



2026 **AIRSTREAM** BENEFITS GUIDE

SUPPORT FOR LIFE'S EVERYDAY ADVENTURES

START HERE: SUPPORT FOR EVERY MILE AHEAD

Airstream understands that your life extends beyond the workplace. That's why we offer a variety of benefits and resources designed to help you maintain and improve your health and well-being through all stages of life.

You will find a wide range of those resources outlined in this Benefits Guide. This document is not just an enrollment guide; it is a resource for you and your family to use throughout the year. Inside, you will find a summary of each benefit plan and tips to help you choose which plans work best for your needs and budget.

If you need assistance or have any questions, please don't hesitate to contact Airstream Human Resources at hr@airstream.com.

Medicare Part D Notice: If you or your dependents are on Medicare or will be eligible within 12 months, federal law offers more prescription drug coverage options. Refer to page 37-38 for details.

Questions? Contact Human Resources:

hr@airstream.com



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ELIGIBILITY

All full-time associates working an average of 30 hours per week are eligible to enroll in benefits. For specific details, please refer to the plan document.

FOR YOUR FAMILY

Legislation regulates eligibility requirements for dependent coverage on medical insurance plans. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the associate
- Student status
- Employment status
- Residency with the associate
- Marital status

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

DEPENDENT ELIGIBILITY

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

Definition of “Eligible Dependents” for Medical, Dental, & Vision Coverage:

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

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



WHEN CAN I ENROLL?

1

OPEN ENROLLMENT

Open Enrollment is your once-a-year opportunity to adjust benefit coverages and update any dependents. This is also a good time to review your beneficiaries.

2

QUALIFYING LIFE EVENT

If you experience a qualifying life event, you have 30 days from the qualifying event to change an election.

3

NEW HIRES

Visit this link during your initial new hire eligibility period for more information:

go.airstream.com/mybenefits

NEED HELP ENROLLING?

Counselors are available over the phone to walk through enrolling in benefits. During your confidential, individual appointment, the counselor will help add, delete, or change plans. Plus, they can add or remove eligible dependents from your coverage.

1-877-373-4026

airstream.mybenefitsappointment.com

SPECIAL EVENT COVERAGE

When you first enroll, and/or if you change coverage mid-year due to a qualifying event, you may be asked to provide the applicable documents from the following list:

- Marriage certificate (for spouse)
- Birth certificate, social security card, or court document awarding custody or requiring coverage (for dependents)

MID-YEAR ENROLLMENT CHANGES SECTION 125 CAFETERIA PLAN

Associates receive the tax benefits of a Section 125 Cafeteria Plan. This plan allows you to pay for your associate benefits on a pre-tax basis to be deducted from your paycheck.

When you elect to pay for these authorized benefits pre-tax, you save money because you are paying less in taxes. You do not pay Federal Income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.

Sample of Savings Using Pre-Tax Deductions	Pre-Tax Contributions	Post-Tax Contributions
Associate Gross Pay	\$50,000	\$50,000
Pre-Tax Premium	\$500	-
Taxable Income	\$49,500	\$50,000
Assumed Tax Rate 1	25.65%	25.65%
Net Pay	\$36,865	\$37,175
After Tax Premium	-	\$500
Take Home Pay	\$36,865	\$36,675

¹ Assumed Tax Rate of 18% Federal Income Tax and 7.65% FICA (Social Security and Medicare).



BENEFIT HIGHLIGHTS

Benefit changes from 2025 Open Enrollment will take effect on January 1, 2026.

Your well-being is our top priority. Each year, we review our benefit plans to ensure they serve you and the company. The following changes reflect our commitment to creating a supportive environment where you can thrive.

NEW PRESCRIPTION DRUG ADMINISTRATOR

Starting January 1st, we're partnering with SlateRx/ OptumRx to manage your prescription benefits. This change brings you enhanced pharmacy services and improved customer support. See pages 10-11

NEW NO-COST SERVICES AT WILSON HEALTH

Exciting news! Beginning January 1st, you can receive these services at Wilson Health for \$0 out-of-pocket:

- CT Scans
- MRI Scans
- Mammograms
- Hip or Knee Replacement Surgery

How it works: These services are direct-billed to Airstream, meaning you pay nothing. They're administered separately from your Anthem health plan, so they won't appear on your Anthem statements or count toward your deductibles.

DEPENDENT CARE FLEX SPENDING ACCOUNT

We're excited to announce a new benefit designed to support working families: the Dependent Care Flexible Spending Account (DFSA) with a company match! See page 32



WHAT'S STAYING THE SAME?



MEDICAL PLAN

No changes to your coverage or plan design.



DENTAL PLAN

No changes to your coverage or plan design.



VISION PLAN

No changes to your coverage or payroll deductions.

PAYROLL DEDUCTIONS

SALARIED ASSOCIATES

Bi-Weekly | 26 Deductions Per Year

Medical Anthem	PPO1 Plan 60	PPO2 Plan 62
Associate Only	\$115.00	\$64.00
Associate + Spouse	\$214.00	\$150.00
Associate + Child(ren)	\$204.00	\$137.00
Associate + Family	\$265.00	\$178.00
Dental Delta Dental of Indiana		
Associate Only	\$12.00	
Associate + Spouse	\$24.46	
Associate + Child(ren)	\$34.62	
Associate + Family	\$53.08	
Vision VSP		
Associate Only	\$2.33	
Associate + Spouse	\$4.67	
Associate + Child(ren)	\$4.99	
Associate + Family	\$7.98	

HOURLY ASSOCIATES

Weekly | 52 Deductions Per Year

Medical Anthem	PPO1 Plan 60	PPO2 Plan 62
Associate Only	\$57.00	\$32.00
Associate + Spouse	\$107.00	\$75.00
Associate + Child(ren)	\$102.00	\$69.00
Associate + Family	\$132.00	\$89.00
Dental Delta Dental of Indiana		
Associate Only	\$6.00	
Associate + Spouse	\$12.23	
Associate + Child(ren)	\$17.31	
Associate + Family	\$26.54	
Vision VSP		
Associate Only	\$1.17	
Associate + Spouse	\$2.33	
Associate + Child(ren)	\$2.50	
Associate + Family	\$3.99	

