



Benefits Guide

2025

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 37 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



Shawn Usher
PRESIDENT

Your hard work and dedication drive our success every day. You consistently solve complex business challenges and push the company forward. In return, it's important to us to provide a benefits package that supports your personal and professional well-being.

Our benefits offerings are designed to be both comprehensive and competitive in terms of quality and cost. Each year, a thorough evaluation and search for the best plans ensures access to top-tier options while keeping costs manageable for you and your families.

Thank you for your contributions and commitment. Looking ahead, we are excited to continue growing and solving new challenges together, with a benefits program designed to meet your needs.

Shawn



Sandy Michelet
VP OF HUMAN RESOURCES

A strong benefits package is not just a perk—it's a vital part of how we attract and retain top talent. More importantly, it's a key element in supporting your physical, mental, and financial health. Your well-being is our priority, and we carefully design our benefits program with that in mind.

We use your feedback from surveys and discussions to shape a benefits package that truly meets your needs. This data-driven approach allows us to offer plans that are not only competitive but tailored to support all aspects of your health, whether you're focusing on personal wellness, financial security, or work-life balance.

Thank you for your ongoing contributions to Sparkhound. We are proud to support our Go To People with benefits that reflect our commitment to your overall well-being and success.

Sandy

Welcome to Sparkhound!

Benefit Effective Date: 1st of the month following date of hire. (Time to Elect Your Benefits)

Now is the opportunity to review your benefit plan options and make elections for the upcoming year. It is the only time you make benefit elections and change covered dependents without a qualifying event or until next open enrollment. The 2025 Open Enrollment is an **ACTIVE ENROLLMENT**. This means you MUST TAKE ACTION if you want benefits for 2025, even if you would like to WAIVE coverages. If you need to make benefit changes or updates, please go into the system to make these changes.

Elections made during Open Enrollment go into effect January 1, 2025.

■ Elect or decline those benefits in bold:

- **Medical**
- **Dental**
- **Vision**
- **Voluntary Life Insurance**
- **Short-Term Disability**
- **Critical Illness**






■ Review additional benefits offerings and consult hr@sparkhound.com if you have any questions.

- Create your HSA account
- Pet Insurance
- Healthways Program
- Health Management Program
- Sparkhound Foundation



You MUST log in to waive your benefits!

Download vendor/provider apps onto your smartphone for easy use.

App Logo	Carrier	Benefits	App Logo	Carrier	Benefits
	Blue Cross Blue Shield of Louisiana	Medical		Fidelity	401(k)
	Mutual of Omaha	Dental/Vision Life / AD&D Short Term Disability Long Term Disability Critical Illness		SoFi	Student Loan Refinancing
				HSA Bank	HSA

What is a Qualifying Event?

A qualifying event is an event that triggers a **special enrollment** period for an individual or family to purchase health insurance outside of the regular annual open enrollment period.

An employee will be able to make benefit changes at other times during the plan year in the event of a “Qualifying Life Event” in accordance with ERISA Section 125, such as:

- Marriage, divorce or legal separation.
- Birth or adoption of a child.
- Death of a spouse or child.
- Change in residence or work location that affects benefits eligibility for you or your covered dependent(s).
- Your child(ren) meets (or fails to meet) the plan’s eligibility rules.
- You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job).

Benefit changes / enrollment due to a Qualifying Life Event must be completed within 30 calendar days of the effective date of the Qualifying Life Event. The above events only apply to adding or dropping dependents outside of the annual benefits enrollment period. For assistance in making a Qualifying Life Event benefits change, please contact HR@Sparkhound.com

If you experience one of these changes, contact HR@Sparkhound.com. In most instances, you only have up to 30 days to make a change to your coverage



Medical Benefits

Administered by Louisiana Blue

Plan Number BCBS LA 78B68ERC | 800.495.2583 | www.bcbsla.com



Sparkhound offers you a choice of THREE medical plans.

Compare the three plans carefully, and select which will fit you and your family's needs. Use in-network providers when possible to lessen your out-of-pocket costs.

NOTE: If you change plans, you will receive a new ID card through the mail. If you are not making a change, you will not receive a new ID card. Newly eligible employees or those making benefit changes will receive ID cards within 12-14 days.

Blue Cross Blue Shield of Louisiana	Traditional BCBS Copay PPO \$1,500A		Sparkhound contributes \$800/year into your HSA.			
	In-Network	Out-of-Network	Value BlueSaver 100/80 HDHP with HSA		Value BlueSaver 80/60 HDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited	
Annual Deductible						
Individual	\$1,500	\$3,000	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$4,500	\$9,000	\$8,000	\$16,000	\$8,000	\$16,000
Coinsurance	80% / 20%	60% / 40%	100%	80% / 20%	80% / 20%	60% / 40%
Out-of-Pocket Maximum						
Individual (includes deductible)	\$5,250	\$10,500	\$6,350	\$12,700	\$6,350	\$12,700
Family (includes deductible)	\$10,500	\$21,000	\$12,700	\$25,400	\$12,700	\$25,400
Physician Services	\$40 copay PCP \$55 Specialist	40% coinsurance after deductible	Covered at 100% after deductible	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Wellness Benefits	Covered at 100%		Covered at 100%		Covered at 100%	
Inpatient Hospital Services	20% coinsurance after deductible		Covered at 100% after deductible		20% coinsurance after deductible	

Outpatient Hospital Services

Surgery Facility Charge	20% coinsurance after deductible	40% coinsurance after deductible	Covered at 100% after deductible	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Surgery Professional Charge						
Diagnostic X-ray and Lab						
MRI, CT, MRA and PET						
Urgent Care Centers	\$55 copay					
Emergency Room Services	\$350 copay		Covered at 100% after deductible		Covered at 80% after deductible	

Mental Health

Inpatient Charges	20% coinsurance after deductible	40% coinsurance after deductible	Covered at 100% after deductible	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Charges						
Office Visit	\$40 copay					

