YOUR LIFE...

IT'S ABOUT YOUR DREAMS FOR TOMORROW.

2026 BENEFIT ENROLLMENT GUIDE

CERIFI

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 13 for more information.

BE READY FOR ENROLLMENT

CeriFi is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental and vision coverage, as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

ELIGIBILITY

If you are a full-time employee working 30 hours or more per week, the chart below lists the benefits you may be eligible for after meeting each plan's eligibility requirements.

BENEFIT	ELIGIBILITY WAITING PERIOD
Medical & Prescription Drug	1st of the month following date of hire
Dental	1st of the month following date of hire
Vision	1st of the month following date of hire
Basic Life & Accidental Death and Dismemberment	1st of the month following date of hire
Short-Term Disability	1st of the month following date of hire
Long-Term Disability	1st of the month following date of hire
Flexible Spending Accounts	1st of the month following date of hire
Health Savings Accounts	1st of the month following date of hire
Voluntary Benefits (Critical Illness, Accident, & Hospital Indemnity)	1st of the month following date of hire

DEPENDENT ELIGIBILITY

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse or domestic partner and eligible children who reside in your household and depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse or domestic partner to provide coverage.

MEDICAL, DENTAL, AND VISION PLAN DEPENDENT COVERAGE

You may cover your eligible dependent children up to age 26, regardless of marital or student status (this does not include spouses or domestic partners of adult children).

Dependent coverage will cease for your covered dependent children at the end of the month in which an eligible dependent reaches age 26.

DOMESTIC PARTNER COVERAGE

Domestic partners are eligible to enroll as dependents in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. A domestic partnership is different than a marriage with an individual of the same-sex. A same-sex spouse is a federal tax dependent for group health plan purposes; whereas, a domestic partner often is not. If you cover a domestic partner, a domestic partner's child or another person who is not considered an IRS tax dependent for group health plan purposes, CeriFi is required to report income for you that reflects the value of coverage for tax-reporting purposes. This is known as imputed income. You will receive a W-2 annually for the value of coverage for any dependent who is not an IRS tax dependent.

ENROLLMENT PERIODS

New Employees

As a new employee of CeriFi, you become eligible for benefits on the first of the month following date of hire. Our benefits plan year runs from January through December.

Open Enrollment

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual open enrollment period. Open Enrollment is usually held in November with benefit elections effective January.

MAKING CHANGES DURING THE YEAR

Choose your benefits carefully. Medical, dental, vision, and flexible spending account contributions are made on a pre-tax basis and IRS regulations state that you cannot change your pre-tax benefit options during the year unless you have a qualified life event. Qualified life events include:

- Marriage or divorce;
- Death of your spouse, domestic partner, or dependent;
- Birth or adoption of a child;
- Your spouse or domestic partner terminating or obtaining new employment (that affects eligibility for coverage);
- You or your spouse or domestic partner switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage);
- Significant cost or coverage changes; or
- Your dependent no longer qualifies as an eligible dependent.

You must notify and submit any applicable forms and/or documentation to Human Resources within 30 days of the event. The Benefits Administrator will review your request and determine whether the change you are requesting is allowed. Only benefit changes which are consistent with the qualified life event are permitted.

PAYING FOR YOUR BENEFITS

Some benefits are provided to you at no cost. The cost of other benefits, is shared by you and CeriFi. Having benefit options available means you can build a benefits program that meets your needs and your lifestyle.

BENEFIT	WHO PAYS?
Medical & Prescription Drug	CeriFi/You
Dental	CeriFi/You
Vision	You
Basic Life & Accidental Death and Dismemberment	CeriFi
Voluntary Life	You
Short-Term Disability	CeriFi
Long-Term Disability	CeriFi
Flexible Spending Accounts	You
Health Savings Account (HSA)	CeriFi/You
Voluntary Benefits (Critical Illness, Accident, & Hospital Indemnity)	You

EMPLOYEE ASSISTANCE PROGRAM

When life gets challenging, you've got caring confidential help through Cigna! If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support – at no cost to you! EAP consultant can help you:

- Address depression, anxiety or substance use issues
- Improve relationships at home or work
- Manage stress
- Work through emotional issues or grief
- Assistance with legal and financial concerns

Call the member number on your ID card and ask for EAP consultant or contact EAP directly 24/7 at **1-877-231-1492** to obtain an EAP authorization code.