MEDICAL



Medical coverage is important for you and your family. You can choose between two (2) different Anthem medical plan options. Both Medical plans meet ACA (Affordable Care Act) standards for Essential Coverage. For additional information, visit www.healthcare.gov/essential-health-benefits. Below is a snapshot summary of your medical benefits and is not intended to replace your Summary of Benefits or Coverage. (Group: 212078)

Medical	Plan 60		Plan 62	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$750	\$1,500	\$1,500	\$3,000
Family	\$1,500	\$3,000	\$3,000	\$6,000
Coinsurance (after deductible)	You pay 20%	You pay 40%	You pay 30%	You pay 50%
Annual Out-of-Pocket Maximum				
Individual	\$2,500	\$5,000	\$4,000	\$8,000
Family	\$5,000	\$10,000	\$8,000	\$16,000
Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	Covered 100%	You pay 40%	Covered 100%	You pay 50%
Office Visit	\$25 Copay	You pay 40%	\$40 Copay	You pay 50%
Specialist	\$35 Copay	You pay 40%	\$60 Copay	You pay 50%
Urgent Care	\$50 Copay	You pay 40%	\$50 Copay	You pay 50%
Diagnostic Scans / Imaging	You pay 20%	You pay 40%	You pay 30%	You pay 50%
Emergency Room	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Hospitalization	You pay 20%	You pay 40%	You pay 30%	You pay 50%
Outpatient Surgery	You pay 20%	You pay 40%	You pay 30%	You pay 50%
Prescription Drugs	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy Out of Pocket Maximum	\$2,500		\$4,000	
Retail (30 days)	\$10/\$30/\$50		\$10/\$30/\$50	
Mail Order (90 days)	\$20/\$60/\$100		\$20/\$60/\$100	
Specialty Drugs	25% to \$150 Max		25% to \$150 Max	

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

We call you because we care

Anthem has resources and programs that may help you. You can rely on Anthem to help you make the most of your health benefits and connect you to the care you may need. Because your health and well-being are important to us, you may receive a phone call from an Anthem case manager.

During this call, they may share:

- Health and wellness information that's personalized for you.
- Appointment or healthcare reminders.
- Programs and resources that can help support your needs and goals.

OUR CALLS ARE ALWAYS CONFIDENTIAL, SO YOU CAN FEEL COMFORTABLE TALKING WITH US.

We call with your best interest at heart.

You can talk with us about matters such as preparing for surgery or making healthier life choices. If you're expecting a baby, we will introduce you to resources that can help you have a healthier pregnancy.

We aren't "selling" anything.

We only call when we've noticed an area where we can help. The suggestions or programs we recommend are already included in your health benefits at no extra cost.

We will ask you to verify your name and date of birth.

That's because we want to make sure we're talking to the right person before we discuss your health. It's a way to protect your personal health information.



**OUR PHONE CALLS CAN
MAKE A BIG DIFFERENCE**

About 75% of members who talked with an Anthem case manager said they felt the program helped them better manage their condition.*

Anthem®

YOU CAN GIVE US A CALL, TOO.

If you have questions about your benefits, we're here to help. Call the Member Services number on your ID card or use the live chat feature on [anthem.com](https://www.anthem.com).

If you would prefer not to receive a call from Anthem, let us know by calling the Member Services number on your ID card.

Get connected online

You're in control with our easy-to-use digital features

You can visit welcome.optumrx.com/premium to:



Locate a pharmacy

Search for network pharmacies near you.



Find medication information

Search your plan's drug list to find covered products and more details.



Watch helpful videos

View our video library to learn more about Optum Rx.



Find answers to your questions

Read through commonly asked questions about the change to Optum Rx.



Ready to check out these features and more?

You can scan this code with your phone's camera and click on the link or go to welcome.optumrx.com/premium to explore your plan.

IMPORTANT PHARMACY BENEFITS INFORMATION

Your pharmacy benefit: Starting 01/01/2026, Optum Rx will provide your pharmacy benefits. Please read the following important reminders to prepare for your new benefit plan year.

Your prescription drug list: Visit welcome.optumrx.com/htctpremium to find your medication.

Know your costs: Your covered medication will be in Tier **1, 2 or 3**. Tiers are a way to explain how much your prescription will cost.

- Tier 1: Lowest cost generics
- Tier 2: Preferred brands
- Tier 3: Non-Preferred brands with lower cost options in Tier 1 or Tier 2

Your medication may say "YES" for **Prior Authorization, Step Therapy or Quantity Limit**. If this is true, talk to your doctor. Your doctor can visit slate-rx.promptpa.com or call 1-833-789-9236 to coordinate next steps for you starting 01/01/2026. If "NO" appears for the above, simply present your new ID card with your next fill.

Your pharmacy network: You can continue to fill your prescriptions at your local pharmacy. Optum Rx partners with all chain pharmacies and most independent pharmacies. You can visit welcome.optumrx.com/htctpremium to confirm that your pharmacy is in network.

You choose where to get your 3-month fills: You can get 3 months of your long-term medications at either your local network pharmacy or with Optum Home Delivery Pharmacy™. If you choose your local pharmacy, request a 90-day supply. If you choose mail, the first step is to register with Optum Home Delivery Pharmacy. Choose the way to get your medications that works best for you.

Register for Optum Home Delivery Pharmacy

- Visit OptumRx.com.
- Or call 1-844-888-3526 starting 01/01/2026

If you or a family member takes **Specialty medications**, you must fill through Optum Specialty Pharmacy beginning 01/01/2026. The first step is to fill out a new patient enrollment form. Choose the registration method that works best for you.

