



2026 Employee Benefits Enrollment Guide



What's Inside

Page 1

Welcome

Page 2

Eligibility Guidelines

Page 3-4

UHC Medical Insurance

Page 5

Health Savings Account

Page 6

Wellness Program

Page 7

UHC Resources

Pages 8 - 9

UHC Health and Wellness Benefits

Optum RX

Virtual Visits

Page 10

UHC One Pass Select

Page 11

UHC Dental Insurance

Page 12

Vision Insurance

Page 13

Life Insurance

Page 14

Disability Insurance

Page 15

Accident

Hospital Indemnity

Page 16

Critical Illness

Page 17

LegalShield

IDShield

Page 18-19

Employee Assistance Program

Page 20

Retirement/401K

Page 21

ESOP Information and Rewards

Page 22-27

Required Notices

Page 28

Contact Information

Welcome

Our employees are our most valuable asset. That is why at Preferred Pump & Equipment we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a positive work / life balance.

Staying Healthy and Feeling Secure

- ✓ Medical Insurance
- ✓ Dental Insurance
- ✓ Vision Insurance
- ✓ Employee Assistance Program
- ✓ Live Well Wellness Plan
- ✓ Life and Accidental Death & Dismemberment
- ✓ Disability Insurance
- ✓ Supplemental Benefits
- ✓ Health Savings Account (H.S.A.)
- ✓ 401(k) Savings Plan
- ✓ ESOP

Preferred Pump & Equipment strives to provide the highest quality and most cost-efficient insurance programs available. Within this benefit guide, you will find the summary information about the benefits available to you. We encourage you to read through and familiarize yourself with these plans. We want you to choose the right benefit options that provide the best solutions for you and your family.

Please note: Any benefit election changes that you make will remain in effect during the entire plan year. The plan year begins 01/01/2026 and ends 12/31/2026. During the plan year you may change your benefit elections if you have a family status change as determined by the IRS. A family status change is generally defined as a birth, marriage, divorce, or change in coverage. You must submit a Life Event request in ExponentHR within 31 days of the event.

How to Enroll

You may enroll in or make changes to your benefits by logging into exponenthr.com. For questions, contact Delia Flores-Velazquez at (817) 413-2681 or dfloresvelazquez@preferredpump.com.

Online Benefits Information Resource

Our online benefits library puts all of the benefits information right at your fingertips – anytime, anywhere. This is your go-to, online resource for your benefit needs. To learn more, visit preferredpump.mybenefitslibrary.com.

Eligibility Guidelines

Who Can You Cover?

You and your dependents are eligible to enroll in PREFERRED PUMP benefits if:

- ✓ You are a full-time team member
- ✓ Your dependents meet the following criteria:
 - Dependent Child: birth certificate, adoption or guardianship papers and their Social Security card. Your child is an eligible dependent from birth through the month of their 26th birthday.
 - Spouse: marriage license and a current federal income tax return or other document showing proof of shared residence, date of birth and Social Security Card.

When Can I Make a Change to My Benefits?

If you experience a qualifying life event that results in the gain or loss of insurance for yourself and/or your dependents, you must report it to HR within 31 days of the event.

Examples of qualifying life events:

- ✓ Marriage or divorce
- ✓ Birth or adoption
- ✓ Death of spouse or child
- ✓ Gain or loss of other coverage
- ✓ You or your eligible family members experience a change in employment status that affects benefits eligibility (e.g. transitioning from part-time to full time)
- ✓ Dependent child reaches 26 years of age
- ✓ FMLA leave, COBRA event, court judgment or decree
- ✓ Becoming eligible for Medicare
- ✓ Loss of Medicaid and/or CHIP
- ✓ Receiving a Qualified Medical Child Support Order or attaining age 24 (for other eligible dependents), as the case may be, and remained covered through such age; and (ii) the child or other eligible dependent satisfies the criteria for eligibility under one of the categories described above but for his or her age. The coverage for children will end on the last day of the month in which the limiting age is reached.

IMPORTANT:

If you decide not to enroll in benefits for 2026, you will need to wait until the next open enrollment period to select benefits for 2027 unless you experience a qualifying life event.



Medical Insurance – High Deductible Plan

Administered by United Healthcare

There's nothing more important than your health. And, because each person's health care needs are different, Preferred Pump offers two medical plan options through United Healthcare: the High Deductible Plan and Copay Plan. The United Healthcare network for these plans is Choice Plus. You can conduct a medical provider search by visiting www.myuhc.com and searching under the Choice Plus network.



Review the table below to learn more about the High Deductible Plan.

Medical Plan Features <i>In-Network</i>	
Benefit	High Deductible Plan
Deductible	
Individual / Family	\$5,000 / \$10,000
Coinsurance	100% After Deductible
Out-of-Pocket Max	\$5,000 / \$10,000
Lifetime Maximum Benefit	Unlimited
Office Visit	0% After Deductible
Specialist Visit	0% After Deductible
Preventive Care	Covered at 100%, No Cost to You
Physical / Manipulative Therapy	0% After Deductible
Inpatient Hospital Services	0% After Deductible
Outpatient Hospital Services	0% After Deductible
Urgent Care	0% After Deductible
Emergency Room	0% After Deductible
Prescription Benefits	
Prescription Drugs	Medical Deductible Applies 0% After Deductible
Preventive Drugs	No Cost for Some Drugs in Specified Classes

	Your Semi-Monthly Cost	PPE Semi-Monthly Cost
Employee Only	\$11.00	\$435.69
Employee + Spouse	\$244.62	\$604.52
Employee + Child(ren)	\$171.30	\$604.66
Employee + Family	\$412.83	\$765.58

*Out of Network Disclaimer: Please see benefit summary for out of network benefits

Participants in the High Deductible Plan are eligible for an HSA and Preferred Pump Wellness Contributions.



Medical Insurance – Copay Plan

Administered by United Healthcare

There's nothing more important than your health. And, because each person's health care needs are different, Preferred Pump offers two medical plan options through United Healthcare: the High Deductible Plan and Copay Plan. The United Healthcare network for these plans is Choice Plus. You can conduct a medical provider search by visiting www.myuhc.com and searching under the Choice Plus network.