Employee Cost for Benefits	Per Pay Period		Per Pay Period		Per Pay Period	
	With Healthy Hound Discount	Without Healthy Hound Discount	With Healthy Hound Discount	Without Healthy Hound Discount	With Healthy Hound Discount	Without Healthy Hound Discount
Employee Only	\$184.37	\$205.20	\$76.63	\$97.46	\$33.34	\$54.17
Employee + Spouse	\$461.23	\$482.06	\$244.48	\$265.31	\$189.24	\$210.07
Employee + Children	\$455.16	\$475.99	\$244.58	\$265.41	\$185.87	\$206.70
Employee + Family	\$712.43	\$733.26	\$426.64	\$447.47	\$316.72	\$337.55

Health Savings Account (HSA) Overview

Administered by HSA Bank | English: 855.731.5220 | 414.978.5294 Spanish: 866.357.6232 | askus@hsabank.com



Who wants \$800?

An HSA is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during your retirement). You are not required to make HSA contributions, though it is a good idea to add to your account for the tax savings and to help pay for medical expenses. You can contribute with pretax payroll deductions or change your deduction amount by notifying HR@Sparkhound.com.

Sparkhound Contribution

Sparkhound will begin contributing to your HSA account once you have opened it. Sparkhound will contribute **\$33.33** per pay period (**that's equivalent to \$800 annually of FREE MONEY!**). This amount will be directly deposited into your HSA account each pay period, in addition to the contributions you elect to add.

You're eligible to open an HSA if:

- You enroll in a high deductible health plan (BlueSaver 100/80 or 80/60).
- Your only coverage is a high deductible health plan, and you have not signed up for Medicare coverage.

NOTE: If you're covered under your spouse's plan and that plan is not a high-deductible plan or your spouse contributes to a Healthcare FSA, you are not eligible to contribute to an HSA.

How do I use my HSA funds?

You will be issued a debit card from HSA Bank. You keep this same debit card year to year and will pay for your qualified expenses with this card as you would a regular debit account. If the card becomes lost or stolen, contact HSA Bank directly.



How much can I contribute to my HSA account?

It is up to you...but the IRS has limits. Sparkhound contributes \$800 annually, therefore the maximum you are able to contribute annually is:

- **\$4,300** if you enrolled in employee only medical coverage.
- **\$8,550** if you enrolled for family coverage (family includes one or more covered dependents).
- **\$1,000** additional if you are age 55 or older.

You can change the amount you contribute to your HSA any time throughout the year. Just email HR@Sparkhound.com.

Pay Healthcare Expenses

Each time you have a qualified expense, you decide whether to either:

- Use your HSA card (similar to a debit card) to pay for eligible medical expenses, such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care, and prescription drugs. For a complete list of eligible expenses, visit www.irs.gov.
- Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g. medical expenses during retirement).

Your HSA dollars roll over and are portable

If you don't spend all of your HSA money, don't worry! It will automatically roll into the next year. Also, if you change jobs, switch to another health plan or retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible healthcare expenses tax free in retirement.

HSA triple tax benefits

- The money goes in tax-free.
- The money grows tax-free.
- Your withdrawals for qualified medical expenses are tax free.

Healthy Hound Discount Program

Administered by Blue Cross Blue Shield of Louisiana | Plan Number: 78B68ERC | www.bluewellnessla.com

2025 Healthy Hound Wellness Program

Join us in getting healthier together!



Save Money on Your 2025 Plan

Sparkhound employees who are enrolled in any of Sparkhound's three medical plans are eligible to earn a \$500 discount on their annual premium contributions in 2025.



Kickstart Your Wellness

In order to earn the discount employees **must earn 400 points** no later than 11/30/2024. If an employee has spousal coverage, both the employee and spouse must earn 400 points each to earn the discount.



Check Out Your Health Platform

We're excited about the new, enhanced wellness portal at **BalanceWithBlueLA.com!** It includes a mobile app, health journeys, competitive team challenges and more to meet you where you are in your journey to great health.

The deadline to earn points is November 30.

150 Points Each

COMPLETE BOTH REQUIRED ACTIVITIES

- Complete an annual wellness exam (Physician visit or onsite biometric screening)
- Online personal health assessment

50 Points Each

COMPLETE TWO ADDITIONAL ACTIVITIES

- Dental Exam
- Vision Exam
- Age or gender appropriate screening (PAP, Mammogram, Skin, PSA or Colonoscopy)
- Donate Blood
- Participate in a 5K Run/Walk
- Participate in a Company/Community Walk/Run Event
- Volunteer
- Get a COVID Vaccine
- Get a COVID Booster
- Get a Flu Vaccine
- Join or Maintain a Gym Membership
- Participate in a Recreational Sports League
- Participate in the EAP

Questions? Email wellnessinfo@lblue.com.

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, email HR@sparkhound.com and we will work with you to develop another way to qualify for the preferred wellness premium.

sparkhound

Create an account at balancewithbluela.com.

Step One

Download the Balance With Blue LA app using any smart device. If you're on a desktop, visit BalanceWithBlueLA.com



Step Two

Click **Register Now**.

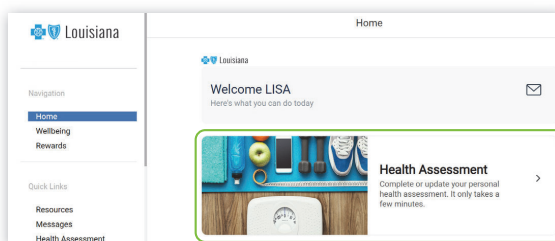
Step Three

Enter your first and last name, your Blue Cross health plan Member ID number only/no letters (found on your ID card) and your birth date. Your first and last name must be entered exactly as it appears on your health plan Member ID card. Click **Next**.

A username will be prepopulated. Either choose this username or create your own. Create a password and enter your email address. Click **Next**. Passwords must contain at least eight characters.