Register for Optum Specialty Pharmacy

- Visit specialty.optumrx.com/new-fill or call 1-877-838-2907

What's next:

Prior to January 1st

- Visit welcome.optumrx.com/htctpremium
- Watch your mailbox for your new Member ID card
- Have a 1-month supply of your medications on hand for the transition

Starting January 1st

- Register at OptumRx.com.
- Download the Optum Rx app on your smartphone
- If you have any questions, call 1-866-735-5654

DENTAL



Locate a Delta Dental PPO dentist at www.deltadentalin.com or call 1-800-524-0149 | Group: 1013

Delta	Delta Dental PPO Dentist	Delta Dental Premier	Non-Participating Dentist
Annual Deductible	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Annual Benefit Maximum	\$1,500	\$1,500	\$1,500
Lifetime Orthodontia Maximum	\$1,500	\$1,500	\$1,500
Services	Delta Dental PPO Dentist	Delta Dental Premier	Non-Participating Dentist
Preventive Care (Deductible Waived)	Covered 100%	Covered 100%	Covered 100%
Basic	Plan pays 80%	Plan pays 80%	Plan pays 80%
Major	Plan pays 50%	Plan pays 50%	Plan pays 50%
Orthodontia	Plan pays 50% up to age 26	Plan pays 50% up to age 26	Plan pays 50% up to age 26



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

SEEKING CARE OPTIONS

When these medical situations occur, we're often faced with uncertainty about where to go for care. While the answer is not always simple, knowing the difference between a walk-in clinic, an urgent care center and a hospital emergency room can make a huge difference, especially if you have a medical emergency.

1

AIRSTREAM ONSITE HEALTH CENTER

All Airstream associates can use the clinic at **no cost**. You can schedule appointments during working hours without using PTO/Vacation with approval from your supervisor. Common Medications can be prescribed. Medications, referrals, and lab work will be billed through insurance and may have a cost to you.

Schedule an appointment | 937-421-4081.

2

VIRTUAL VISIT LIVEHEALTH ONLINE

Provides 24/7 /365 access to a doctor through phone or video consults. Common Medications can be prescribed and called into your local pharmacy. It's important to set up your profile in advance of needing care.

Download the LiveHealth Online Mobile App.

3

DOCTORS OFFICE

You need routine care for a current health issue. Your primary care doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications, and refer you to a specialist, if necessary.

Call your local office to schedule an appointment.

4

CONVENIENCE CARE CLINIC

In situations where you may not be able to get in to see your primary care doctor and your condition is not urgent or an emergency, you may want to consider a Convenience Care Clinic. Services at these types of clinics are usually available to patients 18 months of age or older.

Walk in patients welcome, wait times may vary.

5

URGENT CARE CENTERS

In situations where you need medical care fast, but a trip to the emergency room is not necessary, you may want to consider an Urgent Care Center. You can be treated for many minor medical issues, usually at a lower cost and on quicker turn around than an emergency room.

Walk in patients welcome, wait times may vary.

6

EMERGENCY ROOM

In situations where you or a covered dependent may be experiencing a true medical emergency you should go to the nearest Emergency Room or call 911. An emergent medical condition usually results in serious jeopardy to your health, impairment of bodily functions, or serious dysfunction of organs.

Wait time varies as patients with life threatening emergencies are treated first.

AIRSTREAM HEALTH CENTER



Operated in partnership with Wilson Health, the Airstream Health Center is available at **no cost** to all Airstream associates as well as associates' dependents covered by Airstream's medical insurance plan. Services include health risk assessments, chronic disease management, various acute infections, work-related injuries, and mental health services.

Frequently asked questions

WHO HAS ACCESS TO THE CLINIC?

All Airstream associates can use the Health Center. Dependents of associates that are covered under Airstream's medical plan may also use the Health Center.

IS THERE A COST FOR VISITS OR OTHER SERVICES?

No. Associates can use the clinic at no cost. Services such as sending out blood work, and referrals to specialists will still be billed through insurance.

WILL I NEED TO USE PTO TO VISIT THE CLINIC?

Associates can schedule appointments, with approval from your supervisor, during working hours without having to use PTO.

SERVICES

HEALTH CLINIC SERVICES

- Individualized health history, evaluations, and health risk assessments
- Chronic disease management
- Various acute infections (eye, upper respiratory, urinary, etc.)
- Gastrointestinal disorders
- Sprains, strains, contusions
- Skin-related issues (rashes, lacerations, minor lesions, minor burns)
- Lab service administration
- Occupational health services including audio and respiratory testing
- Work-injury evaluation and treatment
- Mental Health Services
- On-Site testing (i.e. flu, strep, pregnancy)
- Clinical counseling services

MENTAL HEALTH SERVICES

Airstream offers an on-site therapist to assist associates with their mental well-being. Tiffany Moore, LSW, MSW is the Clinical Manager for ViaQuest Psychiatric and Behavioral Solutions. A major focus of her work has been anxiety and stress management, depression, relationship issues, adjustment to life, and workplace stress. She is trained in Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT).

ATHLETIC TRAINING SERVICES

Airstream provides an on-site Certified Athletic Trainer for Airstream. The office is located in the main lobby of the travel trailer production facility.

Our objective/goal in providing on-site Athletic Training Services is to support all Airstream associates in maintaining their safety, well-being, and productivity while at work and home life.

Their services are designed to help each Airstream associate with their overall health and wellness. This is accomplished with the following services:

- Injury prevention and treatment
- Stretching (stretch and flex program and at home stretches)
- Therapeutic exercises
- Early symptom intervention for both work-related and non work-related injuries
- Ultrasound electrical stimulation



CONVENIENT CARE FOR YOU AND YOUR FAMILY

Call 1-937-421-4081 to schedule an appointment.

Clinic Hours: Mon-Thur 7:30am-4:00pm, Fri 7:30am-12pm

Athletic Trainer: Mon-Thur 8:00am- 4:00pm

VIRTUAL VISIT LIVEHEALTH ONLINE

SIGN UP TODAY!

