



2026
EMPLOYEE
BENEFITS
GUIDE



Cushing
Terrell®

Introduction

We are pleased to provide you with this summary of benefits. At Cushing Terrell, our team members — you — are our most valuable resource. As such, we make a point to invest in your health and well-being and help protect you and your family.

Medical Eligibility

Active, full-time and part-time qualified team members working 30+ hours weekly are eligible to participate in Cushing Terrell’s medical, dental, vision, dependent care flex spending, and health savings plans.

When Coverage Begins

Cushing Terrell’s open enrollment window is held as soon as administratively feasible in the last quarter of the year.

Administration

Cushing Terrell offers a self-insured high-deductible health plan (HDHP). Our focus is to keep costs at a minimum while providing robust benefits.

Cushing Terrell partners with Blue Cross Blue Shield of Montana (BCBS) as our third-party administrator (TPA). BCBS facilitates claim processing and eligibility and ensures that we are legally compliant in all areas of health insurance and the Affordable Care Act (ACA).

Team members may elect benefits for themselves, their partner/spouse, and eligible dependent children, including:^{*}

- Legal spouse or qualified domestic partner.[†]
- Children up to age 26, or, if fully dependent on you for support due to ongoing mental or physical disability, regardless of age.

You must be a member of the health plan to provide medical benefits for your family members. You may also make changes mid-year if you experience a qualifying life event.^{*}

**Verification required to confirm eligibility.*

† Domestic partners are not eligible for Voluntary Life or AD&D Insurance.



Disclaimers

This summary outlines eligibility, enrollment options, and coverage effective dates. It is not a legal plan document and does not imply a guarantee of coverage. Full details of each benefit plan are contained within the summary plan description (SPD). In the event of a discrepancy, the SPD prevails. A copy of each benefit SPD may be obtained by contacting Human Resources.

Cushing Terrell reserves the right to add to, modify, or delete any policy and/or benefit program at any time, with or without notice. Furthermore, no information contained in this document in any way constitutes a contract for employment, express or implied, for any specified period of time. Cushing Terrell is an equal opportunity and affirmative action employer, including protections for Veterans and disabled individuals.

Plans are reviewed periodically to determine their effectiveness in meeting team member needs and how they compare with programs offered by other employers in our industry and trade areas. Cushing Terrell, at its discretion, may change service providers and benefits without advance notice. Further, Cushing Terrell reserves the exclusive right and authority to administer, apply, and interpret the benefit plans described herein, and to decide all matters arising in connection with the operation of administration of such plans.



2026 Medical/Dental/ Vision Premiums

What you pay each paycheck to have health insurance.

	SEMI-MONTHLY PREMIUM	MONTHLY PREMIUM	CUSHING TERRELL'S MONTHLY CONTRIBUTION
Team Member	\$91.00	\$182.00	\$516.00
Team Member + Spouse	\$235.00	\$470.00	\$1,322.00
Team Member + Child(ren)	\$197.00	\$394.00	\$1,111.00
Team Member + Family	\$320.00	\$640.00	\$1,798.00



What is Self-Funding?

Cushing Terrell operates a self-funded group health plan, rather than paying high fixed premiums to an insurance company—which would then assume the cost—Cushing Terrell pays for each of your medical, prescription, dental and vision claims, only utilizing BCBSMT as the intermediary claims processor.

You Can Help!

Because Cushing Terrell assumes the financial risk of providing health care benefits, the overall cost of the plan is directly impacted by the claims incurred. We are committed to offering high-quality benefits, but as health care costs continue to rise, your participation in cost-saving practices is essential.

Here are a few simple ways you can help save money—for yourself and the health plan:

- Use in-network providers when ever possible.
- Choose independent clinics for labs, X-rays, CT scans, MRIs, mammograms, and colonoscopies. These facilities often charge up to three times less than hospitals.
- Visit urgent care clinics instead of the emergency room for non-life-threatening issues.

Your Benefits Plan

Cushing Terrell is pleased to offer a comprehensive benefits program to our team members.

In the following pages, you will learn more about the benefits Cushing Terrell offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

CARRIER	PLAN	WEBSITE	PHONE #
BCBS*	Medical	www.bcbsmt.com Group Number #251689	855.258.3489
MDLive/ BCBS*	Medical/ Virtual appt.	www.mdlive.com/bcbsmt	888.684.4233
BCBS*	Dental	www.bcbsmt.com Group Number #251690	866.739.4090
BCBS*	Vision Exam/ Hardware	www.bcbsmt.com Group Number #251686	800.447.7828
BCBS*	Prime Therapeutics	www.myprime.com	877.627.6337
ExpressScripts	Mail Order Prescriptions	www.express-scripts.com/rx	800.282.2881
Equitable	Basic Life, Vol. Life, AD&D/ Disability	"The Hive" Group Number: #005818	866.274.9887
ComPsych	EAP	www.guidanceresources.com	866.641.3178
HealthEquity	HSA/ Dependent Care Flex	www.healthequity.com	866.346.5800
Empower	401k	participant.empower-retirement.com	800.338.4015

*BCBS (Blue Cross Blue Shield)



WHEN CAN I ENROLL?

