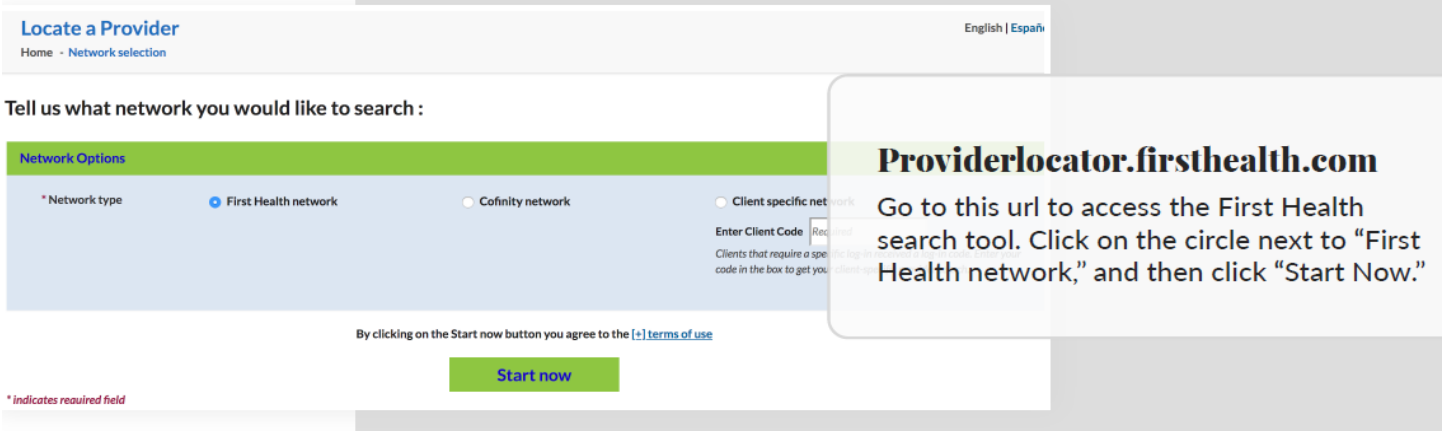
## Find a provider outside of Utah

MotivHealth uses the First Health Network outside of the state of Utah. All employees traveling or living outside of Utah will need to use the below instructions to find a provider.

### Option 1: Call us at 844-234-4472

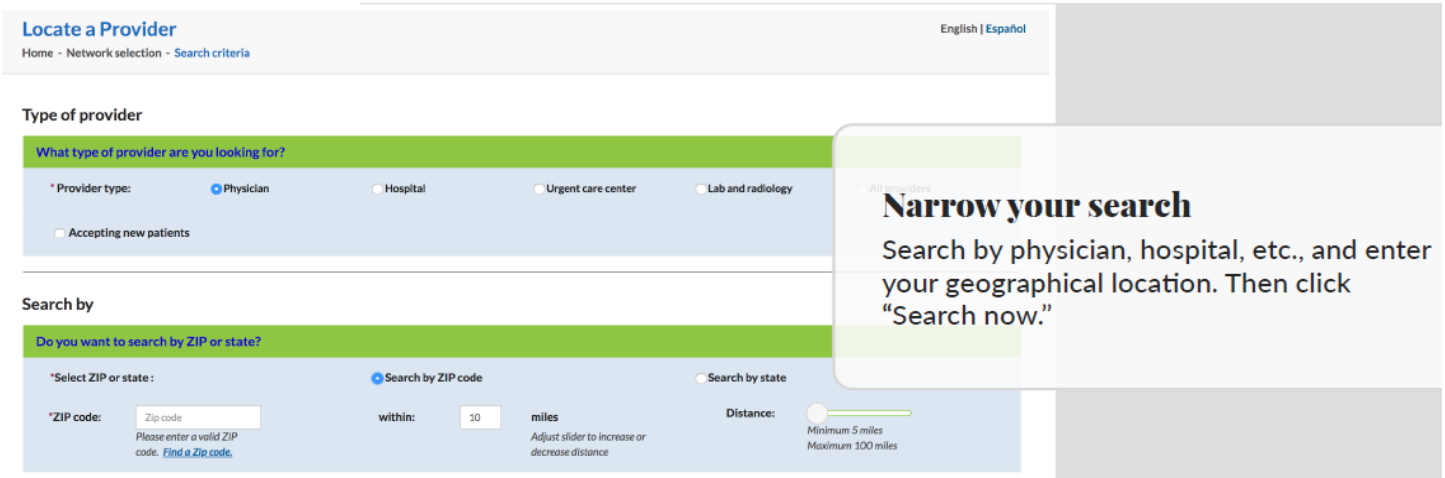
Our team of personal health assistants is available 24/7 to help you find the best care at the best price.