Health Advocate also offers EAP services for non-Cigna members. More information can be found on page 5 of this guide.

MEDICAL AND PRESCRIPTION DRUG BENEFITS - CIGNA

The information below is a summary of medical and pharmacy coverages. Please contact Human Resources for the Cigna plan summaries detailing coverage information, limitations, and exclusions.

CeriFi will be making a generous contribution to medical coverage for employees and their dependents.

Any deductibles and copays shown in the chart below are amounts for which you are responsible.

COST OF COVERAGE

BENEFIT	HSA		OAP BASE		OAP BUY-UP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	$7,500/$15,000 (Non-Collective)	$15,000/$30,000	$3,200/$6,400 (Non-Collective)	$5,000/$10,000	$2,500/$5,000 (Non-Collective)	$5,000/$10,000
Out-of-Pocket Maximum (Individual/Family)	$8,050/$16,100 (Non-Collective)	$16,100/$32,200	$5,500/$11,000 (Non-Collective)	$10,000/$20,000	$6,500/$13,000 (Non-Collective)	$10,000/$20,000
Coinsurance	80%	60%	80%	60%	90%	70%
	IN-NETWORK		IN-NETWORK		IN-NETWORK	
Physician Services						
Primary Care Physician	80%*		$35 copay		$35 + 100%	
Specialist Physician Care	80%*		$45 + 100%		$45 + 100%	
Hospital Services						
Inpatient	80%*		80%*		90%*	
Outpatient	80%*		80%*		90%*	
Emergency Room	80%*		$200 + 100%		$200 + 100%	
Urgent Care	80%*		$75 + 100%		$75 + 100%	
MDLive Virtual - Urgent Care	100%*		80%		100%	
Lab Services						
Office Visit	Benefit Coinsurance		Benefit Coinsurance		Benefit Coinsurance	
Independent Lab	80*		100%		100%	
Outpatient Services						
Advanced Radiology	80%*		80%		90%	
Physical Therapy	Plan Coinsurance		Same as Specialist Office Visit		Same as Specialist Office Visit	
Speech & Occupational Therapy	Plan Coinsurance		Same as Specialist Office Visit		Same as Specialist Office Visit	
Chiropractic Care	Plan Coinsurance		Same as Specialist Office Visit		Same as Specialist Office Visit	
PRESCRIPTION DRUGS						
Pharmacy Network	Cigna 90 Now/Walgreens		Cigna 90 Now/Walgreens		Cigna 90 Now/Walgreens	
Client Anchor	N/A		N/A		N/A	
Formulary/Prescription Drug List	Performance		Performance		Performance	
Retail						
Tier 1	$10*		$10		$10	
Tier 2	$35*		$35		$35	
Tier 3	$75*		$75		$75	
Tier 4	$150*		$150		$150	
Home Delivery Drug						
Tier 1	$25*		$25		$25	
Tier 2	$88*		$88		$88	
Tier 3	$188*		$188		$188	
Tier 4	$150*		$150		$150	
PER PAYCHECK DEDUCTIONS						
Employee Only	$128.26		$242.67		$259.53	
Employee + Spouse/ Domestic Partner	$323.08		$572.48		$587.96	
Employee + Child(ren)	$264.18		$460.85		$482.97	
Employee + Family	$466.40		$810.81		$845.33	

*Services where plan deductible applies are noted with an asterisk (*).

NOTE: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at **mycigna.com**.

ADDITIONAL BENEFITS

WELLNESS INCENTIVE PROGRAM

Cigna's MotivateMe Incentive Program

Available to Employees enrolled in a company-sponsored medical plan.

Incentives play a significant role in driving greater health engagement, which can lead to improved clinical outcomes and lower health care costs. Cigna's MotivateMe is a turnkey incentive program that helps you engage your employees with opportunities to earn rewards for taking charge of – and improving – their health.

Capped at $285, incentives type is gift cards and for employees only.

Stay seamlessly connected with your goals no matter what device you use! Visit **www.mycigna.com** or the myCigna app to track, manage and redeem your rewards earned for taking control of your health.

