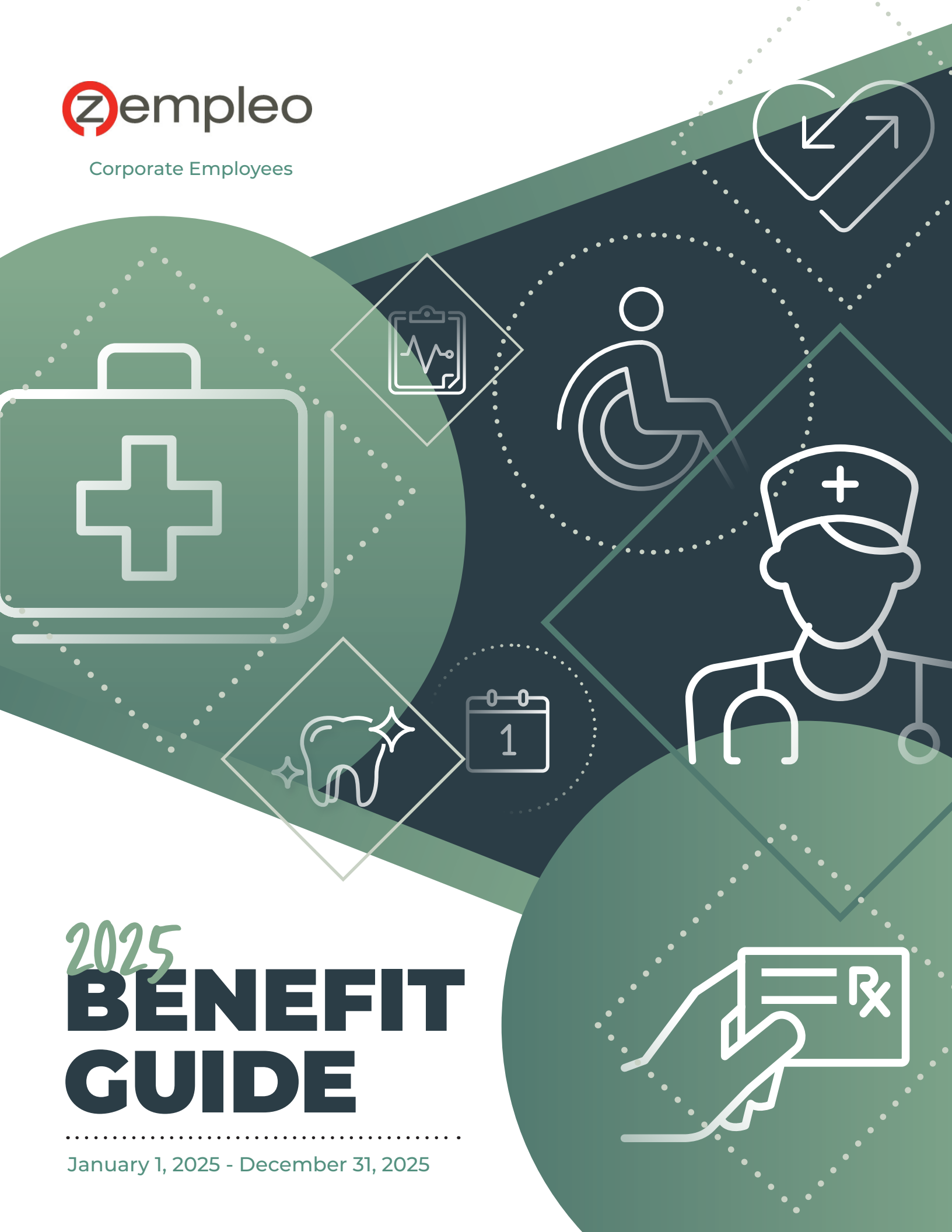
empleo

Corporate Employees



2025 BENEFIT GUIDE

January 1, 2025 - December 31, 2025

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for health benefits if you work 30 or more hours per week for a period of more than 13 weeks. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner (DP) and/or his/her children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.