Review the table below to learn more about the Copay Plan.

Medical Plan Features <i>In-Network</i>	
Benefit	Copay Plan
Deductible	
Individual / Family	\$3,000 / \$6,000
Coinsurance	80% After Deductible
Out-of-Pocket Max	\$6,000 / \$12,000
Lifetime Maximum Benefit	Unlimited
Office Visit	\$35
Specialist Visit	\$60
Preventive Care	Covered at 100%, No Cost to You
Physical / Manipulative Therapy	\$35
Inpatient Hospital Services	20% After Deductible
Outpatient Hospital Services	20% After Deductible
Urgent Care	\$75
Emergency Room	20% After Deductible
Prescription Benefits	
Preferred Generic	\$0
Generic	\$10
Preferred Brand	\$20
Non-Preferred Brand	\$60
Specialty	20% After Deductible
Mail-Order <i>90 day supply</i>	2.5 X Copay

	Your Semi-Monthly Cost	PPE Semi-Monthly Cost
Employee Only	\$56.48	\$430.42
Employee + Spouse	\$365.60	\$559.97
Employee + Child(ren)	\$259.66	\$586.14
Employee + Family	\$633.24	\$651.23

*Out of Network Disclaimer: Please see benefit summary for out of network benefits

Participants in the Copay Plan are not eligible for an HSA or Preferred Pump Wellness Contributions.

Health Savings Account

Administered by WEX

An HSA is a healthcare savings account held at a bank for you to set aside pre-tax contributions. HSA contributions can be used now or later for medical, prescription, dental, and vision expenses. If you do not spend HSA dollars in a plan year, the money in your account may accumulate through investments free of taxes.

HSAs offer a triple tax advantage:

- ✓ Tax-free contributions
- ✓ Tax-free earnings
- ✓ Tax-free withdrawals (when used for eligible expenses)

If HSA funds are used for non-qualified expenses, you may be charged a 20% penalty tax. Save your receipts!

At retirement age, funds can be withdrawn and used for any reason - normal taxes would just be paid.

If you leave your current employment, you may use your HSA funds to pay for COBRA premium.

Key HSA Points

- ✓ HSA limits include the amounts of employer funding and matching as well as the employee contributions. It is the employee's responsibility to keep track of the total amount as to not exceed the limits.

2026 HSA Maximum Contribution Amounts*	
Individual	\$4,400
Family	\$8,750
Catch-Up Contributions (age 55 and older)	\$1,000

Catch up Contributions

- ✓ Participants age 55 or older can make an additional \$1,000 contribution to their account. Participants may be Medicare eligible however must not be enrolled in Medicare.

Qualified Expenses

- ✓ Healthcare costs that are not reimbursed by insurance and are out of pocket costs for medical, prescription, dental, or vision.

Open Enrollment Toolkit

For more information and to access the Open Enrollment Toolkit, visit www.wexbenefitsyou.com/openenrollment/

Who is NOT eligible to make contributions to an HSA?

- ✓ An employee not covered by a qualified HDHP on the first day of the month
- ✓ An employee claimed on someone else's tax return
- ✓ An employee covered by any other non-HSA compatible health plan, including Medicare Parts A and B
- ✓ An employee receiving health benefits under TRICARE
- ✓ An employee that has received Veterans Administration (VA) benefits within the 90 days
- ✓ An employee covered by a general purpose health care flexible spending account (FSA) or Health Reimbursement Account (HRA)

Refer to the IRS Publication 502 titled Medical and Dental Expenses to see a complete list of qualified healthcare expenses for which HSA dollars can be used: <https://www.irs.gov/pub/irs-pdf/p502.pdf>

UHC Wellness Rewards Program *Get Rewarded Up To \$700 Into Your HSA!*

Sleep Better, Move More, Eat Healthier, and Feel Great

Preferred Pump & Equipment has developed a wellness program that is meant to support your overall well-being. Complete the following actions and earn rewards!

Here's how your wellness incentive program works:

Through UHC Rewards, you can access the health and wellness activities available to you. For each Health Action you complete, you can earn financial incentives through your employer Preferred Pump & Equipment. **Complete the following actions between 1/1/2026 – 12/31/2026.**



To get started, go to myuhc.com® or download the **UnitedHealthcare® app**
> **sign in or register** > **select UHC Rewards** > **activate UHC Rewards**

Action	Incentive
Activate UHC Rewards First time users may earn for activating UHC Rewards. Rewardable only once.	\$25
Complete Health Survey Learn how your health journey is going and offers to help improve your well being.	\$200
Get A Biometric Screening Complete annual bloodwork and measurements.	\$50
Flu Shot Get an annual flu shot.	\$25
Annual Checkup Complete an annual checkup to support health and prevent illness.	\$250
24/7 Virtual Visit Talk to a provider by video for common urgent care needs.	\$100
Get A Cervical Screening Regular screening tests can help find changes in the cervix that can be treated before they become cancer.	\$250
Get A Breast Screening A mammogram can usually find breast changes that could be cancer years before symptoms develop.	\$100
Get A Cost Estimate A cost estimate informs you of the expected cost for an upcoming visit or service.	\$25
Get a Colorectal Cancer Screening Getting routine screenings may increase the chance of detecting some cancers early. <i>Some screenings can be completed with an at-home fecal test.</i>	\$100
Connect A Tracker Automatically track activities.	\$25
Daily Activity – Goal 1 Track 15 active minutes or 5K steps per day.	\$5
Daily Activity – Goal 2 Track 30 active minutes or 10K steps per day.	\$5
Fitness Challenge – Weekly Goal Complete the daily activity goals 5 out of 7 days (Sunday to Saturday).	\$5
Sleep Tracking Track sleep for 14 days.	\$5
Sleep Challenge – Weekly Goal Track 7 hours of sleep for 5 out 7 nights (Sunday to Saturday).	\$5

United Healthcare Resources

It's easier to connect to your plan

Your benefits include personalized digital tools that help you check in on your plan whenever you want — which helps make it easier to stay on top of your benefit details.