Benefit-eligible team members can sign up for benefits at any of the following times:

- Within 30 days from date of hire
- During the annual open enrollment period
- Within 30 days of a qualifying life event

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

2026 Medical Plan

ADMINISTRATOR: BLUE CROSS BLUE SHIELD OF MONTANA

BENEFITS	YOUR MEDICAL PLAN
In-Network Benefits	
Annual Deductible (the amount you pay before the medical plan pays)	
Employee-Only Coverage	\$1,700
Family Coverage (Non Embedded)	\$3,400*
Annual Out-of-Pocket Maximum (the most you'll pay in a calendar year)	
Employee-Only Coverage	\$5,500 (includes deductible)
Family Coverage	\$11,000 (\$5,150 per covered person)
Preventive Care	
Office Visit/Well-Child Care	Covered in Full
Professional	
MDLive Virtual Visits	\$40 copay per visit
Office Visit	20% after deductible
Virtual Provider Visit*	20% after deductible
Outpatient Specialist Visit	20% after deductible
Hospital/Facility	
Inpatient Care	20% after deductible
Outpatient Care	20% after deductible
Mental Health/Substance Abuse	
Inpatient	20% after deductible
Outpatient	20% after deductible
Other Services	
Diagnostic X-Ray and Lab Tests	20% after deductible
Major Imaging (PET/CAT scans, MRIs)	20% after deductible
Emergency Room (emergency)	20% after deductible
Emergency Room (non-emergency)	\$ 50 copay**, and 20% coinsurance after deductible
Urgent Care	20% after deductible
Chiropractic Services (24 visits per calendar year)	20% after deductible
Hearing Aid	\$3,000 per 3 calendar years
Physician-Led Weight Management (age 18+, BMI 30+) 26 visit maximum	20% after deductible
Mental Health Professional/Facility	20% after deductible

*Virtual visit through your own healthcare provider (not MDLive), will be subject to standard deductibles and costs.

**Copay for Emergency room care not related to emergency medical condition, accidental injury, mental illness, or substance use disorder.

TERMS TO KNOW

Deductible

The insurance deductible is the amount of money you will pay for insurance claims before the coverage kicks in and the company starts paying your claims.

Non Embedded

The family coverage deductible shown to the left is 'non embedded'. This means the plan will begin paying benefits only when the entire family coverage deductible has been satisfied in full by one or more members of the covered family unit.

Out-of-Pocket Maximum

The most you have to pay for in-network covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

Medical Plans (continued)

BENEFITS	YOUR MEDICAL PLAN
Out-of-Network Benefits	
Annual Deductible (Employee Only Coverage)	\$1,700
Annual Deductible (Family Coverage)	\$3,400
Annual Out-of-Pocket Maximum - Employee Only Coverage	\$5,500
Annual Out-of-Pocket Maximum - Family Coverage	\$11,000 (\$5,150 per covered person)
Office/Specialist Visit	40%, after deductible
Preventive Care Office Visit	40%, after deductible
Hospital/Facility	40%, after deductible
Emergency Room (Emergency)	20%, after deductible
Emergency Room (Non-emergency)	\$50**, 40%, after deductible
Physician Led Weight Management (age 18+, BMI 30+) 26 visit maximum	40%, after deductible
Mental Health Professional/Facility	40% after deductible

**Copay for Emergency room care not related to emergency medical condition, accidental injury, mental illness, or substance use disorder.



Out of Network Benefits - Out of Pocket Maximum

When utilizing an out-of-network provider, services that are not covered, or any costs above the allowed amount for service will not be covered by BCBS, and will not count towards your out-of-pocket maximum.



IMPORTANT INFORMATION

In-Network Providers

Providers and facilities that are part of a health plan’s network of providers and negotiated discounts. You usually pay less and have lower deductibles, coinsurance, and out-of-pocket maximums when using an in-network provider. Locate in-network providers before going in for services at: www.bcbsmt.com

BCBS Montana

Your medical plan administrator. Your national medical network, consisting of physicians, hospitals, and ancillary providers. Providers send your claims to them and they process medical claims (that Cushing Terrell then pays for) and provide customer service support.