Here are some of the simple activities that participants can complete to start earning rewards:

GOAL TYPE	DESCRIPTION	AWARD TYPE	EMPLOYEE AWARD	TIMING
Get a Personalized Health Assessment	A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health.	Gift card through mycigna.com	$25	01/01/2026 - 12/31/2026
Get a Personalized Biometric Screening	Know your numbers. Complete blood pressure, cholesterol, blood sugar and body mass index (BMI) screening.	Gift card through mycigna.com	$25	01/01/2026 - 12/31/2026
Complete My Annual Physical or Get My Annual OB/GYN Exam (Preventive Exam)	A preventive exam that's used to reinforce good health, address potential and chronic problems or a preventive exam that can identify early ovarian and cervical cancers, HPV (human papillomavirus), breast cancer and more.	Gift card through mycigna.com	$75	01/01/2026 - 12/31/2026
Make Progress Towards or Achieve a Personal Health Goal	Work with a trained health coach to set a personal health goal and make progress toward or achieve it.	Gift card through mycigna.com	$50	01/01/2026 - 12/31/2026
Complete 9 Lessons of the 16-Week Cigna Diabetes Prevention Program	More than 1 out of 3 people are at risk for diabetes. Are you? This online program, available through Cigna, in collaboration with Omada, helps you make lifestyle changes that can reduce risks. Get started now.	Gift card through mycigna.com	$50	01/01/2026 - 12/31/2026
I Participated in a Wellness Activity	If you participated in a health and wellness activity, it shows your commitment to a healthy lifestyle. Tell us about it.	Gift card through mycigna.com	$50	01/01/2026 - 12/31/2026
Get Connected! Have Fun & Earn Rewards on Apps & Activities	Explore popular health devices and apps to help you stay motivated and challenge yourself. Earn 1,000 points and get an award.	Gift card through mycigna.com	$60	01/01/2026 - 12/31/2026
Speak with a Coach Starting in your 1st Trimester & After your Baby is Born	Get support and guidance during your 1st trimester and after your baby is born.	Gift card through mycigna.com	$150	01/01/2026 - 12/31/2026
Speak with a Coach starting in your 2nd Trimester & After your Baby is Born	Get support and guidance during your 2nd trimester and after your baby is born.	Gift card through mycigna.com	$75	01/01/2026 - 12/31/2026

DENTAL BENEFITS - CIGNA

Dental coverage is key to your overall health. CeriFi offers Dental coverage through Cigna. Review the details about the plan carefully so you can determine if the plan meets your needs. Your dental plan offers choices that cover four main types of expenses:

- Preventive and diagnostic services like routine exams and cleanings, fluoride treatments, sealants, and X-rays
- Basic services such as simple fillings and extractions, periodontics and endodontics
- Major services such as crowns and dentures
- Orthodontia

COST OF COVERAGE

BENEFIT	CIGNA
Calendar Year Maximum (Per Person)	$1,500
Calendar Year Deductible (Individual/Family)	$50/$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia Lifetime Maximum (Per Person, Adult and Children)	$1,000
PER PAYCHECK DEDUCTIONS	
Employee Only	$8.45
Employee + Spouse/Domestic Partner	$20.29
Employee + Child(ren)	$23.70
Family	$38.52

VISION BENEFITS - EYEMED

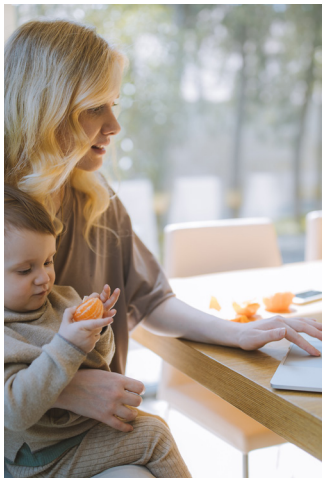
CeriFi offers employees vision coverage through EyeMed that includes coverage for eye exams and eyeglasses or contact lenses.

COST OF COVERAGE

BENEFIT	EYEMED	
	IN-NETWORK	OUT-OF-NETWORK
Exam Once every 12 months*		
Exam at PLUS Provider	$0 copay	Up to $40
Exam	$10 copay	Up to $40
Contact Lens Fit and Follow-up		
Fit and Follow-up - Standard	Up to $40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
Contact Lenses Instead of Glasses Once every 12 months*		
Conventional	$0 copay; 15% off balance over $160 allowance	Up to $112
Disposable	$0 copay; 100% of balance over $160 allowance	Up to $112
Medically Necessary	$0 copay; paid-in-full	Up to $210
Frames Once every 24 months*		
Frame at PLUS Provider	$0 copay; 20% off balance over $210 allowance	
Frame	$0 copay; 20% off balance over $160 allowance	
Standard Plastic Lenses Once every 12 months*		
Single Vision	$10 copay	Up to $30
Bifocal	$10 copay	Up to $50
Trifocal	$10 copay	Up to $70
PER PAYCHECK DEDUCTIONS		
Employee Only	$4.44	
Employee + Spouse/Domestic Partner	$8.44	
Employee + Child(ren)	$8.88	
Family	$13.06	

NOTE: ID Card not required for vision services.