  If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January - December 31, 2025.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, DP, or child
- You lose coverage under your spouse's/DP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact the Benefits Department within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Inside

Enrollment

Visit Ease at **https://zempleo.ease.com**. There, you will find detailed information about the plans available to you and instructions for enrolling.

1. You will receive an email from our HR Center portal letting you know that you have a new form available for completion and it will include a link to login.

2. Once you've logged in, you will see the Open Enrollment Workflow available for completion. Click on the Workflow to get started.

3. The Workflow includes the follwing items:

   - 2025 Benefit Guide
   - Benefit Summaries
   - Payroll Authorization Form
   - Instructions on how to Enroll
   - Link to the Ease site to Enroll

4. You will receive an email from Ease asking you to login to enroll or waive coverage.

IMPORTANT - If you DO NOT receive the above-mentioned email please let us know right away.

ACTION REQUIRED - If you do not follow this step to enroll, your medical, dental and vision coverage will end on 12/31/2024.

Medical

We are proud to offer comprehensive medical and prescription drug coverage through Anthem Blue Cross.

Employees in California can choose between various HMO and PPO plans. Employees residing outside of California can choose between various PPO plans.

How an HMO plan works

You select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

How a PPO plan works

A PPO gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the carrier's network. The calendar-year deductible must be met before certain services are covered.

Following is a high-level overview of the two Anthem Blue Cross base plans. For complete coverage details, please refer to the Summary Plan Description (SPD).

How to Find a Provider

1. Visit www.anthem.com/find-care/
2. Click the type of Care > State > type of plan (Medical (Employer-sponsored)) > and then choose the plan > Continue.
3. Below is the list of the networks offered and how they appear on Anthem's site:

- Full Network HMO – Blue Cross HMO (CACare) – Small Group
- Limited Network HMO – Select HMO
- PPO – Prudent Buyer PPO/EPO
- Select PPO – Select PPO

4. Enter City, County or Zip code > search by doctor name or specialty
5. You can also search by Care Provider

Key Medical Benefits	Anthem Anthem Gold Select HMO 30 (Base Plan for CA Empoyees)	Anthem Anthem Prudent Buyer Gold PPO 35/500/25% (Base Plan for Non-CA Employees)	
	In-Network Only	In-Network	Out-of-Network[1]
Deductible (per calendar year)			
Individual / Family	None	$500 / $1,500	$2,000 / $4,000
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	$7,500 / $15,000	$8,200 / $16,400	$16,400 / $32,800
Covered Services			
Office Visits (physician/specialist)	$30 / $60 copay	$35 / $65 copay	50%*
Routine Preventive Care	No charge	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	$15 copay / $15 copay (Office setting)	$15 copay (Office setting)	50%*
Complex Imaging	$100 copay (office setting)	25%* (office setting)	50%* [7]
Chiropractic	$15 copay [2]	50% [3]	Not covered
Ambulance	$150 copay	25%*	25%*
Emergency Room	$325 copay	$250 copay, then 25%*	
Urgent Care Facility	$30 copay	$35 copay	50%*
Inpatient Hospital Stay	$600 copay per day (4 day max)	25%*	50%* [6]
Outpatient Surgery	$300 copay / $450 copay	$50 + 25% / $250 + 25%	50%* [7]
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)			
Retail Pharmacy (30-day supply)	$10/$20 / $50/$60 / $90/$100 / 30%/40% up to $250	$10/$20 (ded. Waived) / $50/$60 [5] / $90/$100 [5] / 30%/40% up to $250 [5]	Not covered
Mail Order (90-day supply)	$20 / $125 / $225 / 30% up to $250 [4]	$20 (ded. Waived) / $125 [5] / $225 5 / 30% up to $250 [4,5]	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. 2. 30 visit limit 3. 20 visit limit
4. Specialty mail order is only a 30 day supply 5. $250 Individual / $500 Family pharmacy deductible applies to Brand / Non-Formulary & Specialty tiers
6. Max Benefit $650/Day 7. Max Benefit $380/admission 8. Max Benefit $800/test

Dental

We are proud to offer you a dental plan.