### Option 2: Search on your own




**Providerlocator.firsthealth.com**

Go to this url to access the First Health search tool. Click on the circle next to "First Health network," and then click "Start Now."




**Narrow your search**

Search by physician, hospital, etc., and enter your geographical location. Then click "Search now."

Visit the link below for more information on all the programs that MotivHealth has to offer:
https://www.motivhealth.com/member-library/

# Health Savings Account

BCC SmartCare

*Available to employees enrolled in the* ***HSA medical plan.***

If you are enrolled in an HSA-qualified plan, you may be eligible to open a tax-free health savings account. The money in your HSA is carried over from year to year so you can budget for current and future expenses. Plus, you own the account so it's yours to keep even if you change jobs or retire.

**Is an HSA Right for You?**
www.cbmicrosite.com/video/hsa

## HSA

Pay for eligible medical, dental, vision, and prescription expenses, such as:

- Deductibles
- Coinsurance
- Other health-related expenses

| | | |
|---|---|---|
| 2026 annual contribution limit | Individual | $4,400 |
| | Family | $8,750 |
| | Catch-up contribution (Age 55 or older) | $1,000 |
| Rollover | | Full Amount |

All HSA contributions require an open and active account. Contributions cannot be made and are forfeited if no active account exists and cannot be paid later or in a different form.

Your eligibility for an HSA may be misrepresented if you and/or your spouse currently utilize an FSA. Check with the plan administrator or Human Resources to learn more.



Visit www.irs.gov and search for IRS Publication 502 to learn more about eligible expenses.

## HSA Case Study

Justin is a healthy 28-year-old single man who contributes $1,000 each year to his HSA. His plan's annual deductible is $1,600 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. This example only includes HSA contribution amounts and does not reflect any investment earnings.

| Year 1 | | → | Year 2 | |
|---|---|---|---|---|
| **HSA Balance** | $1,000 | | HSA Balance | $1,850 |
| **Total Expenses:**<br>Prescription drugs: $150 | - $150 | | **Total Expenses:**<br>Office visit: $100<br>Prescription drugs: $200<br>Preventive care services: $0 (covered by insurance) | - $300 |
| **HSA Rollover to Year 2** | $850 | | **HSA Rollover to Year 3** | $1,550 |

Since Justin did not spend all his HSA dollars in year 1, the remaining funds roll over.

Once again Justin did not spend all his HSA dollars, so they roll over to the next year.



# Telemedicine

Teladoc

*Available to all employees.*

Telemedicine can be a great alternative to visiting your normal doctor or urgent care, when you are suffering from one of many common, non-emergency medical conditions. Using your computer, tablet or smartphone device, you can conveniently access to U.S. board-certified doctors and licensed professionals from the comfort of your home or wherever you happen to be.

In some cases, doctors can write a prescription to a local pharmacy near you.[1]

## When can I use telemedicine?

- When you need care now.
- If you're considering the ER or urgent care center for a non-emergency issue.
- On vacation, on a business trip, or away from home.
- For short-term prescription refills.

[1] Prescription services may not be available in all states.

## Access care wherever you are!

Telemedicine can provide significant savings over urgent care and emergency room visits. On top of that, you can connect with a doctor from the convenience of home or work, allowing you to avoid the hassle of traveling or sitting in a waiting room.

Connect with a virtual doctor at www.teladoc.com, 800-835-2362, or the mobile app.

## Get the treatment you need:

- Allergies
- Colds, respiratory problems, flu
- Ear infections
- Sore throat
- Pink eye
- Urinary tract infections

# Prescription Savings Programs

MotivRx | CleverRx

There are several additional pharmacy partners supporting Sharp Transportation and its members. For more information on these programs, contact Human Resources.

## Prescription Assistance Program



*Available to those enrolled in a Sharp Transportation medical plan.*

Medications can be expensive, especially if you or a loved one is taking high-cost name brand or specialty medications, including insulin. That is why MotivHealth has established a prescription assistance program that could lower or eliminate your monthly out of pocket prescription expenses. If you or anyone in your household is taking medication that costs $200 or more per month, please contact MotivHealth today.

### MotivRx

385-247-1030

www.motivhealth.com/rx/

## Prescription Discount Card Program



*Available to all employees – regardless of medical plan enrollment.*

CleverRx is a prescription savings card that is 100% free to use. Unlock discounts on thousands of medications and save up to 80% off prescription drugs. All employees and their family members can use CleverRx – you do not have to be enrolled in medical coverage to use this program! CleverRx is accepted at most pharmacies nationwide.