Prescription Drugs

ADMINISTRATOR: PRIME THERAPEUTICS

Below is a brief overview of what you can expect to pay for a prescription drug after your medical deductible is met. Preventive prescriptions are not subject to the medical deductible.

BENEFITS

	Participating Retail <i>(30-day supply)</i>	Mail Order <i>(31-90-day supply*)</i>
Generic	\$0 copay	\$0 copay
Formulary	\$30 copay	\$60 copay
Non-Formulary	50%	50%
Preventive Medication	\$0	\$0
Specialty Drugs	Deductible applies, \$200 copay through Alliance Rx Walgreens Prime	

** Most retail pharmacies can only fill up to a 30-day supply of medicine. An extended supply network pharmacy like Express Scripts, can fill up to a 90-day supply of maintenance medications. These are usually medicines that you take every day to treat a chronic condition like high blood pressure or cholesterol, or for preventative purposes.*



Curious about the actual cost of your prescriptions, or if it is even covered?

Check out PrimeTherapeutics (through BCBS) to compare costs for medicines and the best cost at your local pharmacy.



If you have a maintenance drug, (taken daily/weekly/monthly) take advantage of the Mail Order program through Express Scripts Pharmacy and get a 33% discount on your prescription costs.

Prescription Drugs (continued)



IMPORTANT INFORMATION

Balance Drug List

This is your list (aka formulary) of covered drugs. Drugs that are not shown are not covered. A drug shown on this list will be covered so long as the drug is proven medically necessary for you, and the prescription is filled at an in-network pharmacy. The drug list is regularly updated. For the most up-to-date information, visit bcbsmt.com and log in to Blue Access for Members>My Coverage>Prescription Drugs>under Related Links click on Prescription Drug Benefits and Services>Prime Therapeutics and you will be signed into your account in MyPrime. You can also contact the pharmacy customer service line for more information by calling toll free 866-325-5230.

Copay Tier

Copay Tier-Drugs on the balanced drug List are grouped into tier designations. The tier designation that your medication is in determines your portion of the drug cost. Generic drugs generally fall into the lowest cost tier. The balanced drug list also shows if the drug is a specialty medication, requires Prior Authorization, if there are dispensing limits, or if a prescription is subject to Step Therapy.

Generic Drug vs. Brand Name Drug

Generic drugs are identical to their brand-name counterparts in dosage, form, active ingredients, safety, strength, route of administration, quality, and performance characteristics. Generics typically cost less than brand name drugs. Ask your doctor and/or pharmacist if there is a generic equivalent that is available.

MDLive

MDLive allows telephonic access to a board-certified doctor for medical and behavioral health needs. Consultations with a doctor are **\$40 per visit**. This service can be used as an alternative to urgent care or your doctor's office for non-emergency common medical conditions like the flu, sinus problems, pink eye, depression, stress/anxiety, addiction, and more, which will save you time and money. The doctor can write a prescription, if needed, and send it to your pharmacy.

MDLive contact: 888.684.4233

Dental Plan

ADMINISTRATOR: BCBS

All employees and dependents enrolled in the medical plan are automatically enrolled in the dental plan.

BENEFITS	DENTAL
Benefit Year Maximum	\$1,500 includes preventative
Annual Deductible	
Individual/Family	\$50 per covered person
Dental Categories	
Preventive & Diagnostic Care	100%
Basic Restorative Care	80%
Major Restorative Care	50%
Orthodontia	
Benefits (Adults and Children less than 24 years of age)	50% Lifetime maximum \$1,000
Temporomandibular Joint Dysfunction	Lifetime maximum \$1,000



TERMS TO KNOW

Preventive & Diagnostic Care

Examples are exams, cleanings, and x-rays

Basic

Examples are fillings, oral surgery, and root canals

Major

Examples are crowns, dentures, and bridges

Benefit Year Maximum

The most the dental plan will pay toward each covered member's dental services each calendar year

IMPORTANT INFORMATION

BCBS

Your dental plan administrator. They process claims and provide customer service support.

Network

Non-participating providers are allowed. You may be balanced-billed for the difference between the billed and allowed. Simply provide your dental provider with your BCBS card.

Late Entrant Limitation

When benefits are elected after the New Hire/New eligibility enrollment period. For the first 90 days, coverage will be limited to only Class I (preventive) and Class II (basic) services.



Vision Benefit

ADMINISTRATOR: BCBS

All employees and dependents enrolled in the medical plan are automatically enrolled in the vision plan.

BENEFITS	BCBS
Preventive Exam	Paid at 100% annually
Frames	Paid 100% up to \$200 annually for one pair
Lenses and/or Contacts	Paid 100% up to \$200 annually



Make sure to show your eye care provider your BCBS VISION ID Card for your exam.