Principal DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Principal network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Principal DPPO	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$50 / $150	$50 / $150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	$1,500	$1,500
Covered Services		
Preventive Services	No charge	No charge*
Basic Services	10%*	20%*
Major Services	40%*	50%*
Orthodontia (Child Only)	50%; $1,500 lifetime maximum per member	50%; $1,500 lifetime maximum per member

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

Principal Vision Plan through VSP

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose an in-network provider. Principal uses VSP's Choice Network and VSP's administration for this plan.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10 copay	Up to $45
Materials Copay	$10 copay	N/A
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to $30
Bifocal		Up to $50
Trifocal		Up to $65
Frames (once every 12 months)	$200 allowance (20% off remaining blanace)	Up to $70
Contact Lenses (once every 12 months; in lieu of glasses)	$200 allowance	Up to $105

Accident, Critical Illness & Hospital Indemnity

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.
You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident

Our Principal Accident Plan helps to fill financial gaps caused by expenses related to an injury caused by a covered accident. Cash benefits are paid directly to you, no matter what is covered by your medical plan or any other insurance. Benefits are paid for burns, coma, concussion, dental injury, dislocations, fractures and more. Benefits can be used to pay expenses like coinsurance, deductibles, or everyday expenses like your mortgage, child care, or groceries. It's up to you. Your plan also includes a health screening benefit for a covered preventive test.

Carrier	Weekly* Employee Contribution
	Principal
Employee	$2.25
Employee + Spouse	$3.69
Employee + Children	$4.15
Family	$6.52

Critical Illness

Our Principal Critical Illness Plan can help you protect your finances if you are diagnosed with a covered serious condition. The plan pays cash benefits to you if you are diagnosed with a covered condition, for example: heart attack, stroke, major organ failure, invasive cancer and more. You can use the money to help cover your deductible or for everyday expenses like utility bills, mortgage payments and groceries. It's up to you. Your plan also includes a health screening benefit for a covered preventive test.

Benefit & Premium	Weekly* Employee Contribution	
	Weekly Rates Per $1,000 of Coverage	
	Employee	Spouse
<24	$0.05	$0.05
25-29	$0.08	$0.08
30-34	$0.12	$0.12
35-39	$0.14	$0.14
40-44	$0.18	$0.18
45-49	$0.26	$0.26
50-54	$0.37	$0.37
55-59	$0.50	$0.50
60-64	$0.70	$0.70
65-69	$0.98	$0.98
70+	$1.44	$1.44

Hospital Indemnity

You have the option of enrolling in the hospital confinement indemnity plan to help cover the cost of out-of-pocket expenses associated with a hospital stay (such as transportation, meals and child care) that are not covered under our core medical coverage. This benefit provides a cash amount and is provided at an additional cost to you.

Carrier	Weekly* Employee Contribution
	Principal
Employee	$4.80
Employee + Spouse	$7.86
Employee + Children	$7.33
Family	$10.87

*** There will only be 48 deductions per year, rather than 52. During months with 5 week endings, deductions will not occur on the 5th week ending as long as all previous premiums were deducted for that month.**

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Principal.

Benefit Amount	$50,000 benefit (Minimum); Coverage amount varies by Employee Class

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Principal for yourself and your eligible family members.

Benefit Option		Guaranteed Issue*
Employee	$10,000 increments up to $300,000	$100,000
Spouse/DP	$5,000 increments up to $100,000; cannot exceed 50% of employee amount	$20,000
Child(ren)	$5,000 or $10,000; cannot exceed 50% of Employee amount; Under 14 days: $1,000	$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability	
Provided at **NO COST** to you through Principal	
Benefit Percentage	CA: 20%; Non-CA: 60%
Weekly Benefit Maximum	CA: $1,000 Non-CA: $2,400
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	12 weeks

Long-Term Disability	
Provided at **NO COST** to you through Principal.	
Benefit Percentage	60%
Monthly Benefit Maximum	$6,000
When Benefits Begin	After 90 days of disability
Maximum Benefit Duration	Social Security Normal Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you by Magellan Healthcare.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

401(k) Retirement Plan

Eligibility
Employees must be at least 21 years of age, have completed one (1) month of service and have worked at least 1 hour. Eligible employees may enroll immediately.

