



COHO • SERVICES

Benefits Overview

April 1, 2025 – March 31, 2026



What's Inside

This Benefits Guide provides benefit plan highlights and is intended for summary purposes only. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail.


Prescription Drug Coverage and Medicare:

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 30 & 31 for more details.

4 Parts of Medicare


Part A

Hospital Insurance




Part B

Medical Insurance




Part C

Medicare Advantage



Part D

Prescription Drug Coverage



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Eligibility

Who is Eligible

If you're a full-time employee at Coho Services, you're eligible to enroll in the benefits outlined in this guide.

Full-time employees are those who work 30 or more hours per week.

Dependents are covered to age 26 regardless of student status. Your spouse or domestic partner may also enroll.

How to Enroll

Review all information in this summary. Decide on the plans that work for you and your family.

Contact HR for assistance.

When to Enroll

Open enrollment begins February 24th and goes through April 6th.

The benefits you choose during open enrollment will become effective on April 1st, 2025.

New hires are eligible on the 1st of the month following 60 days from date of hire and have up to 30 days to enroll.

How to Make a Change

Unless you experience a qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying Events include things like:

- Birth or, in some cases adoption of a child
- Marriage, divorce or legal separation
- Death of a spouse, child or other qualified dependent
- Change in child's dependent status
- Change in employment status or a change in coverage under another employer-sponsored plan
- Entitlement to Medicare or Medicaid

Changes must be made within 30 days of the qualifying life event or 60 days if the qualifying life event is due to marriage, birth/adoption, or if you or your eligible dependent loses coverage under Medicaid or a state Children's Health Insurance Program or becomes eligible for state-provided premium assistance.

Contact your HR office or email **HR@cohoserv.com** if you've experienced a qualifying life event.



Domestic Partnership

If you have a domestic partner, they are eligible to enroll in these plans as a dependent.

- Your domestic partner may be the same or opposite gender as yourself.
- You must live together and meet all criteria outlined in the domestic partner affidavit.
- If your domestic partner is not your tax dependent, the IRS requires that the portion of the premium you pay toward their coverage be deducted from your paychecks on a post-tax basis.
- Any amount your employer pays toward their coverage must also be added (imputed) to your taxable wages. As a result, your taxable income will be higher than the cash wages you actually receive through each paycheck.

Please contact your HR department or email **HR@cohoserv.com** for more information.

Important Insurance Terminology

Deductible

The deductible is 100% your responsibility. You only pay the deductible amount each calendar year as you accrue covered charges.

Coinsurance is the percentage of shared member and plan responsibility. You only pay coinsurance up to your out-of-pocket maximum.
Your out-of-network coinsurance responsibility is higher.

Coinsurance

Copay

A co-payment (copay) is a fixed amount (for example, \$35) you pay for a covered health care service, usually when you receive the service.

Once your out-of-pocket maximum is met, the plan pays 100% of covered charges for the rest of the calendar year.

Out-of-Pocket Maximum

Balance Billing

If you use out-of-network services, you will be billed for amounts over the allowable carrier expense ("balance billing") in addition to applicable coinsurance and copays when you see a non-network provider.

The doctors, hospitals, laboratories, pharmacies, etc., that are members of the plan's provider network. When you see an in-network provider, the plan pays a higher benefit.

In-Network

Medical Overview

We offer medical plan options through Aetna and Kaiser Permanente with the following features:

- Deductibles and out-of-pocket maximums accumulate on a calendar year basis from January 1st – December 31st
- All plan options include prescription drug coverage
- If you enroll in one of the High Deductible Health Plans, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

Find Providers within the Kaiser Network

Log onto kp.org to search for in-network medical providers, manage your medications, access care from your home through Telehealth Services, and more.

Download the Mobile App Today!



Find Providers within the Aetna Network

To search for in-network medical providers:

Log onto aetna.com

Network: Open Choice Network

Access care from your home through Telehealth Services.

Log onto Teladoc.com/Aetna

Download the Mobile App Today!



Medical – Kaiser Plans

Coho Services also offers three medical plan options through Kaiser Permanente.

The Kaiser Health Maintenance Organization (HMO) plans offer Kaiser coverage only. If you visit a provider outside of the plan's network, you will be responsible for the full cost of services. You can manage your care online at kp.org.



Kaiser plans are only available to employees who reside in the Kaiser service area.