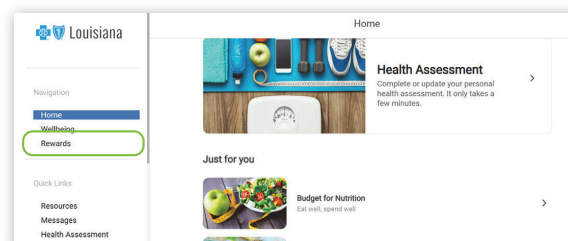
How to Complete the Online Health Assessment

Click **Health Assessment** in the center of the homepage. It should take approximately five minutes to complete.



How to Enter a Wellness Activity & View Your Incentive Status

Click **Rewards** on the left menu, then click the activity you want to complete.



Questions? Email wellnessinfo@lablue.com.

www.balancewithbluela.com

Pharmacy Benefits

Below are the pharmacy benefits for each plan. Mail order prescriptions are available. If you have questions regarding mail order prescriptions, call Express Scripts Directly at **800.282.2881**.

Traditional PPO Copay	Value Blue Saver HDHP 100/80	Value Blue Saver HDHP 80/60
\$7 generic \$30 preferred brand \$70 non preferred brand 10% specialty w/ \$150 Max	After deductible generics covered at 100% brand covered at 80%	After deductible generics covered at 80% brand covered at 60%

To verify if your prescriptions are covered, visit www.bcbsla.com/pharmacy > Search for Rx Drugs > Find a Drug. For Traditional PPO Plan drugs > 2025 4-Tier Covered Drugs. For Blue Saver HDHP plans > 2025 2-Tier Drugs.

Fitness Your Way

Blue 365 Program \$25/Month Gym Membership

Administered by Blue Cross Blue Shield of LA | 888.242.2060 | www.Blue365deals.com/BCBSLA

Members of the Sparkhound Medical plans have an included bonus. The Blue 365 Program can help you achieve your fitness goals. You never need to miss a workout at home or when you travel. Just show your Fitness Your Way ID card to access any participating fitness location. You also get up to 30 percent off at 40,000+ experienced health and well-being specialists, exclusively for Blue Cross and Blue Shield members through Blue365.

Meet your health goals:

Access to 9,500+ fitness locations and easy online tools to track exercise and nutrition goals.

On your budget:

Only \$25 per month (\$25 enrollment fee) and a 3-month commitment. There's no annual commitment, but after you start, you'll want to keep going!

On your time:

Visit any participating fitness center anytime, anywhere as often as you'd like. Enroll today at www.Blue365deals.com/BCBSLA or call **888.242.2060**.



Blue Care Virtual Doctor Visits

Administered by Blue Cross Blue Shield of Louisiana

For some illnesses, you can communicate with a medical professional while sitting in your office, home or while on vacation and never have to actually go into a doctor's office!

With BlueCare, the doctor will see you, anywhere, anytime for only \$39! Members of a Blue Cross Blue Shield of Louisiana medical plan have access to the convenience of BlueCare Virtual Doctor Visits.

BlueCare lets you have doctor visits online, without taking time off from work or school. 24/7 – no appointment needed for only \$39!

Can use your HSA dollars to pay:

- Open to you and any dependents (children, spouse, etc.) covered on your plan.
- Faster than going to an ER or urgent care. Available on a computer, tablet, smartphone or any device with internet and a camera.
- Secure and works like an in-person visit.

To sign up and start using BlueCare, visit www.BlueCareLA.com or download the BlueCare app for Android or iPhone

Blue
care



Dental Benefits



Administered by Mutual of Omaha | Plan Number: G000C7DJ | 800.927.9197 | www.MutualofOmaha.com/dental

We know you want to take good care of your canines. Keep your teeth healthy and your smile bright with the below dental plan.

	Dental Plan
Annual Deductible	\$50 Individual \$150 Family Maximum
Annual Maximum Per Person	\$1,500
Ortho Lifetime Maximum	\$1,000

BENEFITS

Preventative	100%
Basic (simple oral surgery and fillings)	80%
Major (includes Endodontics and Periodontics)	50%
Orthodontia – Child(ren) Only	50%

WAITING PERIODS

Basic	None
Major	None
Orthodontia – Child(ren) Only	None

Benefit Plan	Employee Cost for Benefits Per Pay Period 24 Pay Periods
Employee	\$14.61
Employee + Spouse	\$29.63
Employee + Child(ren)	\$43.65
Family	\$62.15



You **will** receive a Dental ID card from Mutual of Omaha.

Vision Benefits



Administered by Mutual of Omaha | Plan Number: G000C7DJ | 833.279.4358 | www.MutualofOmaha.com/vision

Regular eye examinations not only determine your need for corrective eyewear but also may detect general health problems in their earliest stage.

EyeMed	In-Network	Out-of-Network (any qualified non-network provider of your choice)
Annual Eye Exam	\$10 copay	\$37 allowance
Materials (Lenses and Frames)	\$25 copay	Varies (see below)

Lenses

Single Vision	100% after copay	\$20 allowance
Bifocal		\$36 allowance
Trifocal		\$64 allowance
Lenticular		\$64 allowance
Medically Necessary Contacts		\$210 allowance
Frames	\$130 allowance + 20% off balance	\$58 allowance
Elective Conventional Contact Lenses (Includes Fit & Evaluation)	\$130 allowance + 15% off	\$89 allowance
Frequency	Every rolling 12 months – Exams/Lenses/Contacts/Frames	

Benefit Plan	Employee Cost for Benefits Per Pay Period 24 Pay Periods
Employee	\$2.73
Employee + Spouse	\$5.91
Employee + Child(ren)	\$6.43
Family	\$10.36



You **will** receive a Vision ID card from EyeMed.

Employee Assistance Program (EAP)



Administered by Mutual of Omaha | Policy Number: G000C7DJ | 800.316.2796 | www.mutualofomaha.com/eap

No cost services for employees and families

Licensed professionals provide confidential support and guidance by phone to assist with anything disruptive in your life, such as:

- Managing stress.
- Handling relationship issues.
- Balancing work and life.
- Quitting tobacco, alcohol or drug use.
- Caring for children or aging parents.
- Dealing with conflict or violence.
- Working through grief and loss issues.
- Controlling depression and anxiety.