- ✓ Information on specific plans.
- ✓ Help finding participating doctors and other health care professionals.
- ✓ Comparisons of all United Healthcare products and resources available to you.

The United Healthcare network for these plans is Choice Plus. You can conduct a medical provider search by visiting www.myuhc.com and searching under the Choice Plus network.

Activate your myuhc.com account

When it comes to managing your health plan, myuhc.com® lets you see what's covered, manage costs and so much more. To help everyone get more from their plan, it's important that each member age 18 and over consider creating their own account.

Use myuhc.com to:

- ✓ Find and estimate the cost of care
- ✓ See what is covered under your plan
- ✓ View claim details
- ✓ Check your plan balances
- ✓ Find network providers
- ✓ Look up the cost of medication

Get started today

- ✓ Go to myuhc.com > Register Now
- ✓ Have your ID card handy and follow the step-by-step instructions

Simple way to help you save

Here are a few good-to-know things you can do to help get more out of your health plan.

Stay in the network

The doctors and facilities in the network may have agreed to provide services at a discount — so visiting an out-of-network provider could end up costing you more for care or may not be covered at all.

Sign in to myuhc.com > Find Care & Costs to locate:

- ✓ Labs
- ✓ Hospitals
- ✓ Mental health professionals
- ✓ Network providers

Look up the cost of medication

Sign in to myuhc.com > Pharmacies & Prescriptions to find information about your medication, pricing and lower-cost options.

Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips.

Download the UnitedHealthcare app to:

- ✓ Find nearby care options in your network
- ✓ See your claim details and view progress toward your deductible
- ✓ View and share your health plan ID card with your doctor's office
- ✓ Video chat with a doctor 24/7

See your plan in action

Watch your personalized video for another way to understand your coverage, out-of-pocket costs and how your plan works. Watch (and re-watch) anytime by signing in to myuhc.com > Coverage & Benefits.

Shop around

With such a wide variety of services, from minor procedures to major surgeries, it's a good idea to check approximate pricing first. Visit myuhc.com > Find Care & Costs to estimate your costs.



United Healthcare Health and Wellness Benefits



As part of your health plan benefits, you can sign up for wellness programs and health support services at no additional cost to you. Here's what your plan offers.

Behavioral Support: Tap into behavioral health support

Get connected to self-help digital tools, in-person or virtual behavioral health providers and other resources that may help with a variety of concerns, such as depression and anxiety, relationship difficulties, grief and loss, alcohol and drug use, compulsive habits, eating disorders and more. Call the member phone number on your ID card or visit myuhc.com.

Cancer Support: Support for dealing with cancer

Get connected to self-help digital tools, in-person or virtual behavioral health providers and other resources that may help with a variety of concerns, such as depression and anxiety, relationship difficulties, grief and loss, alcohol and drug use, compulsive habits, eating disorders and more. Call the member phone number on your ID card or visit myuhc.com.

UHC Wellness Rewards Program: Rewards for well-being

Have fun and get healthier with UHC Rewards®. Take a health survey to see how you're doing in key areas like nutrition, fitness and stress, get personalized recommendations that fit your lifestyle, track your progress on your dashboard and get rewarded up to \$700 in your HSA. Get started at myuhc.com.

Real Appeal: Lose weight, feel great

Connect with a community of support with Real Appeal®, an online weight loss program designed to inspire healthier behaviors. It includes group coaching sessions, 24/7 online resources, a mobile app to set and track goal progress and a Success Kit with scales, exercise tools, food guides and more delivered to your door. Get started at myuhc.com.

24/7 Virtual Visits: Get care, virtually anywhere

With virtual care through your UnitedHealthcare plan, get care any time. Using your smartphone or other connected device (data rates may apply), like a tablet or a computer, you can access virtual primary and urgent care. To schedule a virtual primary care appointment or access urgent care through 24/7 Virtual Visits, just download the UnitedHealthcare® app or visit myuhc.com/virtualcare.

Optum Rx

Administered by United Healthcare

Say hello to Optum RX

Optum Rx® pharmacy services help make it easier to save on medications and keep track of them, too—whether you're online or on the go.

Manage your meds

When you go to myuhc.com> Pharmacies & Prescriptions you can:

- ✓ Find and compare medication costs
- ✓ Locate a network pharmacy
- ✓ See if your medications have any requirements before filling them

Two ways to fill your prescriptions

- ✓ Use home delivery: Order up to a 3-month supply of medications you take regularly.* Sign up on myuhc.com, use the UnitedHealthcare app or call the member phone number on your ID card. Make sure you have at least a 1-month supply to cover you through the transition.
- ✓ Pick up at the pharmacy: Show your ID card at any network pharmacy—which can be found by checking the Pharmacy Locator at myuhc.com, on the UnitedHealthcare app or by calling the member phone number on your ID card.

Keep costs in check

Your Prescription Drug List (PDL)—available on myuhc.com—lists the most commonly prescribed medications covered by your plan. Choosing medications in the lower tiers may help you save money. And, consider generic medications instead of brand names which may keep costs down.

Explore pharmacy benefits

Learn how Optum Rx is designed to help make it easier for you to manage and save on medications.



Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video through myuhc.com® or the UnitedHealthcare® app



\$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000 cost down to \$0.

See a primary care provider or get same-day urgent care on your phone, tablet, or computer

With virtual care through your UnitedHealthcare plan, get care any time.

Using your smartphone or other connected device, like a tablet or a computer, you can access virtual primary and urgent care.

To schedule a virtual primary care appointment or access urgent care through 24/7 Virtual Visits, just download the UnitedHealthcare® app or visit myuhc.com/virtualcare.

What kind of virtual care might be right for you?