	Kaiser \$4,000 Base HMO	Kaiser \$2,000 Buy-up HMO	Kaiser \$5,000 High Deductible Health Plan (HDHP) with HSA
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)	In-Network (Individual / Family)
Deductible (calendar year)	\$4,000 / \$10,000	\$2,000 / \$6,000	\$5,000 / \$10,000
Coinsurance	20%	20%	30%
Out-of-Pocket Maximums	\$7,500 / \$15,000	\$5,000 / \$10,000	\$7,000 / \$14,000
Preventive Care	Covered in full	Covered in full	Covered in full
Primary Care	\$30 copay	\$25 copay	30% coinsurance after deductible
Specialist Care	\$40 copay	\$35 copay	30% coinsurance after deductible
Urgent Care	\$50 copay	\$45 copay	30% coinsurance after deductible
Emergency Room Care	\$20% coinsurance after deductible	\$20% coinsurance after deductible	30% coinsurance after deductible
Outpatient Surgery	\$20% coinsurance after deductible	\$20% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospitalization	\$20% coinsurance after deductible	\$20% coinsurance after deductible	30% coinsurance after deductible
Generic (Tier 1)	\$15 copay	\$15 copay	30% coinsurance after deductible
Preferred Brand (Tier 2)	\$30 copay	\$30 copay	30% coinsurance after deductible
Non-Preferred Brand (Tier 3)	\$50 copay	\$50 copay	30% coinsurance after deductible

Medical – Aetna Plans

Coho Services also offers three medical plan options through Aetna.



Only In-Network benefits are shown as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs. Go to [Aetna.com](https://www.aetna.com) to find an In-Network Choice provider or view your claim status online.

	Aetna \$5,000 Base Plan	Aetna \$3,500 Buy-up Plan	Aetna \$8,000 High Deductible Health Plan (HDHP) with HSA
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)	In-Network (Individual / Family)
Deductible (calendar year)	\$5,000 / \$11,000	\$3,500 / \$10,500	\$8,000 / \$16,000
Coinsurance	20%	20%	30%
Out-of-Pocket Maximums	\$8,000 / \$16,000	\$7,000 / \$17,500	\$8,300 / \$16,600
Preventive Care	Covered in full	Covered in full	Covered in full
Primary Care	\$30 copay	\$30 copay	30% coinsurance after deductible
Specialist Care	\$60 copay	\$60 copay	30% coinsurance after deductible
Urgent Care	\$60 copay	\$60 copay	30% coinsurance after deductible
Emergency Room Care	\$250 copay then 20% coinsurance	\$250 copay then 20% coinsurance	30% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospitalization	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Generic (Tier 1)	\$10 copay	\$10 copay	\$15 after deductible
Preferred Brand (Tier 2)	\$35 copay	\$35 copay	\$45 after deductible
Non-Preferred Brand (Tier 3)	\$60 copay	\$60 copay	\$75 after deductible
Specialty (Tier 4)	Preferred: 30% coinsurance up to \$300 Non-Preferred: 50% coinsurance up to \$500	Preferred: 30% coinsurance up to \$300 Non-Preferred: 50% coinsurance up to \$500	Preferred: \$45 after deductible Non-Preferred: \$75 after deductible

Formulary Information

A drug formulary is a list of prescription drugs, both generic and brand-name, used by practitioners and insurers to identify drugs that offer the greatest overall value. Use your insurer's Rx search tool to get information about specific prescription drugs on your plan's formulary, including how a drug may be covered and alternate drugs you can choose from.



Generic Drugs

Generic drugs are copies of brand-name drugs with the same effects as the original drug. The Food & Drug Administration requires generic drugs to have the same performance and quality as brand-name counterparts.



Brand -Name Drugs

These are drugs for which generic equivalents are not available. There are generally two categories of brand-name drugs:

- Preferred Brand-Name: Have been on the market for awhile and are widely accepted
- Non-Preferred Brand Name: More expensive than preferred brand-name and newer to the market



Specialty Medications

Specialty medications are high-cost prescription drugs used to treat complex or chronic conditions. Many health plans have a separate tier or higher contribution requirement depending on your plan. Please contact your insurance provider to understand how your plan covers these medications and what your out-of-pocket responsibility may be.

Mail-Order Prescriptions

You can save time and money on your prescriptions by using your mail-order options. If you take a long-time maintenance medication, you can:

- Get prescriptions for up to 90-day supply at a lower out-of-pocket cost compared to an equal supply at a retail pharmacy
- Take advantage of delivery through the mail





What is a Health Savings Account (HSA)?

An HSA, or Health Savings Account, is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses. When combined with a Qualified High-Deductible Health Plan (QHDHP), it offers savings and tax advantages that a traditional health plan can't duplicate. With an HSA, you will have:

- A tax-advantaged savings account that you can use to pay for eligible medical expenses as well as deductible, co-insurance, prescriptions, vision and dental care.
- Unused funds that will roll over year to year. There's no "use it or lose it" penalty.
- Potential to build more savings through investing. You can choose from a variety of HSA self-directed investment options (minimum balance requirements apply).
- Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty but may be subject to income tax if not used for qualified medical expenses.

Who Can Contribute to your HSA?

As the owner, you're typically the main contributor to your HSA, but you don't have to be the only person making deposits. Your employer and your loved ones can contribute funds – and you still get the tax benefits.

You get the tax benefit for every contribution to your HSA no matter who provides the money – your employer, yourself, your grandma. You usually can make deposits with pre-tax dollars through payroll deductions. If not, you get to take an above-the-line tax deduction for every contribution up to the annual maximum contribution limit.

The IRS sets limits annually on the amount you can contribute. Below are the amounts you can contribute.

Enrollment Tiers	2025 Maximum Contribution Allowed
Employee Only	\$4,300
Employee + Dependent(s)	\$8,550
Employee 55+ Over	Additional \$1,000 per year as catch-up

Health Savings Account (HSA)

- Important Information

Eligibility

You are not eligible to set-up or contribute to an HSA if any of the following situations apply to you:

- You are claimed as a dependent on someone else's tax return
- You are eligible to receive benefits from any plan other than a qualified high deductible health plan, including:
 - Coverage through your spouse'/partner's non-qualified health plan
 - Enrolment in a full purpose flexible spending account (FSA) by either you or your spouse/partner
 - Coverage through Medicare or Medicaid

Qualified Expenses

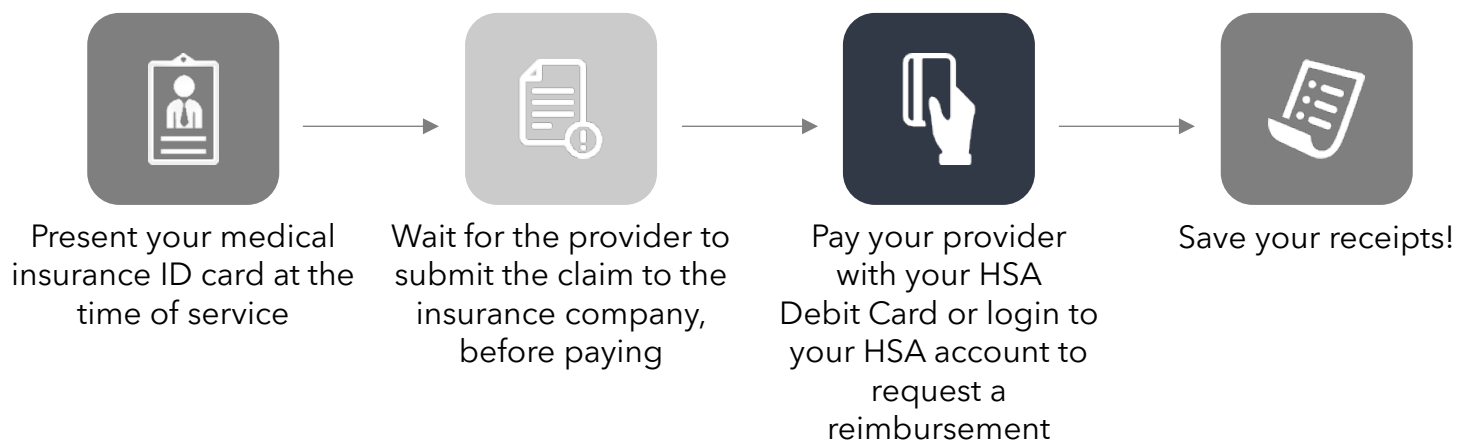
You can use your HSA at any time for tax-free reimbursement of qualified health expenses (even if you are later covered under a health plan that is not a qualified high deductible health plan). Please note the following:

- The money must be in your account before you can claim a reimbursement
- You cannot make claims for services incurred before your HSA becomes active
- A debit card is typically included (additional cards and checks may be ordered, fees may apply)
- Overdraft fees and other charges may apply if your claims exceed your account balance
- A 20% penalty applies for non-qualified expenses

General

Because this is an actual bank account, your employer will have only the ability to contribute to the account. Just as any other account would be, your HSA is subject to bank fees, along with additional fees that apply for things like NSF's, paper statements, etc. which will be paid by the account holder.

How to Use Your HSA



Health Savings Account (HSA)

– Important Information

Catch-Up Contributions

If you're 55 or older and not enrolled in Medicare (the federal program that provides basic health benefits to people age 65 or older and to some people with disabilities), you can contribute up to an additional \$1,000 to your HSA. These additional contributions are a way to help your HSA keep pace with potential looming medical expenses and to help you get prepared for post-retirement health care needs.

If you had HDHP coverage for the full year, you can make the full catch-up contribution regardless of when your 55th birthday falls during the year. If you didn't have HDHP coverage for the full year, you must prorate your catch-up contribution for the number of full months you had HDHP coverage and were eligible. When you reach age 65 and enroll in Medicare, you're no longer eligible to make any contributions to an HSA.

