



2025 BENEFITS GUIDE



WELCOME TO YOUR BENEFITS OPEN ENROLLMENT

This guide summarizes benefits offered to eligible employees working full time (30 or more hours per week) and their dependents, including dependent children up to age 26. Please review this information carefully. **This is the one time per year that you are eligible to enroll and make changes for yourself and dependents, unless you experience a qualifying life event.** Please note, mid-year qualifying life event changes must be made within 60 days of the event.

For further information on any of the benefits referenced in this guide, please visit www.NSM-Benefits.com or contact the benefits team at benefits@nsm-seating.com. If you feel that you need one on one assistance, appointments are available with an Explain My Benefits Counselor. You can schedule the appointment online.

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Who's Eligible for Benefits

If you are a new hire, you are eligible for coverage on the first day of the month following 30 days of employment. You must also work an "average" of 30 hours or more per week to be eligible for the benefits package described in this booklet.

DEPENDENT ELIGIBILITY

You may also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents for medical, dental and vision coverage include:

- Legal Spouse
- Dependent children up to age 26
- Domestic Partner (Kaiser CA medical and ID Force)



MAKING CHANGES DURING THE YEAR

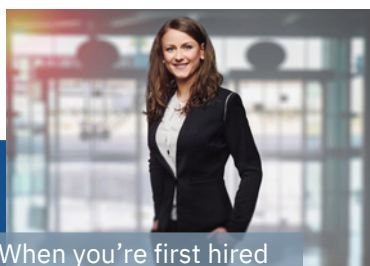
The choices you make when you first become eligible remain in effect for the entire plan year, which ends December 31. Once you are enrolled, you must wait until the next annual open enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualifying life event as defined by the IRS.

Qualifying life events include the following:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Gain or Loss of other health coverage
- Death of covered dependent

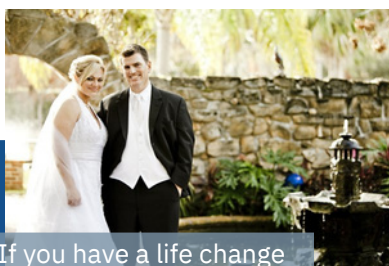
Note: If you have a qualifying life event, you have 60 days to make changes to your coverage by notifying your HR Benefits Team. Any changes you make to your coverage must be consistent with the change in status.

WHEN TO ENROLL



When you're first hired

Your effective date of coverage is the first of the month following your first 30 days of employment. You must enroll no later than 30 days following your effective date or you must wait for the next annual open enrollment period, unless you experience a qualifying life event.



If you have a life change

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year. If you have a qualifying life event, you have 60 days to make changes to your coverage by notifying your HR Benefits Team.



At Open Enrollment

Open Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year. Benefits selected at Open Enrollment are effective January through December.



OPEN ENROLLMENT FOR 2025 BENEFITS

October 30 – November 15

This is an Active Enrollment. All benefits eligible employees are required to complete enrollment even if waiving or declining coverage.

Ways To Enroll



Online

Enroll while signed into a computer with internet access. Benefits Information and login instructions can be found on: www.NSM-Benefits.com



Mobile App powered by EMB

Enroll, view the Benefits Guide and other resources
Scan the QR code. Once downloaded open the app and
enter your name, primary email and company code: **nsm**



1-on-1 Phone Appointment

Schedule a 1-on-1 phone enrollment meeting, between
October 30 and November 5, with a certified benefits
counselor. Have your questions answered and get
enrolled. Scan the QR code to secure your preferred date
& time.



Call Center

November 6th - 15th, Mon. - Fri, 8am - 6pm EST
321-244-6110

For More Information Visit: www.NSM-Benefits.com



Welcome to the National Seating & Mobility Mobile App.

"All your benefit information in the palm of your hand."

Click the Icon buttons below of the page to:

- View Current Benefits
- Enroll in Benefits
- Video Library
- Find Plan summaries and Carrier Information in the Resources section

BENEFITS GUIDE

Click the image below to open & view.



DOWNLOAD THE BENEFITS MOBILE APP TODAY!



GET THE APP!

Once downloaded, open the app and follow these instructions:

- Enter your Name
- Enter your Primary Email Address
- Enter your company code: nsm (case sensitive)

BENEFITS MOBILE APP

National Seating & Mobility provides you a Mobile App that allows you to manage your benefits as well as:



STAY INFORMED

National Seating & Mobility will be sending important company wide notifications throughout the year to maintain you and your loved ones informed about your benefits. **Make sure to enable push notifications.**



REVIEW YOUR BENEFITS

- Enroll in your benefits
- View your current benefit elections
- View your Benefits Guide and watch educational videos



EASY TO DOWNLOAD

- Scan the QR code **or**
- Go to your device's App Store and download the Explain My Benefits App



Download on the App Store



ANDROID APP ON Google play

Fedlogic

State and Federal Benefit Navigational Support

FEDlogic is a confidential, advocacy service provided by NSM, at no additional cost to you and your family, that gives you access to a team of experts who can assist you in understanding federal and state benefit options. FEDlogic's experts have worked for the Social Security Administration and have spent years mastering these policies from the inside out. Without education and advocacy, many individuals don't take advantage of all the benefits available to them. FEDlogic's experts can provide you with peace of mind, ensuring that you identify and maximize all of your benefits. FEDlogic does not sell, endorse, or promote any products or services. FEDlogic is a team of unbiased advocates with decades of experience, here to help!



How it works

Medicare	Retirement	Disability
Healthcare.gov	SSI	Medicaid
Critical Illness	Dialysis	ALS
Survivor's Benefits	Veteran's Benefits	Tribal Benefits
COBRA	Premature Baby	Catastrophic Claims

How FEDlogic works

- **Make a phone consultation appointment.** Call us at 877-837-4196 or scan the QR code to schedule a phone consultation with one of our experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour and are unlimited, confidential, and free.
- **Tell us your story, ask questions, and learn.** You don't have to wade through tons of complex and confusing information to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then, we empower you with the unbiased information you need to maximize your benefits and make the best decision for your situation.
- **Enroll in your benefits.** Once you feel confident you have all the information you need to make the best decision for you and your family, we'll walk you through the application and approval process.
- **Have Peace of Mind.** Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax and celebrate!