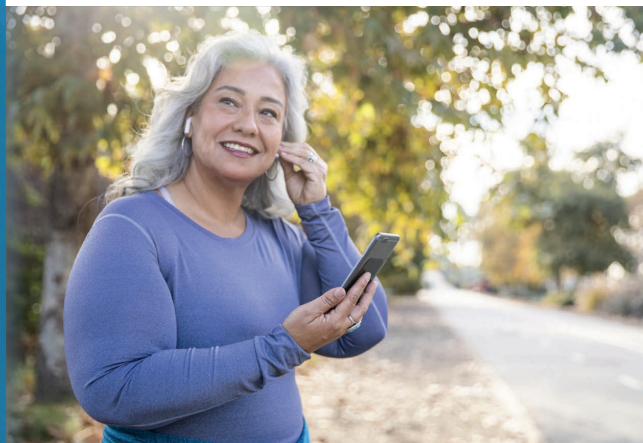
Help when you need it

- 24/7 Telephone consultation with licensed mental health professionals.
- e-Chat, online information and services.
- Detailed information on local child and elder care resources.
- Referrals to supportive resources.
- 3 over-the-phone or face-to-face counseling sessions.



Employee Assistance Program

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	<ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers Network continually expanding to meet customer needs Flexibility to meet individual client/member needs

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.

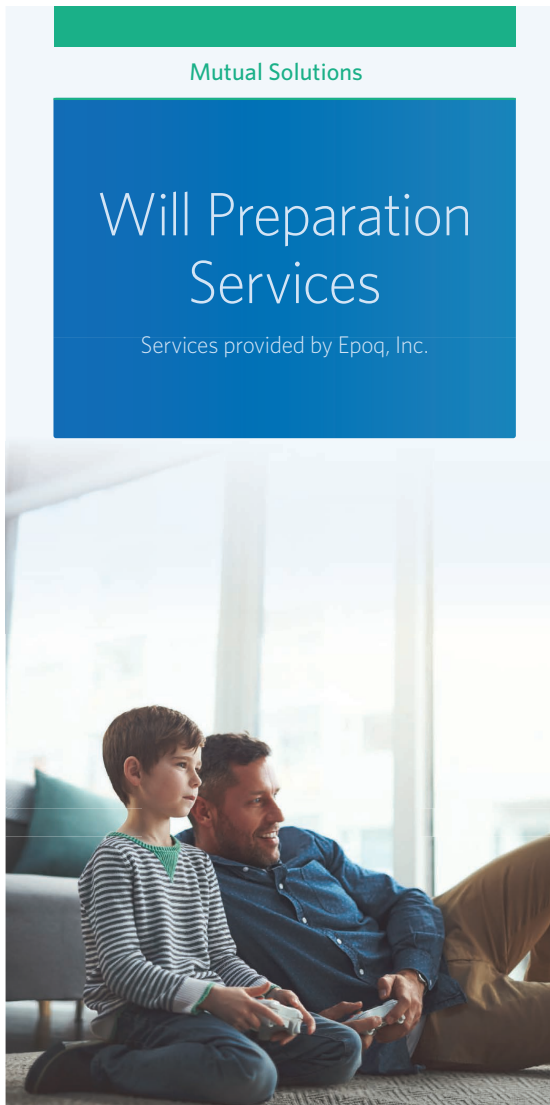


Enhanced EAP Services *(continued)*

Features	Value to Company and Employees
Access	<ul style="list-style-type: none"> 1-800 hotline with direct access to a Master's level EAP professional 24/7/365 services available Telephone support available in more than 120 languages Online submission form available for EAP service requests EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	<ul style="list-style-type: none"> Valuable resources – legal libraries, tools and forms – available on EAP website A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney 25% discount for ongoing legal services for same issue
Employee Family Financial Services	<ul style="list-style-type: none"> Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney 25% discount for ongoing financial services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> Child care resources and referrals Elder care resources and referrals
Online Services	<ul style="list-style-type: none"> An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> Current events and resources Family and relationships Emotional well-being Financial wellness Substance abuse and addiction Bilingual article library Legal assistance Physical well-being Work and career
Employee Communication	<ul style="list-style-type: none"> All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

Will Preparation Services



Create your will at
www.willprepservices.com
and use the code **MUTUALWILLS**
to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code **MUTUALWILLS** to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

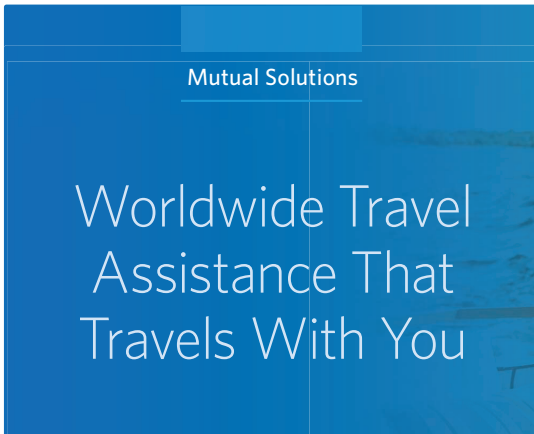


Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Companion Life Insurance Company (United and Companion) and Epoq are independent, unaffiliated companies. Although United and Companion make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United and Companion do not provide, are not responsible for, do not assume any liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United and Companion also are not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United and Companion.

456098

Travel Assistance



Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius

452632

Emergency Travel Support Services

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:
1-800-856-9947

Outside the U.S. call collect:
(312) 935-3658



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:
1-800-856-9947

Outside the U.S. call collect:
(312) 935-3658

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud

- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations. Additional limitations may apply. Please contact AXA for specifics.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.