Register today so you're ready for a visit when you need one. To sign up, download the LiveHealth

Online mobile app or visit www.LiveHealthOnline.com.

Next, you:

- Click **Sign Up** to create your account and enter your personal information.
- Read and agree to the **Terms of Use**.
- Choose your **Location**.
- Enter your **birth date** and choose your **gender**.
- For the question "Do you have insurance?" select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information.
- For **Health Plan**, select **Anthem**.
- For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card.
- Insert a **Service Key** if you have one.
- Select **Finish** button.



VIRTUAL CARE

When you're not feeling well you can get the support you need easily by using LiveHealth Online.

Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. You can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet, or computer from home or anywhere.

Get help on common health issues, such as:

- Allergies
- Cold & Flu
- Fever
- Rashes
- Pinkeye
- Sinus Infections

MENTAL HEALTH

You may also schedule a visit with a licensed therapist online or consult with a board-certified psychiatrist for mental health concerns.

Depending on which medical plan you enroll in, your cost for LiveHealth will not exceed \$59.

HAVE QUESTIONS?

Call 1-888-548-3432 | Email help@livehealthonline.com

LiveHealth Online Mobile App | Visit www.LiveHealthOnline.com

1

FIND PROVIDERS, QUANTITY & COSTS

Did you know different doctors and hospitals may charge different amounts for the same service?

Find in-network providers and shop around using Anthem's cost estimator tool to see costs based on your own medical benefits before you get care. You can also compare the quality of different procedures.

To learn more, visit www.anthem.com.

2

KEEP DRUG COSTS DOWN

Be a wise health care consumer and possibly cut your prescription drug costs by up to 90%. Strategies to help you save money include:

- Common medications may be free of charge through the Airstream Health Center.
- Shop around local pharmacies for the best price.
- Ask your doctor about generic or over-the-counter alternatives.

3

PRACTICE PREVENTION

Preventive care is a type of health care whose purpose is to shift the focus of health care from treating sickness to maintaining good health.

Most health plans cover a set of preventive services at no cost to you, such as:

- Annual checkups
- Health screenings
- Immunizations



PERSONALIZED HEALTHCARE



VIRTUAL CARE THROUGH SYDNEY HEALTH

Sydney Health mobile app gives you 24/7 access to your benefits, claims information, and ID cards. Plus, you can use it to find doctors, set up virtual care visits, track your health, and receive important information about your plan.

With Sydney Health, you can ask questions using live chat, check and manage your benefits, refill your prescriptions and even receive virtual care over chat or video. Find personalized action plans on My Health Dashboard when you visit www.sydneyhealth.com

MANAGE YOUR CLAIMS

You can submit and track your claims anywhere and at any time.

COMPARE CARE & COSTS

Find doctors in your plan's network and compare care costs up front.

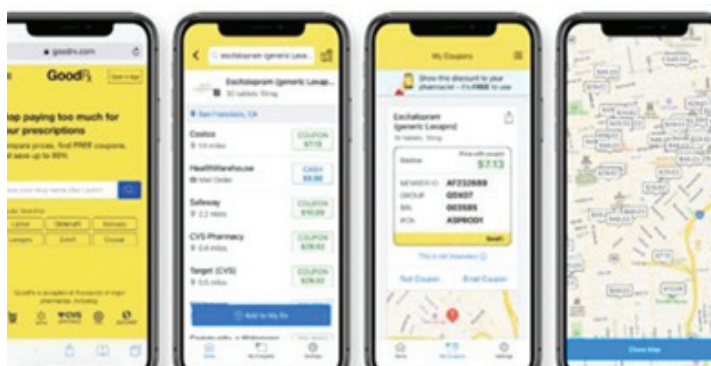
ACCESS YOUR ID CARD

Your digital ID Card is always with you when you need it.

PHARMACY SAVINGS

GoodRx

Every week, GoodRx collects millions of prices and discounts from pharmacies, drug manufacturers and other sources. Use their app to compare prices at pharmacies near you. GoodRx will show you prices, coupons, discounts, and saving tips. Don't pay too much! Prices for prescription drugs vary widely between pharmacies. U.S. drug prices are neither fixed nor regulated. The cost of a prescription may differ more than \$100 between two pharmacies across the street from each other.



WALMART

Your prescription may be available with Walmart's \$4 generic program. \$4 for generic medication for a 30-day supply or \$10 for a 90-day supply.

The price is available in select stores only. For more information, please visit www.walmart.com/pharmacy and:

- Click "Low-cost prescriptions"
- Select a medical category to see if your medication is listed
- If your medication is listed, check with your local Walmart to verify the cost
- You have a choice to transfer your prescription or talk to your doctor about lower cost drugs



VISION



Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Vision	In-Network
Exam	\$10 Co-pay / Covered every 12 months
Lenses	\$10 Co-pay / Covered every 12 months
Frames	\$10 Co-pay / Covered every 24 months
Contact Lenses	\$10 Co-pay / Covered every 12 months
Additional Pairs of Glasses	Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor
KidsCare Plan	The VSP KidsCare Plan provides children two comprehensive eye exams, up to two pairs of lenses (with prescription change), and a frame every year, even when the subscribing member's plan only provides coverage for glasses every other year. The VSP KidsCare Plan also provides coverage for contact lenses in lieu of glasses
Laser VisionCare Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase



CONTACT VSP

Locate an in-network provider near you at

www.vsp.com/eye-doctor or call 1-800 877 7195.

Group number: 30100875

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

HEARING AID DISCOUNTS

vsp
vision care

TruHearing®

SAVE UP TO 60% ON BRAND-NAME HEARING AIDS

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000¹, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

BESIDES GREAT PRICING, TRUHEARING PROVIDES:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid for non-rechargeable models

PLUS, WITH TRUHEARING YOU'LL GET:

- Access to a national network of more than 6,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!



HOW IT WORKS

Contact TruHearing.