Save money with BCBS offers on glasses, sunglasses, contacts, LASIK, diabetes care, and hearing aids. Go to www.bcbsmt.com and click on the 'Offers' tab.

If your vision provider doesn't use BCBS insurance, you can submit your claim directly to BCBS (via mail) to request reimbursement.

Health Savings Account

HDHP MEDICAL ACCOUNT ADMINISTRATOR: HEALTHEQUITY

Cushing Terrell covers the monthly charge for an HSA account, when actively enrolled in Health Insurance. Before contributing to an HSA, here are a few things you should know:

- The amount you contribute to an HSA is deducted from your paycheck before income taxes.
- Any money left in the account at the end of the year will roll forward to the next year.
- HSA contributions may have Medicare implications - talk to Fedlogic six months before your Medicare eligibility date to discuss.
- Keep your receipts!

2026 MAX CONTRIBUTION

\$4,400

For Single Coverage



If you are an eligible individual who is age 55 or older at the end of the tax year, you may contribute an additional \$1,000 as a catch-up contribution each year.

\$8,750

For Family Coverage

THE FINE PRINT

HSA funds are to be used for eligible medical expenses, as defined by the IRS (see IRS Publication 502, Medical and Dental Expenses for more details at <http://www.irs.gov/pub/irs-pdf/p502.pdf>). Distributions from the HSA for ineligible expenses are subject to taxation and penalties.



Who qualifies?

To be eligible for a Health Savings Account (HSA), you must:

- Be covered under a Qualified High Deductible Health Plan (QHDHP) on the first day of the month
- Not be enrolled in Medicare
- Have no other non-QHDHP coverage
- Not be claimed as a dependent on another person's tax return



Dependent Care Expense Account

ADMINISTRATOR: HEALTHEQUITY

Funds can be added to this account on a pre-tax basis and can be used to pay for eligible dependent care services, including:

- Preschool
- Before or after school programs
- Summer day camp
- Child or adult daycare

DID YOU KNOW?

- Funds can be used for any dependent care claims incurred within the plan year
- Reimbursements are allowable up to the amount you have contributed to the flex account to date
- Reimbursement is available by direct deposit, and can be requested on the HealthEquity website or app
- You have 60 days after the first of the calendar year to use your daycare flex from the previous plan year
- Cushing Terrell covers the monthly charge



Cushing Terrell allows a voluntary contribution of up to

\$7,500
per family



Company-Paid Life/AD&D Benefits

ADMINISTRATOR: EQUITABLE

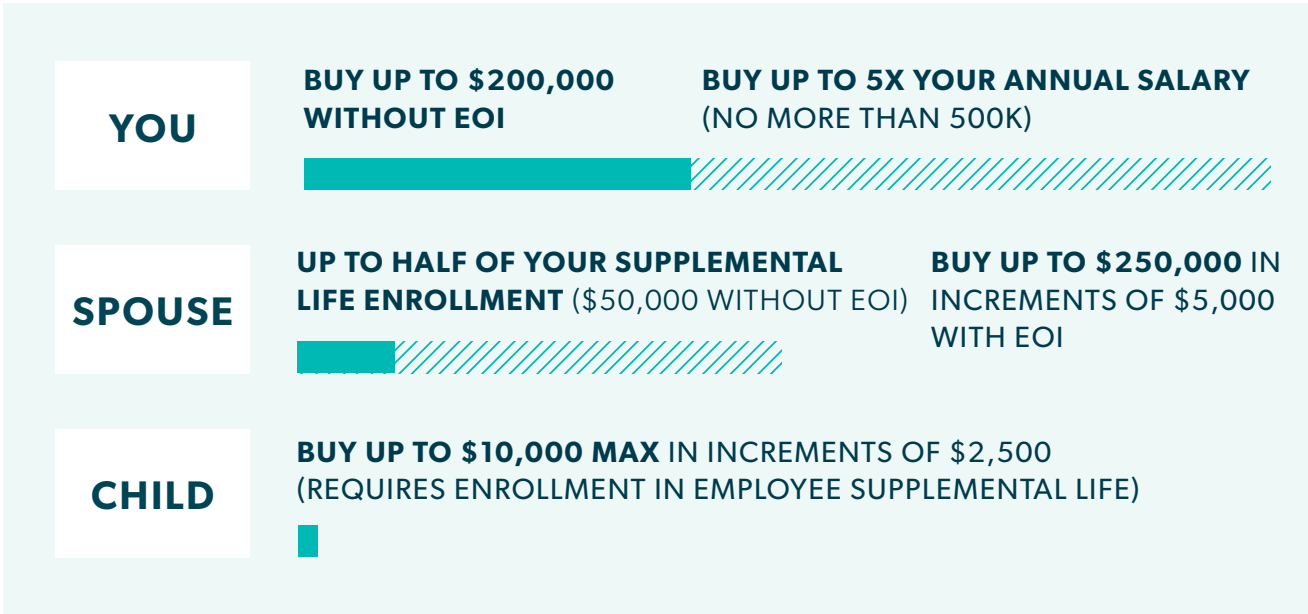
Cushing Terrell purchases a basic life and accidental death insurance policy for you and your family.