*Frequency



INCOME PROTECTION BENEFITS MUTUAL OF OMAHA

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

CeriFi provides eligible staff with Basic Life Insurance and AD&D coverage at no cost to you.

Basic Life and AD&D Amounts	Flat $20,000 Life Insurance Benefit
Who Pays	100% Company Paid
Proof of Insurability	Guaranteed coverage with no health questions
Accidental Death or Certain Injuries	Additional benefits plan
Benefit Reductions	Begin at age 65

You can purchase additional Life coverage for you and your eligible dependents (spouse and/or children up to age 26).

Voluntary Life and AD&D Amounts	100% Paid by You
Employee	Max of $500,000 in increments of $10,000, but no more than 5 x annual salary Guaranteed Issue: 5 x times annual salary, up to $100,000
Spouse	100% of employee's benefit, up to $250,000 Guaranteed Issue: 100% of employee's benefit, up to $30,000
Children	100% of employee's benefit up to $10,000

SHORT-TERM DISABILITY (STD)

Eligible employees will receive STD benefits for a qualified non-work related illness or injury that prevents you from working for a period of time, at no cost to you.

Benefit	60% of income
Maximum Benefit	$2,500 weekly
Waiting Period	21 days
Maximum Benefit Duration	Up to 9 weeks
Partial Benefit	Available if not totally disabled

LONG-TERM DISABILITY (LTD)

Eligible employees will receive LTD insurance which pays a monthly benefit in the event you cannot work because of a long-term illness or injury.

Benefit	60% of income
Maximum Benefit	$10,000 monthly
Waiting Period	90 days
Maximum Benefit Duration	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security normal retirement age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Benefit	Benefits can last till Social Security retirement age if continuously disabled

FLEXIBLE SPENDING ACCOUNTS

FSAs help you save money by allowing you to pay for certain types of health care and dependent care expenses on a pre-tax basis. You decide how much money to put aside each payday to cover these expenses up to the maximum.

This amount is then deducted from your pay before taxes and deposited into your FSA. When you need money to cover an eligible expense, you can get reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

HEALTH CARE SPENDING ACCOUNT	
Use for:	Eligible Medical, Pharmacy, Dental, and Vision expenses
Annual contribution:	$3,400
DEPENDENT CARE SPENDING ACCOUNT	
Use for:	Day care, nursery school, elder care expenses, etc.
Annual contribution:	Individuals: $3,750 Family: $7,500

NOTE: Your maximum contribution to the Health Care Spending Account will be limited to $3,400. The maximum for the Dependent Care Spending Account is $3,750 for individuals and $7,500 for family

IMPORTANT: USE IT OR LOSE IT!

According to IRS rules, any money remaining in a Health Care or Dependent Care Spending Account after the deadline for filing claims will be forfeited. If you have money left in your Health Care FSA at the end of 2025, you may carry over up to $660 for use in 2026. The money you carry over doesn't count against the IRS annual contribution maximum, which means you can start the year with an amount greater than the IRS limit in your Health Care FSA. You can use the amount throughout the 2026 plan year. This rule applies each subsequent calendar year. This does not apply to the Dependent Care FSA.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Optum Bank plan, you'll have access to an HSA. You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. Whatever you don't use rolls over for future years and in some circumstances may be invested.

HOW MUCH CAN YOU CONTRIBUTE?	
2026 IRS CONTRIBUTION LIMIT	
Employee Only Coverage	$4,400*
Family Coverage	$8,750*

*If an individual reaches age 55 by the end of the calendar year, they can contribute an additional $1,000.

NOTE: Amounts change yearly per IRS guidelines.

RETIREMENT 401(k) SAVINGS PLAN

All employees who are at least 21-years-old and have completed 6 months of service with CeriFi is eligible in our 401(k) Plan. Enrollment is measured from your date of hire, provided that you are an eligible employee at the end of that period. New hires are automatically enrolled in the 401(k) plan at a 4% contribution rate. If you do not wish to participate, you must log in and formally opt out of the plan.