Claims Advocacy Services

Employee Benefits

Advocacy Services

For Employees



When you or a family member has been diagnosed with a critical illness, you should be focused on treatment and recovery, not the stress of comparing medical costs, transferring records or getting preauthorizations for care.

We're here to help.

With Advocacy Services available through your critical illness insurance coverage, you have access to skilled clinicians and nurses who provide friendly, personalized and confidential problem-solving assistance in a one-on-one setting.

Care Advocates - Personalize Care and Support

Care advocates help lessen the burden you take on when diagnosed with a critical illness.

- Explain benefits and help you to understand your coverage
- Help you to navigate through the claims process and all documentation
- Coordinate with providers and hospitals
- Manage the stress of understanding your diagnosis

Getting help is easy

1. Call the number listed below.
2. Verify your name and company with the care advocate.
3. Inform the care advocate of your inquiry related to your diagnosis.

Contact Advocacy Services at 866-372-5577,
Monday thru Friday, 7 a.m. - 7 p.m.

You can also email
customerservice@gilsbar.com at any time.



See the back for more on the services
provided by Care Advocates.



This is not health insurance. Advocacy services are administered by Gilsbar LLC. Gilsbar LLC is solely responsible for the administration of advocacy services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Gilsbar LLC are independent, unaffiliated companies.

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Care Advocates Offer Many Important Services

Benefit Related Services	Claims Related Services	Provider/Hospital Related Services
<ul style="list-style-type: none"> • Assistance in understanding basic coverage provided by the health plan, including explanation of EOBs, co-payments, deductibles and out-of-pocket expenses • Assistance in understanding coverage provided by health and life plans, including but not limited to dental plans, vision coverage, life insurance policies, disability insurance and other plans • Assistance in understanding the best use of benefits, especially when seeking services from in-network and out-of-network providers • Assistance in understanding the coordination of benefits between multiple carriers • Assistance in understanding the pros and cons of FSAs, HRAs and HSAs - and how to make the right choice for funding costs under a benefit plan • Help obtaining a second opinion if requested • Help with exploring options for less expensive care and certain high-cost pharmaceuticals, primarily delivered through cost and quality comparisons • Coach members on lifestyle change to improve health 	<ul style="list-style-type: none"> • Assisting with appeals for denied claims • Explaining claim denials • Explaining the details of the medical claims payment process • Answering all questions about paid or denied claims • Explaining EOBs and what out-of-pocket responsibilities specific claims may represent • Assist with resolving claim and billing issues • Assisting with pre-authorizations • Facilitating coordination of benefit filing 	<ul style="list-style-type: none"> • Assistance locating in-network doctors and specialists • Facilitating discussions with non-network providers on reasonable and customary charges • Assistance finding a doctor, hospital, or community resources • Help scheduling appointments with primary care physicians and specialists • Assistance with referrals and pre-authorization • Assistance transferring medical records, including x-rays and test results • Explanations of test results after a doctor visit or after a health screening • Clarifications regarding recent diagnoses - what they mean and what treatment options are available • Clarifications regarding recommended treatments, explained in simple and straightforward terms • Coordination of transfers between hospitals or other medical service providers • Coordination of home health care visits and equipment • Referrals to appropriate care programs and other health care services • Explanations of what to expect before and after a surgery, procedure, or diagnosis • Explanations of discharge orders and help coordinating care after a hospital stay

Mutual of Omaha Employee Portal



Managing claims shouldn't be difficult. Mutual of Omaha always has our customers in mind, which is why we created our Employee Portal so you can easily access your claims.

Our Employee Portal provides real-time information giving you the ability to view current claims, access claim forms, report paid family and medical leave time, and submit a new claim for short-term disability benefits.

Getting Started

1. Go to www.mutualofomaha.com/my-benefits.
2. Register for an account by filling out the necessary information. Click on Sign Up.
3. Users will be notified when they have completed the first step of creating an account.
4. An email will be sent with the final steps to finish setting up an account.

Already have an account? Log in with your credentials.

How to View Current Claims

- To access current claims, log in and click on the "Claims" icon*
- View a specific claim and its status, along with the claim number for accident, critical illness and disability.



***PLEASE NOTE:** The "Claims" icon will only be shown if a claim has been filed. If there are no existing claims, the icon will not appear.

Submitting a Claim Form Online



A short-term disability claim form can be submitted online by clicking on the "Submit claim" icon on the Employee Portal homepage.

- On the forms page, select "I am a Plan Member (Employee)" and choose the relevant state
- Select the necessary form, then select "Complete form online"



Forms can also be submitted via fax or mail by clicking the "Claims forms" icon and downloading the form.



PLEASE NOTE: Microsoft Edge, Google Chrome and/or Firefox are the preferred internet browsers to use when accessing the portal.

— We are here for you —

If you have questions regarding a claim, please contact our dedicated toll-free number: **(800) 877-5176**

(Monday – Friday, 7:30 a.m. – 5 p.m. CST)



Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Products are not available in all states. Each company is solely responsible for its own contractual and financial obligations.

466503

Critical Illness Insurance



Administered by Mutual of Omaha | Policy Number: G000C7DJ | 423.242.6492 | www.mutualofomaha.com

When you're sick as a dog, even the best medical insurance plan can leave you footing a hefty bill. Critical Illness Insurance pays you a lump sum of your selected benefit level upon diagnosis of a covered illness. During your recovery, you and your loved ones can rest a little easier knowing you won't have to rely solely on your savings accounts or take on additional debt to cover day-to-day living expenses.

Covered Illness	Benefits Payable Percentage of scheduled benefit for first or second occurrence
Cancer (Invasive / Bone Marrow Transplant / Carcinoma in Situ / Benign Brain Tumor)	100% / 50% / 25% / 25%
Coronary Artery Bypass Graft (Heart Valve Surgery, Aortic Surgery)	25%
Heart Attack / Circulatory / Motor Function (Heart Transplant, Stroke, ALS 'Lou Gehrig's', Advanced Alzheimer's, Advanced Parkinson's)	100%
Major Organ Failure	100%

Employee – You may elect coverage in increments of \$5,000 to a \$20,000 maximum amount. You are guaranteed up to \$20,000 coverage with no medical questions!