Call 1-877.396.7194. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at www.truhearing.com/vsp or call 877.396.7194 with questions.

LIFE/AD&D



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



**Remember to update
your beneficiaries**

Keep your beneficiaries up to date to ensure benefits go to the right person when needed.

Actively-At-Work Requirement:

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

Dependent Delayed Effective Date:

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

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

Definition of "Eligible Dependents"

It is the responsibility of the associate to ensure dependents are eligible for coverage under these policies.

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

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

* The value of employer-funded life insurance benefits in excess of \$50,000 is taxable to you.

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

¹ If you enroll when first offered, you may receive up to the listed amount without having to answer medical questions.

COVERAGE HIGHLIGHTS

Airstream provides Basic Life/AD&D insurance. To view your specific benefit amount*, please refer to your benefit summary.

For additional protection, you can elect Voluntary Term Life/AD&D coverage with the following options:

- **Associate:** Up to 5 times annual earnings or \$500,000 maximum with \$250,000 guaranteed issue¹.
- **Spouse[^]:** Up to 100% of associate coverage or \$150,000 maximum with \$50,000 guaranteed issue¹.
- **Children[^]:** \$10,000 per child

Premium costs for voluntary coverage are based on the life insurance amount selected and the associate's age. For detailed benefit summaries and specific premium costs, please contact the HR department.

DISABILITY



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

COVERAGE HIGHLIGHTS

BENEFIT AMOUNTS

Short-term disability provides 60% of earnings up to \$2,300 per week; long-term disability replaces 60% of earnings up to your plan maximum (see benefit summary for details).

WAITING PERIODS

Short-term benefits begin after 14 days for injury or illness; long-term benefits begin after 180 days

BENEFIT DURATION

Short-term coverage lasts up to 24 weeks; long-term coverage continues up to Social Security normal retirement age (SSNRA).

Pre-Existing Condition Limitations

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

Actively-At-Work Requirement

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

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



DISABILITY ASSOCIATE COST

To view your personalized rates, refer to your benefit highlight sheet for details.

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

SUPPLEMENTAL HEALTH BENEFITS



The following benefits may protect your financial security in the event of an unexpected medical expense. To view your personalized rates, refer to your benefit highlight sheet for details.



ACCIDENT

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



CRITICAL ILLNESS

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



HOSPITAL INDEMNITY

Helps cover the cost of expenses if you are confined to hospital for a period of time. (i.e., pregnancy/accident).

GET PAID FOR TAKING CARE OF YOUR HEALTH: WELLNESS BENEFIT

If you are enrolled in coverage, you can receive a **\$100 wellness benefit payment** for each coverage, each year when you have a qualifying screening or test.

Actively-at-Work Requirement:

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

Dependent Delayed Effective Date:

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

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

ACCIDENT



When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.



COMMON COVERED BENEFITS

Once your coverage goes into effect, you can file a claim for covered accidents that occur after the plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. Here are some covered benefits:

- Dislocations
- Fractures
- Concussions
- Lacerations
- Ambulance
- Emergency room visits & Hospital admission
- Surgical benefits
- Follow-up treatments
- Travel & Lodging
- Accidental death and dismemberment

HELPS COVER RELATED EXPENSES

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

PAYS CASH BENEFITS DIRECTLY TO YOU

Accident insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this - there are no health questions or pre-existing condition limitations.

CRITICAL ILLNESS



When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan. While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with a related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.



Critical Illness Benefit Amounts	
For you	You can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

COVERED CONDITIONS

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after the plan's effective date. Below is a list of commonly covered conditions.

- Heart attack
- Stroke
- Major organ failure
- Invasive cancer
- Complete blindness
- Complete loss of hearing
- Loss of speech
- Coma
- Severe burns
- Advanced ALS/Lou Gehrig's Disease
- Paralysis
- Certain childhood conditions

In order to receive benefits for more than one critical illness, there must be at least 1 month between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

HOSPITAL INDEMNITY



When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan. While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.



FIRST DAY BENEFITS

Provides immediate \$1,000 payment when admitted to a hospital, helping cover unexpected costs from the very first day of your hospital stay.



CONFINEMENT BENEFITS

Covers ongoing hospital expenses with daily payments (\$100/day for standard rooms and ICU), plus newborn and rehabilitation care during extended stays.



ADDITIONAL BENEFITS

Includes observation unit coverage (\$100/day for stays under 20 hours) and \$100 annual wellness screening benefit.



BENEFITS PAYABLE FOR HOSPITAL STAYS DUE TO:

Sickness, accidents (confinements due to an accident must be within 365 days of the accident), routine pregnancy, complications of pregnancy, newborn complications, mental and nervous disorders, and substance abuse.

RETIREMENT PLAN: 401(K)



Your Retirement Plan is a 401(k) plan that gives you a way to save for retirement through before or after tax contributions. Airstream will match 50% of the first 6% contribution. (You must be 18 years of age or older and have completed 90 days of service.)



If you have questions or need help getting started call Fidelity at 1-800-835-5097.

If you do not wish to automatically be enrolled and want to opt-out, please go to www.netbenefits.com/easy to opt-out.

TAKE THE FIRST STEPS TO SAVE FOR YOUR FUTURE

You are automatically enrolled on the first day of the month after 90 days at a 6% contribution. Choose a savings approach that suits you today – and adjust it any time to fit your changing needs. You can update your contributions online at www.netbenefits.com/easy.

Establish Your Beneficiaries

It's important to name and regularly review and update beneficiaries for your 401(k) retirement plan benefits to prevent benefits being paid according to Plan rules, which might be different from the designation you would choose.

Please take a few moments today to name your beneficiaries (<https://netbenefits.fidelity.com/NBLogin/?option=Beneficiary>) to ensure that your benefits will be distributed according to your wishes.

To navigate to your beneficiary designations online:

1. Log into your account at www.netbenefits.com.
2. Click the Your Profile link.
3. Select Beneficiaries and follow the online instructions.