### CleverRx

800-873-1195

www.cleverrx.com/sharp

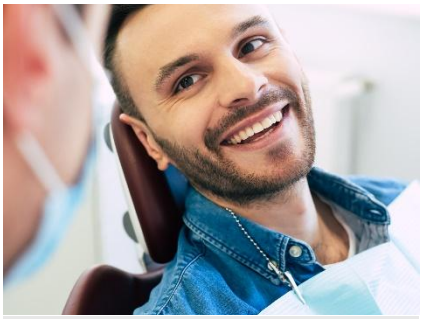
Group ID: 3024

Member ID: 1061

# Dental

MetLife

| Dental | In-Network |
|---|---|
| Annual Deductible | $50 per individual<br>$150 per family |
| Annual Benefit Maximum | $2,000 |
| Lifetime Orthodontia Maximum | $1,000 |
| **Plan Pays** | |
| Preventive Care (Deductible waived) | 100% Covered |
| Basic | 80% |
| Major | 50% |
| Orthodontia | 50% |



Locate an in-network provider near you at www.metlife.com/mybenefits or call 800-942-0854.

**Please review the full plan documents for details including out-of-network coverage.** If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

# Vision

MetLife

| Vision | In-Network |
|---|---|
| Exam | $10 copay |
| Lenses | $10 copay |
| Frames | $130 allowance after $10 copay |
| Contact Lenses *(Elective)* | $130 allowance |
| **Frequencies** | |
| Exams | 1 per 12 months |
| Lenses or Contacts | 1 per 12 months |
| Frames | 1 per 12 months |



Locate an in-network provider near you at www.metlife.com/vision or call 855-MET-EYE-1 (855-638-3931).

**Please review the full plan documents for details including out-of-network coverage.** If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

# Life/AD&D

Symetra

Life insurance protects your loved ones financially in the event of your death. Accidental death and dismemberment (AD&D) provides an additional benefit if you die or experience other covered catastrophic loss due to a covered accident.

| Basic Life/AD&D | |
|---|---|
| **Benefit Amount** | **Employee:** $25,000* |
| **Benefit Cost** | Employer-provided |

| Voluntary Term Life/AD&D | |
|---|---|
| **Benefit Amount** | **Employee:** 5x salary up to $500,000<br>**Spouse:** Up to $250,000^<br>**Child(ren):** Up to $10,000^ |
| **Guaranteed Issue Amount**[A] | **Employee:** $200,000<br>**Spouse:** $50,000^<br>**Child(ren):** Up to $10,000^ |
| **Benefit Cost** | To view your personalized rates, log in to **Employee Navigator**. |

**Benefits may be reduced for employees over age 65 per ADEA.**

**Actively-At-Work Requirement:**
New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-At-Work/eligible status.

**Dependent Delayed Effective Date:**
Dependents may have a delayed effective date based on his/her health status at time of the effective date. Please refer to the policy certificate or HR for more details.

**Definition of "Eligible Dependents"**
It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies.

- **Spouse:** Eligibility may terminate at Spouse age 70.
- **Child:** Eligibility terminates earliest of age 26, married, or employed full time, or no longer a Full Time Student. Terms may vary for children with special needs. Benefits may be limited for children under age 6 months.

Please refer to the policy certificate or HR for more information.



## Remember to update your beneficiaries.

It is important to update your beneficiaries and make sure they are accurate periodically. Having out of date beneficiaries listed will make it difficult to pay the benefit to the correct person in case it is ever needed.

^ Dependent elections require employee enrollment and may be limited by employee volume.

A If you enroll when first eligible, you may receive up to the listed amount without having to answer medical questions.

**Please review the full plan documents for plan details including exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

# Disability

Symetra

If you become disabled due to a covered injury or illness, disability income benefits may provide a partial replacement of lost income.

| Short-Term Disability | |
|---|---|
| **Benefit Amount** | Replaces 60% of earnings, up to a $1,500 benefit per week |
| **Benefit Begins** | Injury: after 14 days<br>Illness: after 14 days |
| **Benefit Duration** | Up to 11 weeks |
| **Pre-Existing Condition Limitations** | 3-month look back period<br>12-month exclusion period |

Short-term disability excludes work-related injury or illness.

| Long-Term Disability | |
|---|---|
| **Benefit Amount** | Replaces 60% of earnings, up to a $5,000 benefit per month |
| **Benefit Begins** | After a period of 90 days |
| **Benefit Duration** | Up to 2 years |
| **Pre-Existing Condition Limitations** | 3-month look back period<br>12-month exclusion period |

| | |
|---|---|
| **Disability Cost** | To view your personalized rates, log in to **Employee Navigator**. |



**Pre-Existing Condition Limitations:**
If you file a claim within the exclusion period following your plan effective date, the carrier will review to determine if the condition existed during the look back period. If so, benefits may be denied.