Reasons to call an expert

- You're approaching or have reached age 65 and want help navigating Medicare
- You're 62+ and want to maximize your Retirement benefits or plan for the future
- You or a family member have been diagnosed with a critical illness or disability
- You have a child born prematurely and is in the NICU
- You have lost a spouse and need help navigating survivor's benefits
- You are unable to work or have lost affordable health coverage

Scan To Schedule A Consultation



Use EMPLOYEE ACCESS CODE:

NASM24

877-837-4196

fedlogicgroup.com

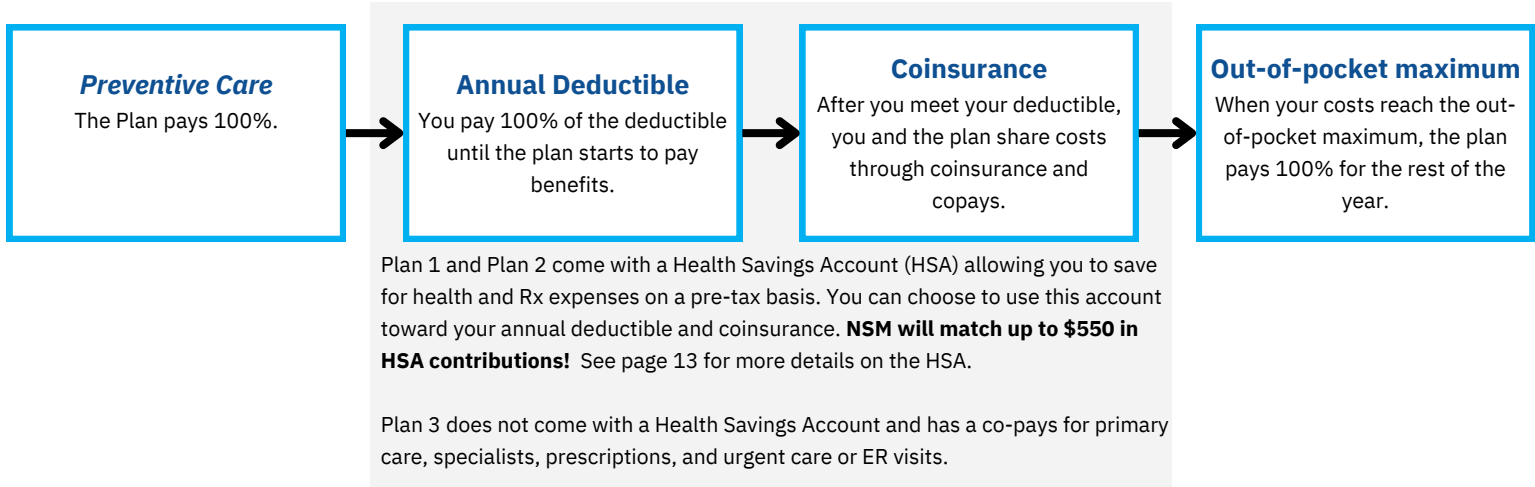
email:

services@fedlogicgroup.com

Medical Plans

Blue Cross Blue Shield of Tennessee

How your medical plan options work



Visit www.bcbst.com to create an account, search for providers in-network & view your claims information. All BCBS enrollees will receive a Member ID card mailed to your home address. If you need a replacement copy or digital copy, please log on to BlueAccess at www.bcbst.com/member.

	Plan 1 Base HDHP with HSA	Plan 2 Buy-up HDHP with HSA	Plan 3 Copay Plan
	In Network	In Network	In Network
Annual Deductible			
Employee	\$4,000	\$3,300	\$3,000
Family	\$8,000	\$6,000	\$6,000
Out-of-Pocket Maximum			
Employee	\$7,000	\$6,000	\$6,350
Family	\$14,000	\$12,000	\$12,700
Coinsurance	20%	20%	20%
Preventive Care			
Adult and Child Routine Physicals	Covered at 100%	Covered at 100%	Covered at 100%
Routine Mammogram			
Routine Colonoscopy			
Routine Lab & X-ray (in office)			
Physician Services			
Office Visits	Ded then 20%	Ded then 20%	\$30 PCP/\$60 Specialist
Diagnostic (Non-routine) Tests & Labs	Ded then 20%	Ded then 20%	Ded then 20%
Urgent Care	Ded then 20%	Ded then 20%	\$75 Copay
Hospital Services			
Inpatient Care	Ded then 20%	Ded then 20%	Ded then 20%
Outpatient Surgery	Ded then 20%	Ded then 20%	Ded then 20%
Outpatient Nonsurgical Care	Ded then 20%	Ded then 20%	Ded then 20%
Emergency Room	Ded then 20%	Ded then 20%	\$300 Copay
Additional Services			
Ambulance	Ded then 20%	Ded then 20%	Ded then 20%
Chiropractic	Ded then 20%	Ded then 20%	\$60 Specialist
Durable Medical Equipment	Ded then 20%	Ded then 20%	Ded then 20%
Occupational Therapy	Ded then 20%	Ded then 20%	\$60 Specialist
Physical Therapy	Ded then 20%	Ded then 20%	\$60 Specialist
Speech & Hearing Therapy	Ded then 20%	Ded then 20%	\$60 Specialist
Behavioral & Mental Health Therapy	Ded then 20%	Ded then 20%	\$30 Specialist

Medical Plans

Blue Cross Blue Shield of Tennessee

2025 BCBS MEDICAL PREMIUMS

To help ease the cost share burden associated with rising healthcare costs, NSM has decided to differentiate premiums based on employee compensation. Starting in 2025 we will implement two tiers for medical premiums.

Employee with annual compensation of \$59,999 or less

	Plan 1 Base HDHP with HSA	Plan 2 Buy-Up HDHP with HSA	Plan 3 Copay Plan
	Bi-Weekly	Bi-Weekly	Bi-Weekly
Employee Only	\$28.46	\$44.89	\$119.99
Employee + Spouse	\$165.87	\$195.00	\$372.66
Employee + Child(ren)	\$84.19	\$105.31	\$268.52
Employee + Family	\$229.97	\$296.65	\$538.70

Employees with annual compensation of \$60,000 or more & employees in Sales positions (ATP's, RTS's, Branch Managers, and Access Sales)

	Plan 1 Base HDHP with HSA	Plan 2 Buy-Up HDHP with HSA	Plan 3 Copay Plan
	Bi-Weekly	Bi-Weekly	Bi-Weekly
Employee Only	\$37.69	\$54.12	\$129.22
Employee + Spouse	\$175.10	\$204.23	\$381.89
Employee + Child(ren)	\$93.43	\$114.55	\$277.75
Employee + Family	\$239.20	\$305.88	\$547.93

Base compensation does not include overtime or bonuses.

The premiums above do not reflect a tobacco surcharge of \$30.00 per month. This surcharge will apply to any employee who uses tobacco, including smokeless forms of tobacco for the plan year of 2025.

NSM's payroll schedule calendar includes 26 bi-weekly paychecks. To calculate your annual cost for these plans, multiply the bi-weekly premium by 26.

For our employees in New York on a weekly payroll schedule, divide the bi-weekly amount by 2 for the weekly premium amount.

Prescription Coverage - Optum Rx

Optum Rx will manage all pre-authorizations, StepTherapy, mail order and any other pharmacy related items.

Visit www.OptumRx.com to view claims information.