Once you have completed your beneficiary designations, you will be able to view them on NetBenefits® or on the NetBenefits® App. Please be sure to review your choices regularly and update them after certain life events, such as a marriage, divorce, birth of a child, or a death in the family.



EMPLOYEE ASSISTANCE PROGRAM



Life. Just when you think you've got it figured out, along comes a challenge. This safe and confidential program is here for you and can help you and your family find solutions and peace of mind.



**RECEIVE UP TO 5
FREE COUNSELING
SESSIONS EACH YEAR!**

If you need additional support, the EAP team will try to refer you to resources that are affordable or covered by your medical insurance.

CONFIDENTIAL SUPPORT

The Employee Assistance Program (EAP) can help you and your family with the following challenges:

- Anxiety, depression, stress, & other mental health struggles
- Childcare & eldercare
- Financial problems & legal concerns
- Grief & loss
- Job pressures
- Relationships
- Shelter & Government assistance

**Connect with a
Counselor**

877-595-5284

guidanceresources.com

MEDICARE OPTIONS



If you're 65 or approaching 65, you may be eligible for Medicare coverage alongside or instead of Airstream's medical plan. We offer free resources to help you understand your Medicare options and determine the best coverage for your situation.



POTENTIAL COST SAVINGS

Purchasing Medicare coverage could help reduce your overall healthcare expenses compared to Airstream insurance alone.



COMPREHENSIVE COVERAGE OPTIONS

You may be eligible for Medicare Part A & B (hospital and medical), a Medicare Supplement plan, and Medicare Part D (prescription drugs).



FREE RESOURCES AVAILABLE

Take advantage of our complimentary resources and guidance to navigate your Medicare options and make an informed decision about your coverage.



FLEXIBILITY WITH EMPLOYER COVERAGE

You can remain on the company medical plan as long as you work full-time and meet eligibility requirements, even if you're Medicare-eligible.

1

MEDICARE PART A: HOSPITAL INSURANCE

Part A covers hospital stays and typically requires no monthly premium. You can sign up during or after your Initial Enrollment Period if eligible, though those who must purchase Part A can only enroll during specific Medicare enrollment periods.

2

MEDICARE PART B: PHYSICIAN INSURANCE

Part B covers doctor visits and outpatient services for a monthly premium. Enrollment is restricted to certain Medicare-designated enrollment periods.



LEARN MORE & REVIEW YOUR RESOURCES

MEDICARE LIBRARY

Our Medicare library is available 24/7 online. Here you can browse videos, listen to an agent and access information at your convenience.

ADDITIONAL INFORMATION

For government resources, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit www.Medicare.gov.

NEXT LEVEL PLANNING HELP

Get advice from licensed agents for diverse health insurance options, personalized benefits, and financial planning.



Visit: employeenavigator.com/benefits/Account/Login

UN: Medicare | PW: Benefits65

Call (414) 369-6628

Visit www.NLPWM.com

3

MEDICARE PART D: PHARMACY INSURANCE

Part D provides prescription drug coverage for a monthly premium, covering a wide range of medications for Medicare beneficiaries.

4

SUPPLEMENTAL COVERAGE

Additional coverage options help fill gaps in original Medicare and can include Medigap policies, employer-sponsored plans, or Medicaid benefits.

DEPENDENT CARE FLEX SPENDING ACCOUNT

We're excited to announce a new benefit designed to support working families: the Dependent Care Flexible Spending Account (DFSA) with a company match!

Beginning January 1, 2025, eligible associates will be able to contribute pre-tax dollars to a DFSA to help cover dependent care expenses such as daycare, preschool, after-school programs, and eldercare. To further support your savings, Airstream will match your contributions dollar-for-dollar up to \$500 annually.

Key Highlights:

- Use pre-tax dollars for qualified dependent care expenses.
- Receive up to \$500 in matching contributions from Airstream.
- Annual contribution limit (including match): \$5,000 per household.
- Administered through Health Equity.

Eligibility:

All full-time associates working an average of 30 hours per week are eligible to enroll.

Next Steps:

- Enrollment opens during our upcoming Open Enrollment period.
- Marketing materials and FAQs will be shared soon.
- For questions, reach out to HR or visit the benefits portal.

We're proud to offer this new benefit to help you balance work and family life more effectively.



WELLNESS PROGRAM



Airstream has partnered with our Health Center to focus on associates' health and wellness.



ASSOCIATES

Associates will receive a \$200 bonus if they complete their annual physical and biometric screening between January 1st to June 1st, 2026.

SPOUSES

Spouses can also earn a \$100 bonus if they too complete their annual physical and biometric screening between January 1st to June 1st, 2026.



PHYSICALS & BIOMETRIC SCREENINGS

Physicals and biometric screenings can be scheduled at the Health Center or completed by the associate's Primary Care Physician. If an associate chooses to complete their physical with their PCP, the PCP must complete a form and the associate will need to provide it to the Health Center.