**Actively-At-Work Requirement:**
New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-At-Work/eligible status.

**Statutory Benefits Offset:**
Your short-term disability benefit will be reduced by benefits from State Disability/Paid Family & Medical Leave for which you may be eligible.

**Please review the full plan documents for plan details including exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

# Supplemental Health

Symetra

The following benefits may protect your financial security in the event of an unexpected medical expense.

## Accident

Helps cover the cost of expenses if you are injured in a non-work-related, covered accident.

| | | |
|---|---|---|
| **Benefit Amount** | Benefit amounts vary by severity. See schedule of benefits for details. | |
| **Wellness Benefit** | $100 | |
| **Common Covered Injuries** | Dislocations<br>Fractures | Concussions<br>Lacerations |
| **Common Medical Services** | Ambulance<br>Emergency room visits<br>Hospital admission | Surgical benefits<br>Follow-up treatments |
| **Other Benefits** | Travel<br>Lodging<br>Child organized sports-rider | Accidental death and dismemberment |

## Critical Illness

Helps cover the cost of expenses if you are diagnosed with a covered condition.

| | | |
|---|---|---|
| **Benefit Amount** | **Employee:** Up to $40,000<br>**Spouse:** Up to 100% of the employee benefit amount<br>**Child:** Up to 50% of the employee benefit amount | |
| **Wellness Benefit** | $100 | |
| **Pre-Existing Condition Limitations** | None | |
| **Common Covered Conditions** | Cancer<br>Heart attack<br>Stroke | Major organ failure<br>Degenerative neurological disorders |



### Get paid for taking care of your health!

If you are enrolled in coverage, you can receive a wellness benefit payment each year when you have a qualifying screening or test.

## Hospital Indemnity

Helps cover the cost of hospital stays—including pregnancy and childbirth

| | |
|---|---|
| **Benefit Amount** | See schedule of benefits allowance amounts |
| **Wellness Benefit** | $100 |
| **Some Covered Services Include** | Inpatient Hospital/Intensive Care and Nursing Facility |
| **Pre-Existing Condition Limitations** | None |

| | |
|---|---|
| **Supplemental Health Cost** | To view your personalized rates, log in to **Employee Navigator**. |

**Actively-at-Work Requirement:**
New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-at-Work/eligible status.

**Dependent Delayed Effective Date:**
Dependents may have a delayed effective date based on his/her health status at the time of the effective date. Please refer to the policy certificate or HR for more details.

**Please review the full plan documents for plan details including exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

# Additional Benefits

For more information on these and other benefits, contact Human Resources

## Employee Assistance Program



*Available to all full-time employees*

This program is here for you and can help you and your family find solutions and restore your peace of mind. The cost-effective EAP can help you and your family with personal or professional struggles 24/7. Don't delay if you need help. Receive up to 5 free counseling sessions per household each year!

### GuidanceResources by Symetra

888-327-9573

www.guidanceresources.com

Web ID: SYMETRA

## Pre-Paid Legal Plans



*Available to all full-time employees*

Four plans offered through US Legal provide protection for CDL drivers, families, and identity security. These plans offer competitive rates and comprehensive coverage options. Enrollment in any US Legal plan also includes additional services at no extra cost, such as access to legal documents and forms, financial wellness resources, tax coaching and preparation, and identity theft restoration.

### US Legal

800-356-5297

www.uslegalservices.net

## Discount Program



*Available to all full-time employees*

This program provides you access to an online marketplace that delivers thousands of discounts for everyday business and personal purchases, leveraging the purchasing power of some of the largest employers in the United States. Enjoy 30,000+ discount offers across thousands of different categories, plus receive tailored recommendations based on your top interests.

### PerkSpot through Cottingham & Butler

https://cottinghambutler.perkspot.com

# Information for those Eligible for Medicare

## What Are My Options Once I Turn 65?

If you continue to work full-time, you may remain on the company medical plan as long as you meet the eligibility requirements. However, you may also be eligible for Medicare A & B, a Medicare Supplement and Medicare D. Please read the summary and explore your options to determine what is best in your situation.

## Working Beyond Age 65

If you are purchasing medical insurance through your employer, a Medicare plan could help you save money on your health care expenses. It may make sense for you to sign up for Medicare in addition to OR instead of the coverage you have today. If you enroll in Medicare and remain on the company health plan be sure to check the coordination rules to determine which coverage is primary.