Prescription Drugs	Plan 1 Base HDHP w/ HSA	Plan 2 Buy-up HDHP w/ HSA	Plan 3 Copay Plan
Deductible	Deductible applies, then Copays	Deductible applies, then Copays	N/A
Level 1: Generic	\$15, after Deductible met	\$15, after Deductible met	\$5
Level 2: Brand Name	\$40, after Deductible met	\$40, after Deductible met	\$25
Level 3: Brand Name / Non-preferred	\$60, after Deductible met	\$60, after Deductible met	\$50
Specialty Tier	Deductible applies, then 20% up to \$150 max	Deductible applies, then 20% up to \$150 max	Deductible applies, then 20% up to \$150 max.
Mail Order (90 Day Supply)	Deductible applies, then Copays \$45 / \$120 / \$180	Deductible applies, then Copays \$45 / \$120 / \$180	\$15 / \$75 / \$150
Preventive Generics	Preventive generic maintenance medication is \$0 when a 90-day prescription is filled at the pharmacy or via mail order.		N/A



For anyone enrolled in Base HDHP Plan 1 or the Buy-up HDHP Plan 2, you can access the full list of Preventive Generic Drugs that are \$0.00 cost at www.NSM-Benefits.com.



BCBS Amplify Health - Benefits Advocacy



Get Personalized Support Anytime, Anywhere with AmplifyHealth

As a BlueCross member, you have access to a wide range of health programs and services—but you might need help deciding where to start. That's where AmplifyHealth comes in. Our team of advisors and clinicians are here to give you personalized support to help you achieve your health goals.

Access to All Your BlueCross Programs in One Place

Your AmplifyHealth Advisors are your helping hand, freeing you up to focus on living your life. We'll do the homework for you and guide you to great care.

- Need help finding a doctor or making an appointment?
- Need help managing a chronic condition or setting health goals?
- Want to talk to a doctor from the comfort of your home?

We'll connect you to all the care you need, including programs, that can help with specific health conditions or concerns. You won't have to worry about who to call or what each program offers—just call us!

The AmplifyHealth App Puts 24/7 Support In Your Pocket

With the AmplifyHealth app, you can easily connect with our team and access the programs you need. You can message your advisor or clinician, see your next steps for better health and access helpful resources all in one place.



We're here for you 24/7

Chat with us in the AmplifyHealth app anytime, for any reason.

Or give us a call at

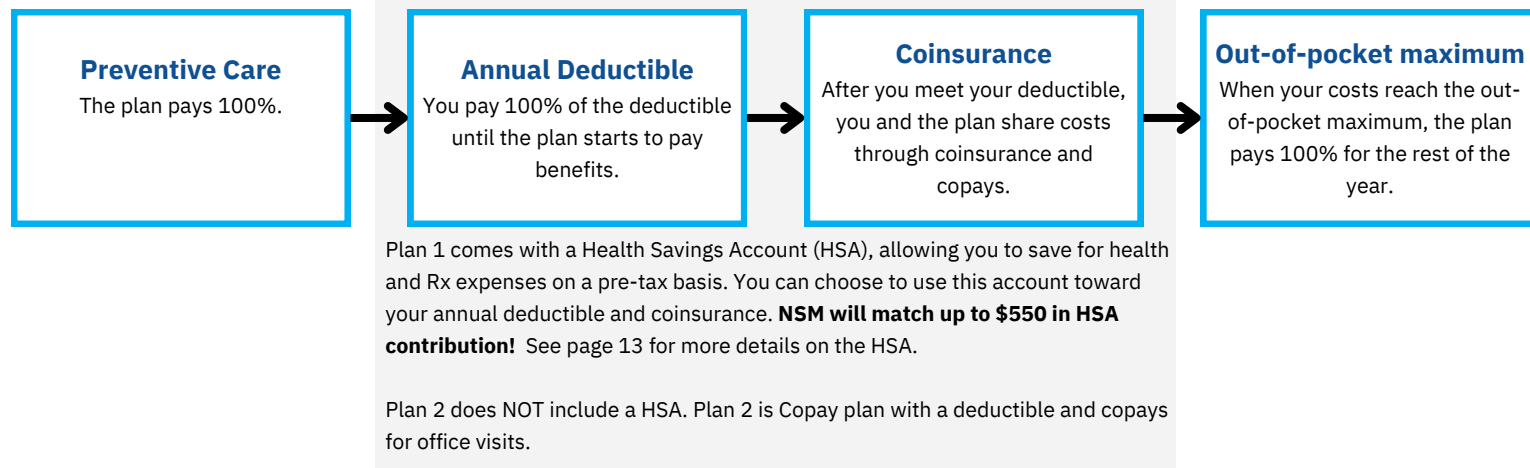
1-866-258-3267.



Scan to get the
AmplifyHealth app.

Kaiser Medical Plan Options **CALIFORNIA ONLY**

How your medical plan options work



Preventive care services, such as routine physical exams and screenings are no charge on both plans. To obtain information about participating network providers, visit www.kp.org or call (800) 488-3590.

	Plan 1 Kaiser California HDHP with HSA	Plan 2 Kaiser California Copay Plan
	In-Network Only	In-Network Only
Annual Deductible		
Employee	\$4,500	\$2,500
Family	\$9,000	\$5,000
Out-of-Pocket Maximum		
Employee	\$6,500	\$5,000
Family	\$13,000	\$10,000
Coinsurance	40%	30%
Preventive Care		
Adult and Child Routine Physicals	Covered at 100%	Covered at 100%
Physician Services		
Office Visits	Ded then 40%	\$40 Copay Primary / \$50 Copay Specialist
Diagnostic (Non-routine) Tests & Labs	Ded then 40%	\$15 Copay, after Ded.
Urgent Care	Ded then 40%	\$40 Copay
Hospital Services		
Inpatient Care	Ded then 40%	Ded then 30%
Outpatient Surgery	Ded then 40%	Ded then 30%
Outpatient Nonsurgical Care	Ded then 40%	Ded then 30%
Emergency Room	Ded then 40%	Ded then 30%
Additional Services		
Ambulance	Ded then 40%	\$150 Copay, after Deductible
Chiropractic	\$15 Copay, after Deductible / 30 Visits	\$15 Copay / 30 Visits
Durable Medical Equipment	Ded then 40%	20% (Deductible does not apply)
Occupational, Physical, Speech and Hearing Therapy	Ded then 40%	\$40 Copay after Deductible
Prescription Drug		
Level 1 - Generic	30%, \$50 max, after deductible	\$10 copay
Level 2 - Preferred Brand	40%, \$100 max, after deductible	\$30 copay
Specialty	40%, \$250 max, after deductible	20%, up to \$250 maximum
Mail order	2 x 30 day supply, after deductible	\$20 / \$60

Kaiser Medical Plan Options **CALIFORNIA ONLY**

2025 KAISER MEDICAL PREMIUMS

To help ease the cost share burden associated with rising healthcare costs, NSM has decided to differentiate premiums based on employee compensation. Starting in 2025 we will implement two tiers for medical premiums.