	BENEFITS	LIFE INSURANCE	AD&D
EMPLOYEES	Owners	\$50,000	\$100,000
	Non-Owners	\$35,000	\$70,000
DEPENDENTS	Spouses	\$10,000	
	Children	Live birth to less than 15 days: \$500 15 days to 26 years: \$2,000	
	Family	\$12,000	

Supplemental Life Benefits

ADMINISTRATOR: EQUITABLE

Cushing Terrell provides supplemental life insurance plans to help provide peace of mind. If you choose to purchase extra life insurance for yourself, you can also buy up to half that amount for your spouse. Newly eligible employees qualify for up to \$200k without evidence of insurability (EOI), and up to 5x salary (or no more than \$500k) with EOI. Employees enrolling after their first 30 days of benefit eligibility will be required to complete an evidence of insurability application with our provider.



Spouse coverage is limited to half the amount of the employee coverage (for example, if the employee has \$50,000, the spouse can be insured at \$25,000).

Supplemental Life Benefits (continued)

THE FINE PRINT

Evidence of Insurability (EOI)

Evidence of Insurability (also known as proof of good health), may be required if you are a late enrollee or you request any additional coverage above your guarantee issue amount. You may be required to complete a medical questionnaire and the carrier may request medical records from your provider. The carrier will either approve or deny the coverage requested above your guarantee issue amount.

Supplemental Life Guarantee Issue of Increased Benefit

If you enroll for at least \$10,000 when you are first eligible for coverage, you may increase your benefit amount by \$20,000 (but no more than the \$200,000 guarantee basis) during annual enrollment.

Benefit Reduction

Benefits begin to reduce at age 65. Please refer to your booklet for further details.

Taxation

IRS regulations require taxation of life benefits above \$50,000 to the employee. Taxes will be deducted automatically through payroll deductions.

Beneficiary Designation

A beneficiary is someone who receives the benefit amount of your policy if something were to happen to you. It is important to make sure you have people on file listed as your beneficiary. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. Consult your legal or tax advisor for further guidance on this issue.

Supplemental AD&D Benefits

ADMINISTRATOR: EQUITABLE

You must purchase Supplemental Life in order to purchase Accidental Death & Dismemberment (AD&D) coverage.

YOU	BUY UP TO 100% OF ELECTED EMPLOYEE SUPPLEMENTAL LIFE ENROLLMENT, IN INCREMENTS OF \$10,000	
SPOUSE	BUY UP TO 50% OF THE ENROLLED EMPLOYEE AD&D AMOUNT	INCREMENTS OF \$10,000 (REQUIRES ENROLLMENT IN SPOUSE LIFE BENEFIT)
CHILD	BUY UP TO \$10,000 MAX IN INCREMENTS OF \$2,500	(REQUIRES ENROLLMENT IN CHILD LIFE BENEFIT)



TERMS TO KNOW

Accidental Death and Dismemberment Insurance

Provides a lump-sum benefit for an accidental death; pays in addition to the life insurance benefit. This coverage also provides lump-sum benefits for dismemberments caused by an accident such as loss of a finger, limb, or eyesight.



Maternity Pay Benefits

ADMINISTRATOR: CUSHING TERRELL

We provide paid maternity time off to all benefit-eligible team members.

100%

How much of your average weekly earnings you receive when you are on maternity leave.

No waiting period.

You can begin receiving benefits the first weekday after giving birth.



Contact Human Resources for more information.

How long you can be out and receive payments

AFTER 1-60 MONTHS OF SERVICE (5 YEARS)

4 WEEKS

AFTER 61+ MONTHS OF SERVICE (6 YEARS)

8 WEEKS



Group Short-Term Disability Benefits

ADMINISTRATOR: CUSHING TERRELL

We provide short-term salary protection to all benefit-eligible employees.

5 days

Accident/sickness waiting period

100%

How much of your weekly earnings you get when you are on disability



In the event of a disability claim, payments received under this plan will be considered taxable income.