Interest and Investments

Your HSA will accrue a small amount of interest; rates increase with account size.

In addition to saving your HSA dollars, you can invest the money to help it grow, just like you do with a 401(k). Your investment portfolio may include stocks, bonds, mutual funds, and certificates of deposit. You can't move stocks into your HSA, but after you make a deposit, that money can be invested in whatever financial vehicles you and your advisor think are best. One thing you can't do with your HSA is borrow against it or pledge the funds in it.

Filing Your Taxes

Each year you'll receive IRS Form 1099-SA and IRS Form 5498-SA, which are used to complete IRS Form 8889.

IRS Form 1099-SA

provides you with the distributions made from your Health Savings Account in that tax year. You will receive a separate 1099-SA for each type of distribution made during the tax year.

IRS Form 5498-SA

provides you with all the contributions made to your Health Savings Account in that tax year.

IRS Form 8889

is attached to your IRS 1040 Form when you file your taxes.

Note: Your employer does not provide tax advice. Please consult your tax advisor! For a complete list of IRS qualified expenses please visit www.irs.gov

Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded through regular payroll deductions on a pre-tax basis. Contribution toward the cost of coverage for your Domestic Partner's expenses under the FSA are generally not considered qualifying medical expenses.

IRS Contribución Limits

Healthcare FSA

\$3,300/year

Dependent Care FSA[†]

\$5,000/annually
(\$2,500 if married and filing separately)

Healthcare FSA

- Use for medical, dental and vision expenses
- Healthcare FSA funds are available in full on day one
- You have the option to roll over up to \$660 of unused FSA dollars to the following plan year
 - These roll over funds will not count against your future FSA election / contribution limit
 - Any unused balances more than \$660 at the end of the plan year will be forfeited

[†] Not available to HSA plan participants

Dependent Care FSA[†]

- Use to pay for costs of dependent care for:
 - Children under age 13
 - Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and that live with you more than ½ of the year
- Dependent Care FSA funds are contributed to your account as they are taken from your paycheck
- Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare
- Kindergarten or higher education expenses do not qualify

Limited Purpose FSA[†]

- Use for only dental & vision expenses
- Same annual contribution limit as the Healthcare FSA

[†]Available to HSA plan participants

Register your online account through Ameriflex. Please refer to your FSA plan documents regarding filing claims.. To view eligible purchases with your FSA account, please visit fsastore.com

Dental Benefits



Dental Coverage

Dental health is an important part of our overall health. Dental plans are designed to not only help preserve your beautiful smile but to assist in maintaining your teeth, gums and overall health. Prevention is so important and because of this the plan covers these services in full; no deductible or copay / coinsurance when you visit an In-Network provider.

Keep in mind, although you are allowed to visit any dentist for your care when you enroll in the Guardian dental plan, you will save money by visiting an In-Network (participating) dentist. In-network benefits are paid at contracted (allowed amounts) rates. When you choose to visit an Out-of-Network (non-participating) provider, benefits are paid based on the In-Network "allowed amounts" and you may be responsible for balance billing.

Clarification of Services

Preventive

Typically includes routine cleanings, x-rays and fluoride treatments.

Frequency limitations apply.

Basic

Typically includes fillings, extractions, root canals, root planing and sealants.

You may be responsible for the additional cost for composite fillings.

Major

Typically includes crowns, dentures, implants and oral surgery.

We recommend getting a pre-treatment estimate before seeking care.



Dental

We offer a comprehensive PPO plan through Guardian.
Visit Guardian.com to find an in-network provider near you.



	In-Network	Out-of-Network
Benefit Maximum Per Person		
Calendar Year Annual Max		\$2,000
Orthodontia Lifetime Max		\$1,500
Deductible (applies only to Basic & Major Services)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit	You Pay	You Pay
Preventive Services	0%	0%
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia (to age 19)	50%	50%



Vision

We offer a comprehensive Full Feature vision care benefit plan through Guardian. You can visit any one of Vision Service Plan's (VSP) network locations or visit [Guardian.com](https://www.guardian.com) to find In-Network providers and to view claims.

Coverage is offered through Guardian.



Here is what you'll pay in-network:

VSP Choice Network	Full Feature Plan
Based on Last Date of Service or Calendar Year	In-Network
Eye Exam <i>Once every 12 months</i>	\$10 Copay
Lenses Single, Lined Bifocal, Lined Trifocal, Lenticular <i>Once every 12 months</i>	\$25 Copay
Frame <i>Once every 24 months</i>	Allowance up to \$130; then 20% off balance
Contacts <i>Elective, instead of glasses, Once every 12 months</i>	Allowance up to \$130

In addition to discounts on contacts, and frames, additional discounts through participating providers may include:

- Non-Covered Glasses - 20% discount on usual and customary fees
- Contact Lenses - 15% discount on participating services
- LASIK Surgery - Discounts averaging 15% off full price and 5% off promotional pricing



Tobacco Cessation Program

Reasonable Alternative Notice

You may qualify for an alternative standard and pay the lower premium by participating in a tobacco cessation program such as the one available at no cost through tobacco cessation program provider.