**Medicare Options:**
Many people who choose to work past age 65 enroll in Part A (Hospital Insurance) because there is no monthly premium. You may choose to enroll in Medicare Part B, a Medicare Supplement, and/or Medicare Part D (these options will be subject to a monthly premium cost).

- Medicare Part B - Physician Insurance
- Medicare Part D – Drug Coverage.
- Supplemental Coverage – This can include Medigap coverages, employer plans or Medicaid.

It is recommended that you explore all options to determine what is best for you. You may also shop for and change plans each year based on your specific needs.

**Understanding Your Options**
Employees who choose to remain on the group health plan can sign up for premium-free Part A (if eligible) during or after their Initial Enrollment Period begins. You can only sign up for Part B (or Part A if you have to buy it) during certain enrollment periods as dictated by Medicare. For additional information on Medicare enrollment opportunities visit www.medicare.gov or reach out to your local SHIP office (see Medicare Resources for contact information).

**Making Changes to Your Medicare Plans:**
Health care needs can change from year to year. Be sure to review your needs annually (upcoming surgeries, current prescription drugs, new wellness goals) so you can find a plan to best meet them.

**Medicare Open Enrollment Period**
You can enroll in or change your plan once a year during the Open Enrollment Period (OEP) even if you do not have a qualifying event. The OEP is a seven-week period from October 15 through December 7.

## Retiring At or After Age 65

Whether you retire or decide to work part-time, once you turn age 65 you will be eligible for Medicare (Parts A and B) and other Medicare Supplement Plans. If you don't have employer-sponsored coverage, you should consider enrolling during your Initial Enrollment Period. You can enroll any time within the 3 months before your 65th birthday month, your birthday month or 3 months after.

### Multiple Medicare Resources Available

**Next Level Planning and Wealth Management**

- Get advice from Licensed insurance agents at no cost or obligation to enroll
- Explore plans from numerous health insurance companies
- Learn more about Medicare and be guided through the process
- 1 on 1 assistance with benefit and financial planning
- Call (414) 369-6628 or visit www.NLPWM.com

You may complete the **Permission to Contact Form** to speak to agent and receive assistance with questions related to Medicare as well as explore affordable options available based on your specific needs.

It is important to note that **Medicare resources and options vary by state.** Each state has a **SHIP** (Senior Health Insurance Information Program) that offers free education and assistance specific to their state. To find your state resource and get the number to speak to a licensed counselor, you may either **visit: www.shiptacenter.org, call 877-839-2675 or email: info@shiptacenter.org.**

**Additional Information (Government Resources)**:
Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit www.medicare.gov.

# *When life takes a turn,* turn to FED*logic.*

A free and confidential benefit from your employer.



## During certain life events, you may have different options for health benefits.

FEDlogic helps you and your household find and apply for state and federal programs that you may qualify for.

| | | | | |
|---|---|---|---|---|
| *Medicare* | *Medicaid* | *Affordable Care* | *SSI* | *Disability* |
| *Retirement* | *Dialysis* | *Cancer* | *ALS* | *Premature Baby* |
| *Veteran's Benefits* | *Tribal Benefits* | *COBRA* | *Survivor's Benefits* | *Healthcare.gov* |

employees.fedlogicgroup.com/form

## Start with a short questionnaire and schedule a private consultation.

FEDlogic is sponsored by your employer. As an employee, our services are completely free, unlimited, and confidential to you and any member of your household.

SHARP INC. Transportation

EMPLOYEE ACCESS CODE: shar22

FEDlogic

**877-837-4196**

FEDLOGICGROUP.COM

SERVICES@FEDLOGICGROUP.COM

2509EQ

# Healthcare Tips

## Get the Most Out of Your Care

Knowing the difference between an in-network and out-of-network provider can save you a lot of money.

- **In-Network Provider**—A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.
- **Out-of-Network Provider**—A provider who is not contracted with your health insurance company.

Calling the physician directly and double-checking with your insurance company is the best way to ensure that the provider is in-network. If you are receiving surgery, make sure to ask if the service is completely in-network. Often times, things such as anesthesia are not covered even though the primary physician is in-network.