Spouse – You may elect coverage for your spouse in increments of \$5,000 to a \$20,000 maximum not to exceed 100% of your amount. Your spouse is guaranteed up to \$20,000 coverage with no medical questions!

Children – Children are automatically covered up to 25% of the employees elected amount.



Short-Term Disability Insurance



Administered by Mutual of Omaha | Policy Number: G000C7DJ | 800.877.5176 | www.mutualofomaha.com

Meeting your basic living expenses can be a real challenge if you get in an accident, become pregnant, or have surgery. Your options may be limited to personal savings, spousal income and possibly Social Security. Short-Term Disability insurance provides protection for your most valuable asset—your ability to earn an income. Sparkhound provides Voluntary Short-Term Disability insurance (STD) at a group discounted premium to help you protect against lost wages.

Your benefits will begin paying out after 7 calendar days once your leave begins and will pay as long as you are on leave up to 12 weeks. The payout is 60% (as of 1/1) of your weekly base pay up to \$1,500.

When you elect your STD benefit in Paylocity, it will automatically calculate the premium.

Long-Term Disability Insurance

Administered by Mutual of Omaha | Policy Number: G000C7DJ | 800.877.5176 | www.mutualofomaha.com

We never think it will happen. We plan for the future, envision how life will play out and believe the unexpected will affect someone else. That won't be me, we think. It's human nature. But what happens if it IS you? Sparkhound wants to help you plan for the future by providing Long-Term Disability (LTD) coverage to you at no cost. If you become disabled while employed at Sparkhound, (after a 90 day elimination period) this policy will replace 60% (as of 1/1) of your base pay, up to \$10,000 a month up to Social Security Normal Retirement Age (SSNRA).



Family Care



Prepare for the unexpected.

Life and AD&D Insurance

Administered by Mutual of Omaha | Policy Number: G000C7DJ | 800.775.8805 | www.mutualofomaha.com

Life Insurance

Sparkhound provides Life Insurance at **NO COST** to Full-time Regular employees. The benefit is 1.5 times base salary up to \$300,000 maximum. Your beneficiaries will receive a lump-sum payment if you die while employed by Sparkhound.

Accidental Death & Dismemberment (AD&D) Insurance

Sparkhound provides AD&D Insurance of 1.5 times base salary at **NO COST** to all active Full-time Regular employees. This coverage is in addition to your company-paid life insurance described above. Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident while employed by Sparkhound.

Voluntary Life and AD&D Insurance

Administered by Mutual of Omaha | Policy Number: G000C7DJ | 800.775.8805 | www.mutualofomaha.com

You may purchase optional life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. New Hires are guaranteed coverage (up to \$100,000) without answering medical questions if you enroll when you are first eligible. Please note: if you elect to increase benefit amounts, you will be required to submit your paperwork directly to Mutual of Omaha.

When you login to Paylocity, the system will automatically calculate your premium.

Employee – You may elect coverage in increments of \$10,000 up to 7x Annual Earnings to a maximum amount of \$300,000.

Spouse – You may elect coverage for your spouse in increments of \$5,000 to a \$100,000 maximum (not to exceed 100% of your amount).

Children – You may elect coverage for your dependent children up to age 26 in a flat benefit amount of \$5,000 to a max of \$10,000.

401(k)

Administered by Fidelity | Plan Number 34915 | 800.343.0860 | <https://401k.fidelity.com>



Eligibility

Regular Full-Time age 21 and older and Regular Part-Time age 21 and older who have worked a minimum of 1,000 hours are eligible. You can enroll in the plan at any time.

Contribution

Sparkhound matches 50% of up to 6% of your earnings, up to a maximum employer match of \$4,500. The discretionary company match is made in March of the following year, and you must be employed on 12/31 to receive the company match for that calendar year. Sparkhound offers a Roth 401(k) and a traditional 401(k) through Fidelity. When you enroll, you will be able to select the one that fits you best.

How to Enroll with Fidelity NetBenefits

No matter where you are in planning for your financial future, Fidelity NetBenefits is a great place to start. It's your one-stop online resource, designed so you can quickly and easily set up, monitor, and manage your retirement account.

1. Go to <https://401k.fidelity.com>
2. Click the Register link
3. Follow the instructions to set up your username and password.

Already have a username and password with Fidelity?

- If yes, use the same login information (username and password) from those accounts to access NetBenefits.
- If you have forgotten your login information, click the Login Help link.

How much can I contribute to my Sparkhound 401(k)?

Participants may elect to defer up to 90% of their compensation up to the maximum amount permitted by law on a pre-tax basis. The annual limit is \$23,000. If you are over 50+, you can contribute an additional \$7,500.

What is the difference in a traditional 401(k) and a Roth 401(k)?

- A traditional 401(k) contribution is pre-taxed and the growth is tax deferred. You will pay taxes when you take a distribution.
- A Roth 401(k) is after-taxed contributions and the growth is tax-free. You will not pay taxes when you take a distribution as long as you've held it for 5 years and you are older than 59 ½.

When can I withdraw my 401(k) contributions?

You may withdraw your contributions in the event of termination of employment, disability, retirement, attainment of age 59½, or an IRS recognized hardship. In the event of death, your primary beneficiary would receive your benefits.



Student Loan Refinancing

Administered by SoFi | [SoFi.com/Sparkhound](https://www.Sofi.com/Sparkhound) | 855.456.7634

Are you still paying off student loans for yourself or your children? SoFi, the largest provider of student loan refinancing, may be able to reduce the cost of that debt. SoFi refinances student loan and Parent PLUS debt at lower rates than federal and/or private options. The main benefits include:

Welcome Bonus

Sparkies are eligible to receive an additional \$300 welcome bonus from SoFi when you refinance through www.Sofi.com/Sparkhound.