CeriFi will contribute a matching contribution to your Safe Harbor Matching Contribution Account in an amount equal to 100% of the Matched Employee Contributions that are not in excess of 4% of your Plan Compensation. Matching contributions will be allocated to the Safe Harbor Matching Contribution Accounts of Participants as soon as administratively feasible after the end of the Plan Year.

For additional information regarding any of the plan provisions, please contact Voya at **1-800-584-6001** or visit their website at **voyaretirementplans.com**.

LET'S BREAK IT DOWN

- You can add funds into the HSA that are not subject to federal income taxes** up to the IRS limits.
- The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- If you leave CeriFi, or retire, you can take your HSA with you.

**Any reference to taxes is at the federal level. State tax rules may vary.

SUPPLEMENTAL MEDICAL BENEFITS

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. CerFi offers critical illness insurance, accident insurance, and hospital indemnity insurance.*
Please note: These plans are not replacements for medical insurance.

NOTE: The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. Please see your Summary Plan Description (SPD) for complete details.

CRITICAL ILLNESS INSURANCE

You can protect yourself from the unexpected costs of a serious illness. Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical illness insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses Include:

- Heart attack
- Stroke
- Cancer
- Major organ transplant
- End stage renal (kidney) failure
- Coronary artery bypass surgery*
- COVID-19*

Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse/domestic partner and children as riders to your coverage.**
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

*The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and COVID-19.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

HEALTH SCREENING BENEFIT

The critical illness insurance plan provides a $50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

HOSPITAL INDEMNITY INSURANCE

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

PLAN FEATURES

- **Guaranteed Acceptance**: There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse/domestic partner and children.*
- **Payroll Deduction**: Premiums are paid through convenient payroll deductions.
- **Portable Coverage**: You may be able to take your policy with you if you change jobs or retire.

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

ACCIDENT INSURANCE

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

PLAN FEATURES

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse/domestic partner and children.*
- **24/7 Coverage**: Benefits are paid for accidents that happen on and off the job.
- **Portable Coverage:** You may be able to take your policy with you if you change jobs or retire.

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

HEALTH SCREENING BENEFIT

The hospital indemnity insurance and accident insurance plans provide a $50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

HEALTH ADVOCATE

Employees have access to your own "Personal Health Advocate" who are available 24/7! This program will aid in finding the best doctors and hospitals, scheduling timely appointments (especially with specialist physicians), and obtaining services for your elderly parents. The program also offers assistance when faced with serious illness or injury, as well as claims and billing issues. Find more information at **HealthAdvocate.com/members**, call **1-866-695-8622**, or email **Answers@healthadvocate.com**.

Personalized virtual care is available up to 5 sessions per case either virtually, in person or over the phone. Life event support includes financial, legal, childcare, eldercare, and relationships.

How To Connect With Health Advocate

HealthAdvocate.com/members | 1-866-695-8622

HOW TO GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical & Prescription Drug	Cigna	mycigna.com	1-866-494-2111
Dental	Cigna	mycigna.com	1-800-275-4638
Vision	EyeMed	www.eyemedvisoncare.com	1-866-804-0982
MotivateMe Wellness	Cigna	mycigna.com	1-866-494-2111
Health Advocate	Health Advocate	HealthAdvocate.com/members	1-866-695-8622
Basic Life & Accidental Death & Dismemberment Claims	Mutual of Omaha	Claims Email: submitgrplife@mutualofomaha.com	1-800-775-8805
Short & Long-Term Disability Claims	Mutual of Omaha	Claims Email: newdisabilityclaim@mutualofomaha.com	1-800- 877-5176
Flexible Spending Accounts	Benefit Alternatives	www.benefitalt.com	1-866-323-2363
Health Savings Account	Optum Bank	www.optumbank.com	1-800-791-9361
Voluntary Benefits (Critical Illness, Accident, & Hospital Indemnity)	Cigna	mycigna.com	1-800-754-3207
401(k)	VOYA	www.VoyaRetirementPlans.com	1-800-584-6001
Human Resources	Nimoy Gennuso Ashlee Manley	Director - Human Resources Executive Business Partner	1-470-758-2012 1-270-779-0686

ABOUT THIS GUIDE: Actual plan provisions for CeriFi ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

IMPORTANT NOTICES

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at **mycigna.com**; you may also request a copy free of charge by calling **1-866-494-2111**.