Employees with annual compensation of \$59,999 or less

	Plan 1 Base HDHP with HSA	Plan 2 Buy-Up HDHP with HSA
	Bi-Weekly	Bi-Weekly
Employee Only	\$17.21	\$54.28
Employee + Spouse	\$194.01	\$345.85
Employee + Child(ren)	\$105.66	\$281.19
Employee + Family	\$307.71	\$512.28

Employees with annual compensation of \$60,000 or more & employees in Sales positions (ATP's, RTS's, Branch Managers, and Access Sales)

	Plan 1 Base HDHP with HSA	Plan 2 Buy-Up HDHP with HSA
	Bi-Weekly	Bi-Weekly
Employee Only	\$18.60	\$55.67
Employee + Spouse	\$197.24	\$349.09
Employee + Child(ren)	\$107.97	\$283.50
Employee + Family	\$312.33	\$516.90

Base compensation does not include overtime or bonuses.

The premiums above do not reflect a tobacco surcharge of \$30.00 per month. This surcharge will apply to any employee who uses tobacco, including smokeless forms of tobacco for the plan year of 2025.

NSM's payroll schedule calendar includes 26 bi-weekly paychecks. To calculate your annual cost for these plans, multiply the bi-weekly premium by 26.

Health Savings Accounts (HSA)

A health savings account (HSA) is a tax advantaged account you can use to save for qualified medical expenses for you, your spouse and qualified dependents at any time now or in the future.

Are you eligible for an HSA?

- **MUST** be enrolled in one of NSM's IRS Qualified High Deductible Health Plans (only BCBS Plan 1, BCBS Plan 2, and Kaiser Plan 1 are qualified)
- **CANNOT** have any other health coverage that isn't a qualified high deductible health plan, including:
 - Cannot be enrolled in a spouse's medical or pharmacy plan that is not considered a High Deductible Health Plan
 - Cannot be enrolled in Medicare Part A, Part B, etc.
 - Per IRS rules, cannot be enrolled in a healthcare Flexible Spending Account (either employee's or spouse's)
- Cannot be claimed as a dependent on another person's tax return



Contribution limits for 2025

- \$4,300 for individuals (includes employer contribution)
- \$8,550 for families (includes employer contribution)
- Additional \$1,000 "catch up" contributions for those age 55 and older

How Does the HSA Work?

- Elect a contribution amount during your benefits enrollment
- Contribute through a payroll deduction on a pre-tax basis
- May use your balance for eligible out of pocket medical and prescription expenses including over the counter medications. Additionally, a HSA may be used for eligible dental and vision expenses.
- When you use your Health Savings account for eligible expenses it's a tax-free withdrawal! That's tax free going into the account and coming out!
- Your balance rolls over from year to year
- Your HSA account belongs to you. Even if you leave NSM

NSM will match up to \$550 in HSA contributions!

IMPORTANT NOTE: For the 2025 plan year, due to system limitations, we can no longer manage the dollar for dollar matching contributions per paycheck. You'll continue to receive an employer contribution every payroll, and there will be a quarterly catch up for those participants who have contributed at least \$550 by the end of that quarter. To learn more and see examples, please visit the HSA page on WNSM.

***IMPORTANT:** "The IRS does not allow multiple tax savings accounts per household. For example, Joe has enrolled himself in an employee only HDHP through NSM. His wife works for another company and has enrolled herself in the employee only traditional Co-pay plan through her employer. She opened a Healthcare / Medical Flexible Spending account (FSA.) Is Joe allowed to open a Health Savings Account (HSA)? The answer is no.*



Flexible Spending Accounts (FSA)

NSM Offers 3 Pre-Tax Flexible Spending Account (FSA) Options:

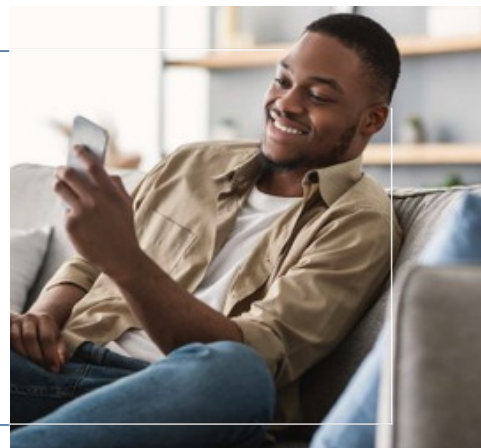
Visit www.NSM-Benefits.com for helpful documents and FAQs. FSA's will be managed by HSABank. This is a "use it or lose it" account. These funds do not roll from year to year and contributions cannot be changed mid-year without a relevant qualifying life event.



	Medical/Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	Not enrolled in a Health Savings Account (HSA)	Not enrolled in a medical/healthcare FSA	All benefits eligible employees
Type of Eligible Expenses	<ul style="list-style-type: none"> Medical and prescription copays, coinsurance and deductible Over the counter medications (such as pain relievers, allergy relief and more!) Feminine care products Glasses, contacts and vision correction surgery Dental and orthodontia expenses 	Dental and Vision expenses	Pre-school, summer day camps, before & after school programs for children up to age 13.
How You Use it During the Year	<ul style="list-style-type: none"> Issued a Debit card via mail by HSA Bank. This is a front-loaded account that acts like a gift card. Swipe your debit card for expenses up to your annual election or, file a claim online to reimburse yourself. 		Only can be reimbursed for what is in the account at a given time.
2025 Contribution Limit	\$3,300	\$3,300	\$5,000
What happens if I leave NSM?	Only expenses that were incurred prior to your termination can be reimbursed. If you have not spent the balance that you have contributed YTD, consider COBRA coverage.		
Do unused funds rollover each year?	No. Please carefully select your FSA spending limit for 2025 because any unspent funds will be forfeited at the end of the plan year.		

Teladoc

Talk to Doctors Anytime You Need Them



Use Teladoc™ Health when it's not an emergency, and you can't get to a doctor's office. It's available 24/7, and you'll typically pay less than you would for a visit to the office or urgent care clinic.

Teladoc Health can be used for things like:

- Allergies, cold, fever and flu
- Constipation or diarrhea
- Sinus or respiratory issues
- Earaches
- Mental Health support
- Urinary tract infections
- Nausea and vomiting
- Pink eye
- Skin conditions (rashes or insect bites)

Cost Efficiency - \$55 per consultation for BCBS HDHP (Plans 1 & 2) and \$0 for BCBS Copay plan (Plan 3)!

Convenience - no need to leave the house or work.

Coverage - included with all 3 BCBS medical plans.



How do I use Teladoc Health?

You can get started using online video chat or our free BCBSTN app. Just have your Member ID card ready. It's easy to get started. Register by logging in to our BCBSTN app or at bcbst.com/Teladoc and choosing Talk With a Doctor Now. You can also call 1-800-TELADOC.

The first time you use Teladoc Health, you 'll need to fill out a short medical history survey and create an account. The next time you use it, you can just log in through our app and talk to a doctor in minutes.