**Where Should I Go for Care?**
www.cbmicrosite.com/video/knowwheretogo

## Billing & Claim Differences

Because in-network and out-of-network providers are treated differently by your insurance company, you will be billed differently depending on the type of provider you use for your care.

| | | | | |
|---|---|---|---|---|
| **Provider**<br>The patient receives treatment.<br>The doctor then sends the bill to the insurance company. | > | **In-Network Discount**<br>Appropriate discount for using an in-network provider is applied. | > | **Bill**<br>The bill for services is presented to the insurance company.<br>Payment responsibilities are calculated and divided between the patient and the insurance company. |
| | | | | v |
| **Patient**<br>Patient pays doctor's office for copayments, deductibles and/or coinsurance that he or she is responsible for. | < | **Insurance Company Payments, Explanation of Benefits (EOB)**<br>Insurance pays for its portion of the bill from the provider.<br>A summary of charges and insurance payments is sent to the patient via the insurance company. | | |



## Take advantage of preventive care

Preventive care is a type of health care whose purpose is to shift the focus of health care from treating sickness to maintaining wellness and good health. This includes a variety of health care services, such as a physical examination, screenings, laboratory tests, and immunizations.

Preventive care also helps lower the long-term cost of managing disease because it helps catch problems in the early stages when most diseases are more readily treatable. The cost of early treatment or diet or lifestyle changes is less than the cost of treating and managing a full-blown chronic disease or serious illness.



# Know Where to Go for Care

Keeping your health care costs in check could be as simple as making the right choice when you need medical care. When you have an illness or suffer an injury, you understandably want to feel better fast, but making the wrong choice about where to receive care can cost you.

The average outpatient emergency room (ER) visit costs $1,917, according to the Health Care Cost Institute. This means that if you head to the ER when you don't really need emergency care, your wallet is going to feel the pain.

## Where Should I Go?

Sometimes, it can be difficult to know where to draw the line when it comes to choosing if you should go to the ER, urgent care, or your primary doctor. Here are a few guidelines to help you know where to go next time you're sick or injured.

### Emergency Room ($$$$)

A visit to the ER is the most expensive type of outpatient care and should only occur if there is a true emergency, or a life-threatening illness or injury. Examples of conditions that should be addressed in the ER include, but aren't limited to:

- Chest pain
- Shortness of breath
- Uncontrollable bleeding
- Poisoning

**Where Should I Go for Care?**
www.cbmicrosite.com/video/knowwheretogo

### Urgent Care ($$$)

Urgent care centers handle non-emergency conditions that require immediate attention—those for which delaying treatment could cause serious problems or discomfort. Urgent care visits are less expensive than ER visits but are typically more expensive than a visit to your primary care doctor. These conditions can usually be treated in urgent care centers:

- Sprains
- Ear infections
- High fevers

### Doctor's Office ($$)

For most non-emergency illnesses or injuries, the best choice for medical care may be a visit to your primary care physician. Your regular doctor knows you best, has your medical history, and has the expertise to diagnose and treat most conditions. In addition, going to the doctor's office is usually the most cost-effective option.

# Benefit Terms

The world of health insurance has many terms that can be confusing. Understanding your costs and benefits—and estimating the price of a visit to the doctor—becomes much easier once you are able to make sense of the terminology.

## Definitions

- **Annual limit**—Cap on the benefits your insurance company will pay in a given year while you are enrolled in a particular health insurance plan.
- **Claim**—A bill for medical services rendered.
- **Cost-sharing**—Health care provider charges for which a patient is responsible under the terms of a health plan. This includes deductibles, coinsurance and copayments.
- **Coinsurance**—Your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service.
- **Copayment (copay)**—A fixed amount you pay for a covered health care service, usually when you receive the service.
- **Deductible**—The amount you owe for health care services each year before the insurance company begins to pay. Example: John has a health plan with a $1,000 annual deductible. John falls off his roof and has to have three knee surgeries, the first of which is $800. Because John hasn't paid anything toward his deductible yet this year, and because the $800 surgery doesn't meet the deductible, John is responsible for 100 percent of his first surgery.
- **Dependent Coverage**—Coverage extended to the spouse and children of the primary insured member. Age restrictions on the coverage may apply.
- **Explanation of Benefits (EOB)**—A statement sent from the health insurance company to a member listing services that were billed by a provider, how those charges were processed and the total amount of patient responsibility for the claim.
- **Group Health Plan**—A health insurance plan that provides benefits for employees of a business.
- **In-network Provider**—A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.
- **Inpatient Care**—Care rendered in a hospital when the duration of the hospital stay is at least 24 hours.
- **Insurer (carrier)**—The insurance company providing coverage.
- **Insured**—The person with the health insurance coverage. For group health insurance, your employer will typically be the policyholder and you will be the insured.
- **Open Enrollment Period**—Time period during which eligible persons may opt to sign up for coverage under a group health plan.
- **Out-of-network Provider**—A provider who is not contracted with your health insurance company.
- **Out-of-pocket Maximum (OOPM)**—The maximum amount you should have to pay for your health care during one year, excluding the monthly premium. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.
- **Outpatient Care**—Care rendered at a medical facility that does not require overnight hospital admittance or a hospital stay lasting 24 hours or more.
- **Policyholder**—The individual or entity that has entered into a contractual relationship with the insurance carrier.
- **Premium**—Amount of money charged by an insurance company for coverage.
- **Preventive Care**—Medical checkups and tests, immunizations and counseling services used to prevent chronic illnesses from occurring.
- **Provider**—A clinic, hospital, doctor, laboratory, health care practitioner or pharmacy.
- **Qualifying Life Event**—A life event designated by the IRS that allows you to amend your current plan or enroll in new health insurance. Common life events include marriage, divorce, and having or adopting a child.
- **Qualified Medical Expense**—Expenses defined by the IRS as the costs attached to the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.
- **Summary of Benefits and Coverage (SBC)**—An easy-to-read outline that lets you compare costs and coverage between health plans.