Enclosed are important notices about your rights under your health and welfare plan (CeriFi Health and Welfare Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of 1/1/2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. CeriFi reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the CeriFi Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the CeriFi Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

CeriFi, Human Resources
3625 Brookside Pkwy, Suite 450
Alpharetta, GA 30022

If you have any questions, please contact the CeriFi Human Resources Office at **1-470-758-2012**

Patient Protection Notice

The CeriFi Health and Welfare Plan generally allows 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.

Until you make this designation, the CeriFi Health and Welfare Plan designates one for you.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at **1-866-494-2111**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the CeriFi Health and Welfare Plan 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-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, contact Cigna at **1-866-494-2111**.

Women's Health and 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 including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

Newborns' and Mothers' Health Protection Act Disclosure

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Human Resources for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

IMPORTANT NOTICE FROM CERIFI ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

MEDICARE PART D NOTICE OF 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 CeriFi and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CeriFi has determined that the prescription drug coverage offered by Cigna is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current CeriFi coverage will not be affected.

Your CeriFi coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life 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 CeriFi 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 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CeriFi changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

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

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov**, or
- Call **1-800-772-1213**.
  TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2026
Name of Entity/Sender: CeriFi, LLC
Contact: CeriFi, LLC Human Resources
Address: 3625 Brookside Pkwy, Suite 450
Alpharetta, GA 30022
Phone Number: **1-470-758-2012**

YOUR ERISA RIGHTS

AS A PARTICIPANT IN THE CERIFI BENEFIT PLANS, YOU ARE ENTITLED TO CERTAIN RIGHTS AND PROTECTIONS UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA), AS AMENDED. ERISA PROVIDES THAT ALL PLAN PARTICIPANTS SHALL BE ENTITLED TO RECEIVE INFORMATION ABOUT THEIR PLAN AND BENEFITS, CONTINUE GROUP HEALTH PLAN COVERAGE, AND ENFORCE THEIR RIGHTS. ERISA ALSO REQUIRES THAT PLAN FIDUCIARIES ACT IN A PRUDENT MANNER.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: **https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices**.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: **https://www.dol.gov/agencies/ebsa**.

GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're 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 more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

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 must pay for COBRA continuation coverage.

If you're an employee, you'll 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
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll 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 entitled to 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 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.

For all 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 after the qualifying event occurs. You must provide this notice to Nimoy Gennuso.

How Is COBRA Continuation 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. The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by 60 days.

GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA (CONTINUED)

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

If 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.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

NOTE: https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start.

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/agencies/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

CeriFi, LLC, Human Resources
3625 Brookside Pkwy, Suite 450
Alpharetta, GA 30022
1-470-758-2012

SUMMARIES OF BENEFITS AND COVERAGE (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available in CeriFi's Human Resources department. A paper copy is also available, free of charge, by calling **1-470-758-2012** (a toll-free number).

HIPAA 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 the CeriFi group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Nimoy Gennuso at **nimoy.gennuso@cerifi.com** or call **1-470-758-2012**.

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, 2025. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. ALASKA – Medicaid
   The AK Health Insurance Premium Payment Program
   Website: http://myakhipp.com/
   Phone: 1-866-251-4861
   Email: CustomerService@MyAKHIPP.com
   Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
3. ARKANSAS – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. 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
5. 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://hcpf.colorado.gov/child-health-plan-plus
   CHP+ Customer Service: 1-800-359-1991/State Relay 711
   Health Insurance Buy-In Program (HIBI):
   https://www.mycohibi.com/
   HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. 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
8. 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
9. IOWA – Medicaid and CHIP (Hawki)
   Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
   Medicaid Phone: 1-800-338-8366
   Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
   Hawki Phone: 1-800-257-8563
   HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
   HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
11. 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: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
12. 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)
13. 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
14. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
15. MINNESOTA – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
16. MISSOURI – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
17. MONTANA – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
    Website: http://www.ACCESSNebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
19. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
20. 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
21. 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)
22. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
    Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
26. OREGON – Medicaid
    Website: http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
    Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website: https://www.pa.gov/agencies/dhs/resources/chip.html
    CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
29. SOUTH CAROLINA – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
31. TEXAS – Medicaid
    Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
32. 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/
33. VERMONT – Medicaid
    Website: https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
34. 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
35. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
    Website: https://dhhr.wv.gov/bms/
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
38. 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