BENEFIT TERMS

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

Definitions

- **Annual limit**—Cap on the benefits your insurance company will pay in a given year while you are enrolled in a particular health insurance plan.
- **Claim**—A bill for medical services rendered.
- **Cost-sharing**—Health care provider charges for which a patient is responsible under the terms of a health plan. This includes deductibles, coinsurance, and copayments.
- **Coinsurance**—Your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service.
- **Copayment (copay)**—A fixed amount you pay for a covered health care service, usually when you receive the service.
- **Deductible**—The amount you owe for health care services each year before the insurance company begins to pay. Example: John has a health plan with a \$1,000 annual deductible. John falls off his roof and has to have three knee surgeries, the first of which is \$800. Because John hasn't paid anything toward his deductible yet this year, and because the \$800 surgery doesn't meet the deductible, John is responsible for 100 percent of his first surgery.
- **Dependent Coverage**—Coverage extended to the spouse and children of the primary insured member. Age restrictions on the coverage may apply.
- **Explanation of Benefits (EOB)**—A statement sent from the health insurance company to a member listing service that were billed by a provider, how those charges were processed and the total amount of patient responsibility for the claim.
- **Group Health Plan**—A health insurance plan that provides benefits for associates of a business.
- **In-network Provider**—A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.
- **Inpatient Care**—Care rendered in a hospital when the duration of the hospital stay is at least 24 hours.
- **Insurer (carrier)**—The insurance company providing coverage.
- **Insured**—The person with the health insurance coverage. For group health insurance, your employer will typically be the policyholder and you will be the insured.
- **Open Enrollment Period**—Time period during which eligible persons may opt to sign up for coverage under a group health plan.
- **Out-of-network Provider**—A provider who is not contracted with your health insurance company.
- **Out-of-pocket Maximum (OOPM)**—The maximum amount you should have to pay for your health care for one year, excluding the monthly premium. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.
- **Outpatient Care**—Care rendered at a medical facility that does not require overnight hospital admittance or a hospital stay lasting 24 hours or more.
- **Policyholder**—The individual or entity that has entered into a contractual relationship with the insurance carrier.

- **Premium**—Amount of money charged by an insurance company for coverage.
- **Preventive Care**—Medical checkups and tests, immunizations and counseling services used to prevent chronic illnesses from occurring.
- **Provider**—A clinic, hospital, doctor, laboratory, health care practitioner or pharmacy.
- **Qualifying Life Event**—A life event designated by the IRS that allows you to amend your current plan or enroll in new health insurance. Common life events include marriage, divorce, and having or adopting a child.
- **Qualified Medical Expense**—Expenses defined by the IRS as the costs attached to the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.
- **Summary of Benefits and Coverage (SBC)**—An easy-to-read outline that lets you compare costs and coverage between health plans.

Acronyms

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

AIRSTREAM, INC.:

IMPORTANT DISCLOSURES & NOTICES

Michelle's Law Notice

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

Benefits during a Leave of Absence

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

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

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

www.healthcare.gov.

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

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

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

Employees living in one of the following States may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2025. V 0.6.0. The most recent CHIP notice can be found at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>. Contact the respective State for more information on eligibility –

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

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

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

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322

Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

FLORIDA – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

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

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

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: [iowa Medicaid | Health & Human Services](http://iowa.gov/health-human-services)
Medicaid Phone: 1-800-338-8366
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](http://hawki-iowa.gov/health-human-services)
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://iowa.gov/health-human-services/hipp)
HIPP Phone: 1-888-346-9562

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

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/>

[member/Pages/kihipp.aspx](#)

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine Relay 711

Private Health Insurance Premium

Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine Relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website:

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

Phone: 1-800-657-3672

MISSOURI – Medicaid

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

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

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

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

Phone: 1-888-365-3742

OREGON – Medicaid

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

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://Children'sHealthInsuranceProgram(CHIP).pa.gov)

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347 or

401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

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

Phone: 1-888-828-0059

TEXAS – Medicaid

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

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

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

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone:

1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

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

Phone: 1-800-362-3002

WYOMING – Medicaid

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

Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since 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

Notice Regarding Wellness Program

Airstream Onsite Clinic is a voluntary wellness program available to all employees.

The program is administered according

to federal rules permitting employer-

sponsored wellness programs that seek

to improve employee health or prevent

disease, including the Americans with

Disabilities Act of 1990, the Genetic

Information Nondiscrimination Act of 2008,

and the Health Insurance Portability and

Accountability Act, as applicable, among

others. If you choose to participate in the

wellness program, you will be asked to

complete a voluntary health risk assessment

or "HRA" that asks a series of questions

about your health-related activities and

behaviors and whether you have or had

certain medical conditions. You will also be

asked to complete a biometric screening.

You are not required to complete the

HRA or to participate in the blood test or

other medical examinations. Associates

who choose to participate in the wellness program will receive an incentive of \$200 for completing their annual physical and biometric screening. Although associates are not required to complete the HRA or participate in the biometric screening, only associates who do so will receive the incentive. The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You are also encouraged to share your results or concerns with your own doctor.

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

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Airstream Inc may use aggregate information it collects to design a program based on identified health risks in the workplace, Airstream Onsite Clinic will never disclose any of your personal information except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Nurse Practitioner and Certified Medical Assistant in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personal records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information

you provide in connection with the wellness program, we will notify you immediately.

Patient Protection Notice

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

Women's Health and Cancer Rights Act of 1998

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

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

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which

require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

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

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

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

for a special enrollment period.

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

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

Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.12% of household income for the plan year beginning in 2025, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.*

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

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

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

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to

enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

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

Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)

If an employee or their dependent was:

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

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

HIPAA Notice of Privacy Practices

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

HIPAA Notice of Privacy Practices
The Airstream, Inc. Group Medical Plan (the "Plan"), which may

include other health and welfare benefit offerings, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures Airstream, Inc. has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

1. Payment and Health Care Operations: In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination

Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. Disclosure to the Plan Sponsor: As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

3. Requirements of Law: When required to do so by any federal, state or local law.

4. Health Oversight Activities: To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

5. Threats to Health or Safety: As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

6. Judicial and Administrative Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

7. Law Enforcement Purposes: To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

8. Coroners, Medical Examiners, or Funeral Directors: For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

9. Organ or Tissue Donation:

If the person is an organ or tissue donor, for purposes related to that donation.

10. Specified Government Functions: For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

11. Workers' Compensation: As necessary to comply with workers' compensation or other similar programs.

12. Distribution of Health-Related Benefits and Services: To provide information to the individual on health-related benefits and services that may be of interest to them.

Notice in Case of Breach Airstream, Inc. is required to maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

Use and Disclosure of Individual Health Information by the Plan that Does Require Individual Authorization: Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Individual Rights with Respect to Personal Health Information: Each

individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses and Disclosures: An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111.