Auto Enrollment
Once you are eligible to participate in the Plan, you will have 30 days from the date of eligibility to enroll or opt out of participation. If you don't enroll or opt out, you will be automatically enrolled into the plan with a contribution rate of 3%.

Loans
Your Plan allows you to borrow the lesser of $50,000.00 or 50% of your eligible total vested account balance. The minimum loan amount is $1,000.00 and you have up to 60 months to repay your general purpose loan or up to 180 months if the money is used to purchase your primary residence.

Commuter Benefits

Commuter Benefits administered enables you to set aside money in up to two accounts to pay for qualified work-related mass transit and/or parking expenses on a pre-tax basis — reducing your taxable income. Your contributions are deducted from your paycheck each pay period. Qualified transportation expenses must be expenses incurred for you to commute between your place of residence and normal place of work. For 2025, you may contribute up to $325 per month into each account (transit and parking). This amount may change annually, per IRS regulations. Exclusions apply. See plan document for details and exclusions.

Employee Discounts

This benefit is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more! To enjoy the savings, enroll in this benefit at www.workingadvantage.com
(company code: 350784140)

Travel Assistance through AXA Assistance USA

You are provided with the travel assistance program at no cost to you. Services include pre-trip information that helps employees feel safe and secure while traveling. It also gives them access to medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise.

ID Theft

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. Replacing documents, cutting through red tape, and untangling fraud is daunting. But with help from Legal Shield experienced team, available 24/7, restoration takes place quickly and effectively, giving customers peace of mind. This benefit is paid entirely by you.

Vehicle Protection Plan

This benefit is a vehicle warranty that can save you significantly on the cost of coverage compared to any other offer and protect your bank account from your next costly mechanical breakdown.

Benefits Include:

- Car repairs
- Your choice of repair facility
- 24/7/365 Emergency Roadside Assistance
- Save up to 70%, low monthly payment
- Nationwide coverage

Benefit Spot

We've gone mobile! To help you access your benefits information—even when you're away from work and need it most—we've launched a mobile benefits app. To get started, Download "Benefit Spot" on the Apple App Store or Google Play and **enter company code: ZEMCORP**

Cost of Benefits

January 1, 2025 - December 31, 2025

Your contributions toward the cost of benefits are deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Weekly* Employee Contribution	
	Anthem Anthem Gold Select HMO 30 (Base Plan for CA Empoyees)	Anthem Anthem Prudent Buyer Gold PPO 35/500/25% (Base Plan for Non-CA Employees)
Employee Only	The Anthem offering allows you to choose from a variety of HMO and PPO plan options. The premium will be based on the plan selected as well as the age of any individuals covered by the plan. Zempleo will cover 95% of the employee premium for the Anthem Blue Cross base plan that applies to you. You have the ability to "buy-up" to another plan and pay the difference. If you enroll in the Employee + Child(ren) tier, Zempleo will contribute an additional $200 per month towards the cost of your medical coverage. If you enroll in the Employee + Family tier, Zempleo will contribute an additional $350 per month towards the cost of your medical coverage.	
Employee + Spouse/DP		
Employee + Child(ren)		
Family		

Dental

Coverage Tier	Weekly* Employee Contribution
	Principal DPPO
Employee Only	$0.51
Employee + Spouse/DP	$9.32
Employee + Child(ren)	$19.25
Family	$29.66

Vision

Coverage Tier	Weekly* Employee Contribution
	Principal Vision Plan
Employee Only	$0.10
Employee + Spouse/DP	$1.96
Employee + Child(ren)	$2.17
Family	$4.11