How long you can be out and receive payments

**AFTER 0–36 MONTHS
(3 YEARS)**

2 WEEKS

**AFTER 37–72 MONTHS
(3–6 YEARS)**

4 WEEKS

**AFTER 73–108 MONTHS
(6–9 YEARS)**

7 WEEKS

**AFTER 109+ MONTHS
(9+ YEARS)**

9 WEEKS

Group Long-Term Disability Benefits

ADMINISTRATOR: EQUITABLE

To ensure long-term salary protection, Cushing Terrell provides each eligible employee with long-term disability benefits.

90 days

Waiting period of continuous disability from the day your earnings loss is 20% or more or a loss of one or more duties of your occupation

60%

How much of your weekly earnings you get when you are on disability

\$6,000

Maximum monthly benefit amount

\$10,000

Maximum monthly benefit amount for owners

THE FINE PRINT

Definition of Disability

Due to an illness or injury, you are unable to work full-time in your regular occupation and you experience at least one or more loss of duties. You must experience at least a 20% earnings loss or have had a loss of one or more duties and be unable to work full-time in your occupation to remain eligible for payments through this policy.

Benefit Duration

The policy may provide benefit payments up to your Social Security Normal Retirement Age (SSNRA). Final benefit duration will be based on Physician statement, medical records, and claim approval.

Pre-Existing Condition Limitation

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care, or treatment was recommended or received in the 12 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

Income

In the event of a disability claim, payments will be considered non-taxable income.

401(k), PTO, and Holidays

401(k) Retirement Plan

Team members who are 21+ years of age and work 1,000+ hours annually, and team members who are not in an excluded class, are 21+ years of age, and have worked 500+ hours annually for two consecutive years, are eligible to participate in Cushing Terrell's 401(k) plans. There are two retirement options for contributions:

- **TRADITIONAL 401(K)** Contributions made on a pre-tax basis.
- **ROTH 401(K)** Contributions made on a post-tax basis.

Cushing Terrell provides a generous dollar-for-dollar matching contribution of up to 5% of your contributed earnings (up to IRS limits). Cushing Terrell's matching contribution dollars are deposited into the pre-taxed, traditional plan regardless of the plan contribution option you choose.

You can select from a wide portfolio of funds within Cushing Terrell's investment package. Additional retirement investment education opportunities are scheduled throughout the year.

Enrollment, salary deferral, and fund changes may be made online at any time. Individuals age 50+ may make additional contributions to the plan (subject to IRS annual maximums).

Cushing Terrell employees are 100% vested immediately in the 401(k) plan. Employees may begin contributing to their 401(k) on the first of the month, with the date of hire or date of eligibility. Enrollment in the plan will be allowed as soon as administratively possible.

401(k) Account Access

Begin your journey now.

Log on to: **empowermyretirement.com**

For first-time access:

- Log on and select **Register**.
- Choose the **I do not have a PIN** tab.
- Follow the prompts to create your username and password.
- If we do not have your email or phone number on file from your previous employer, or if you have another account with Empower (with a former employer, for example), you will need to call to access your new plan account.
- For more information or questions, please contact Empower Participant Services at 800.338.4015

2026 IRS 401(K) CONTRIBUTION LIMITS

Individual	\$24,500
Catch-up (50+)	\$8,000
Catch-up (60-63)	\$11,250

401(k), PTO, and Holidays (continued)

Paid Time Off

MONTHS COMPLETED	ANNUAL PTO	WEEKLY ACCRUAL	CARRY OVER MAX
0 - 60 months	16 days	2.46 hours	21 days
61 - 72 months	17 days	2.62 hours	22 days
73 - 84 months	18 days	2.77 hours	23 days
85 - 96 months	19 days	2.92 hours	24 days
97 - 108 months	20 days	3.08 hours	25 days
109+ months	21 days	3.23 hours	26 days



Holidays

Cushing Terrell observes nine paid holidays.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day
- Two Floating Holidays

Employee Assistance Program

ADMINISTRATOR: EQUITABLE/COMPSYCH

Our employee assistance program (EAP) is available to all employees and their immediate family members. The services provided through our EAP are completely confidential.

We provide specialized knowledge and resources on topics including:

- Emotional Well-being
- Legal and Financial Issues
- Online Will Preparation
- Healthy Lifestyles
- Identity Theft Services
- Family and Relationships
- Work/Life Transitions

To access the EAP, visit www.guidanceresources.com (web ID: EQUITABLE5) or call 866.641.3178.

International Health Care

ADMINISTRATOR: BLUE CROSS BLUE SHIELD GLOBAL CORE

You are never far from health care services – even when you're far from home. Through the Blue Cross Blue Shield Global Core program, you have access to doctors and hospitals around the world.