Virtual primary care:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Lab tests and preventive screenings
- Referrals to quality network specialists
- Medication review and prescriptions, if needed**
- Cost aligns with PCP benefit



24/7 Virtual Visits:

- Non-emergency care for common health issues like the flu, fevers, sore throats, etc.
- Non-emergency care for sudden health issues like pinkeye, migraines, back pain, even allergies and anxiety
- Prescription refills, if needed**
- Cost aligns with 24/7 Virtual Visits benefit



**Scan the QR code
to access your virtual
care options**



United
Healthcare

United Healthcare One Pass Select

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you, whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can have access to thousands of gyms and online classes with:

- ✓ No long-term contracts or annual gym registration fees
- ✓ Flexible fitness options and the ability to use locations nationwide (not limited to one gym)
- ✓ The option to change tiers monthly
- ✓ A grocery delivery subscription and additional member perks



Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$34	\$69	\$109	\$159
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		11,000+	13,000+	15,000+	17,000+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	23,000+	23,000+	23,000+	23,000+	23,000+
On-demand	✓	✓	✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Grocery delivery/other member perks		✓	✓	✓	✓
Family memberships*	✓	✓	✓	✓	✓
Upgrade/downgrade	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓

Participating fitness brands

Digital (23K+)	Classic (11K+)	Standard (13K+)	Premium (15K+)	Elite (17K+)

Other participating locations available in our network. All trademarks are the property of their respective owners.

Visit [One Pass Select | Employer and Payer Commercial Fitness Program](#) to learn more.



Dental Insurance

Administered by United Healthcare

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. Regular full-time employees may purchase this coverage. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**



The United Healthcare network for these plans is National Options PPO 30. You can conduct a dental provider search by visiting www.myuhc.com and searching under the National Options PPO 30 network.

Plan Features	In-Network
Annual Maximum	\$2,000 per person per Calendar Year
Deductible (Individual/ Family)	\$50 Individual / \$150 Family
Preventive Services (e.g. cleanings)	100%
Basic Services (e.g. fillings, perio & endo)	80%
Major Services (e.g. crowns, dentures)	50%
Orthodontia (Child to Age 19)	50%
Orthodontia Lifetime Maximum	\$1,500

	Your Semi-Monthly Cost	PPE Semi-Monthly Cost
Employee Only	\$0.00	\$17.51
Employee + Spouse	\$15.00	\$20.02
Employee + Child(ren)	\$27.00	\$16.95
Employee + Family	\$42.50	\$21.76



Vision Insurance

Administered by VSP

Voluntary Vision Insurance Eye care is about more than just getting glasses or contacts. Eye exams can catch early warning signs of serious health conditions. Regular full-time employees may purchase this coverage. When you enroll yourself and/or your eligible dependents in this benefit, you pay the full cost of coverage through semi-monthly payroll deductions. ID cards are not mailed to member homes. Therefore, please visit www.vsp.com or scan the QR code to register as a member and access a vision ID card through the portal to choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear non-prescription sunglasses or non-prescription blue light filtering glasses.



Vision		VSP Preferred Provider	
Exam		\$20 Copay - Once every 12 months	
Glass Lenses (Single, Bifocal, Trifocal, Lenticular)		\$20 Copay - Once every 12 months	
Frames		\$130 Allowance – Covered once every 24 months 20% discount on any amount exceeding retail allowance	
Contact Lenses		Up to \$130 Reimbursement (in lieu of frames) Covered once every 12 months	
Contacts (Instead of glasses)		Up to \$60 Copay \$130 Allowance - Once every 12 months	
Medically Necessary Lenses		Covered in full	

		Your Semi-Monthly Cost	
Employee Only		\$3.94	
Employee + Spouse		\$6.31	
Employee + Child(ren)		\$6.44	
Employee + Family		\$10.38	



Basic & Voluntary Life Insurance

Administered by Prudential

Basic Life Insurance

Preferred Pump provides regular full-time employees with a minimum of \$20,000 of life insurance and pays the full cost of this coverage.

Voluntary Term Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through semi-monthly payroll deductions. You can purchase coverage on yourself in \$20,000 increments and your spouse in \$10,000 increments up to a maximum amount of \$500,000 for an employee and \$100,000 for your spouse. Rates below also include AD&D.

Evidence of Insurability

Existing participants will be required to complete an Evidence of Insurability form if the increase in benefits requested during the open enrollment period exceeds \$20,000 or goes beyond the Guarantee Issue amount.

*Guarantee Issue limit is \$140,000 for an employee; for their spouse it's \$30,000 and children it's \$10,000

Plan Features	Voluntary Life Plan
Employee	
Benefit Increment Amount	\$20,000
Maximum Amount	\$500,000
Guarantee Issue Amount*	\$140,000
Spouse	
Benefit Increment Amount	\$10,000
Maximum Amount	\$100,000
Guarantee Issue Amount*	\$30,000
Children	
Benefit Increment Amount	\$10,000
Maximum Amount	\$10,000
Guarantee Issue Amount*	\$10,000
Employee Age Reductions; Spouse Age Reductions	25% at age 65, 50% at age 70

Summary of Employee Costs										
Monthly Cost for Each \$1,000 of Employee & Spouse Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee Monthly Cost Per \$20,000 Unit	\$2.00	\$2.20	\$3.00	\$4.80	\$8.00	\$12.20	\$19.60	\$28.40	\$48.00	\$77.20
Spouse Monthly Cost Per \$10,000 Unit	\$1.00	\$1.10	\$1.50	\$2.40	\$4.00	\$6.10	\$9.80	\$14.20	\$24.00	\$38.60
Dependent Children	\$2.30 for \$10,000									
AD&D	Rates Above Include AD&D									

Life Insurance Calculator

Life Insurance is an important way to help promote your family's financial health should anything happen to you. Find out how much coverage you may need by scanning the QR code or visiting www.prudential.com/EZLifeNeeds



Disability Insurance

Administered by Prudential

Short-Term Disability

Regular full-time employees, with under 10 years of service, may purchase short term disability income benefits. When you enroll in this benefit, you pay the full cost of the coverage through semi-monthly payroll deductions. In the event you become disabled from a non-work related injury or sickness, disability income (non-taxable) benefits are provided as a source of income for the first 12 weeks of disability. If you have had 10 or more years of service with Preferred Pump, Short Term Disability is provided to you (at no cost). This no cost benefit, if paid due to disability, will be taxable income. Depending on where you live, you may be eligible for state disability insurance and/or Some states offer state disability programs you may be eligible for.