## Acronyms

- **ACA**—Affordable Care Act
- **CDHC**—Consumer driven or consumer directed health care
- **CDHP**—Consumer driven health plan
- **CHIP**—The Children's Health Insurance Program. A program that provides health insurance to low-income children, and in some states, pregnant women who do not qualify for Medicaid but cannot afford to purchase private health insurance.
- **CPT Code**—Current procedural terminology code. A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities, such as physicians, health insurance companies and accreditation organizations.
- **FPL**—Federal poverty level. A measure of income level issued annually by the Department of Health and Human Services (HHS) and used to determine eligibility for certain programs and benefits.
- **FSA**—Flexible spending account. An employer-sponsored savings account for health care expenses.
- **HDHP**—High deductible health plan
- **HMO**—Health maintenance organization
- **HRA**—Health reimbursement arrangement. An employer-funded arrangement that reimburses employees for certain medical expenses.
- **HSA**—Health savings account. A tax-advantaged savings account that accompanies HDHPs.
- **OOP**—Out-of-pocket limit. The maximum amount you have to pay for covered services in a plan year.
- **PCE**—Pre-existing condition exclusion. A plan provision imposing an exclusion of benefits due to a pre-existing condition.
- **PPO**—Preferred provider organization. A type of health plan that contracts with medical providers (doctors and hospitals) to create a network of participating providers. You pay less when using providers in the plan's network, but can use providers outside the network for an additional cost.
- **QHP—Qualified health plan. A certified health plan that provides an essential health benefits package. Offered by a licensed health insurer.**

# Sharp Transportation, Inc. Group Health Plan: Important Disclosures & Notices

## Michelle's Law Notice

If the Plan provides for dependent coverage that is based on a dependent's full-time student status, then this Michelle's Law Notice applies. If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage. ❖

## Benefits during a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

## Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

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

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

**Employees living in one of the following States may be eligible for assistance paying employer health plan premiums. The following list of States is current as of January 31, 2026. V 0.7.1.**
**The most recent CHIP notice can be found at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra. Contact the respective State for more information on eligibility –**

**ALABAMA – Medicaid**
Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA – Medicaid**
AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://dhss.alaska.gov/dpa/Pages/default.aspx

**ARKANSAS – Medicaid**
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA – Medicaid**
Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+ Website: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service:
1-800-359-1991/State Relay 771
Health Insurance Buy-In Program (HIBI) Website:
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**
Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

**GEORGIA – Medicaid**
GA HIPP Website:
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**
Medicaid Website: Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment

(HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

**LOUISIANA – Medicaid**
Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

**MAINE – Medicaid**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine Relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine Relay 711

**MASSACHUSETTS – Medicaid and CHIP**
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

**MINNESOTA – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

**MISSOURI – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**MONTANA – Medicaid**
Website: https://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

**NEBRASKA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

**NEVADA – Medicaid**
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

**NEW JERSEY – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

**NEW YORK – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

**OREGON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

**SOUTH CAROLINA – Medicaid**
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**
Website: http://dss.sd.gov
Phone: 1-888-828-0059

**TEXAS – Medicaid**
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

**VERMONT – Medicaid**
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**
Website: https://www.dhs.wisconsin.gov/medicaid/index.htm
Phone: 1-800-362-3002

**WYOMING – Medicaid**
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

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

## Patient Protection Notice

If the Sharp Transportation, Inc. Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources. ❖

## Women's Health and Cancer Rights Act of 1998

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.
- 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. ❖

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage 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 normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). ❖

## Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge. ❖

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

**PART A: General Information**
When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

**What is the Health Insurance Marketplace?**
The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1st, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1st. After Dec. 15th, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

**Can individuals Save Money on Health Insurance Premiums in the Marketplace?**
Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**
Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.96% of household income for the plan year beginning in 2026, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.*

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

**How Can Individuals Get More Information?**
For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in the area.

* 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% of such costs. ❖

## Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

**Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)**
If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply.

The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP. ❖

# HIPAA Notice of Privacy Practices

***THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

**HIPAA Notice of Privacy Practices**
This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Sharp Transportation, Inc. Group Health Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). 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.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information (PHI) is 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, from which it is possible to individually identify you and that relates to:

a. Your past, present, or future physical or mental health or condition;
b. The provision of health care to you; or
c. The past, present, or future payment for the provision of health care to you.