Accident Plan

Life is full of unexpected moments. Some are ones you'd rather forget—like accidental injuries. Accident Insurance pays cash should you or a family member suffer an accidental injury, and you decide the best way to spend it.



	Low Plan	High Plan
Emergency Room Visits	\$225	\$250
Hospital Admission	\$1,500	\$1,750
X-rays	\$75	\$90
Stitches	From \$60 up to \$480	From \$90 up to \$750
Fractures	From \$240 up to \$6,720	From \$400 up to \$12,000
Dislocations	From \$275 to \$7,700	From \$350 to \$10,000
Physician follow up visits	\$90	\$100
Wellness Benefits (per year per insured)	\$50	\$50

More detail is available at www.NSM-Benefits.com.

2025 ACCIDENT PREMIUMS

	Low Plan	High Plan
Employee Only	\$3.09	\$5.09
Employee + Spouse	\$6.02	\$9.93
Employee + Child(ren)	\$5.30	\$8.86
Employee + Family	\$8.24	\$13.70



Critical Illness Insurance

If serious illness strikes, the last thing you need to be concerned with is how to pay the bills: copayments, car payments, rent or mortgage, utilities and food.

That’s why Voya Critical Illness Insurance provides cash to help with extra expenses—so you can focus on your recovery and not have to worry about money if you get sick.

If you are diagnosed with a covered illness, you get a lump-sum cash benefit to use however you wish—even if you receive benefits from other insurance. Use it how you need it: for treatments not covered by other insurance or a dream vacation to celebrate your recovery. You decide.



Guaranteed Issue (No Medical Exam Required)

Three levels of coverage available:

Critical Illness Plan Options	Employee Coverage Level	Spouse Coverage Level	Child(ren) Coverage Level
Option 1	\$10,000	\$5,000	\$5,000
Option 2	\$20,000	\$10,000	\$10,000
Option 3	\$30,000	\$15,000	\$15,000

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

- **100% Benefit:** Heart attack, Cancer, Stroke, Sudden cardiac arrest, Major organ transplant, Type 1 diabetes, Severe burns, Benign brain tumor, Permanent paralysis, Loss of sight, hearing or speech, Coma, Multiple Sclerosis, ALS, Parkinson’s Disease, Advanced dementia, Muscular Dystrophy
- **50% Benefit:** Coronary artery bypass, Carcinoma in situ, Myasthenia gravis, Systemic lupus erythematosus (SLE)
- **25% Benefit:** Transient ischemic attacks (TIA), Open heart surgery for valve replacement or repair, ICD placement, Bone marrow transplant, Stem cell transplant, Infectious disease
- **10% Benefit:** Abdominal aortic aneurysm, Thoracic aortic aneurysm, Transcatheter heart valve replacement or repair, Coronary angioplasty, Pacemaker placement, Skin cancer, Addison’s disease, Systemic sclerosis

Claims submitted for a covered event that occurred prior to your effective date of coverage are not eligible.

Wellness Benefit

Your Critical Illness Policy and Voya pays \$75 for every year you and any of your covered family members complete a health screening test. Examples of eligible routine health screenings:

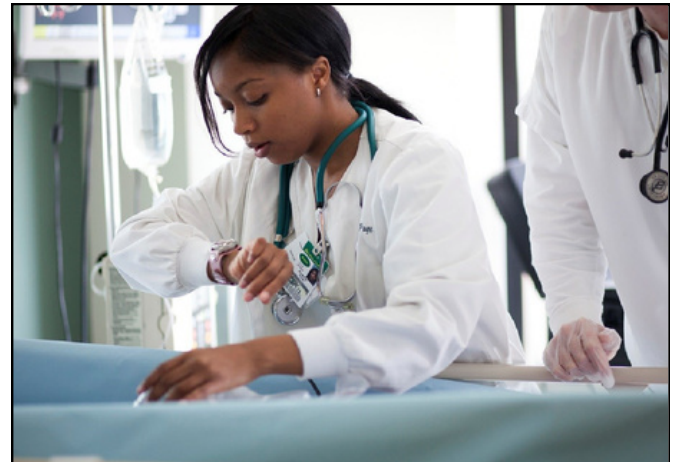
- | | | | |
|-------------|---------------|-----------------------------|-------------------------|
| • Mammogram | • Stress Test | • Serum Cholesterol | • CA125 Blood Test |
| • Pap Smear | • Colonoscopy | • Prostate Specific Antigen | • Skin Cancer Screening |

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Your specific rate will be calculated for you in the online enrollment system. Visit www.NSM-Benefits.com for more details.

Hospital Indemnity Insurance



An unexpected hospital stay, even for a routine procedure, could force you to dip into your hard-earned savings. Hospital Indemnity Insurance, through Voya, can pay you a benefit to help cover the costs associated with a hospital stay. It can compliment your health plan to help with out-of-pocket expenses that medical insurance may not cover, such as, co-insurance, co-pays and deductibles. You decide how to spend the money. Coverage is also available for your spouse and children.



Schedule of Benefits	
Admission Benefits	
Admission Benefit (payable 3x per calendar year)	\$2,000
ICU Admission Benefit (payable 3x per calendar year)	\$2,000
Facility Confinement Benefits	
Hospital Confinement Benefit (payable up to 30 days per confinement)	\$200 per day
ICU Confinement Benefit (payable up to 15 days per confinement)	\$400 per day
Rehabilitation Facility (payable up to 15 days per confinement)	\$200 per day
Observation Unit (payable up to 1 day per calendar year) Health	\$100 per day
Screening Benefit (payable up to 1x per insured per calendar year)	\$50

2025 HOSPITAL INDEMNITY PREMIUMS

Level of Coverage	Bi-Weekly
Employee Only	\$15.46
Employee + Spouse	\$31.88
Employee + Child(ren)	\$24.81
Employee + Family	\$41.23

Dental



The Dental Plan is a PPO plan administered by Delta Dental of Tennessee. Preventive cleanings are covered at 100% with no out-of-pocket expenses. Finding a dentist in one of our networks is easy. Simply visit our website or call our Customer Service hotline for assistance.

website: www.DeltaDentalTN.com

Delta Dental Customer Service: 800-223-3104

	Base Dental Plan	Buy-up Dental Plan	Preventive Only Plan
Max benefit per calendar year	\$1,000 per participant	\$1,500 per participant	\$500 per participant
Annual Deductible	\$50 per person, waived for preventive services	\$50 per person, waived for preventive services	N/A
Covered Services - Member Cost			
Preventive & Diagnostic	0%	0%	0%
Basic & Restorative	20%	20%	Not Covered
Major Services	50%	50%	Not Covered
Orthodontic Treatment	Not Covered	50%	Not Covered
Lifetime Max for Orthodontia Treatment	Not Covered	\$2,000 per member (Ortho available to all members)	Not Covered
Temporomandibular Joint Dysfunction	Not Covered	Not Covered	Not Covered
Dental Implants	Not Covered	Not Covered	Not Covered
Endo / Periodontics Service	Basic & Restorative	Basic & Restorative	Not Covered
Dependent Child Limit	To age 26		

2025 DENTAL PREMIUMS

	Basic Dental	Buy-up Dental	Preventive Only Plan
Level of Coverage	Bi-Weekly	Bi-Weekly	Bi-Weekly
Employee Only	\$12.24	\$16.33	\$5.44
Employee + Spouse	\$24.18	\$32.23	\$10.75
Employee + Child(ren)	\$31.56	\$42.07	\$14.02
Employee + Family	\$48.56	\$64.75	\$21.59

Vision



The NSM Vision Plan is administered by EyeMed. Utilizing services from an EyeMed in network provider means you pay a lower cost for services and have ease of claims filing administration.