Savings

SoFi borrowers save \$288 a month on average over the life of their loans when they refinance. Rates: Variable rates as low as 2.565% APR and fixed rates as low as 3.675% APR (with Autopay).

Simplicity

Consolidate all existing student loans (federal and private) into a single loan with one monthly payment. Parent PLUS loan refinancing is also available.

Perks

SoFi offers career counseling, member events, a referral program, and more.

No Fees: No origination fees and no prepayment penalties.

Assurance Financial

Administered by Assurance Mortgage | assurancemortgage.com | 866.790.7980



Sparkhound has partnered with Assurance Mortgage

Home Loans that Start at Home. Apply online in 15 minutes with our digital assistant, Abby!

Assurance Financial is an independent, full service Baton Rouge, Louisiana-based residential mortgage banker founded in 2001. Assurance offers a full menu of attractive residential loan products. With over 20,000 online reviews, they boast an average of 4.96 stars proving that service is their priority. Get the consulting you need to move into the right loan at the right time. Apply today!

For more information, visit <https://assurancemortgage.com/apply/> or call **866.790.7980**. Be sure to mention you are a Sparkie!



**Your Guide Toward
A Better Financial Tomorrow**






**Your Money Lines provides expert guidance and tools to
help you on your unique financial journey.**

Financial stress hinders stability.

Our guides help you focus your efforts on financial stability and retirement ability. They'll help you create a path toward the financial life you want.

We offer you tools, courses and expert guidance.

 Tools	 Courses	 Expert Guidance
Net Worth Calculator Power Percentage Ideal Budget Debt Reduction Tool Debt Momentum Chart PSLF Tool College Aid Coach Mock Retirement	Stability Academy Live Events Overachiever Alliance Housing Hero Budget Boss Budgeting Having a Baby How to Pay Off Student Loans How to Pay for College Your Money Life Credit Investing In your 50's HSAs	On-Demand Help Accountability Partner Help with Bills Accountability Coaching

**YML provides you with guidance and tools
so you can celebrate more successes, alleviate stress
and feel the joy of financial stability.**

yourmoneyline.com/login

Protect Your Identity



The Cross and Shield is here to help protect you, in good times and in challenging times. That's why we offer Experian's **FREE identity protection services to eligible customers.*** And the identity protection applies to all parts of your life, not just healthcare.



YOUR FREE ID PROTECTION SERVICES



Experian Identity Repair and Restoration: If you experience fraud or identity theft, an investigator will work to recover your financial losses and restore your credit.



Experian Fraud Alerts with Credit Monitoring: Alerts you if your personal information is reported to Experian by industry security professionals such as the FBI. This includes Social Security numbers, credit card numbers, PIN numbers and more. Also alerts you if banks and creditors use your identity to open new credit accounts.

HOW TO ENROLL

If you are an eligible Blue Cross customer, **Experian Identity Repair** is automatically available to you with no enrollment required. If you become a victim of identity theft, call [1-888-270-0056](tel:1-888-270-0056) for assistance, and an investigator will work with you to restore your credit.

If you would also like FREE Experian Fraud Alerts with Credit Monitoring to help monitor your credit and provide extra protection, you must sign up for it. You will not be automatically enrolled in these additional services.



TO SIGN UP FOR FREE EXPERIAN FRAUD ALERTS WITH CREDIT MONITORING

Go to www.bcbsla.com/idprotection for instructions on how to enroll.

*Some customers may not be eligible. These include those with a Blue Cross Medicare plan, Healthy Blue Medicaid plan, Federal Employee Plan (FEP) members, and those with only ancillary products like vision and dental.

Blue Cross offers these services in partnership with its vendor, Experian, a national company that specializes in identity protection.

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Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

Pet Insurance

Administered by Nationwide | 877.738.7874 | www.petinsurance.com/sparkhound



Overview

Sparkhound has negotiated discounted rates on Pet insurance for that non-human member of the family. No pet is sent away, all are welcome (dogs, cats, birds, rabbits, ferrets, reptiles, and even exotic pets). There is no age limit and no minimum participation requirement. Visit www.petinsurance.com/Sparkhound for the best rates. (Pet insurance is paid directly to the carrier, not through payroll deductions.).

Highlights

If you enroll in this plan, you get 90% back on vet bills with a \$250 annual deductible and an annual maximum of \$7,500.

Coverage

There are two plans, "My Pet Protection" and "My Pet Protection with Wellness". Included in both plans is 24/7 vet helpline, boarding / kennel fees if a family member is hospitalized, advertising/reward fees to find lost pet, pet replacement cost if pet goes missing, and mortality coverage for euthanizing, cremation, and burial.

My Pet Protection

Pays 90% of the veterinarian invoice for all medical expenses after a \$250 annual deductible and covers:

- Accident
- Injuries
- Common Illness Serious Illness
- Surgeries and Hospitalization
- X-rays, MRI's and CT scans
- Prescription medications, chemotherapy, and therapeutic diets

My Pet Protection with Wellness

Includes **all covered expenses under the basic my pet protection plan** + Wellness Preventative Health such as:

- Wellness Exams
- Dental Cleaning
- Vaccinations
- Spay/Neuter
- Flea and Tick Prevention
- Heartwork Testing
- Routine Blood Tests



Sparkhound Foundation

To formalize our ongoing commitment to make an impact, we established the Sparkhound Foundation in 2010 as a nonprofit charitable organization focused on promoting happier, smarter, safer and healthier communities. The Foundation provides Sparkhound employees with an organized channel for giving back, whether we're walking the Walk to Remember for Alzheimer's Association or helping with a Boys Hope Girls Hope fundraiser. And it's a great way for us to come together as a team to grow the impact we have on causes close to our hearts.