Plan Features	Plan Benefit
Group STD Benefit	60% of your weekly income
Maximum Weekly Benefit	\$1,000
Benefits Begin (Accident / Illness)	8th Day / 8th Day
Duration of Benefits	12 Weeks

If you are between the ages:	Your cost per \$10 of Weekly Benefit
Under 39	\$0.31
40-44	\$0.36
45-49	\$0.42
50-54	\$0.54
55-59	\$0.67
60-64	\$0.77
65 & Over	\$0.77

Long-Term Disability

Preferred Pump provides regular full-time employees with long term disability income benefits, and pays the full cost of this coverage. In the event you become disabled due to an injury or sickness, disability income benefits are provided as a source of income.

Plan Features	Plan Benefit
Group LTD Benefit	60% of your monthly income
Maximum Monthly Benefit	\$5,000 per month
Benefits Begin	91st day
Duration of Benefits	Per plan guidelines

Disability Calculator

Disability Insurance replaces a portion of your income, helping to alleviate financial stress of paying for day-to-day expenses while you're recovering. Find out how much coverage you may need by scanning the QR code or visiting www.prudential.com/EZDisabilityNeeds



Accident Insurance

Administered by Prudential

Since accidents can happen at any time, it's important to be prepared. This policy can help cover the out-of-pocket costs associated with an accident (on and off-the-job), by paying you a benefit depending on the injuries you suffer and the treatment you receive. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an emergency room copay, or to pay for childcare so you can get to the doctor for a follow-up visit. This benefit is paid in addition to what your medical plan may provide and is available for you, your spouse, and your children. Regular full-time employees may purchase this coverage.

- ✓ Hospital confinement benefit now included for up to 365 days per covered accident
- ✓ Child sports injury benefit
- ✓ Child care benefits
- ✓ Full spectrum of surgical benefits for covered accidents
- ✓ Therapy benefits including physical, occupational, speech, and more

Example Accident Benefits	
Ground Ambulance	\$500
Emergency Room Visit	\$250
Fractured Leg	\$2,000
Crutches	\$200
Physical Therapy Session	\$50
Follow-Up Visit	\$100
Total	\$3,100

	Your Semi-Monthly Cost
Employee Only	\$10.03
Employee + Spouse	\$14.05
Employee + Child(ren)	\$16.49
Employee + Family	\$22.52

Hospital Indemnity Insurance

Administered by Prudential

Even with health insurance, a stay in the hospital can become costly quickly as out-of-pocket charges begin to add up. Hospital Indemnity Insurance can reduce the financial and emotional stress of a hospital stay by providing a lump-sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare. This benefit is paid in addition to what your medical plan may provide and is available for you, your spouse, and your children and can be used regardless of pre-existing conditions, without undergoing a health exam. Regular full-time employees may purchase this coverage.

	Coverage Amounts
Hospital Admission Benefit	\$1,000, up to five times per calendar year
ICU Admission Benefit	\$1,000, up to five times per calendar year
Hospital Confinement Benefit	\$300 per day, up to 30 days per confinement
ICU Confinement Benefit	\$500 per day, up to 30 days per confinement

	Your Semi-Monthly Cost
Employee Only	\$8.96
Employee + Spouse	\$19.48
Employee + Child(ren)	\$22.07
Employee + Family	\$32.59

Critical Illness Insurance

Administered by Prudential

Critical Illness Insurance provides you with a lump-sum cash benefit in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important — getting better. Regular full-time employees may purchase this coverage.

How the Plan Works

Below is an example of how benefits might be paid.**

1. Joe elects \$20,000 of coverage.
2. Three months after his annual wellness exam, Joe suffers a heart attack.
3. Three years later, he is diagnosed with cancer.

Joe's Critical Illness policy provided the following benefits:

Heart Attack Benefit:	\$20,000
Cancer Benefit:	\$20,000
Total Benefits:	\$40,000

***This example is for illustrative purposes only; your actual benefits may differ.*

Coverage Summary	
Eligibility	All active, full-time & part-time employees, working a minimum of 20 hours per week.
Employee	Employee - Up to age 100
Spouse	Dependent Spouse - Up to age 100
Children	Dependent Child - Up to age 26
Employee	Multiples of \$10,000, to a maximum of \$20,000
Spouse	Multiples of \$5,000, to a maximum of \$10,000, not to exceed 50% of your amount
Children	Multiples of \$2,500, to a maximum of \$5,000, not to exceed 50% of your amount
Guaranteed Issue Amount	Employee - \$20,000 Spouse - \$10,000 Child - \$5,000 All amounts are Guaranteed Issue during initial eligibility, annual enrollment, and Qualified Life Events. Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted
Age Reduction Schedule	No Age Reduction
Lifetime Benefit Maximum	Unlimited of amount of insurance
Recurrence	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit. Recurrence means positive diagnosis of a Critical Illness or Procedure for which a benefit was paid, and the date of diagnosis of recurrence is more than 180 Days after prior benefit payment.

Attained Age Uni-smoker Rates			
Your Semi-Monthly Rate			
Age	Employee - Per \$1,000 of Coverage	Spouse - Per \$1,000 of Coverage	Child(ren) - Per \$1,000 of Coverage
< 25	\$0.37	\$0.37	\$0.23
25-29	\$0.37	\$0.37	
30-34	\$0.42	\$0.42	
35-39	\$0.42	\$0.42	
40-44	\$0.48	\$0.48	
45-49	\$0.48	\$0.48	
50-54	\$0.89	\$0.89	
55-59	\$0.89	\$0.89	
60-64	\$1.70	\$1.70	
65-69	\$1.70	\$1.70	
70-74	\$2.93	\$2.93	
75-79	\$2.93	\$2.93	
80-84	\$2.93	\$2.93	
85+	\$2.93	\$2.93	

LegalShield & IDShield

LegalShield has been offering legal plans for over 50 years. With LegalShield by your side, you'll have unlimited access to a quality law firm 24/7, for covered personal situations.