Visit www.eyemed.com to find an EyeMed vision provider near you. When looking for providers that are in-network, please make sure you verify that you are searching for providers with the “Insight” network.

Plan Features	Frequency	In-Network
Routine Eye Exam	Once every 12 months	\$20 copay
Frames	Once every 12 months	\$150 allowance (20% off any amount above the allowance)
Lenses		
Single Vision	Once every 12 months	\$25 copay
Lined Bifocal	Once every 12 months	\$25 copay
Lined Trifocal	Once every 12 months	\$25 copay
Contact Lenses (instead of glasses)		
Conventional	Once every 12 months (in lieu of glasses)	\$150 allowance (15% off any amount above the allowance)
Disposable	Once every 12 months (in lieu of glasses)	\$150 allowance
Discounts		
Laser Vision Correction	15% retail price or 5% off the promotional price	
Hearing Health Care	40% off hearing exams and a low price guarantee on discounted hearing aids	

2025 EyeMed VISION PREMIUMS

Level of Coverage	Bi-Weekly
Employee Only	\$3.04
Employee + Spouse	\$5.54
Employee + Child(ren)	\$6.51
Employee + Family	\$8.12



Life Insurance

If you're like most people, when someone says Life Insurance, your first thought is to change the subject - after all, death and dying are not comfortable topics. But, Life Insurance can be just as much about living as dying. It gives you the peace of mind that the people you love will be financially secure if something happens to you. It lets your survivors focus on what they need to do, without the added stress of making ends meet.

Basic Life

All full-time employees will have \$40,000 of life insurance, with a matching accidental death and dismemberment policy, at no cost to the employee through Voya.

Age Reduction for Basic & Voluntary Life

- Reduces to 65% at age 70
- Reduces to 50% at age 75

Employee Monthly Rates			
Age	Rate per \$1,000	Age	Rate per \$1,000
<35	\$0.062	55-59	\$0.658
35-39	\$0.104	60-64	\$0.918
40-44	\$0.149	65-69	\$1.591
45-49	\$0.257	70-74	\$2.593
50-54	\$0.420	75+	\$7.336

Spouse and Child Monthly Rates			
Spouse Rate per \$1,000	\$0.246	Child Rate per \$1,000	\$0.46

Example: A 36 year old employee want to purchase \$50,000 of voluntary life insurance.

\$0.104	X	50	=	\$5.20
Rate per \$1,000		# of units/\$1,000		Monthly Premium

Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. If you do not choose one, your state's laws determine who gets the benefit. Beneficiaries can be assigned in the enrollment portal and changed throughout the year.

What is guarantee issue?

Guarantee issue is the limit under which you are not required to answer health questions or undergo a medical exam. If when initially eligible, you enroll for an amount at or less than Guarantee Issue you will be automatically approved.

Voluntary Life and AD&D

NSM employees have the option to enroll in Voluntary Life Insurance for yourself, your spouse and/or your child(ren). You must elect voluntary life on yourself in order to elect it for a dependent.

How much can I get?

Employee:

You may purchase in \$10,000 increments up to 5x your annual earnings to a maximum \$500,000. Evidence of Insurability is required for any coverage exceeding the guarantee issue amount of \$200,00, enrolling in more than \$10,000 after electing no coverage when initially eligible or increasing current coverage by more than 2 increments.

Spouse:

You may purchase for your spouse no more than 50% of your elected amount in \$5,000 increments up to a maximum of \$250,000. Evidence of Insurability is required for any coverage exceeding the guarantee issue amount of \$50,000, enrolling after electing no coverage when initially eligible, or increasing current coverage by more than 2 increments.

Child(ren):

You may purchase for your child(ren) no more than 50% of your elected amount in \$2,000 increments up to a maximum of \$10,000.

Whole Life with Long Term Care

Did you know...

- 7 out of 10 people will need long-term care in their lifetimes
- The monthly median cost for a nursing home in the US is \$8,669
- On average, people who require long-term care need services for 2 to 4 years

Injury or illness can result in costly long-term care expenses that can quickly deplete the funds you've built for retirement. And you never know what other financial emergencies life may bring. Being protected means being prepared for the unexpected.



We have you covered in more ways than one!

- Traditional whole life insurance, which pays a cash benefit to your beneficiaries when you die.
- Access to the death benefit to help pay for any necessary long-term care.
- Accumulated cash value, which can be accessed when it's needed.

Advantages of Coverage

- Rates are based on your age at the coverage effective date and are guaranteed not to change.
- Can be issued to employees and spouses up to age 70
- Coverage is portable, meaning you can take the coverage with you if you change jobs or retire. Refer to your certificate for details.
- If you become chronically ill, you have the option to request a monthly advanced payment of the death benefit

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits – You receive a monthly advance of the death benefit while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts, and the extension benefit extends the death benefit for the period equal to the original benefit term.

Accelerated Death Benefit for Terminal Illness or Condition – You receive a lump-sum advance of 75% of the death benefit (not to exceed \$100,000) when certified terminally ill by a physician. The benefit payable is discounted using the current discount rate. Premiums are waived after payment of the benefit.

How much can I get?

Employee:

You may purchase in \$10,000, \$25,000, \$50,00, \$75,000, \$100,000, \$125,00 or \$150,000.

Spouse:

You may purchase \$10,000 or \$25,000.

Guarantee Issue

Employee - \$150,000; Spouse - \$25,000

Guarantee Issue is the limit under which you are not required to answer health questions or undergo a medical exam. If you enroll for an amount at or less than Guarantee Issue you will be automatically approved.

Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. If you do not choose one, your state's laws determine who gets the benefit. Beneficiaries can be assigned in the enrollment portal and changed throughout the year.

Disability

An illness or injury that keeps you out of work for an extended time can be a serious financial hardship. NSM provides income replacement benefits through Voya to assist you and your family if you become disabled and cannot work due to a non-work related illness or injury.

Short Term Disability

NSM offers Short Term Disability (STD) on a voluntary basis to all eligible employees through Voya. Sometimes an illness or injury that keeps you out of work for an extended period of time can be a serious financial hardship. In the event that you are ever in that situation, having STD will help protect your income through benefit payments to help pay for everyday expenses, doctor bills, or whatever you need until you are able to get back to work.