Charities benefiting from YOUR generous donations:

- Alzheimer's Services of the Capital Area
- Boys Hope Girls Hope
- Capital Area CASA Association
- Capital Area Heart Walk (American Heart Association) Champions for Children
- Easter Seals Louisiana
- Elves & More
- Extra Life Game-a-Thon
- Greater Baton Rouge Food Bank Houston Food Bank
- Juvenile Diabetes Research Foundation (Baton Rouge)
- OLOL Children's Hospital
- Pitt Hopkins Research Foundation
- Ronald McDonald House of Dallas
- Shepherd's Market Food Pantry
- Shriner's Hospital for Children
- The ARC of Baton Rouge
- Volunteers of America — Greater Baton Rouge
- Wreaths of America (Houston)
- YMCA Houston Operation Backpack

To submit a cause for consideration and to stay up-to-date on Foundation initiatives, visit Sparkhound.com, then click **About > Company > Sparkhound Foundation**

Your Go-To Resources

If you are having issues or questions about your benefits, reach your carriers directly using the information below.

Benefit	Vendor	Plan Number	Phone Number	Email or Website
Medical	Blue Cross and Blue Shield of Louisiana	78B68ERC	800.495.2583	www.bcbsla.com
Health Savings Account (HSA)	HSA Bank	–	Client Assistance Center (for members) English: 855.731.5220 414.978.5294 Spanish: 866.357.6232 Available 24 hours a day, 7 days a week	Email: askus@hsabank.com
Dental / Vision	Mutual of Omaha	G000C7DJ	833.279.4358	www.MutualofOmaha.com/dental www.MutualofOmaha.com/vision
Life, Disability, Critical Illness	Mutual of Omaha	G000C7DJ	Life: 800.775.8805 STD, LTD, CI: 800.877.5176	www.MutualofOmaha.com
Employee Assistance Program (EAP)	Mutual of Omaha	–	800.316.2796	www.MutualofOmaha.com/eap
401(k)	Fidelity	34915	800.343.0860	https://401k.fidelity.com
Student Loan Refinancing	SoFi	–	855.456.7634	www.sofi.com/sparkhound
Pet Insurance	Nationwide	–	877.738.7874	www.nationwide.com
Home Loans Assistance	Assurance Financial	–	866.790.7980	www.assurancemortgage.com

Contact	Website	Services Provided
Human Resources	HR@sparkhound.com	Benefits, payroll, Paylocity access issues
Internal IT Help Desk	help@sparkhound.com	Network, password resets, misbehaving technology
Transportation Rental	www.enterprise.com Code: XZ14574	Rent transportation for your next business travel with company discount.
	www.nationalcar.com/en/home/html Code: XZ14574	
Spot	https://sparkhoundsupport1.com.sharepoint.com/Pages/default.aspx	Policies, documents, templates, events, etc.

Legal Notices and Disclosures

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the deductibles notes in the Sparkhound Benefits Plan apply.

If you would like more information on WHCRA benefits, please call your Plan Administrator at HR@Sparkhound.com or **225.216.1500**.

Newborns' and Mothers' Health Protection Act

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

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 **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 **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 http://myalhipp.com 855.692.5447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2

INDIANA – Medicaid Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki) Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp 888.346.9562
KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
 800.862.4840 | TTY: 711 | Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage/>
 800.657.3672

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 573.751.2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 800.694.3084 | Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
 Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

<http://dhcnp.nv.gov>
 800.992.0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
 800.356.1561
 CHIP: <http://www.njfamilycare.org/index.html>
 800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
 800.541.2831

NORTH CAROLINA – Medicaid

<https://dma.ncdhhs.gov>
 919.855.4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
 844.854.4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
 888.365.3742

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 800.251.1269

OREGON – Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>
 800.699.9075

PENNSYLVANIA – Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 800.692.7462
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
 CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>
 888.549.0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
 888.828.0059

TEXAS – Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
 800.440.0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
<https://medicaid.utah.gov/upp/> | Email: upp@utah.gov | 888.222.2542
 Adult Expansion: <https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>
 CHIP: <https://chip.utah.gov/>

VERMONT – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>
 800.250.8427

VIRGINIA – Medicaid and CHIP

<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 and Chip: 800.432.5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov/>
 800.562.3022

WEST VIRGINIA – Medicaid and CHIP

<https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>
 Medicaid: 304.558.1700
 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 800.362.3002

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
 866.444.EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 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.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Sparkhound is committed to the privacy of your health information. The administrators of the Sparkhound Benefits Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting HR@Sparkhound.com or **225.216.1500**.

HIPAA Special Enrollment Rights

Sparkhound Benefits Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Sparkhound Benefits Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources at HR@Sparkhound.com or **225.216.1500**.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

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

When Can You Join a Medicare Drug Plan?

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

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 Sparkhound coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Sparkhound coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Sparkhound 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 Sparkhound 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 **800.MEDICARE (800.633.4227)**. TTY users should call **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 **800.772.1213** (TTY **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: January 1, 2025
Name of Entity/Sender: Sparkhound
Contact: Human Resources
Address: 11207 Proverbs Avenue
Baton Rouge, LA 70816
Phone Number: 225.216.1500

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at **800.318.2596**. TTY users can call **855.889.4325**.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency.

Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at HR@Sparkhound.com or **225.216.1500**.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Sparkhound		4. Employer Identification Number (EIN) 72-1418443	
5. Employer address 11207 Proverbs Avenue		6. Employer phone number 225.216.1500	
7. City Baton Rouge	8. State LA	9. ZIP code 70816	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address HR@Sparkhound.com	

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

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

☒ All employees. Eligible employees are: Full Time Regular

☐ Some employees. Eligible employees are: Full Time Temporary

■ With respect to dependents:

☒ We do offer coverage. Eligible dependents are: Legal spouse and eligible children / dependents

☐ We do not offer coverage.

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

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

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue)

☐ Full Time Regular -> 1st of the month following date of hire

☐ Full Time Temporary -> 1st of the month following 60 days

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ **Yes** (Go to question 15)

☐ **No** (STOP and return form to employee)

15. For the lowest cost plan that meets the minimum value standard¹ offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☒ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting