

# IMPACTING EVERYDAY

2025 BENEFITS BOOKLET

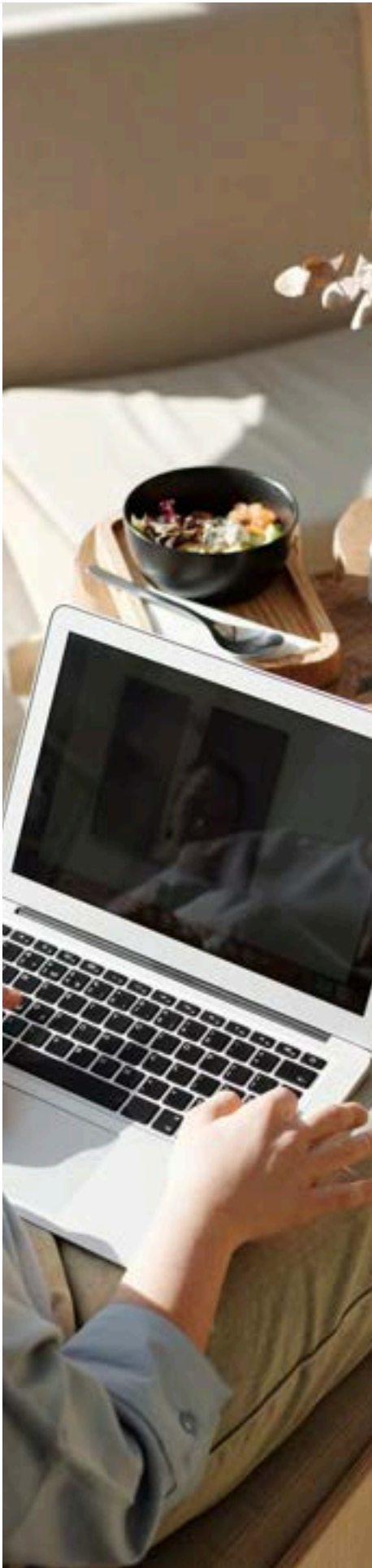
**Thompson** **CAT**

# IMPACTING EVERYDAY

This booklet is a summary of benefits available under the Thompson Tractor Co., Inc. employee health and welfare benefit plans (the “Plans”). It is only a general description of the Plans and is not intended to amend or modify any provision of the Plans. If there is any discrepancy between this summary and the formal legal documents for the Plans, the Plan documents prevail. Group health plans sponsored by Thompson Tractor Co., Inc. maintain a Notice of Privacy Practices that provide information to individuals whose protected health information will be used or maintained by the Plans. If you would like a copy of the Plans’ Notice of Privacy Practices, please contact [benefits@thompsontractor.com](mailto:benefits@thompsontractor.com).







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# HOW TO ENROLL

- 1 Go to [my.thompsoncontractor.com](https://my.thompsoncontractor.com)
- 2 Log in to your UKG Account
- 3 Go to Myself
- 4 Go to Benefits
- 5 Go to Manage My Benefits

To sign up for benefits, visit [my.thompsoncontractor.com](https://my.thompsoncontractor.com) before the end of your enrollment period. Documents containing additional details regarding your benefits are included in the UKG enrollment platform.

## ENROLLMENT DEADLINES

Type of Employee/Dependent	Enrollment Opportunity	Coverage effective date
Current employee	Annually during the enrollment period	Start of plan year
Qualified Life Event	Changes must be made within 30 days of life event	Date of life event
New Hire	Must be made within 30 days of hire	Varies depending upon plan



# Dear Thompson Tractor Employee,

We are so glad to have you as a part of the Thompson Team. Whether you are a new employee or you have been with Thompson for a long time, we want you to know that we are committed to providing the best benefits possible for you and your family.

In this 2025 benefits guide, you will find that we have put together a portfolio of benefits that offer a variety of coverage options. Please use this benefits booklet as a resource whether you are making your elections during open enrollment, joining Thompson as a new hire, or making changes during a qualifying life event. It is also useful to keep around as a handy reference throughout the plan year for useful information about the carriers and partners we use to administer your benefits.

The open enrollment period for your 2025 benefit plan year is October 14th – November 1st, 2024. All employees must login to UKG during open enrollment to make their 2025 benefit elections. Once logged in, navigate to MYSELF > BENEFITS > MANAGE MY BENEFITS. As you make your benefit elections, you will notice that the shopping cart in the top-right corner of the screen will update with your elections. Remember, the elections that you make during open enrollment will not become effective until January 1st, 2025. Many of our benefits are offered under Section 125 of the Internal Revenue Code. Elections made during open enrollment may not be altered unless you have a qualifying life event. If you have any questions or would like assistance with making your open enrollment benefit elections, email [benefits@thompsontractor.com](mailto:benefits@thompsontractor.com) and a member of the Human Resources team will be happy to assist you.

If you are making any benefit elections after our annual open enrollment period due to a qualifying life event or change in status, this booklet will be helpful to you. Please follow the same enrollment process in UKG to make your benefit elections. Any elections made due to a life event or status change will have only a 30-day eligibility period, meaning you have only 30 days from the effective date of your change (i.e., new hire, life event, status change, etc.) to make your elections. Again, if you have any questions or need assistance, please reach out to Human Resources by emailing [benefits@thompsontractor.com](mailto:benefits@thompsontractor.com).

We hope that this benefits guide serves as a helpful resource for you and that the benefits being offered to you enhance your employee experience at Thompson!

Take care & serve well,

**Your Thompson Tractor HR Team**

**MEDICAL PLAN RATES >>>**



# Medical Plan Rates

All rates are per pay period

	CO-PAY PLAN	CO-INSURANCE PLAN	\$3300 HSA
HOURLY	Employee ..... <b>\$88.62</b>	Employee ..... <b>\$78.45</b>	Employee ..... <b>\$63.31</b>
	Employee + child(ren) ..... <b>\$183.84</b>	Employee + child(ren) ..... <b>\$163.54</b>	Employee + child(ren) ..... <b>\$131.32</b>
	Employee + spouse ..... <b>\$228.24</b>	Employee + spouse ..... <b>\$202.84</b>	Employee + spouse ..... <b>\$163.03</b>
	Employee + family ..... <b>\$259.54</b>	Employee + family ..... <b>\$230.91</b>	Employee + family ..... <b>\$185.39</b>
SALARY	Employee ..... <b>\$96.01</b>	Employee ..... <b>\$84.99</b>	Employee ..... <b>\$68.59</b>
	Employee + child(ren) ..... <b>\$199.16</b>	Employee + child(ren) ..... <b>\$177.17</b>	Employee + child(ren) ..... <b>\$142.26</b>
	Employee + spouse ..... <b>\$247.26</b>	Employee + spouse ..... <b>\$219.75</b>	Employee + spouse ..... <b>\$176.62</b>
	Employee + family ..... <b>\$281.17</b>	Employee + family ..... <b>\$250.15</b>	Employee + family ..... <b>\$200.84</b>



Medical	Co-pay Plan		Co-insurance Plan		\$3,300 HDHP	
	In-Network	Out-of-network	In-Network	Out-of-network	In-Network	Out-of-network
Annual Deductible (Individual/Family)	\$400/\$800	\$800/\$1,600	\$1,000/\$2,000	\$2,000/\$4,000	\$3,300/\$6,600	\$6,600/\$13,200
Out of pocket Max (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000	\$6,600/\$13,200	\$13,200/\$26,400
Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered
Primary Physician Office Visit	\$25 copay	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible
Specialist Office Visit	\$50 copay	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible
Inpatient Hospital Services	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible
Outpatient Hospital Services (lab, x-ray, diagnostic)	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible
Advanced Diagnostics	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible
Urgent Care	\$50 copay	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible	80% subject to the calendar year deductible	60% subject to the calendar year deductible
Emergency Room Care	\$200 copay	\$200 copay	80% subject to the calendar year deductible	80% subject to the calendar year deductible	80% subject to the calendar year deductible	80% subject to the calendar year deductible
Prescription Drugs	Deductible does not apply		Deductible does not apply		Patient Pays (after deductible)	
Retail 30-day						
Generic	\$10	Not covered	\$10	Not covered	\$10	Not covered
Brand Preferred	\$30	Not covered	\$30	Not covered	\$30	Not covered
Brand Non-preferred	\$75	Not covered	\$75	Not covered	\$75	Not covered
Specialty	80% (\$150 max)	Not covered	80% (\$150 max)	Not covered	80% (\$150 max)	Not covered
Mail order (90-day supply)						
Generic	\$20	Not covered	\$20	Not covered	\$20	Not covered
Brand Preferred	\$60	Not covered	\$60	Not covered	\$60	Not covered
Brand Non-preferred	\$150	Not covered	\$150	Not covered	\$150	Not covered
Specialty	80% (\$150 max)	Not covered	80% (\$150 max)	Not covered	80% (\$150 max)	Not covered



# Who is Eligible?

Benefits are available to all full-time employees working a minimum of 30 hours per week and their eligible dependents.

## Eligible Dependents:

- Your legal spouse\*
- Your children from birth to age 26\*

*\*You may elect to cover your spouse under our plan. However, if your spouse has access to medical coverage through his/her employer and the employer pays at least 50% of the cost of coverage, you will be charged a spousal surcharge of \$125/month for enrolling in our plan. If your spouse is not eligible for other medical coverage through an employer, you will not be charged the spousal surcharge.*

*\*\*Includes natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.*

## Qualifying Life Events

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

*Note: Any change you make to your coverage must be consistent with the change in status.*





# Meet Our Benefits Carriers

## News and Information in UKG

To learn more about all of the benefits in this booklet, visit the News and Information section in UKG. Scan the QR code and log in to UKG and follow these steps:

**Sign-in to UKG**

**Click the “Myself” Tab**

**Click “News and Information”**

**Click “Thompson Benefits Information”**



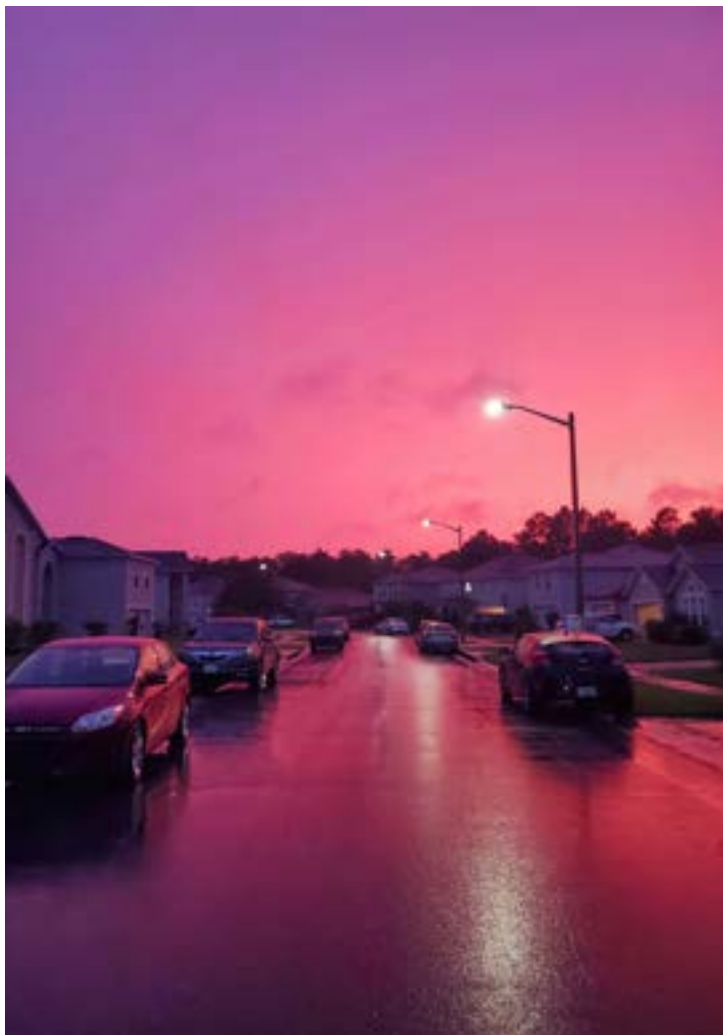
# Teladoc



Teladoc provides convenient access to healthcare through your health benefits, regardless of your location. Talk to a U.S. board-certified doctor and get medical advice by phone, video, web or app. We're here for you when you need us. Set-up or log-in to your account to see what services are covered under your plan.

When enrolled in a health plan, you and any eligible dependent on your plan have the option of using Teladoc.

**Connect to a doctor by calling:  
1-855-477-4549**



## Set up your account in minutes

1. Download the app, go online, or call us.
2. Enter your first and last name, date of birth and ZIP code to get started.
3. Provide basic information to confirm your benefits.
4. Select your health provider and finish creating your account.
5. Schedule a confidential virtual care visit or consult at your convenience.

Insurance Plan	Cost per visit
Copay Plan	\$5
Coinsurance Plan	\$5
HDHP	\$55 (until deductible is met)



# Virta



## What if you could reverse diabetes?

The only way to contain the soaring cost of diabetes is to reverse the course of the disease itself — by returning blood glucose to normal levels while simultaneously de-prescribing costly medication. Reversing Type 2 diabetes is not easy, but Virta has developed a treatment that is effective, scalable and safe.

### Virta's treatment program helps achieve diabetes reversal:

- **60% of patients reverse diabetes** at one year.
- **83% patient retention** at one year.
- **12% reduction** in 10-year cardiovascular risk.
- **\$425 estimated gross savings**, per member, per month.

Virta's treatment program helps achieve diabetes reversal by pairing nutritional therapy and medication adjustments with a physician-led care team. Among enrolled patients in Virta's clinical trial at one year, 60% achieved diabetes reversal and 94% of insulin users reduced or eliminated usage altogether. Results extended beyond diabetes reversal to other areas of metabolic and cardiovascular health, with sustained improvements in blood pressure, inflammation, liver function and BMI.

**Type 2  
diabetes in the  
US is prevalent  
and costly:**

**38.4M  
Americans**

**\$413B total  
cost**

**\$0**

**Cost to you**



# Hinge Health



Musculoskeletal (MSK) pain ranks just behind diabetes as a top health concern. Most MSK spend is driven by chronic MSK-related surgeries that are often avoidable.

Blue Cross and Blue Shield of Alabama is excited to offer Prevention, Acute, and Pre-and Post-Surgery services through Hinge Health.

**Call 1-855-902-2777**

Hinge Health reduces pain and avoids elective surgeries with these three pillars of comprehensive MSK care:

- **Complete clinical team:** Focus on physical and behavioral needs to customize care for each member.
- **Comprehensive technology:** Improves accessibility, engagement, motion tracking, and personalization of care.
- **Connected care:** Bridges the gap between in-person and digital providers to prevent unnecessary utilization.

## Proven Clinical Outcomes

**62%**

Increase in work productivity

**58%**

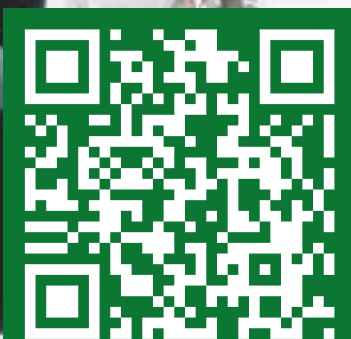
Decrease in depression and anxiety

**62%**

Decrease in surgery likelihood

**62%**

Decrease in pain



Scan the QR code or visit [hinge.health/thompsoncontractor](https://hinge.health/thompsoncontractor) to learn more.

**\$0**  
Cost to you



# EAP Plus

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

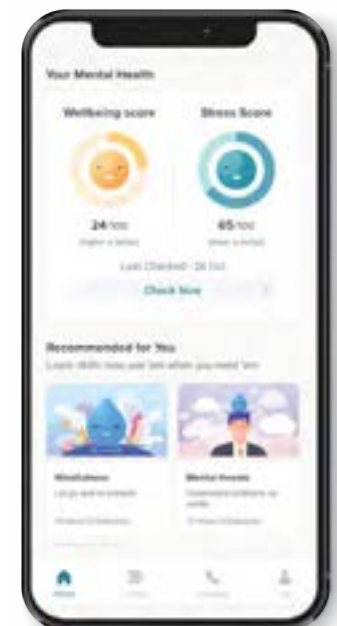
## We Are Here to Help

Employee Assistance Program (EAP) benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with our care team, or accessing online.

## EAP Plus Program

**Our program is designed to help reduce stress and keep you healthy.**

- Bite-sized training is available from your desktop or mobile app.
- Access is confidential. Take the assessment and check your wellbeing score.
- Get your own personalized recommendations for CBT-based courses.
- Skills training to develop your resilience, stress management, and mental fitness.
- Up to 6 sessions with a coach via phone or unlimited asynchronous chat.
- Visit [uprisehealth.com/members](https://uprisehealth.com/members) to get started.
- Create an account with your email and your access code: **THOMPSON**



## EAP Services for Employees & Families

### Confidential Therapy

Up to 6 face-to-face, video or telephonic therapy sessions for relationship and family issues, stress, anxiety, and other common challenges.

### 24-hour Crisis Help

Toll-free access for you or a family member experiencing a crisis.

### Online Peer Support Groups

Online support groups for addiction recovery, anxiety, depression, frontline workers, grief and loss, parenting, and more.

### Tess, AI Chat-bot

24/7 chatbot for emotional support and check-ins to boost wellness.

## Your EAP provides a wide range of work-life services to help you manage a variety of challenges

### Financial Help

30-days of access with a personal money coach who will work with the member toward financial wellness by identifying financial goals, assessing current financial situation, and providing a suggested detailed action plan.

### Legal Services

One 30-minute legal consultation per each separate legal matter at no cost, 25% reduction from the normal hourly rate if member retains attorney or mediator.

### Online Legal Forms

Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

### Child & Parenting Services

Get information and support on parenting, school issues, adoption, daycare, and other important issues for parents.

### Adult & Eldercare Services

Get assistance in finding quality information and services including transportation, meals, activities, daytime care, housing, and more.

### Webinars & Trainings

Industry experts will present monthly work-life webinars on a variety of topics.

## EAP Services & Support for Supervisors

**Managing people can be challenging. All supervisors have fast access to phone consultations and trainings about the EAP and management topics:**

- Critical Incidents •Making Employee Referrals •Education and Training
- Drug-Free Workplace •Organizational Development •Conflicts In The Workplace

## We Are Here to Help

To find out more about your EAP, schedule a therapy appointment, or get a referral for services, call Uprise Health at **800-925-5327** or go to the member Website at **[uprisehealth.com/members](https://uprisehealth.com/members)**.

To access online resources, go to **[uprisehealth.com/members](https://uprisehealth.com/members)** and enter your Access Code:

**THOMPSON**



# EAP vs. MBH

## What is EAP?

An employee assistance program (also called employee member assistance program or EMAP) is a workplace benefit that provides help intended to overcome general personal or workplace challenges. An EAP company provides tools, resources, and referrals to experts that assist employees with legal issues, financial issues, work support, short-term mental health concerns, work-life balance, short-term substance use concerns, and sometimes childcare, eldercare, or family-related support.

## What is MBH?

Managed Behavioral Health (MBH) programs (also known as MHSUD) coordinate, manage, and evaluate mental health and substance use benefits for employees. MBH programs handle the evaluation of care options, implementation of care, and oversight of care levels for employees who need help for diagnosed mental health conditions (including conditions such as adjustment disorder, ADHD, anxiety disorder, impulse control, substance use disorder). MBH programs also help clients determine their financial responsibility for the payment to the provider related to care for mental health conditions. MBH is intended to provide coordination of care for longer-term therapy or treatment of diagnosed mental health conditions.

### EAP

#### Who is it intended for?

EAP covers all employees and their dependents by providing short-term, solution-focused resources related to work and life concerns. Any workforce can implement an EAP.

#### Advantages

Can prevent mental health concerns from progressing to a critical level, can reduce healthcare costs associated with mental health issues, can lower managerial burden by helping managers navigate workplace stresses and employee behavioral concerns, can improve immediate employee engagement and productivity.

#### Limitations

Does not provide long-term care or care for medical diagnoses. Depending on certain state laws, such as the Knox Keene Health Care Service Plan Act in California, the number of sessions offered cannot exceed a certain limit.

### MBH

#### Who is it intended for?

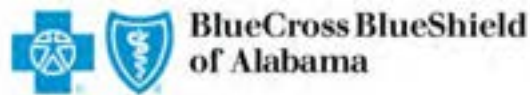
Dependents and employees can both be eligible, but they have to be covered by the medical plan. E.g., if an employee has a single medical plan but has dependents, those dependents would not be eligible. But if the employee has family coverage, their dependents would also be eligible.

#### Advantages

Can dramatically reduce employers' medical benefit costs related to mental health conditions, ensures every qualified member has access to the level of long-term care they need, and expands available healthcare providers to include a more complete range of treatment and specialties.

#### Limitations

An employee or their dependents must be eligible and covered on the employer's medical plan. Scope of offering is determined by the employer's benefit plan and must be in compliance with The Mental Health Parity and Addiction Equity Act unless the employer's plan is exempt.



# Lucet

## Your Behavioral Health Services

As a member of Blue Cross and Blue Shield of Alabama, your health insurance plan includes behavioral health benefits managed by Lucet. These benefits include mental health services, substance use treatment and more. If you have questions about your benefits or want more information simply call us at 1-800-321-5319 or visit [LucetHealth.com](https://www.LucetHealth.com).



## What You Can Expect

Through our customer service line, website or programs, we can help you:

- Find the right doctors and treatment facilities for your unique needs.
- Assist you, your doctors and your insurance company in working toward your goals.
- Inform you about topics such as depression, anxiety, bipolar disorder, autism spectrum disorder and substance use disorder (including opioid addiction).
- Offer coaching and support services through our Care Management program.
- Confirm provider participation in your health plan network.
- Provide information about people and groups in your community that can help.

Help is just a phone call away. If you have any questions, please call the phone number listed on the back of your ID card and a customer service representative will be available to assist you. Licensed clinicians are available when appropriate. Visit [LucetHealth.com](https://www.LucetHealth.com) for articles, videos, guidebooks and more.

**We're your partners in health. We're here to help you navigate your mental health journey with confidence.**

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. Lucet is an independent company offering behavioral health solutions and services on behalf of Blue Cross and Blue Shield of Alabama.

# HealthCheck360 Wellness Program

Thompson Tractor is teaming up with HealthCheck360 to provide you with a new and enhanced wellness program. HealthCheck360 is devoted to improving your health and overall wellbeing with tools, motivation, and support to be a healthier you.

**Employees enrolled in a Thompson Tractor health plan are encouraged to participate in the wellness program by completing activities like a health screening, annual physical, financial well-being sessions, and other healthy actions. Members that participate will be rewarded for their engagement throughout the year.**

## Benefits



Mobile App



Unlimited Health Coaching



Monthly Calendars & Newsletters



**Contact HealthCheck360**

866-511-0360

[support@healthcheck360.com](mailto:support@healthcheck360.com)

## More Information Coming Soon!

You'll receive information on how to create your account, how to track your activities, prizes you can earn and more!

In the meantime, download the app on the App Store or Google Play Store!







# American Benefit Administrators

## FLEXIBLE SPENDING ACCOUNT

### Why should I choose a flexible spending account (FSA)?

A flexible spending account (FSA) lets you save money by setting aside pre-tax dollars to pay for eligible medical, dental, vision and dependent care expenses incurred by you, your spouse or your eligible dependents.



#### Take home more money

Putting money into an FSA decreases your taxable income, which means you'll take home more money.



#### Plan better for health expenses

Spend your funds on the eligible health expenses you incur throughout the year. The IRS has a "use it or lose it" rule for FSAs, which means funds must be spent by the end of the plan year unless your employer offers a grace period or carryover.



#### Flexibility

You can use your funds for eligible expenses incurred by you, your spouse, or your eligible dependents. Thousands of products and services are FSA eligible. (Eligible expenses are determined by the IRS.)



#### Funds on Day 1

All of your FSA dollars are available on the very first day of the plan year. For example, if you choose to contribute \$1,200 to your FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on Day 1.



#### Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a Health Savings Account (HSA).



#### Carryover

A carryover allows you to transfer up to the IRS approved annual limit of your remaining balance at the end of the plan year into the following year.

#### Contribution limits + IRS regulations

The IRS sets the maximum dollar amount you can elect to contribute to a medical FSA. The annual contribution limit for 2025 is \$3200.

#### Changing your election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. These events include:

- Change in marital status or in the number of dependents
- Increase due to birth, adoption, or marriage
- Decrease due to death, divorce, or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse, or dependent employment status

If you experience a qualifying life event, contact your employer to make changes to your election.

# DEPENDENT CARE FSA

## Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.



### Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



### Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard earned "bonus."

### What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before or after school care
- Disabled dependent and/or spouse care
- Elder care

### Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.





# HEALTH SAVINGS ACCOUNT

## Why should I choose a health savings account (HSA)?

An HSA allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or to use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA doesn't, making it a powerful option for diversifying your retirement portfolio.



### It's yours

An HSA isn't a "use it or lose it" account. Unspent funds roll over every year, and the account remains yours even when you switch employers. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



### Spend, save, invest

Your funds can be spent on current eligible healthcare expenses, saved for future healthcare needs, or invested for retirement. Want to do all three? Set your investment threshold to mirror your deductible amount and invest any contributions above it to build your retirement nest egg.



### Flexibility

You can adjust your payroll deductions or contributions at any time, no questions asked.



### Save on taxes 3 ways

The money you contribute, your earnings from investments, and withdrawals for eligible expenses, are all tax free.

### Can I enroll?

You must be enrolled in a high deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical FSA, or select HRAs.
- You or your spouse are contributing to a medical FSA.

## Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to an HSA. The 01/01/2025 annual contribution limit is:

**Single coverage: \$4,300\***

**Family coverage: \$8,550\***

Please note: If you're 55 years of age or older, you are eligible to make an annual catch up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind you're not locked in to that decision and can change your contribution amount at any time.

\*Limits are inclusive of employee and employer contributions



# LIMITED FSA

## Why should I choose a limited flexible spending account?

A limited FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for qualified dental, vision and preventative care expenses. It pairs well with a Health Savings Account (HSA). This plan offers instant access to funds for expenses you incur throughout the year and saves you money by reducing your taxable income.



### Funds on Day 1

Buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



### Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a limited FSA.\*



### Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a limited FSA and save 30%.\*

\*Based on a 30% tax bracket.

### Don't know how much to elect?

Determine how much you spent on dental and vision expenses last year and estimate the amount you'll spend this year. Any funds you contribute to the limited FSA must be spent by the end of the plan year.

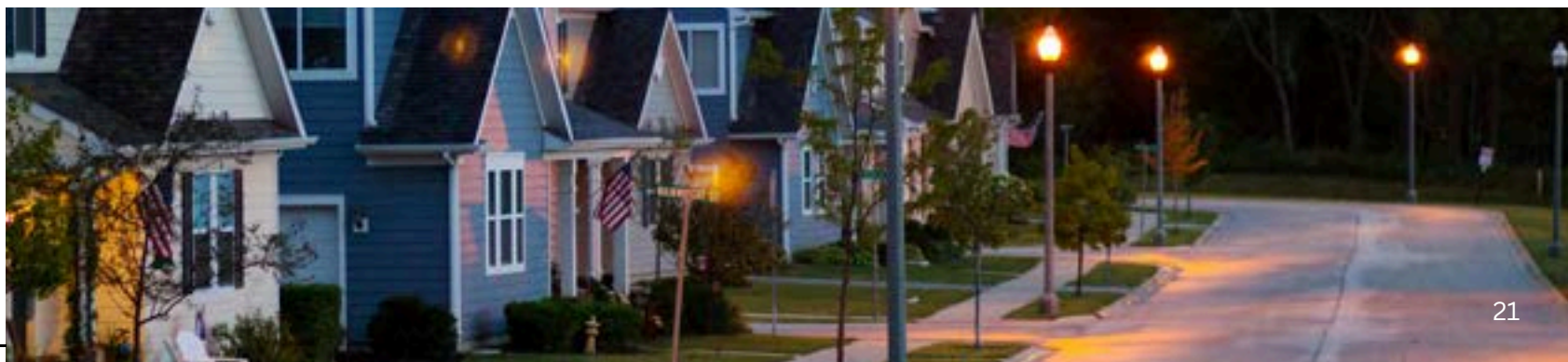
## What does it cover?

There are thousands of eligible items, including:

- Dental and orthodontia office visits and expenses
- Dental implants, veneers, dentures and bridges
- Optometrist and ophthalmologist visits and expenses
- Eye glasses, contacts, prescription sunglasses, solutions and drops
- Laser eye surgery

## Can I enroll?

The limited FSA pairs nicely with a health savings account (HSA). However, a limited FSA cannot be paired with a medical flexible spending account (FSA). Pairing these plans allows you to spend your limited FSA dollars on eligible expenses while saving or investing your HSA dollars.





# Sun Life

## BASIC LIFE INSURANCE

Even among people who have life insurance, about **1 in 5** say they don't have enough.

### ➡ Protects your loved ones.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

### ➡ Helps pay your final expenses.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

### ➡ Part of your benefit package.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

## Benefits

For you*	<p><b>1.5 times</b> your Basic Annual Earnings <b>plus \$5,000</b>, up to a <b>maximum of \$205,000</b>. No medical questions asked, <b>up to the Guaranteed Issue amount of \$205,000</b>.</p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
Dependent Coverage	<p><b>\$5,000</b> for your spouse and <b>\$5,000</b> for your child(ren), with no medical questions asked.</p> <p>Dependent coverage cannot exceed 50% of your coverage amount. A full benefit is payable for a dependent child who is 6 months to 26. A reduced benefit of \$1,500 is payable for a child from birth to 6 months. In order to be covered, the child must depend primarily on the employee for 50% or more of their support.</p>

# VOLUNTARY LIFE INSURANCE

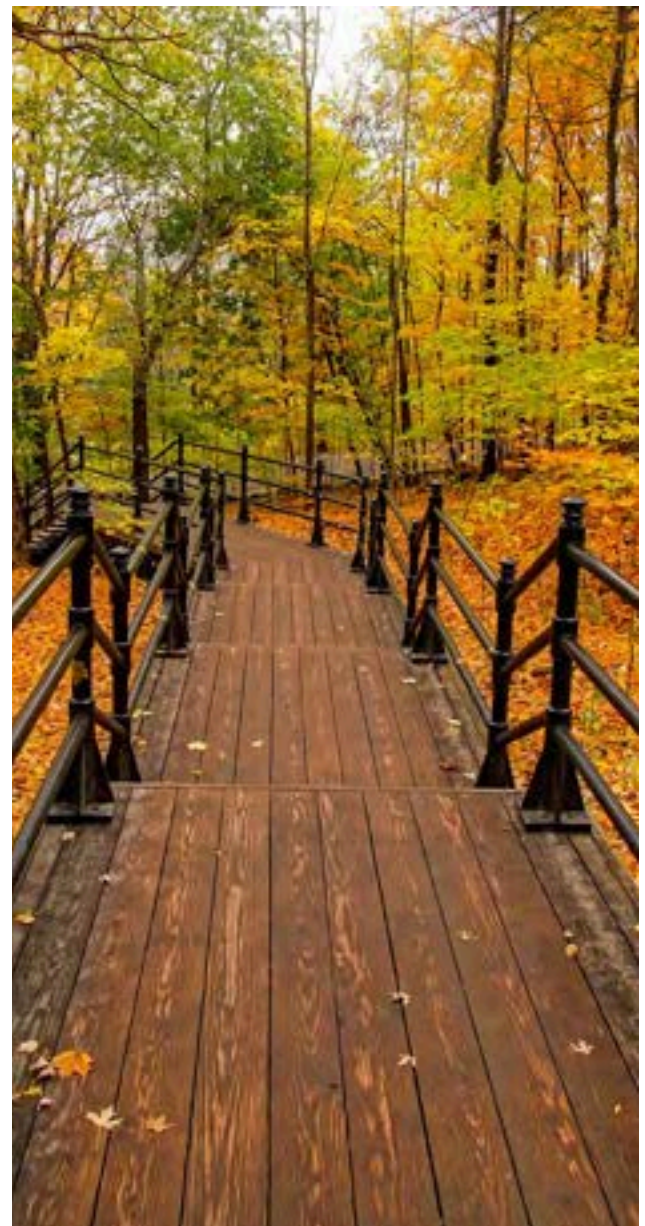
## More protection for your loved ones.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## Helps you close any coverage gaps.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

Benefits <i>(You can purchase this coverage at a group rate.)</i>	
<b>For you</b>	<p>You can choose from <b>\$10,000 to \$250,000</b> — in increments of \$10,000 <b>not to exceed 10 times</b> your Basic Annual Earnings.</p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
<b>For your spouse</b>	<p>If you elect coverage for yourself, you can choose from <b>\$5,000 to \$100,000</b> — in increments of \$5,000.</p> <p>The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.</p>
<b>For your child(ren)</b>	<p>If you elect coverage for yourself, you can choose <b>\$2,000 to \$10,000</b>—in \$1,000 increments. No medical questions asked.</p> <p>The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.</p> <p>A full benefit is payable for a dependent child from birth to 26.</p>







# SHORT-TERM DISABILITY INSURANCE

## Protects your income when you can't work.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

## Provides you with a weekly check.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Benefits <i>(You can purchase this coverage at a group rate.)</i>	
<b>Monthly benefit after your claim is approved</b>	You will receive a check for your benefits on a weekly basis. It will replace <b>66.67%</b> of your Total Weekly Earnings, up to <b>\$1,000</b> weekly.
<b>When benefits begin</b>	Benefits begin as soon as <b>8 days</b> from the date you are unable to work due to an injury and <b>8 days</b> due to an illness.
<b>Benefits may be paid for</b>	Up to <b>12 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work related.

## SHORT-TERM DISABILITY FAST FACTS

# 1 in 4

will miss up to 3 months of work due to disability during their career.

**More than three-quarters of workers are living paycheck to paycheck.**

## EXAMPLES OF CAUSES OF DISABILITY

Pregnancy

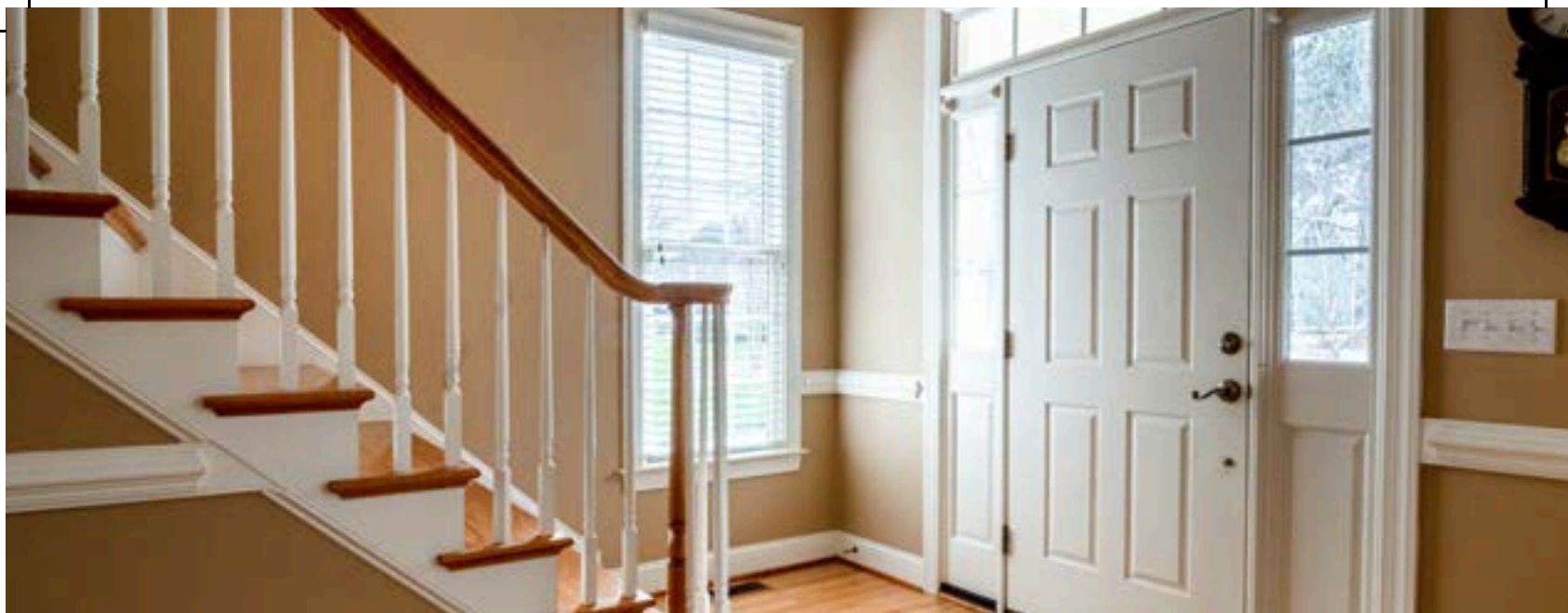
Injuries

Joint disorders

Back disorders

Digestive disorders





# LONG-TERM DISABILITY INSURANCE

➤ **Helps you keep your life on track.**

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

➤ **Helps you return to work.**

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

Benefits <i>(You can purchase this coverage at a group rate.)</i>	
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace <b>60%</b> of your Total Monthly Earnings, with maximum dependent upon class.
When benefits begin	Benefits begin as soon as <b>90 days</b> from the date of your disability.
Benefits may be paid	Up to your Social Security normal retirement age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

## LONG-TERM DISABILITY FAST FACTS

**34.6 months**

The length of the average long-term disability claim.

**You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.**

## EXAMPLES OF CAUSES OF DISABILITY

- Musculoskeletal conditions
- Circulatory conditions
- Cancer
- Nervous system disorders
- Injuries



# ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

## Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost.



Benefits	
<b>For you</b>	You can choose from <b>\$10,000 to \$500,000</b> —in increments of \$10,000. Benefits are reduced to 50% at age 70. Coverage ends at termination of employment or retirement.
<b>For your spouse</b>	If you elect coverage for yourself, you can choose <b>\$10,000 to \$250,000 — in increments of \$10,000.</b> (Not to exceed 100% of your Elected amount.) Benefits are reduced to 50% at age 70.
<b>For your child(ren)</b>	If you elect coverage for yourself, you can choose <b>\$10,000 to \$50,000 — in increments of \$10,000.</b> (Not to exceed 100% of your Elected amount.) Benefit may be reduced when the employee benefit amount is reduced. A full benefit is payable for a dependent child birth to 26 years old.

## Reasons why you may need AD&D insurance



Provide financial support for you or others.



Pay household expenses.



Hire help for child or elder care.



Funeral or medical expenses.

**You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income.**



# 401k Retirement

## Explore the features of your retirement plan website.

Visit [workplace.schwab.com](http://workplace.schwab.com) to take advantage of the tools and resources available through the Thompson Tractor Co., Inc. Profit Sharing Plan that can help you plan for retirement. Check out these useful features and tools:



### Review your investments.

Look at your account to see how your investments have performed and determine if you would like to make adjustments to your fund allocations.

- Go to the Manage Account tab.
- Select Investments.

### Review your contribution rate.

Increasing your contribution rate by just a small percentage may have significant long-term benefits. Follow the steps below to review how much you are saving in your account.

- Go to the Manage Account tab.
- Select Contributions.

### Designate your beneficiary.

It's too important to put off, so take care of the people who matter most. Designate or update your beneficiary information today.

- Go to the My Profile tab.
- Select Beneficiaries.



### Take control of your financial ecosystem with My Financial Guide.

Just as different aspects of a natural ecosystem are connected, so are the different aspects of your finances. My Financial Guide is designed to help you understand how everything may fit together.

- Go to the Learning Center tab.

### Use the retirement tools and calculators.

The website offers a number of useful tools, including the Retirement Savings Calculator, the Paycheck Calculator, the Social Security Administration Estimator, the Monthly Budget Planner, the Spending Tracker, and more.

- Go to the Learning Center tab.
- Select Tools & Calculators.

### Get personalized advice.

The retirement plan includes the option to have your account professionally managed for a fee. This service will calculate a retirement income goal and savings rate for you, select the investments for your account from the retirement plan's available investment options, review your retirement plan account every 90 days, make adjustments to your investments as your needs change, and provide a spending plan if you're age 50 or older to help you make the most of your money in retirement. Prefer to manage your account yourself? You can still get a personalized recommendation without signing up for the managed account service.

The managed account service is provided by Morningstar Investment Management LLC, an independent registered investment adviser.

- Go to the Advice tab.

### How to log in.

Follow these steps:

1. Go to [workplace.schwab.com](http://workplace.schwab.com).
2. Enter your login ID under Plan Participant Login.
3. Enter your password.
4. Select Log in.

New participants can establish their login ID and password by using the Register Now button.

To get help with your retirement account, call 1-800-724-7526 or visit [workplace.schwab.com/contact-us](http://workplace.schwab.com/contact-us) to chat online.



# VSP Vision Care

**Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.**

## Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling at over \$3,000 in savings.

## Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on [vsp.com](https://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



Scan the QR code or visit  
[thompsoncontractor.vspforme.com](https://thompsoncontractor.vspforme.com)  
to learn more.

**Enroll today.  
Call 800-877-7195**



**More Ways to Save  
Extra**

**\$20**

**to spend on Featured Frame Brands**

bebe COLE HAAN FLEXON LONGCHAMP  
PARIS

Calvin Klein DRAGON Nike and more

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
CHOICE PLAN COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li></ul>	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal imaging for members with diabetes covered-in-full</li><li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li><li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li></ul>	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"><li>\$210 Featured Frame Brands allowance</li><li>\$190 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$105 Walmart/Sam's Club/Costco frame allowance</li></ul>	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Scratch-resistant coating</li><li>Anti-glare coating</li><li>Progressive lenses (all)</li><li>Impact-resistant lenses for adults</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$25 \$0 \$0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$140 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$25	Every calendar year
ADDITIONAL SAVINGS	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li></ul> <p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li><li>Everyday savings on health, wellness, and more with VSP Simple Values.</li></ul>		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to <a href="https://vsp.com">vsp.com</a> to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
Exam.....up to \$45      Lined Bifocal Lenses.....up to \$50      Contacts.....up to \$105 Frame.....up to \$70      Lined Trifocal Lenses.....up to \$65 Single Vision Lenses.....up to \$30      Progressive Lenses.....up to \$50			
VSP SAFETY EYEWEAR* (EMPLOYEE-ONLY COVERAGE): SIGNATURE PLAN			
EFFECTIVE 06/01/2023			
FRAME*	<ul style="list-style-type: none"><li>All safety frames are tested and certified according to current ANSI &amp; OSHA</li><li>All safety frames must include fixed/permanent side shields</li><li>Covered-in-full frames up to \$130 frame allowance</li><li>20% savings on the amount over your allowance</li></ul>	\$10	Every calendar year
LENSES	<ul style="list-style-type: none"><li>Prescription single vision, lined bifocal, and lined trifocal lenses</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	\$10	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Progressive lenses (all)</li><li>Light-reactive lenses</li><li>Scratch-resistant coating</li><li>Anti-glare coating (all)</li><li>Lens Enhancements covered after copay. Average savings of 40% on other lens enhancements</li></ul>	\$0 \$0 \$15 \$37 - \$75	Every calendar year





# Delta Dental

## Save with PPO.

Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

## Set up an online account.

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

## Check in without an ID card.

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

## Coordinate dual coverage.

If you're covered under two plans, ask your dental office to include information about both plans with your claim – we'll handle the rest.

## Understand transition of care.

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage. Log in to your online account to find this date.

## Get LASIK and hearing aid discounts

### Qualsight

Save up to 50% on Lasik procedures!

[Call \(855\)-248-2020](tel:855-248-2020)

### Amplifon Hearing Health Care

Save up to 60% on hearing aids!

[Call \(888\)-779-1429](tel:888-779-1429)

## Go online to manage your plan.

Visit [deltadentalins.com](https://deltadentalins.com) to do it all with Delta Dental's online tools:

- Create an account
- Find an in-network dentist
- Understand your plan
- Explore dental wellness
- Download the app



**Plan Benefit Highlights for:** Thompson Tractor Company, Inc.  
**Group No:** 18463

<b>Eligibility</b>	Primary enrollee, spouse, and children to age 26.			
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
<b>Maximums</b>	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100%	100%
<b>Basic Services</b> Fillings	80%	80%
<b>Endodontics (root canals)</b> Covered Under Basic Services	80%	80%
<b>Surgical Periodontics</b> (gum treatment) Covered Under Major Services	50%	50%
<b>Non-Surgical Periodontics</b> (gum treatment) Covered Under Basic Services	80%	80%
<b>Oral Surgery</b> Covered Under Basic Services	80%	80%
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50%	50%
<b>Prosthodontics</b> Bridges, dentures and implants	50%	50%
<b>Orthodontic Benefits</b> Adults and dependent children	50%	50%
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

**Delta Dental Insurance Company**  
 1130 Sanctuary Parkway, Suite 600  
 Alpharetta, GA 30009

**Customer Service**  
 800-521-2651

**Claims Address**  
 P.O. Box 1809  
 Alpharetta, GA 30023-1809

[deltadentalins.com](http://deltadentalins.com)

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS

# LifeLock



## Are you worried about the health of your digital life?

### We help protect your personal information and finances.

Your identity is valuable, regardless of what you own or how much money you make. We help protect your finances by monitoring your personal information for possible identity theft and financial fraud.

### We provide protection when you connect online.

Everybody is scrolling. How do you know if the ad you see online could take you to a harmful site? We block thousands of digital threats every minute - even before they can infect your computers, phones, and tablets.

### We're here to help when you need it.

If your identity got stolen, would you know who to call? Or where to turn for support? Our U.S.-based Restoration Specialists will personally handle your identity theft case until it's resolved.

Premier Pricing (Per Pay Period)	
Hourly Pricing	Salary Pricing
<b>\$3.69</b> Employee Only	<b>\$4.00</b> Employee Only
<b>\$6.91</b> Employee + Family	<b>\$7.49</b> Employee + Family

### Has your personal info been exposed in a data breach?

Scan the QR code to use LifeLock's Threat Detector tool.

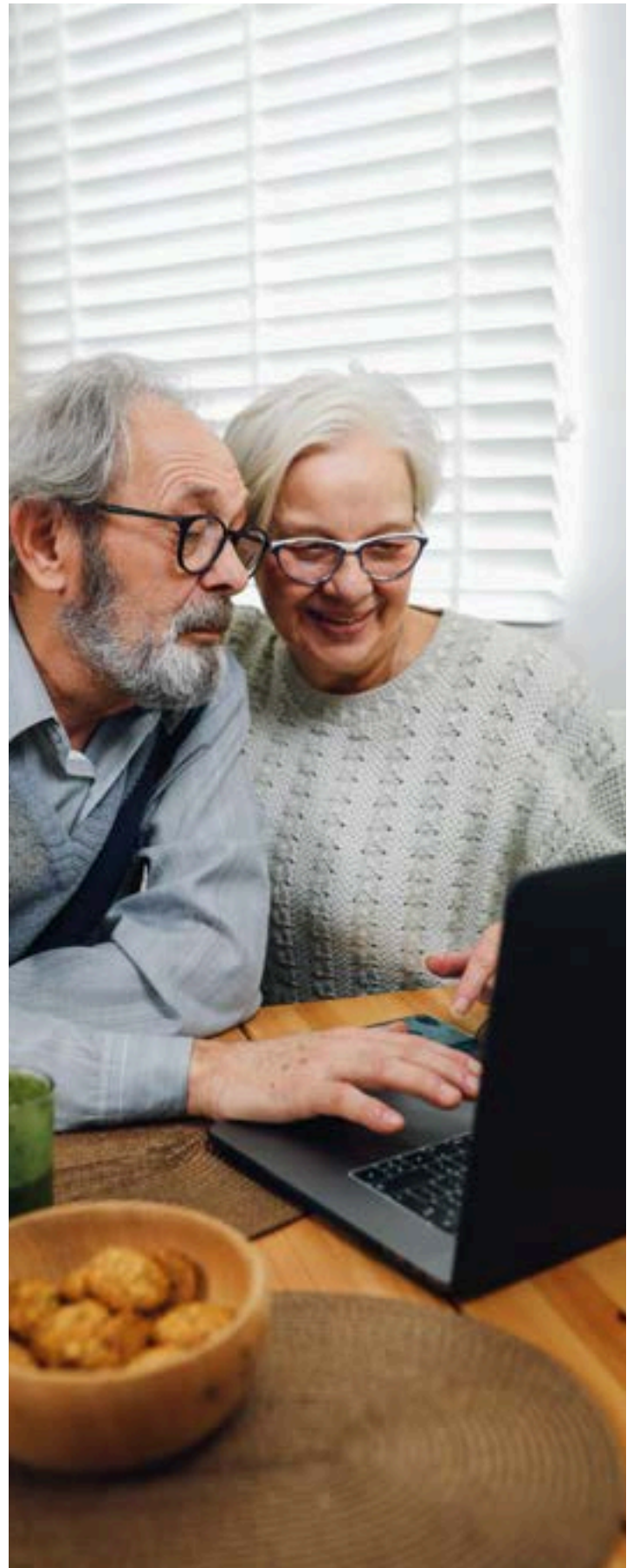




## Product Features

Bank Account Takeover Alerts  
Buy Now Pay Later Fraud Monitoring  
Checking & Savings Account Application Alerts  
Credit, Checking, & Savings Account Activity Alerts  
Credit Monitoring  
Credit Report & Scores  
Reduced Pre-Approved Credit Card Offers  
Financial Monitoring  
Alerts on Crimes Committed in Your Name  
Child Identity Protection (Included in Family Plan)  
Dark Web Monitoring  
Data Breach Notifications  
Fictitious Identity Monitoring  
File-sharing Network Searches  
Freeze Center  
Home Title Monitoring  
Identity Lock  
Identity & Social Security Alerts  
ID Verification Monitoring  
Phone Takeover Monitoring  
Sex Offender Registry Reports  
Social Media Monitoring  
Telco & Utility Monitoring  
USPS Address Change Verification  
Million Dollar Protection Package (Up to \$3 million)  
Prior Identity Theft Remediation  
Stolen Wallet Protection  
24/7 Live Member Support  
Identity Restoration Specialists  
Mobile App  
PC SafeCam  
Private Browser  
Privacy Monitor  
Secure VPN  
Number of Devices  
Anti-Spyware, Antivirus, Malware & Ransomware Protection  
Parental Control  
Content Supervision  
Location Supervision  
Time Supervision  
Reporting  
Password Manager  
PC Cloud Backup  
Smart Firewall

**Thompson** **CAT**



# Aflac



## GROUP HOSPITAL INDEMNITY INSURANCE

Even a small trip to the hospital can have a major impact on your finances. Here's a way to help make your visit a little more affordable.



### The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills? Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Even with major medical insurance, your plan may only pay a portion of your entire stay.

### That's how the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help you avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Expenses like transportation and meals for family members, help with child care, or time away from work, for instance.

**The Aflac Group Hospital Indemnity plan benefits include the following:**

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more

### How It Works:

**Aflac Group Hospital Indemnity** is selected.

The insured has a high fever and goes to the emergency room.

The physician admits the insured into the hospital.

The insured is released after two days.

*Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000) and Hospital Confinement (\$100 per day).*

The plan has limitations and exclusions that may affect benefits payable. This example is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Aflac Group Hospital  
Indemnity plan pays:

# \$1,200

# GROUP ACCIDENT INSURANCE

Having Aflac on your side means you can be better prepared financially to deal with what happens after an accident.

**Just because an accident can change your health, doesn't mean it should change your lifestyle too.**

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

## Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Major Diagnostic Testing
- Emergency room visits
- Burns
- Surgery and anesthesia

## Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

## How It Works:

**Aflac Group Accident** is selected.

You are injured in a car accident and transported to an emergency room by ambulance.

You have X-Rays and CT Scan.

You are diagnosed with a fractured femur and wrist and a concussion.

*Amount payable was generated based on benefit amounts for: Initial Treatment with X-Ray (\$400), Ambulance (\$500), Major Diagnostic Testing (\$500), Concussion (\$500), Appliances -Crutches (\$200), Fracture-Leg (\$2,400) and Fracture-Wrist (\$2,000).*



Aflac Group Accident plan pays:

**\$6,500**





## GROUP CRITICAL ILLNESS INSURANCE

You can count on Aflac to help ease the financial impact of surviving a critical illness.



### Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. During recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

It doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

### Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

### How It Works:

**Aflac Group Critical Illness** is selected.

You experience chest pains and numbness in the left arm.

You visit the emergency room.

A physician determines that you have suffered a heart attack.

Aflac Group Critical Illness pays  
an Initial Diagnosis Benefit of:

# \$10,000

Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](https://aflacgroupinsurance.com).

# Contacts Page



BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Medical Insurance	Blue Cross and Blue Shield of AL	1-800-321-5319	<a href="http://www.bcbsal.com">www.bcbsal.com</a>
Pharmacy	Express Scripts, Inc.	1-855-723-6090	<a href="http://www.express-scripts.com/NATPLSNATPREF14">www.express-scripts.com/NATPLSNATPREF14</a>
Dental Insurance	Delta Dental	1-800-521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision Insurance	Vision Service Plan (VSP) Insurance	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life Insurance, Disability, and Accidental Death and Dismemberment Insurance	Sun Life	1-800-247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Flexible Spending Accounts	American Benefit Administrators	1-866-742-4900	<a href="http://www.americanbenefitadministrators.com">www.americanbenefitadministrators.com</a>
Health Savings Account	American Benefit Administrators	1-866-742-4900	<a href="http://www.americanbenefitadministrators.com">www.americanbenefitadministrators.com</a>
Employee Assistance Program	Uprise	1-800-925-5327	<a href="http://www.uprisehealth.com/members">www.uprisehealth.com/members</a>
Mental Health Benefits	Lucet through BCBS	1-800-321-5319	<a href="http://www.bcbsal.com">www.bcbsal.com</a>
Retirement Benefits	Schwab	1-800-724-7526	<a href="http://www.workplace.schwab.com">www.workplace.schwab.com</a>
Substance Abuse Benefits	Lucet through BCBS	1-800-321-5319	<a href="http://www.bcbsal.com">www.bcbsal.com</a>
Wellness Program	HealthCheck360	1-866-511-0360	<a href="mailto:support@healthcheck360.com">support@healthcheck360.com</a>
Identity Theft Protection	Norton LifeLock	1-800-607-9174	<a href="http://my.norton.com">my.norton.com</a>
Tele Medicine	Teladoc	1-855-477-4549	<a href="http://www.teladoc.com/alabama">www.teladoc.com/alabama</a>
Accident, Critical Illness, Hospital Indemnity	AFLAC	1-800-433-3036	<a href="http://www.aflac.com">www.aflac.com</a>

## YOUR THOMPSON TRACTOR BENEFITS CONTACTS

### JESSICA PARRISH

Office | 205- 849- 4279

Cell | 205-704-5306

[jessicaparrish@thompsontractor.com](mailto:jessicaparrish@thompsontractor.com)

### DASHUNDRA SPANN

Office | 205-849-4333

[dashundraspann@thompsontractor.com](mailto:dashundraspann@thompsontractor.com)

# Glossary of Terms

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Coverage paid to you or your beneficiary in the event of dismemberment or loss of life due to an accident.

## **ALLOWABLE CHARGE**

An approved dollar amount that a health insurance company will reimburse a provider for a certain medical expense. Often referred to as an approved charge or allowed amount.

## **BALANCE BILLING**

An approved dollar amount that a health insurance company will reimburse a provider for a certain medical expense. Often referred to as an approved charge or allowed amount.

## **BENEFIT**

The amount of money (or other types of compensation such as wellness credits) you receive from an insurance carrier.

## **BENEFITS PORTFOLIO**

A comprehensive package of various types of insurance and benefits products that work together to create the best protection based on your individual needs.

## **COINSURANCE**

The amount you pay for services after you meet your deductible. For example, your coinsurance might be 20% of the total charge, while your insurance company pays the other 80%.

## **COPAY**

A flat fee you pay for health care services; your insurer pays the balance. You may have one copay for in-network (e.g. \$20) while out-of-network copays might be higher (e.g. \$40).

## **DEDUCTIBLE**

The amount you will pay towards medical expenses before your insurer begins to pay for them.

## **DEPENDENT**

A qualifying child or spouse who relies on you for financial support.

## **DEPENDENT CARE FSA (DCA)**

A flexible spending account that enables you to pay for qualified day care expenses, for dependent children under the age of 12, by setting aside pre-tax dollars from your paycheck.

## **DISABILITY INSURANCE**

Benefit paid to you by your insurance company in the event that an illness or accidental injury causes you to be out of work for a certain amount of time.

## **FLEXIBLE SPENDING ACCOUNT (FSA)**

An employer-sponsored benefit that enables you to pay for eligible medical expenses on a pre-tax basis by setting aside a portion from your paycheck to pay for qualified expenses. Money deducted from pay and deposited into an FSA is not subject to taxes.

## **FORMULARY**

A list of prescription drugs covered by the plan. Also called a drug list

## **HEALTH SAVINGS ACCOUNT**

A tax-advantaged financial account set up through your employer that allows you to set aside a portion from your paycheck to be used for qualifying medical expenses such as prescriptions, deductibles and copays. HSA's are only offered in conjunction with qualified high-deductible medical plans. Money deducted from pay and deposited into an HSA is not subject to taxes.

## **HIGH DEDUCTIBLE HEALTH PLAN (HDHP)**

A specific amount of money paid to designated beneficiaries in the event of the insured person's death.



## IN-NETWORK

A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

## LIFE INSURANCE

A specific amount of money paid to designated beneficiaries in the event of the insured person's death.

## OPEN ENROLLMENT

A period of time in which companies allow employees to choose their insurance coverage for the coming year.

## OUT-OF-NETWORK

Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

## OUT-OF-POCKET MAXIMUM

The highest amount you will pay toward medical expenses in a year including deductibles, copays and coinsurance, but not monthly premiums. If the out-of-pocket maximum is met, any further qualified expenses will be covered at 100% by the insurance company for the remainder of the plan year.

## PREMIUM

The specified amount of money you will pay each pay period (deducted from your salary each pay period) in exchange for insurance coverage.

## QUALIFYING LIFE EVENTS (QLE)

A qualifying life event is a change in your situation or status such as a marriage, birth, loss of coverage, etc. that might allow for you to modify your current benefit elections outside of an open enrollment period. There are many life events that may qualify as a QLE.

## VOLUNTARY BENEFITS

Benefits (sometimes called "supplemental" or "ancillary") such as Accidental Death and Dismemberment or Life insurance.





A photograph of a suburban street during the peak of autumn. Large trees on both sides of the road are covered in bright yellow leaves. The ground is covered with fallen yellow and orange leaves. In the background, several houses are visible, including a two-story brown house with white trim and a white garage door. The sky is blue with some light clouds.

# Annual Notices





# Thompson Tractor

## HEALTH PLAN NOTICES

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1. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
2. Medicare Part D Creditable Coverage Notice
3. HIPAA Comprehensive Notice of Privacy Policy and Procedures
4. Notice of Special Enrollment Rights
5. General COBRA Notice
6. Women's Health and Cancer Rights Notice
7. ADA Wellness Program Notice

### IMPORTANT NOTICE

**This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully on Page 46 of this booklet. It is titled, "Important Notice From Thompson Tractor Co., Inc. About Your Prescription Drug Coverage and Medicare."**

**If you have any questions regarding any of these notices, please contact:**

General Contact: Jessica Parrish  
Phone: 205-849-4279  
Email: [jessicaparrish@thompsontractor.com](mailto:jessicaparrish@thompsontractor.com)  
Mailing Address: 2401 Pinson Highway, Birmingham, AL 35217

Distribution Date: 10/13/2024



## 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2
CALIFORNIA – Medicaid	INDIANA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	Health Insurance Premium All other Medicaid Website: <a href="https://www.in.gov/medicaid/http://www.in.gov/fssa/dfr/">https://www.in.gov/medicaid/http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration

	Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - <a href="#">Healthy and Well Kids in Iowa   Health &amp; Human ServicesHawki</a> Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>KANSAS – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>KENTUCKY – Medicaid</b>	<b>NEVADA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>LOUISIANA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Enrollment Website <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>

	Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="https://www.mywvhipp.com/">https://www.mywvhipp.com/</a> Medicaid Phone: 304-558-1700 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance





Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebssa.opr@dol.gov](mailto:ebssa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

**MEDICARE PART D CREDITABLE COVERAGE NOTICE**  
**IMPORTANT NOTICE FROM THOMPSON TRACTOR CO., INC.**

**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 Thompson Tractor Co., Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Thompson Tractor Co., Inc. has determined that the prescription drug coverage offered by the Thompson Tractor Co., Inc. Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

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Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

**Enrolling in Medicare—General Rules**

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

**Late Enrollment and the Late Enrollment Penalty**

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some*

*important exceptions to the late enrollment penalty.*

### **Special Enrollment Period Exceptions to the Late Enrollment Penalty**

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

### **Compare Coverage**

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. See the Thompson Tractor Co., Inc. Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

### **Coordinating Other Coverage With Medicare Part D**

Generally speaking, if you decide to join a Medicare drug plan while covered under the Thompson Tractor Co., Inc. Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Thompson Tractor Co., Inc. Plan will 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 this issue of 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 below.

If you do decide to join a Medicare drug plan and drop your Thompson Tractor Co., Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information or call 205-849-4279. **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 Thompson Tractor Co., Inc. changes. You also may request a copy.

### **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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 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 whether or not you are required to pay a higher premium (a penalty).**



Date:	October 13, 2024
Name of Entity/Sender:	Jessica Parrish
Contact—Position/Office:	HR Operations Director
Address:	2401 Pinson Highway Birmingham, Alabama 35217
Phone Number:	205-849-4279

**Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.**



**THIS JOINT NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Joint Notice gives you information required by law about the duties and privacy practices of certain self-funded health plan arrangements<sup>1</sup> under the Thompson Tractor Co., Inc. Employees Health Care Plan and the health flexible spending arrangement under the Thompson Tractor Co., Inc. Flexible Benefit Plan (the “Plans”) to protect the privacy of your medical information and your legal rights regarding your protected health information held by the Plans under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. It is effective as of January 1, 2023. The Plans are required to provide this Notice of Privacy Practices to you.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the Plans’ HIPAA Privacy Official at (205) 849-4279. You may contact the Plans at 2401 Pinson Highway, Birmingham, Alabama 35217.

**Our Responsibilities.** The Plans are required by law to maintain the privacy of your protected health information; provide you with certain rights with respect to your protected health information; provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and follow the terms of the Notice that is currently in effect. The Plans reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that it maintains, as allowed or required by law. If this Notice is ever changed in any material way, you will be provided with a copy of the revised Notice of Privacy Practices.

**How The Plans May Use and Disclose Your Protected Health Information.** Under the law, the Plans may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that the Plans may use and disclose your protected health information. Not every use or disclosure in a category is listed, but every way the Plans are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** The Plans may use or disclose your protected health information to facilitate medical treatment or services by providers. The Plans may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plans might disclose information about your prior prescriptions to determine if prior prescriptions contraindicate a pending prescription.

**For Payment.** The Plans may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plans, or to coordinate Plan coverage. For example, the Plans may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plans will cover the treatment.

**For Health Care Operations.** The Plans may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plans. For example, the Plans may use medical information in connection with conducting quality assessment and improvement activities; underwriting (except for protected health information that is genetic information), premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

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<sup>1</sup> Such arrangements include self-funded medical, prescription drug, dental and health flexible spending account benefits.

**To Business Associates.** The Plans may contract with individuals or entities known as business associates to perform various functions on behalf of the Plans. In order to perform these functions or to provide these services, business associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with the Plans to implement appropriate safeguards regarding your protected health information. For example, the Plans may disclose your protected health information to a business associate to administer claims or to provide support services, such as utilization management, but only after the business associate enters into an agreement with the Plans to safeguard your protected health information.

**As Required by Law.** The Plans will disclose your protected health information when required to do so by federal, state or local law. For example, the Plans may disclose your protected health information when required by national security laws.

**To Avert a Serious Threat to Health or Safety.** The Plans may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**To Plan Sponsors.** For the purpose of administering the Plans, the Plans may disclose protected health information to certain authorized employees of the employer sponsoring the Plans. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Special Situations.** In addition to the above, the following categories describe other possible ways that the Plans may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways the Plans are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, the Plans may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plans may release your protected health information as required by military command authorities. The Plans may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plans may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plans may disclose your protected health information for public health actions. These actions generally include to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. (The Plans will only make this disclosure if you agree, or when required or authorized by law.)

**Health Oversight Activities.** The Plans may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plans may disclose your protected health information in response to a court or administrative order. The Plans may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plans may disclose your protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, the Plans are unable to obtain the victim's agreement; about a death that we believe may be the result of criminal conduct; and about criminal conduct.



**Coroners, Medical Examiners and Funeral Directors.** The Plans may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plans may also release medical information about patients to funeral directors, as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plans may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the Plans may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** The Plans may disclose your protected health information to researchers when the individual identifiers have been removed; or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

**Required Disclosures: Government Audits.** The Plans are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating compliance with HIPAA.

**Disclosures to You.** When you request, the Plans are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plans are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

**Other Disclosures: Personal Representatives.** The Plans will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide the Plans with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: under the HIPAA privacy rule, the Plans do not have to disclose information to a personal representative if the Plan administrator has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or treating such person as your personal representative could endanger you; and in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, the Plans will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plans and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plans has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if one or both of the Plans have agreed to the request, mail will be sent as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. In addition, most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing, and any sale of protected health information require your authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once the Plans receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

**Your Rights: Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the Plans. If you request a copy of the information, the Plans may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. The Plans may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Plans.

**Right to Amend.** If you feel that the protected health information the Plans have about you is incorrect or incomplete, you may ask the Plans to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plans. To request an amendment, your request must be made in writing and submitted to the Plans. In addition, you must provide a reason that supports your request. The Plans may deny your request for an amendment if it is not in writing or does not include a reason

to support the request. In addition, the Plans may deny your request if you ask the Plans to amend information that is not part of the medical information kept by or for the Plans; was not created by the Plans, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete.

If the Plans deny your request, you have the right to file a statement of disagreement with the Plans and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Plans. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plans may charge you for the costs of providing the list. The Plans will notify you of the cost and you may choose to withdraw/modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that the Plans use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that the Plans disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plans not use or disclose information about a surgery that you had. Except as provided in the next paragraph, the Plans are not required to agree to your request. However, if the Plans do agree to the request, the Plans will honor the restriction until you revoke it or the Plans notify you.

The Plans will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Plans. In your request, you must tell the Plans (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that the Plans communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plans only contact you at work or by mail. To request confidential communications, you must make your request in writing to Plans. The Plans will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plans will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that the Plans (or a business associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask the Plans to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Official.

**Complaints.** If you believe that your privacy rights have been violated, you may file a complaint with the Plans or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with the Plans.

**NOTICE OF SPECIAL ENROLLMENT RIGHTS**  
**THOMPSON TRACTOR CO., INC. EMPLOYEE HEALTH CARE PLAN**

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 later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *30 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within *60 days* of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within *60 days* after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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:

Jessica Parrish  
HR Operations Director  
205-849-4279

*\* T is notice is relevant for healthcare coverages subject to the HIPAA portability rules.*



## GENERAL COBRA NOTICE

### 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 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;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**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 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.**

#### **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. If you believe you are eligible for this extension, contact the Plan Administrator.

**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](http://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<sup>2</sup> 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>.

**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](http://www.dol.gov/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](http://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**

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Jessica Parrish  
HR Operations Director  
2401 Pinson Highway  
Birmingham, Alabama 35217  
205-849-4279

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<sup>2</sup> <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.



### **WOMEN'S HEALTH AND CANCER RIGHTS NOTICE**

Thompson Tractor Co., Inc. Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

The Thompson Tractor Co., Inc. Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Co-Pay Plan	In-Network	Out-of-Network
Individual Deductible	\$400	\$800
Family Deductible	\$800	\$1,600
Coinsurance	80%	60%
Co-Insurance Plan	In-Network	Out-of-Network
Individual Deductible	\$1,000	\$2,000
Family Deductible	\$2,000	\$4,000
Coinsurance	80%	60%

\$3,300 HDHP	In-Network	Out-of-Network
Individual Deductible	\$3,300	\$6,600
Family Deductible	\$6,600	\$13,200
Coinsurance	80%	60%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Jessica Parrish  
HR Operations Director  
205-849-4279



**NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS**

Thompson Tractor Co., Inc. Wellness Program is a voluntary wellness program available to all employees scheduled to work at least 30 hours per week and their spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the Employee Benefits Guide. Employees enrolled in a Thompson Tractor health plan are eligible for and encouraged to participate in the wellness program. A range of rewards for participation may be available.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Jessica Parrish at 205-849-4279 or [jessicaparrish@thompsontractor.com](mailto:jessicaparrish@thompsontractor.com).

Any information from a Biometric Screening or Health Risk Assessment will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

**Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Thompson Tractor Co., Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) registered nurses, clinicians, doctors, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.



If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jessica Parrish at 205-849-4279 or [jessicaparrish@thompsontractor.com](mailto:jessicaparrish@thompsontractor.com).



## Thompson Tractor

P.O. Box 10367  
Birmingham, AL 35202

**RETURN SERVICE REQUESTED**