Short Term Disability	
Benefit Begins	On 8th day of illness or injury
Income Replacement	60% of weekly earnings
Weekly Maximum	\$1,250
Benefit Duration	12 weeks
New Enrollee Pre-Existing Condition Limitation	12 month look back period/12 month exclusion period

Voya has offered NSM a “True Open Enrollment” for short-term disability. This means that employees can enroll for the first time, even if you were denied coverage by an earlier carrier, without having to fill out the proof of good health/evidence of insurability medical questionnaire.

Monthly Rates			
Age	Rate per \$10 of weekly Benefit	Age	Rate per \$10 of Weekly Benefit
<25	\$0.630	45-49	\$0.550
25-29	\$0.680	50-54	\$0.680
30-34	\$0.610	55-59	\$0.900
35-39	\$0.520	60-64	\$1.120
40-44	\$0.580	65+	\$1.190

Your specific rate will be calculated for you in the online enrollment system.

Long Term Disability

NSM provides, at no cost, Long Term Disability (LTD) to all eligible employees through Voya. LTD coverage replaces a portion of your income if your disability continues for more than 90 days. Like STD, Long Term Disability covers non-work related illness or injury.

Long Term Disability	
Benefit Begins	On 91st day of illness or injury
Income Replacement	60% of weekly earnings
Monthly Maximum	\$10,000
Benefit Duration	Social Security Normal Retirement Age
New Enrollee Pre-Existing Condition Limitation	12 month look back period/12 month exclusion period

**Please see the Voya LTD Explore Your Benefits Handout and policy documents for additional information and details on benefit duration maximums. Note that there is a 2 year own occupation provision in this policy.*





ID Theft Protection by IdentityForce

Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitalized, and virtual, it's even more important to have IdentityForce in your corner!

How does IdentityForce Protect You?

24/7 Monitoring Keeps You Secure

IdentityForce stays vigilant all day, every day to keep your personal information secure.

- Advanced Fraud Monitoring
- Change of Address Monitoring
- Court Record Monitoring
- Credit Report Monitoring
- Dark Web Monitoring
- Payday Loan Monitoring
- Sex Offender Monitoring
- Social Media Monitoring

Anywhere, Anytime Identity Protection Alerts

Conveniently receive your alerts at home or on the go through mobile text alerts and email.

Advanced Fraud Monitoring

- Bank and Credit Card Activity Alerts
- Investment Account Alerts
- Smart SSN Tracker
- Change of Address Alerts
- Court Record Alerts
- Fraud Alert Reminders
- Identity Alerts
- Payday Loan Alerts
- Sex Offender Alerts

Credit Score Monitoring and Privacy Tools

When you want total identity control, count on IdentityForce. Understand your credit score, and where or how your online information is being used. Protect your keystrokes, PIN numbers, and credit card information.+

- Credit Report and Score Tracker & Simulator
- Two-Factor Authentication
- Identity Vault and Password Manager
- Mobile App
- Lost Wallet Assistance
- Junk Mail Opt Out
- Medical ID
- Fraud Protection Online
- PC Protection Tools

Your Identity Protection Team

Certified Protection Experts offer comprehensive, 24/7 recovery services. We'll complete paperwork, make calls, and handle every detail to restore your identity. And, you're covered by our nationwide \$1 million identity theft insurance policy*

Identity Theft Insurance*

Dedicated Resolution Specialists

Fully Manage Restoration

Stolen Funds Replacement

Toll Free Customer Service

** Depending on your specific IdentityForce membership plan, the amount of your insurance coverage may vary.*

Learn more about the advantages of identity monitoring
877.694.3367

mybenefits.identityforce.com

2025 Sontiq IdentityForce PREMIUMS

Level of Coverage	Bi-Weekly
Employee Only	\$4.38
Employee + Family	\$8.08

Other benefits, Perks and Info

In addition to all of the benefits previously mentioned, NSM also offers employees additional programs to promote work-life balance, such as our Employee Assistance Plan, our 401 (k) retirement option and tuition reimbursement. Employees also have access to multiple employee discounts and purchase savings programs. You may take advantage of these perks during enrollment or at any time . . . whenever you please!

Empower Retirement – 401 (k) Plan

NSM encourages you to accumulate savings for retirement through pre-tax and Roth (after-tax) payroll deductions. NSM offers a discretionary match based on meeting company performance goals. The 2025 company match is calculated at \$0.35 for every \$1.00 the employee contributes, up to 6% of eligible wages, matched every pay period.



Visit empowermyretirement.com or call 800-338-4015.

Plan #: 556520-01



Tuition Reimbursement

NSM will reimburse up to \$3,000 annually for approved expenses incurred by full time employees seeking further education in their current field of employment. Employees are eligible after 1 year of full time employment with NSM. Please contact HR for more information on this wonderful opportunity.

Holiday Pay

NSM offers 8 paid holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Day and a Floating Holiday.*

**Employees may choose any day throughout the year to use their floating holiday. An unused Floating Holiday does not roll from year to year.*

Paid Time Off

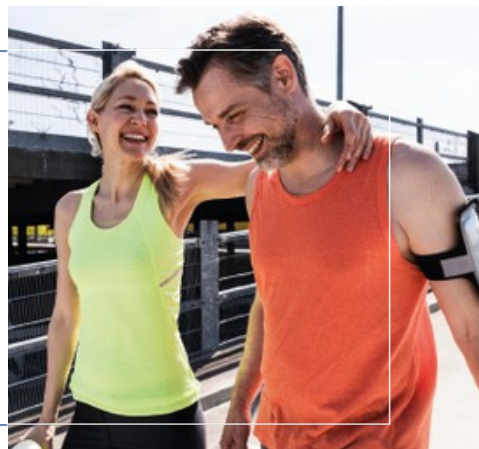
In addition to 8 paid holidays, NSM offers paid time off for vacation, illness, or personal use.

- 0-5 years of service accrues 4 hours per check (13 days annually)
- 5-10 years of service accrues 5.85 hours per check (19 days annually)
- 10+ years of service accrues 7.7 hours per check (25 days annually)

Diabetes Management



Your health
transformation
starts today



Once enrolled in Livongo's diabetes program you will receive a welcome kit that includes a connected glucose meter, lancing device, lancets, blood glucose strips, blood glucose solution, AC adapter, USB charger and carrying case.

Learn more about your new health benefit. Log in to your bcbst.com account then,

- Choose "Managing Your Health", then
- "Diabetes Management Program"

Questions?

800-945-4355 Registration code:
BCBST-HEALTH



Personal Health Coach

Get encouragement and interact with your health coach via the mobile app, phone calls, text messages or website.



Smart Glucose Meter

Bluetooth-enabled meter wirelessly syncs readings with the app



Unlimited Test Strips

Unlimited supply of test strips for the meter, you can order refills right from the meter.