Right to Inspect and Copy Individual Health Information: An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

Right to Amend Your Health Information: You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111. The request may be denied in whole or part and if

so, the Plan will provide a written explanation of the denial.

Right to an Accounting of Disclosures: An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential Communications: An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this Notice: Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their HIPAA Privacy Officer at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of individual health

information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

Complaints and Contact Person: If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at Airstream, Inc., 1001 W. Pike St, Jackson Center, OH 45334, 877-596-6111. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated.

[Important Notice from Airstream, Inc. about Your Prescription Drug Coverage and Medicare \(Creditable Coverage\)](#)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Airstream, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should

compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may

For more information about Medicare prescription drug coverage:

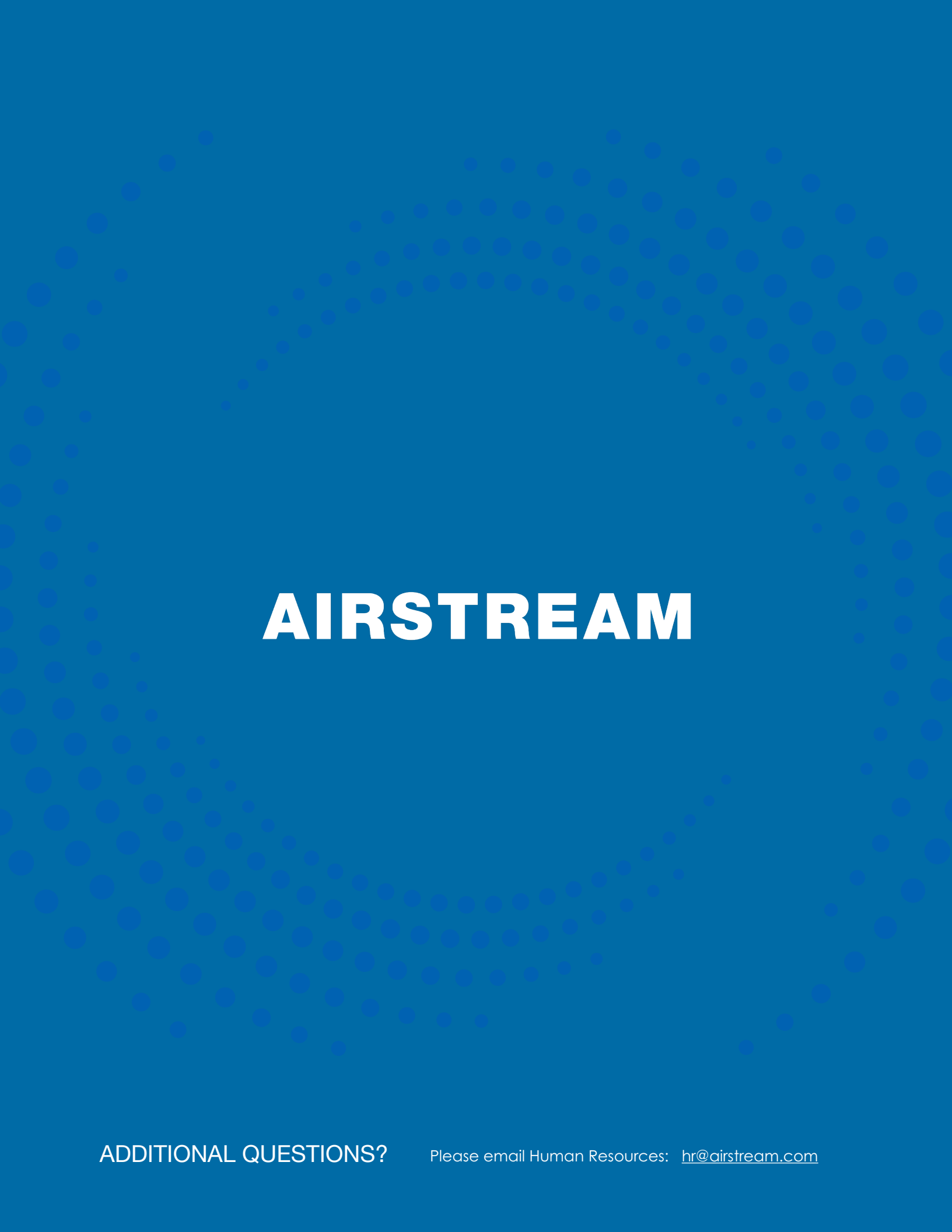
- Phone Number: 877-596-6111



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CONTACT INFORMATION

Coverage	Phone	Website
Medical Member Services <i>Anthem</i>	1-866-350-7596	www.anthem.com
24/7 Nurse Line <i>Anthem</i>	1-888-596-9473	www.anthem.com
Mental Health/Substance Abuse (Pre-Certification) <i>Anthem</i>	1-866-776-4793	www.anthem.com
Coverage While Traveling <i>Anthem</i>	1-800-810-2583	www.anthem.com
Pharmacy <i>SlateRx / Optum Rx</i>	1-866-735-5654	www.OptumRx.com
Prior Authorization <i>Anthem</i>	1-833-293-0659	www.anthem.com
Onsite Health Center <i>Wilson Health</i>	1-937-421-4081	-
Dental <i>Delta Dental of Indiana</i>	1-800-524-0149	www.deltadentalin.com
Vision <i>VSP</i>	1-800-877-7195	www.vsp.com
Life/AD&D <i>Sun Life</i>	1-800-247-6875	www.sunlife.com/us/en/
Disability <i>Sun Life</i>	1-800-247-6875	www.sunlife.com/us/en/
Supplemental Health <i>Sun Life</i>	1-800-247-6875	www.sunlife.com/us/en/
Employee Assistance Program <i>Sun Life</i>	1-800-247-6875	www.sunlife.com/us/en/
401(k) Retirement Savings <i>Fidelity</i>	1-866-260-9745	www.netbenefits.com/easy

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AIRSTREAM

ADDITIONAL QUESTIONS?

Please email Human Resources: hr@airstream.com