LegalShield

Benefits and Services (Worry-Free of Additional Cost)

- ✓ Unlimited, Same-Day Attorney Consultation & Advice (not just assessment & referral)
- ✓ Unlimited Intervention letters or phone calls on member's behalf
- ✓ Unlimited Document Review - 15 pages, including letters, contracts, etc...
- ✓ Growing Major Trial Defense Hours from 60 to 300 Hours
- ✓ Mortgage Document Preparation as Required by Lender
- ✓ Customized Will prepared by the lawyer
- ✓ Traffic Ticket Representation
- ✓ Tragic Accident Defense - Involuntary Manslaughter, Vehicular Homicide, etc...
- ✓ IRS Audit Services - 50 Hours
- ✓ 24/7 Emergency, After-Hours Access
- ✓ FAMILY LAW- Uncontested Name-change, Adoption, Divorce
- ✓ 25% off for Bankruptcy, DUI, probating a parent's will, and the like, etc...
- ✓ Nation-wide & Every area of law
- ✓ Spouse and Dependents No Extra Cost
- ✓ JOIN LegalShield: ONLY \$9.48/paycheck

Stand-Alone IDShield *Available with or without LegalShield*

- ✓ Privacy Management
- ✓ Reputation Management to remove damaging social media content
- ✓ Social Media Monitoring
- ✓ Continuous Credit Monitoring with alerts!
- ✓ Financial Threshold Account Monitoring
- ✓ Monthly Credit Score Tracker - with a running 12-month history view
- ✓ 24/7 Assistance
- ✓ \$1 Million ID Fraud Protection-Covers lost wages, elder/child care, travel, trial defense fees, stolen funds via electronic transfers related to a stolen ID event
- ✓ Unlimited Service Guarantee - We don't give up until your identity is restored! Your licensed private investigators will do whatever it takes as long as it takes!
- ✓ JOIN IDShield:
 - Family Coverage - Only \$9.48/paycheck (add to LegalShield for a \$4.00/month discount)
 - Employee Only - \$4.48/paycheck

Please note: The LegalShield benefit options are not available to enroll through ExponentHR. To get more information and join LegalShield or IDShield, please enroll online or by phone.



Join Online

At legalshield.com/info/preferredpump



Join By Phone

Call Phil Ernest at 817.269.2653

By contract the LegalShield plan cannot be used by covered employees in issues relating to their sponsoring employer. Membership number and Provider Law Firm contact information will arrive to your email address (check SPAM) within 5 days of your effective date (date of sign-up or 1st of the next month). Please open your welcome email immediately upon receipt and load the LegalShield and IDShield apps to your smart phone, and review the details of your coverage again. Activate your IDShield monitoring and contact customer service with any set-up questions! Their number is (800)654-7757. Please contact your provider firm with any questions. You will enjoy using your LegalShield whether the issue is trivial or traumatic since the basic services are free and unlimited under your membership.

Employee Assistance Program (EAP) No Cost!

Administered by Alliance Work Partners

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you. Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.



Your EAP Benefits

- ✓ **LawAccess:** Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.
- ✓ **HelpNet:** Customized EAP website featuring resources, skillbuilding tools, online assessments and referrals.
- ✓ **WorkLife:** Resources and referrals for everyday needs. Available by telephone.
- ✓ **WellCoach:** Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.
- ✓ **SafeRide:** Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.
- ✓ **1 to 6 Counseling Sessions:** Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. (Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)

Criteria for Benefits Eligibility

Full Benefits

- ✓ Employee, retiree, married/divorced spouse, partner, significant other
- ✓ Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- ✓ All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- ✓ Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- ✓ Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this time frame.

Assessment & Referral

- ✓ Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- ✓ Employee instructed by law to receive court ordered counseling
- ✓ All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- ✓ Any person meeting benefit eligibility prior to layoff or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this time frame.

Information & Referral

- ✓ Anyone contacting Alliance Work Partners regardless of contract status

Contact

Online and mobile

- ✓ Visit your EAP website at awpnow.com and create a customized account.
- ✓ Select "Access Your Benefits"
- ✓ Registration Code: AWP-PPE-3667



Phone

All benefits can be accessed 24/7 by calling:

- ✓ **Toll free:** 1-800-343-3822
- ✓ **TDD:** 1 -800-448-1823
- ✓ **Teen line:** 1 -800-334-TEEN (8336)



Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

Alliance Work Partners is a professional service of Workers Assistance Program, Inc. Copyright © 2020 Workers Assistance Program, Inc. Confidential and proprietary. All rights reserved.

EAP Continued

Your EAP offers many resources to help you become more resilient, cope with unfortunate events and uncover a better you. AWPnow.com is computer, phone and tablet friendly and your gateway for online tools, helpful resources, training content, motivating webinars and legal/financial information.

Logging Into Your EAP Website

AWPnow.com/main/benefits/AWPnow.com/main/benefits/

- ✓ Log in with email address and password
- ✓ Create an account: 1st time logging in? Use your Registration Code AWP-PPE-3667 or email us at am@alliancewp.com

View your EAP Orientation Video

- ✓ On the main page, your EAP Orientation is a brief introduction to your EAP services

Creating a Will

Creating a will is an important step in planning the distribution of your estate (assets including real and personal property) following your death. A will allows for any children, your spouse, other family members, and pets to be provided for after your death. Although making a will is a sobering experience, your loved ones and friends will thank you for being so organized and thoughtful ahead of time. Your EAP website provides a resource for you to create a will along with other important estate planning documents at no cost to you. To get started:

- ✓ Go to AWPnow.com
- ✓ Select Benefits > Law Access
- ✓ Click Connect to Law Access
- ✓ On the right, in the blue Legal & Financial Center box, select Click here to access legal and financial content.
- ✓ Download Quicken WillMaker & Trust to create your customized estate plan.
- ✓ Remember to include your discount code at checkout to receive this invaluable tool for free.