An exception to the tobacco user's premium may apply for a tobacco user who has been diagnosed with an uncontrolled health factor and whose physician advises against stopping the use of tobacco.

As part of our commitment to promote a culture of wellness and disease prevention, medical plan rates are \$25 per month lower for non-tobacco users than for tobacco users.

To qualify for the lower rates, you will be required to make a declaration that you and your enrolled spouse or domestic partner are a non-tobacco user when you make your medical election on our online benefits portal.

To be considered a non-tobacco user:

- You must not have used tobacco products within the past six (6) months from the day the declaration is made
- You must commit to being tobacco-free through the last date of each plan year, generally March 31st.

Quit Tobacco. We can help, and its free.

Available to members enrolled in medical plan only.



Life and Accidental Death & Dismemberment

Coho Services provides you with employee life and accidental death and dismemberment (AD&D) insurance coverage at no cost to you. Coverage is provided through Guardian.



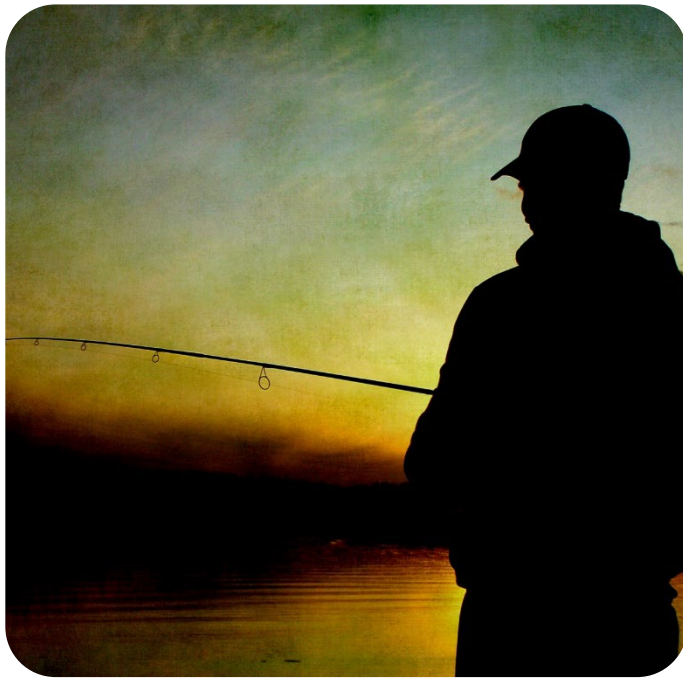
Premium is 100% employer paid.

Life insurance pays your beneficiary a benefit should you die, and AD&D insurance pays a benefit should your death result from an accident or if you are severely injured in an accident.

- Your amount of group Life Insurance is an amount equal to 1 time your annual earnings, up to a maximum of \$100,000.
- Your amount of group Life Insurance is a flat amount.
- Your amount of group Accidental Death & Dismemberment is an amount equal to 2 times your annual earnings, up to a maximum of \$200,000.

Benefits are reduced at Age 65, Age 70 and Age 75.

Please contact HR or email **HR@cohoserv.com** to ensure your beneficiary is up to date.



Long-Term Disability

A long-term disability is an illness or injury that prevents you from working for an extended period of time.

Long-Term Disability benefits are provided to employees in eligible management positions.

Premium is 100% employer paid.



Guardian	Long-Term Disability
Benefit Amount	60% of your monthly earnings
Monthly Benefit Maximum	Up to \$5,000
Elimination Period	You must be disabled for 90-days before benefits are payable
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Definition of Disability	During the Elimination Period and the next 24 months, you, because of Injury or Sickness, are unable to perform the Material and Substantial Duties of your OWN Occupation
Pre-Existing Condition Limitation	3 months for conditions treated within the 12 months prior to effective date of coverage



OR Paid Family Medical Leave

For Oregon Residents Only*

Paid Leave Oregon is a new program that ensures individuals, employers, and families of every kind have the time and support they need to care for themselves and their loved ones when they need it most.



What benefits does Paid Leave offer to employees?

- Paid Leave lets employees take paid time off when many of life's most important moments impact our families, health, and safety.
- Employees can take up to 12 weeks paid leave in a 52-week period (starting from the day leave begins) for family, medical, or safe leave. If pregnant, in some situations, an employee may be able to take up to 2 more weeks for a total of 14 weeks.
- Employees can choose when and how to take the time off.
- Paid Leave pays employees a percentage of their wages while they're on leave.
- Paid leave protects an employee's job and role if they've worked for the same employer for at least 90 consecutive days.
- Large employers pay 40% of the 1% contribution rate (the amount you pay into the program), and employees pay 60% of the 1% total contribution rate.
- Learn more about Paid Leave Oregon online by visiting <https://paidleave.oregon.gov/>.



WA Paid Family Medical Leave

Paid Family and Medical Leave (PFML) is a benefit for Washington workers. It's here for you when a serious health condition prevents you from working or when you need time to care for a family member, bond with a new child or spend time with a family member preparing for military service overseas.

Paid time off. Peace of mind.

Paid Family and Medical Leave lets you take paid time off when you need it most, offering stability and peace of mind so you can focus on what matters. This benefit provides paid leave for an employee's serious health condition or for a member of their family.

Coverage is paid by Washington State's Employment Security Department (WA ESD), which is funded through premiums paid by both the employee and Coho Services.

Learn more about WA PFML by visiting <https://paidleave.wa.gov/>.



Washington Paid Family Medical Leave	
Elimination Period ¹	1 week
Maximum Benefit Duration ²	Up to 12 weeks
Benefit Percentage	Varies based upon income
Maximum Weekly Benefit	Up to \$1,542 per week
Pre-Existing Condition Limitation	None

¹ Elimination period is waived for parental bonding leave, medical leave taken during the "post-natal period", and military exigency.

² An additional 2-4 weeks is available for those taking a combination of medical and family leave within the same claim year.

Employee Assistance Program

Confidential
free service
24 hours
per day

Marital and
parenting
problems

Alcohol and
substance
abuse

Up to 3
face-to-face
visits, per issue

- 1 Financial Services - free phone support
- 2 Online Wellbeing & Trainings
- 3 Legal Services
- 4 Referrals for childcare and eldercare services
- 5 Identity Theft Recovery
- 6 Everyday life



Phone

Call Canopy
1.855.239.0743
Dial 711



Web

My.canopywell.com
Web ID: CoHo Services



EAP Summary of Services

A benefit for you and your family members provided by CoHo Services

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Personal Consultation with an EAP Professional

Three (3) counseling sessions face to face, over the phone, or online for concerns such as:

- Marital conflict
- Stress management
- Alcohol or drug abuse
- Conflict at work
- Family relationships
- Grieving a loss
- Depression
- Anxiety
- Career development services

Resources for Life

Canopy will help locate resources and information related to Eldercare, Childcare, Identity Theft or anything else you may need.

Legal Consultations/Mediation

Call Canopy for a free 30 minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Pet Parent Resources

We offer free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.

Wellbeing Tools

- Fertility health support
- Will kit questionnaire
- Online legal tools
- Gym membership discounts

Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and register as a new user or log-in. Enter **CoHo Services** for company name when you register.

LifeBalance

Discounts on outdoor adventures, travel, amusement, self-care, wellness resources and more. To access, log onto the Member Site or visit canopy.LifeBalanceProgram.com.

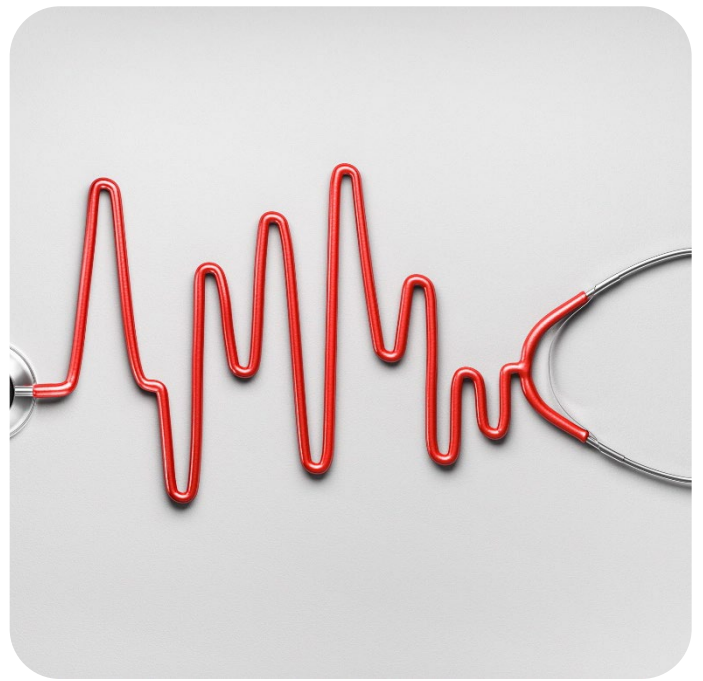
WholeLife Directions

Take a confidential survey and get connected to interactive tools to improve the way you feel. Log onto the EAP member site or search **WholeLife Directions** in the App Store or Google Play.



Crisis Counselors are available by phone **24/7/365**
call: 800-433-2320 **text:** 503-850-7721 **email:** info@canopywell.com

Canopy is committed to creating a safe, inclusive, and equitable society for all. ²³



Voluntary Products

You have the option to purchase these voluntary Products through Guardian.

These benefits help support your physical and financial wellbeing, to help keep you and your loved ones protected. Read through this information, find out more about your benefits and talk to you employer or email HR@cohoserv.com if you need help or have any questions.



Here are is an overview of the voluntary products offered to you.

These voluntary benefits are 100% covered by the employee.



Critical Illness Insurance - Taking care of the expenses if you're critically ill.



Accident Insurance - Helps you cover expenses after an accident.



Hospital Indemnity Insurance - Covers some of your hospital stay costs.

These voluntary benefit plans are portable, which means you can take these benefits with you if you leave the company.



Critical Illness

Critical Illness insurance can supplement your major medical coverage by providing a lump-sum benefit if you are diagnosed with a covered illness. **Guardian®**

This benefit is 100% covered by the employee.

Refer to the carrier's plan documents for a complete schedule

Employee Benefit Amount

lump sum benefit of \$10,000 or \$20,000

Rates are based on employee's age and will be calculated in Paycom

Spouse Benefit Amount

50% of employee benefit

Rates are based on spouse's age and will be calculated in Paycom

Child Benefit Amount

25% of employee benefit

No additional cost if you elect employee coverage

Lump Sum Benefits	Covered Condition	First Occurrence
	Cancer	
	Invasive Cancer	100%
	Vascular	
	Heart Attack	100%
	Stroke	100%
	Coronary Artery Disease	Major: 50% / Minor: 10%
	Other	
	Major Organ Failure	100%
Guaranteed Issue Amounts		
Employee	\$20,000	
Spouse	\$10,000	
Child	All Amounts	

You must elect coverage when first eligible in order to elect Guaranteed Issue amounts, otherwise you will be required to complete an Evidence of Insurability (EOI) form, subject to carrier approval. Any amount elected over the Guarantee Issue amount is subject to the EOI process. You can elect coverage up to the Guaranteed Issue amounts at this year's open enrollment or as a new hire without having to submit an EOI.



Accident

Accidents can happen off the job and can cause an increase in medical expenses and other costs. Guardian Accident policies pay cash benefits for things like x-rays, follow-up treatments, physical therapy, and so much more.



This benefit is 100% covered by the employee.

Refer to the carrier's plan documents for a complete schedule

Guardian Benefits	Amount You Receive
Wellness Benefit	\$50 per covered member per year Must complete applicable wellness screenings or procedures
Burns	\$1,000 - \$12,000 depending on size of area affected
Coma	\$10,000
Concussion	\$200
Dental Injury	Crowns: \$300 / Extractions: \$75
Dislocations	Schedule up to \$5,000
Eye Injury	\$300
Fractures	Schedule up to \$6,000
Knee cartilage injury with surgical repair	\$500
Ruptured disc with surgical repair	\$500
Tendon/Ligament/Rotator Cuff	1: \$500 / 2 or more: \$1,000
Dependent Age Limit	26



Hospital Indemnity

Hospital Indemnity insurance provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with out-of-pocket expenses not covered by most major medical plans.



This benefit is 100% covered by the employee.

Guardian	Hospital Indemnity Insurance	
Benefit	Option 1	Option 2
Hospital/ICU Admission	\$1,000 per admission	\$1,500 per admission
Hospital Confinement	\$100 per day	\$200 per day
ICU Confinement	\$200 per day	\$400 per day
Maximum Days	15 days	15 days
Dependent Age Limit	26	26

Additional Resources



Tobacco Cessation

The Guardian + Pelago tobacco cessation program connects dental members who are facing challenges while trying to stop using tobacco or vaping use with personalized, digital resources to reduce usage or quit for good. You will have access to a Dedicated Care Team, Digital Tools and Nicotine Replacement Therapy. This benefit is included with your dental benefits for you and your dependents, beginning at age 15. You and your enrolled dependents have access to a digital, easy-to-use virtual clinic with proven results. To access, visit **my.pelagohealth.com/guardian**.

With cancer cases in the US continuing to rise and remaining a leading cause of long-term disability, employees may be looking for improved benefits that can support them to a better quality of life. That's why Guardian partnered with Osara Health to bring our members facing a cancer diagnosis the support services that can help you focus on your holistic well-being throughout your treatment. Because you have Guardian Long-Term Disability Insurance, you have access to this unique 6 to 12 week program. You will have access to dedicated health-coaches, digital resources modules and tailored well-being information.