To learn more about Blue Cross Blue Shield Global Core:

- Visit: bcbsglobalcore.com
- Use the Blue Cross Blue Shield Global Core app for Android*, iPhone, and iPod touch.** (Rates from your wireless provider may apply).
- Call the BCBS GlobalCore Service Center at 855.258.3489 or collect at 804.673.1177, 24 hours a day, seven days a week.
- Call BCBS Customer Service at 855.258.3489.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross Blue Shield, the Blue Cross and Blue Shield Symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

**Android is a trademark of Google Inc. **Apple, the Apple logo, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.*

When can I make changes?

Generally, you can only change your benefit choices during the annual benefits enrollment period. You may be able to change some of your benefit choices when you have a Qualifying Life Event—provided you properly notify your employer and the change is permitted under the plan terms. If you have a Qualifying Life Event, contact human resources within 30 days to complete the necessary steps. For more information refer to your benefits booklet.

**Verification required to confirm eligibility.*

EXAMPLES OF QUALIFYING LIFE EVENTS/CHANGES IN STATUS MAY INCLUDE:



Marital Status Changes

- Your marriage
- Your divorce or legal separation
- Death of your spouse



Child Status Changes

- Birth or adoption of an eligible child
- Death of your covered child
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)



Employment Status Changes

- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your spouse's work status that affects their benefits

Your Very Own Personal Navigator

ADMINISTERED BY: FEDLOGIC

Cushing Terrell has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members.

The service is confidential, unlimited, and free to you as an employee.

Reasons to call FEDlogic

- You've reached or are approaching Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security benefits
- You or a household family member have been diagnosed with a major illness
- You have a child with a disability or born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace, or COBRA
- You need help exploring alternative healthcare avenues based on your income
- You are currently on dialysis (ESRD)

Here's how it works

1. Make a phone consultation appointment

Call 877-837-4196 to schedule a phone consultation appointment with one of the federal and state benefit experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.

2. Tell your story, ask questions, and learn

You don't have to wade through tons of complex and confusing information to try and figure out what applies to you. They will take the time to listen to your story and understand your needs, concerns, and goals. Then they will empower you with the unbiased information you need so you can maximize your benefits and make the best decision for your situation.

3. Enroll for benefits

Once you feel confident you have the information you need to make the best decision for you and your family, they'll walk you through the application and approval process.

4. Relax and celebrate

Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax, and celebrate.

877.837.4196 | [fedlogicgroup.com](https://www.fedlogicgroup.com) | services@fedlogicgroup.com

SNT BIOTECH:

At-Home Health Screening Made Easy

Closing care gaps and saving lives through early detection.

snt biotech

What SNT Biotech offers

At-Home Screening Kits

Convenient, private, and easy-to-use kits shipped right to your home.

Key Health Screenings

- Colon cancer (FIT)
- Diabetes (HbA1c)
- Kidney Function, and more.

Fast & Reliable Results

Samples processed in our accredited U.S. laboratory with secure result delivery.

Support at Every Step

Clear instructions, multilingual support, and live outreach if needed.

Why it matters

- Early detection can save lives and lower healthcare costs.
- At-home testing removes barriers like scheduling, transportation, and time off work.
- Empowers you to take charge of your health, on your own time, in your own space.

How Health Screens with SNT Biotech Work

- 1 Receive your kit in the mail.
- 2 Follow the simple instructions to collect your sample.
- 3 Return your sample in the prepaid package.
- 4 Get your results quickly and securely.

NEED HELP?

For questions or help with your kit, visit www.sntbiotech.com or call our member support line at 312.715.7101

*When calling, you **must** disclose that you are part of Tribute Insurance PIC.*

Remember, this all happens at no cost to you. These tests are fully covered by your health plan.



Cancer Expert Now

If you or your family member have been diagnosed with cancer contact: carenavigator@onviv.com to connect with one of the world's top cancer doctors.

Get the answers you need. You will be matched with a top expert in your cancer type.

A cost-free solution for the whole family.

Cancer Expert Now is a service offered by Cushing Terrell free of charge to you. You, your spouse, children, parents, and parents-in-law can use the service at any time, however many times you need.

Ask the Expert anything.

There is no question too big or small. Ask about:

- A screening
- A new or existing diagnosis
- A procedure or surgery
- A treatment plan
- Medications
- Survivor protocols
- A condition requiring a specialist
- And more...

CANCER EXPERT NOW IS HERE FOR YOU!

Schedule an appointment with a top expert.

carenavigator@onviv.com

+1 855-946-5735

CancerExpertNow.com/access/welcome

Monday–Friday, 8:00 AM–5:30 PM ET.