Access HelpNet for helpful self-paced information on a variety of life events

- ✓ Select Benefits > Help Net
- ✓ Click Connect to Help Net
- If you have a topic in mind, enter it into the gray Search Box on the right and press enter
- ✓ To view personal development webinars
 - Scroll to the bottom and select the teal box labeled Webinars
 - Choose from current available webinar, upcoming or archived webinars.
 - Popular topics include: Caring for Elders at Home, Money Basics, Relaxation Techniques, Retirement Redefined and many more
- ✓ To view professional development courses
 - Select the teal tile labeled Training Center for topics including Communication, Professional Development, Leadership, Work/Life Balance, Interpersonal Skills and more
- ✓ Other Help Net tile topics are: Relationships, Financial, Health, Resilience, Legal, Personal Growth, Assessments, Calculators, Health Video and Shopping

AWP Webinars

AWP provides monthly webinars that can be viewed at your convenience and are accessible for up to 60 days

- ✓ Register for upcoming Webinars, select Webinars
- ✓ View Webinar Recordings currently available, select Webinars > Recordings

View AWP Publications

Get inspired, prepared or informed for many life events by selecting Publications

- ✓ Preparedness and Response – Simple proactive steps can help us survive traumatic events:
 - The Flu
 - Severe Weather
 - Identity Theft
 - Coping with terrorism
 - Traumatic events
- ✓ Suicide Prevention – Information on an important topic
- ✓ Tips Sheets – Benefit flyers for more information on your benefits



Preferred Pump and Equipment, LP 401(k) Plan

Administered by Principal Financial Services



Eligibility	Employee Contributions: 3 months of Service and Minimum Age 20½																					
Plan Entry	1 st of the month following 3 months of employment. Preferred Pump automatically enrolls employees at 3% contribution.																					
Retirement	Normal Retirement: Age 65 Early Retirement: Age 59 ½ with completion of 6 years of service																					
Contributions	Employer Matching: 50% up to 6% of your deferral Profit Sharing: Discretionary, determined at the end of the year Salary Reduction: Pre-Tax / ROTH at Participant's discretion Annual Maximum: \$24,500 Catch Up Contribution: => Age 50 - 50 to 59: \$32,500 (\$24,500, plus \$8,000 catch-up) - 60 to 63: \$35,750 (\$24,500, plus \$11,250 catch-up) - 64 and older: \$32,500 (\$24,500, plus \$8,000 catch-up)																					
Vesting	Employee Deferral/Deferral Earnings: 100% Immediate Employer Contributions/Earnings: Graded Vesting based on Years of Service <table><tr><td>Year</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>%</td><td>0</td><td>20</td><td>40</td><td>60</td><td>80</td><td>100</td></tr></table>								Year	1	2	3	4	5	6	%	0	20	40	60	80	100
Year	1	2	3	4	5	6																
%	0	20	40	60	80	100																
Changes to 401(K)	Deferral Amount: Monthly through ExponentHR, Reflected 1st day of the following month Investments: Anytime, internet and phone access via the Principal website																					
Withdrawals	Allowed per plan guidelines																					
Hardship Withdraws	Allowed per plan guidelines																					
Loans	Allowed per plan guidelines																					

NOTE: Beginning January 1, 2026, if you earn over \$150,000 in FICA wages in the previous year, all catch-up contributions must be made to a Roth account in after-tax dollars.



Online
Visit Principal.com



Phone
800-547-7754 weekdays from 8:00 a.m. to 10:00 p.m. Eastern time



ESOP: What's in it for Me? *No Cost!*

Our Employee Stock Ownership Plan (ESOP) is a retirement benefit that releases stock in Preferred Pump & Equipment into employee accounts each year. The size of the ESOP benefit that you will enjoy is tied to the long-term performance of our company. This employee-ownership structure brings you these advantages:

You don't pay for our ESOP

Employees who work at least 1,000 hours a year and remain employed with Preferred Pump earn annual contributions of company stock in their ESOP accounts. You don't pay for the ESOP allocations out of your own pocket. This is an additional benefit that is fully paid by Preferred Pump & Equipment.

ESOP and a 401(k) work well together

It is important to keep making your own contributions to our 401(k) because it provides a diversified foundation for your retirement. The ESOP adds a unique wealth building component that most American workers do not have.

Employees in the United States who have an ESOP are likely to have 2.2 times as much in retirement savings as those who work in company without employee ownership. Some of this is because these companies tend to have a 401(k) plus an ESOP. The two plans work well together because they grow in very different ways. The 401(k) fluctuates with the public markets or investments you choose. Our ESOP changes based on the performance of Preferred Pump & Equipment.

ESOP accounts can grow like no other retirement

ESOP accounts tend to start out very small and grow over time. The account changes because of two things:

1. Annual allocations
2. Changes in value. The value of the stock in an ESOP can change very quickly because it is stock in one company. While there are no guarantees with stock value, the potential is tremendous in a healthy company like ours. When a company repays borrowed money from the original acquisition and continues to perform, it becomes more valuable making the ESOP value grow.

You are rewarded for company success

The ESOP was created to reward employees and sustain Preferred Pump & Equipment for many years into the future. Our company's history has shown that a positive, fun, supportive culture combined with outstanding customer service is a recipe for success. If you take pride in your work, take care of our business, and make our customer service your top priority — you are doing the things that grow our ESOP's value.