We are required by law to:

a. maintain the privacy of your PHI;
b. provide you with certain rights with respect to your PHI;
c. provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
d. 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 PHI 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.

**HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI**

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. Not every use or disclosure in a category will be listed. Note that we will use and disclose PHI as described below unless otherwise prohibited or restricted by applicable state or other law, and that information can lose its protected status as PHI once re-disclosed by a recipient:

**1. For Treatment:** When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by health care providers. For example, we might disclose information about you with physicians who are treating you.

**2. 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 pre-certification 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.

**3. 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 and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**4. To Plan Sponsors:** For the purpose of administering the plan, we may disclose PHI to certain employees of the Employer. 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 PHI cannot be used for employment purposes without your specific authorization.

**5. 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, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI by entering into a Business Associate Agreement with us.

**6. Substance Use Disorder (SUD) Treatment Information**: Some of your health information may be part of a SUD patient record and subject to additional protections under federal law (42 CFR Part 2) governing confidentiality of SUD patient records.

If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the SUD patient record for purposes of treatment, payment or health care operations, we may use and disclose your SUD patient record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your SUD patient record through specific consent you provide to us or another third party, we will use and disclose your SUD patient record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your SUD patient record, or testimony that describes the information contained in your SUD patient record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

**7. As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

**8. Health Oversight Activities:** We may disclose your PHI 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.

**9. Threats to Health or Safety:** We may use and disclose your PHI 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 PHI in a proceeding regarding the licensure of a physician.

**10. Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**11. Law Enforcement Purposes:** We may disclose your PHI if asked to do so by a law-enforcement official:

a. in response to a court order, subpoena, warrant, summons, or similar process;
b. to identify or locate a suspect, fugitive, material witness, or missing person;
c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
d. about a death that we believe may be the result of criminal conduct; and
e. about criminal conduct.

**12. Coroners, Medical Examiners, or Funeral Directors:** For the purpose of identifying a deceased person, we may release PHI to identify a deceased person or to determine a cause of death or other duties as authorized by law.

**13. Organ or Tissue Donation:** If you are an organ donor, we may release your PHI after your death 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.

**14. Military and National Security:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**15. Workers' Compensation:** We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**16. Treatment Alternatives or Health-Related Benefits and Services:** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**17. Government Required Disclosures**: We are required to disclose your PHI 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.

**Authorizations:** Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the 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.

**HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI**

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. Not every use or disclosure in a category will be listed. Note that we will use and disclose PHI as described below unless otherwise prohibited or restricted by applicable state or other law, and that information can lose its protected status as PHI once re-disclosed by a recipient:

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing. 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 Inspect and Copy:** You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if possible. If we cannot agree on an electronic form and format, or you request a paper copy, we will provide you with a paper copy. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

To inspect and copy your PHI, you must submit your request in writing. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request.

**Right to Amend:** If you feel that the PHI 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. In addition, you must provide a reason that supports your request.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting" of certain disclosures of your PHI. 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. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. There may be a charge for the cost of providing lists beyond the last 12-month period.

**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. Your request must specify how or where you wish to be contacted, but you do not have to provide a reason for your request. We will accommodate all reasonable requests.

**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.

**Right to be Notified of a Breach:** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

**Contact Information and Complaints:** If you have any questions about this Notice or about our privacy practices, and for any correspondence or requests related to the contents of this Notice, please contact Sharp Transportation, Inc., 390 North 900 East, Wellsville UT 84339, 435-245-6053 .

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. To file a complaint with the Plan, contact the person listed in the Contact Information section of this Notice. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us. ❖

## Important Notice from Sharp Transportation, Inc. Group Health Plan about Your Prescription Drug Coverage and Medicare (Creditable Coverage)

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

**When Can You Join A Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

**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 Sharp Transportation, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Sharp Transportation, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with Sharp Transportation, Inc. 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 Sharp Transportation, Inc. changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage**
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy

of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: June 2, 2026
Name of Entity/Sender: Sharp Transportation, Inc.
Contact--Position/Office: Human Resources
Address: 390 North 900 East, Wellsville UT 84339
Phone Number: 435-245-6053 ❖