Mobile app

Monitor your glucose levels or even get real-time alerts if your glucose levels are out of a normal, healthy range, interact with your health coach and sync with many popular fitness devices.



Employee Assistance Program

A Guide to LifeMatters® Services

When you or your family need useful ideas, helpful resources, or reliable professional care, LifeMatters is just a phone call away. Free, confidential LifeMatters services include:

Telephone and face-to-face assistance with:

- Stress depression, and personal problems
- Balancing work and personal needs
- Family and relationship concerns
- Alcohol or drug dependency
- Workplace conflicts
- Any other issue of concern in your life

WorkLife Services:

- Financial consultation and resources to set up a budget, obtain and review credit report information, or assist with debt management and consolidation.
- Legal consultation with an attorney either over the phone or face-to-face for consumer law, traffic citations and fender benders, family law, or estate planning.

Online and assisted searches for:

- Child and elder care resources and guidance
- Adoption assistance
- Educational resources
- Personal security
- Online calculators for a variety of analytical questions and needs
- Home improvement
- Veterinarians, pet sitting, and obedience training



The program's user-friendly, confidential services are available to you and your eligible dependents 24 hours a day, every day of the year by calling:

1-800-634-6433

Toll-Free Throughout North America

Go to mylifematters.com on the Internet or your mobile device and enter the password NSM1 to access resources, educational information, and self-service options.

Services provided directly by LifeMatters are free. If you are referred to outside resources, you will be advised about your costs, if any.

For more information, call LifeMatters at 1-800-634-6433 or visit mylifematters.com - password **NSM1**.

Call LifeMatters® toll-free anytime. 1-800-634-6433

Assistance with Life, Work, Family, and Wellbeing - 24/7/365
TDD and language translation services are available Call collect to 262-574-2509 if outside of North America Visit LifeMatters® online at mylifematters.com

 facebook.com/lifematterseap





Important Contacts

Benefit	Phone	Website
Benefits Advocacy Amplify	866-258-3267	www.bcbst.com
Medical Blue Cross Blue Shield of Tennessee	800-565-9140	www.bcbst.com
Prescriptions Optum Rx	855-505-8107	www.optumrx.com
HSA (Non-California) & Flexible Spending Accounts HSA Bank	800-357-6246	www.hsabank.com
California Medical & HSA Kaiser Permanente	800-488-3590	www.kp.org
State and Federal Benefits Support FEDlogic	877-837-4196	www.fedlogicgroup.com services@fedlogic.com
Telemedicine Teladoc	1-800-Teladoc	bcbst.com/Teladoc
Accident, Critical Illness, Hospital Voya (Voluntary Benefits)	877-236-7564	www.voya.com
LIFE CHANGE AFFECTING YOUR VOLUNTARY BENEFITS? These benefits may require a custom rate quote and/or underwriting questions to make changes. Click HERE to Submit a Request.		
Dental Delta Dental	800-223-3104	www.deltadentaltn.com
Vision EyeMed	866-804-0982	www.eyemed.com
Basic Life/AD&D, Voluntary Life/AD&D Voya	888-238-4840	www.voya.com
Group Whole Life with Long Term Care Allstate	(800) 521-3535	www.allstatebenefits.com
Long and Short Term Disability Voya	888-305-0602	www.voya.com
Identity Theft Sontiq	888-6-SONTIQ 888-676-6847	www.identityforce.com
Employee Assistance Program (EAP) LifeMatters	800-634-6433	www.mylifematters.com

Health Benefit Terms Glossary

Co-insurance. A percentage of a health care cost—such as 20%—that the covered employee pays after meeting the deductible.

Co-payment. The fixed dollar amount—such as \$30 for each doctor visit—that the covered employee pays for medical services.

Deductible. A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventative health expenses. Plans usually require separate limits per person and per family.

Embedded Deductible. NSM's plan deductibles are embedded, which means they can be met on an individual basis. This means that once a family member meets his/her individual deductible, the plan will begin to pay coinsurance for that family member.

Explanation of Benefits (EOB). After you receive medical services, your insurance carrier will provide you with an explanation of benefits (EOB). It will outline details regarding how your insurance processed your claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

Formulary. A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.

Health savings account (HSA). HSAs may be opened by employees who enroll in a high-deductible health plan. Employees can put money in an HSA up to an annual limit set by the government. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned, and the account remains with an employee after employment ends, including any matching contributions by NSM.

High-deductible health plan (HDHP). An HDHP features higher annual deductibles than traditional health plans, such as a copay plan. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a copay plan or other traditional plans.

In-network. Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-network. A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Out-of-pocket limit. The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.

Premium. The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

Preventive Care. This refers to health care services you should have done on a regular basis based on your age and gender, like annual physicals, well baby visits, immunizations, tests and lab work. NSM's medical plans cover qualified In-network preventive care at no cost to you.

Preventive Generic Prescription Medications. The Affordable Care Act (ACA), commonly known as Health Care Reform, makes certain preventive medications available to High Deductible Health Plan (HDHP) members at no cost. Preventive Medications are used for the prevention of conditions such as high blood pressure, high cholesterol, heart attack and stroke. Medications on your plan's preventive medication list are covered at 100% with no copay. Please review the most current Preventive Generic Medication List at: www.NSM-Benefits.com

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	ALASKA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://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 (CHIP+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/ Phone: 1-877-357-3268

GEORGIA - Medicaid	INDIANA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
KENTUCKY – Medicaid	LOUISIANA – Medicaid
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	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/ Phone: 1-877-357-3268
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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	NEW YORK – Medicaid
<p>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)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>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)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Premium Partnership for Health Insurance (UPP) Phone: 1-800-440-0493</p>	<p>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: Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 CHIP Website: https://chip.utah.gov/</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-selecthttps://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>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)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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:

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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.
- Prosthesis
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Plan Administrator at (423) 355-8538.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether they were covered by our group health plan. These employees should expect to receive their Form 1095-C in early March 2025.

We are also required to send a copy of your 1095-C form to the IRS. The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage.

You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event. If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan.

You must request enrollment within 60 days. If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days. To request special enrollment or obtain more information, contact Human Resources.

NOTICE OF PRIVACY PRACTICES

NSM is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

NOTICE REGARDING WELLNESS PROGRAM

NSM's Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose levels as well as a blood pressure and BMI screening.

You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, pending wellness regulations, employees who choose to participate in the wellness program may receive an incentive of a reduced employee contribution to the medical plan. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Katie Peters-Xiong at (423) 355-8538.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness and/or health plan program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although NSM may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Katie Peters-Xiong at (423) 355-8538.



Benefit Guide Description

This summary of benefits is not intended to be a complete description of NSM's insurance benefit plans. Please refer to the plan documents for complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although NSM maintains its benefit plans on an ongoing basis, NSM reserves the right to terminate or amend each plan in its entirety or in any part at anytime.

For questions regarding the information provided in this overview, please contact your NSM human resources representative.