Steps to ESOP Rewards

This means that our employees receive an additional retirement benefit -- our Employee Stock Ownership Plan (ESOP). Below are the basic steps to earning ESOP rewards:

1. **Enter the plan.** You do not have to sign up for the ESOP. You automatically become eligible after you have worked for our company at least 12 months (minimum 1,000 hours in that year) and are at least 20½ years old. After meeting these requirements, you enter the plan on the next January 1 or July 1. One exception: those who met these requirements in the first year on 12/31/19, entered the plan retroactively on 1/1/19. Once you enter, your account can receive contributions.
2. **Earn contributions.** You do not pay for our ESOP. Your account will receive a contribution each year if you who worked at least 1,000 hours in the calendar year, and you are still employed on December 31. This company-paid contribution is allocated based on your W-2 compensation as a proportion of all participants' compensation. The more years you work for PPE the more shares you can accumulate.
3. **Become vested.** Like most retirement benefits, our ESOP requires that you work a period of years to earn the right to take your full value with you when you are eligible for a distribution. You earn 20% vesting per year starting in year 2. After six full years, you become 100% vested in your account. A Year of Vested Service is any calendar year in which you work 1,000 hours or more.
4. **Grow stock value.** The value of the stock allocated to your account will change one time a year, based on an independent appraisal. It can go up or down. Our initial per share value is very low because our ESOP bought the stock with borrowed money. As PPE repays the acquisition debt and continues to perform well, we anticipate significant growth in the value. Your job-level performance – working safely, sustaining great relationships, and focusing on outstanding service – directly affects the health of our business and, in turn, the value of your ESOP benefit.
5. **Receive a distribution.** Our ESOP is one part of retirement benefits. You receive the fair market value of the account after retiring or otherwise leaving employment. If you leave before retirement at 65 years of age, there may be a waiting period before you can request your vested distribution.

This fact sheet provides basic information on the rules for our Employee Stock Ownership Plan (ESOP). When making decisions about your benefits, please see the Summary Plan Description or the ESOP Plan Document for specific details.

Required Notices

PATIENT PROTECTION DISCLOSURE

You do not need prior authorization from the Company or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit your carrier's website.

WOMEN'S HEALTH & CANCER RIGHTS ACT

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 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. Please see the Plan's summary plan description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on your employer benefits, contact HR.

NEWBORN & MOTHER PROTECTION ACT

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

HIPAA 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, you and your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period. However, you must request enrollment within 30 days after you or your dependents' other coverage ends.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan

if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact HR.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PHI

HIPAA imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information.

This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan—whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by the Company (hereinafter, referred to as the plan sponsor). The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information that is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact HR.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Company 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

Required Notices Continued

you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins six months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing six months. You may also enroll from October 15th through December 7th. Your coverage will begin January 1st

However, if you lost your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your coverage with the Company may or may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed here.

If you do not decide to join a Medicare drug plan and drop your current Company coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment or if you have a special enrollment event.

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

You should also know that if you drop or lose your current coverage with The Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or

Required Notices Continued

- Your employment ends for any reason other than gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes enrolled in Medicare benefits (under Part A, Part B, or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or,
- The child stops being eligible for coverage under the Plan as a "dependent child".

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

Required Notice

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your employer and/or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep your employer informed of any address changes. You should also keep a copy, for your records, of any notices you send.

Plan Contact Information

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

One of the key provisions of the health care law was a new way to

Required Notices Continued

buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a certain kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November of every year for coverage starting as early as January 1st.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.8% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage.

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

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used for disclosed by us in any form, whether electronically, on paper, or

orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction, unless the request is made to restrict disclosure to the insurer for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out-of-pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

Required Notices Continued

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of May 20, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. You will not be retaliated against for filing a complaint.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office for Civil Rights
200 Independence Ave, S.W. Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp x
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
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+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563
KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov

Required Notices Continued

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 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
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/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
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
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Relay 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: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/ 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

Contact Information

Contact	Title	Phone Number	Email
Delia Flores-Velazquez	Benefits Specialist	817-413-2681	dfloresvelazquez@preferredpump.com

Do you have additional questions concerning your benefits?

The HUB team is here to assist you with all your benefits needs. Your designated account manager is an expert when it comes to your benefits package and is able to assist you with the following:

- ✓ Benefits plan selection
- ✓ Submission of claims
- ✓ Appeal of claims
- ✓ Provider networks
- ✓ Qualifying life events
- ✓ And much more!

HUB offers a direct line for all of your employee benefits related claims and questions. You can send your questions by email or call to speak with a representative. A HUB team member will respond to your inquiry as promptly as possible.

Contact	Title	Phone Number	Email
Shara Coufal	Account Executive	817-529-5351	shara.coufal@hubinternational.com
Hannah Bowden	Account Manager	817-820-8127	hannah.bowden@hubinternational.com
Matthew Hawkins	Benefits Consultant	817-529-5366	matthew.hawkins@hubinternational.com
Mark Grace	Benefits Consultant	817-529-5353	mark.grace@hubinternational.com
April Harris	Claims Specialist	817-529-5328	april.harris@hubinternational.com
Allie Delgado	Bilingual Representative	817-529-5334	allie.delgado@hubinternational.com
Paul Faidley	Medicare	817-529-5337	paul@gusbatesfinancial.com
Hunter Anderson	Medicare	817-529-5321	hunter@gusbatesfinancial.com

Please refer to the information provided below when you need to contact one of your benefit carriers.

Plan	Plan Provider & Group Number	Phone Number	Website
Medical	United Healthcare 933006	844-638-8697	www.myuhc.com
Health Savings Account (HSA)	WEX	866-451-3399	www.wexbenefitsyou.com
Dental	United Healthcare 933006	877-816-3596	www.myuhc.com
Vision	VSP 30027869	800-877-7195	www.vsp.com
Life Insurance	Prudential 70927	800-524-0542	www.prudential.com/mybenefits
Disability	Prudential 70927	800-842-1718	www.prudential.com/mybenefits
Accident	Prudential	844-455-1002	www.prudential.com/mybenefits
Hospital Indemnity	Prudential	844-455-1002	www.prudential.com/mybenefits
Critical Illness	Prudential	844-455-1002	www.prudential.com/mybenefits
LegalShield, IDShield	LegalShield Phil Ernest	817-269-2653	www.legalshield.com/info/preferredpump
Employee Assistance Program (EAP)	Alliance Work Partners	800-343-3822	www.awpnow.com
Retirement / 401(k)	Principal 732240	800-547-7754	principal.com
Hub Resources	HUB	817-335-9547	