Your privacy is important to us.

Your information is uploaded into a secure, HIPAA-compliant portal. No details about your diagnosis will be shared with Cushing Terrell.

Speak directly with a top cancer expert from the comfort of your home.

Cancer Expert Now connects you to the world's leading experts in cancer research, care, and treatment. Find comfort in knowing that you are speaking with the best physician for your cancer type.

Important Legal Notices Affecting Your Health Plan Coverage

Initial and Annual Enrollment Notices – Guide

The Women’s Health Cancer Rights Act Of 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply.

Newborns Act Disclosure – Federal

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

Notice Of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

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

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.

Wellness Program Disclosure

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, call us at the telephone number listed at the end of this document and we will work with you to develop another way to qualify for the reward.

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, dial 1-877-KIDS NOW, or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 855.692.5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866.251.4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 855-MyARHIPP 855.692.7447	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov

<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p>FLORIDA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center: 800.221.3943/ State Relay 711</p> <p>CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus</p> <p>CHP+ Customer Service: 800.359.1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</p> <p>HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</p> <p>Phone: 1.877.357.3268</p>
<p>GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678.564.1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: 678.564.1162, Press 2</p>	<p>INDIANA – Medicaid</p> <p>Health Insurance Premium Payment Program All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/http://www.in.gov/fssa/dfr/</p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
<p>IOWA – Medicaid</p> <p>Medicaid Website: https://hhs.iowa.gov/medicaid</p> <p>Medicaid Phone: 1.800.338.8366</p> <p>Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki</p> <p>Hawki Phone: 1.800.257.8563</p> <p>HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program</p> <p>HIPP Phone: 1.888.346.9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1.800.792.4884</p> <p>HIPP Phone: 1.800.967.4660</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 855-459-6328</p> <p>Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kynect.ky.gov</p> <p>Phone: 1.877.524.4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp</p> <p>Phone: 1.888.342.6207 (Medicaid hotline) or 1.855.618.5488 (LaHIPP)</p>

<p style="text-align: center;">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 855.797.4357 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1.800-977-6740. TTY: Maine relay 711</p>	<p style="text-align: center;">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1.800.862.4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p style="text-align: center;">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1.800.657.36</p>	<p style="text-align: center;">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005</p>
<p style="text-align: center;">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1.800.694.3084 Email: HSHIPPProgram@mt.gov</p>	<p style="text-align: center;">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1.855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178</p>
<p style="text-align: center;">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1.800.992.0900</p>	<p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 15218</p>
<p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1.800.356.1561 CHIP Premium Assistance Phone: 609.631.2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1.800.701.0710 (TTY: 711)</p>	<p style="text-align: center;">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1.800.541.2831</p>

<p style="text-align: center;">NORTH CAROLINA – Medicaid</p>	<p style="text-align: center;">NORTH DAKOTA – Medicaid</p>
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919.855.4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1.844.854.4825</p>
<p style="text-align: center;">OKLAHOMA – Medicaid and CHIP</p>	<p style="text-align: center;">OREGON – Medicaid</p>
<p>Website: http://www.insureoklahoma.org Phone: 1.888.365.3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1.800.699.9075</p>
<p style="text-align: center;">PENNSYLVANIA – Medicaid and CHIP</p>	<p style="text-align: center;">RHODE ISLAND – Medicaid</p>
<p>Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp Phone: 1.800.692.7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1.800.986.KIDS (5437)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1.855-697.4347, or 401.462.0311 (Direct Rte Share Line)</p>
<p style="text-align: center;">SOUTH CAROLINA – Medicaid</p>	<p style="text-align: center;">SOUTH DAKOTA – Medicaid</p>
<p>Website: https://www.scdhhs.gov Phone: 1.888.549.0820</p>	<p>Website: http://dss.sd.gov Phone: 1.888.828.0059</p>
<p style="text-align: center;">TEXAS – Medicaid</p>	<p style="text-align: center;">UTAH – Medicaid and CHIP</p>
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1.800.440.0493</p>	<p>Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1.888.222.2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p style="text-align: center;">VERMONT – Medicaid</p>	<p style="text-align: center;">VIRGINIA – Medicaid and CHIP</p>
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1.800.250.8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1.800.432.5924</p>

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1.800.562.3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304.558.1700 CHIP Toll-free phone: 1.855.MyWVHIPP (1.855.699.8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1.800.362.3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1.800.251.1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1.866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1.877.267.2323, Menu Option 4, Ext. 61565

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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



Contact Information

Questions regarding any of this information can be directed to hr_support@cushingterrell.com



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juliebaber@cushingterrell.com

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