Principal Voluntary Life/AD&D

	Weekly* Employee Contribution	
Employee's Age	Employee (per $10,000)	Spouse (per $5,000)
Under 25	$0.29	$0.14
25-29	$0.29	$0.14
30-34	$0.32	$0.16
35-39	$0.47	$0.24
40-44	$0.67	$0.34
45-49	$0.99	$0.50
50-54	$1.57	$0.79
55-59	$2.46	$1.23
60-64	$3.70	$1.85
65-69	$6.21	$3.10
70-74	$11.01	$5.51
75+	$11.01	$5.51
Child ($10,000 per child)		
Child Rate (per child)	$0.57	

Rates include AD&D coverage. Rate for Spouse benefit based on Employee's age. Rates are illustrative and may vary slightly due to rounding.

*** There will only be 48 deductions for the year. During months with 5 week endings, deductions will not occur on the 5th week ending as long as all previous premiums were deducted for that month.**

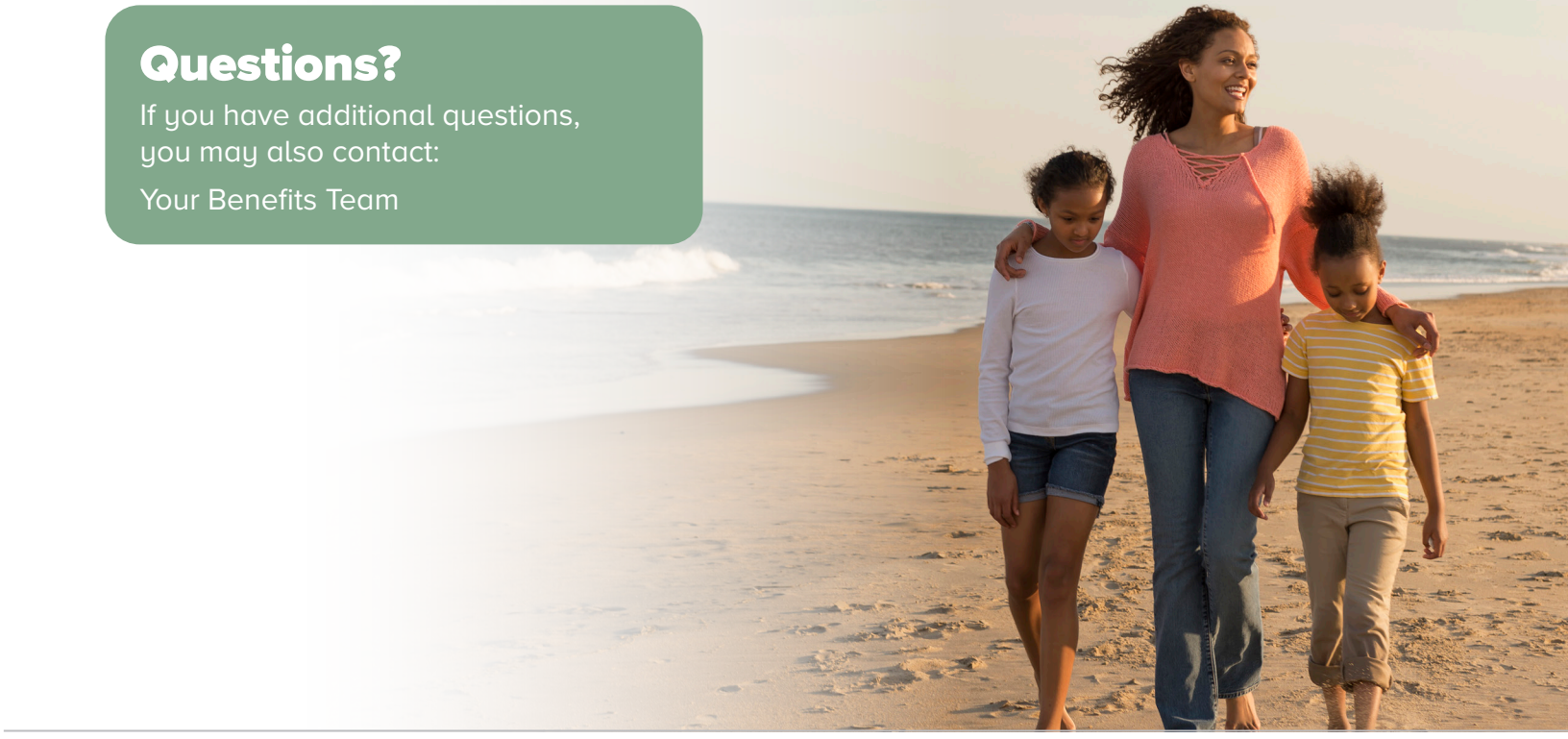
Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Anthem	855-383-7248	www.anthem.com/ca
Dental	Principal	800-247-4695	www.principal.com/dentist
Vision	Principal (through VSP)	800-877-7195	www.principal.com/vsp
Accident, Critical Illness & Hospital Indemnity	Principal	800-245-1522	www.principal.com
Life/AD&D	Principal	800-843-1371	www.principal.com
Disability	Principal	800-843-1371	www.principal.com
Employee Assistance Program (EAP)	Magellan Healthcare	800-356-7089	www.MagellanAscend.com
Travel Assistance	AXA Assistance USA	888-647-2611	www.principal.com/travelassistance
Identity Theft Protection	Legal Shield	800-654-7757	https://www.shieldbenefits.com/zempleo
Commuter Benefits	Commuter Benefits Solutions	888-235-9223	https://commuterbenefits.com/employees
Employee Discounts	Working Advantage	800-565-3712	www.workingadvantage.com
Pet Insurance	Spot	800-905-1595	https://spotpet.link/zempleo
Retirement Plan	Empower	800-338-4015	www.empowermyretirement.com
Vehicle Protection Plan	healthCAR	888-594-1543	https://myhealthcar.com/company/hub-international-limited/

Questions?

If you have additional questions, you may also contact:

Your Benefits Team



HUB

Legal Notices 2025

CHIPRA/CHIP Notice

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP

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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
INDIANA – Medicaid	**MINNESOTA – 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	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI – Medicaid**
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA – 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	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

Legal Notices 2025

MAINE – Medicaid	NEW HAMPSHIRE – 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	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	**SOUTH DAKOTA - Medicaid**
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)	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	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/
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access (https://dvha.vermont.gov/members/medicaid/hipp-program) Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	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
OREGON – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid and CHIP	**WEST VIRGINIA – 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)	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)

RHODE ISLAND – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **925-913-4165** for more information.

Notice of Availability of HIPAA Notice of Privacy Practices

Zempleo, Inc.
5976 W Las Positas Blvd, Suite 206, Pleasanton, CA 94588
1/1/2025

To: Participants in the Zempleo medical plans

From: Heather Aziz, Director of HR Operations & Compliance

Re: Availability of Notice of Privacy Practices

The administrators of Zempleo, Inc (the “Plan”) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Heather Aziz, Director of HR Operations & Compliance at 5976 W Las Positas Blvd, Suite 206, Pleasanton, CA 94588, 925-913-4165, haziz@zempleo.com.

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 no later than **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 no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days** after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact **Zempleo, Inc.**, Human Resource Dept. at **925-913-4165**.

This notice relates to the fixed indemnity coverage offered through Principal

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

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

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.

- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

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

Questions about this policy?

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

Medicare Part D Creditable Coverage Notice

Important Notice from Zempleo, Inc. 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 Zempleo, Inc. (the "Plan Sponsor") 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) The Plan Sponsor has determined that the prescription drug coverage offered by the Zempleo, Inc. Health & Welfare 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 Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

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 the Plan Sponsor 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 the Plan Sponsor 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:	1/1/2025
Name of Entity/Sender:	Zempleo, Inc.
Contact-Position/Office:	Benefits Department
Address:	9450 SW Gemini Dr. #35362 Beaverton, OR 97008
Phone Number:	925-913-4165