Cancer Support Service

Global Emergency Assistance Services

Global Emergency Assistance Services connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted. You will have access to Medical Emergency Assistance, Travel Emergency Assistance, Additional Emergency Assistant Services and ID Theft Protection services.

Reference Number: 01-AA-GLI-10231

Call: 1(800) 872-1414 (within the US)

1(609) 986-1234 (outside the US)

Cost of Coverage

Below is your cost of coverage on a monthly basis. Your contribution is deducted automatically from your paycheck on a pre-tax basis for you and your covered tax dependents.

Kaiser Permanente Medical Plans

Kaiser \$4,000 Base HMO	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$619.41	\$464.56	\$163.41
EE + Spouse	\$1,238.82	\$774.26	\$522.94
EE + Family	\$1,114.94	\$712.32	\$372.53
EE + Child or Children	\$1,858.23	\$1,083.97	\$820.64
Kaiser \$2,000 Buy-up HMO	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$692.85	\$464.56	\$212.38
EE + Spouse	\$1,385.70	\$774.26	\$625.69
EE + Family	\$1,247.13	\$712.32	\$452.91
EE + Child or Children	\$2,078.55	\$1,083.97	\$960.35
Kaiser \$5,000 High Deductible Health Plan (HDHP) with HSA	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$449.93	\$337.45	\$112.48
EE + Spouse	\$899.86	\$562.41	\$337.45
EE + Family	\$809.87	\$517.42	\$292.45
EE + Child or Children	\$1,349.79	\$787.38	\$562.41

Spousal Surcharge

A \$100 Spousal Surcharge will be applied to your monthly contribution amount if your spouse is employed and has benefits available to them through their employer but instead enrolls in the CoHo benefits plan.

Tobacco Surcharge

Employees who are tobacco users will also be responsible for paying an additional \$25 surcharge each month. You may qualify for an alternative standard and pay the lower premium by participating in a tobacco cessation program such as the one available at no cost through Guardian.

Cost of Coverage (continued)

Below is your cost of coverage on a monthly basis. Your contribution is deducted automatically from your paycheck on a pre-tax basis for you and your covered tax dependents.

Aetna Medical Plans

Aetna \$5,500 Base	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$640.16	\$480.12	\$160.04
EE + Spouse	\$1,344.39	\$832.24	\$512.16
EE + Family	\$1,049.78	\$684.93	\$364.85
EE + Child or Children	\$1,927.52	\$1,123.80	\$803.72
Aetna \$3,500 Buy-up	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$688.12	\$480.12	\$208.00
EE + Spouse	\$1,445.02	\$832.24	\$612.79
EE + Family	\$1,128.50	\$684.93	\$443.57
EE + Child or Children	\$2,064.35	\$1,123.80	\$940.55
Aetna \$8,000 High Deductible Health Plan (HDHP) with HSA	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$524.48	\$393.36	\$131.12
EE + Spouse	\$1,101.38	\$681.81	\$419.57
EE + Family	\$860.13	\$561.19	\$298.95
EE + Child or Children	\$1,573.42	\$917.83	\$655.59

Spousal Surcharge

A \$100 Spousal Surcharge will be applied to your monthly contribution amount if your spouse is employed and has benefits available to them through their employer but instead enrolls in the CoHo benefits plan.

Tobacco Surcharge

Employees who are tobacco users will also be responsible for paying an additional \$25 surcharge each month. You may qualify for an alternative standard and pay the lower premium by participating in a tobacco cessation program such as the one available at no cost through Guardian.

Cost of Coverage (continued)

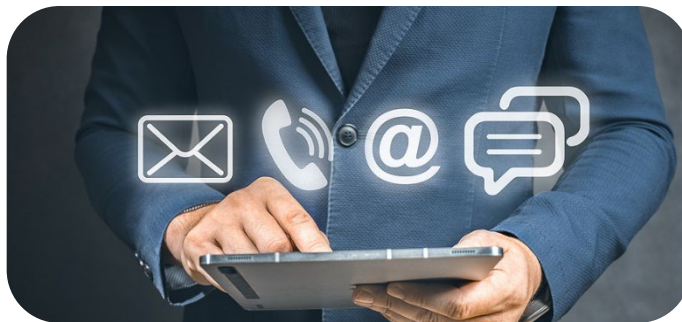
Below is your cost of coverage on a monthly basis. Your contribution is deducted automatically from your paycheck on a pre-tax basis for you and your covered tax dependents.

Dental and Vision Plans

Dental	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$33.29	\$20.07	\$13.22
EE + Spouse	\$69.40	\$41.02	\$28.38
EE + Family	\$118.83	\$94.11	\$26.06
EE + Child or Children	\$118.83	\$75.72	\$46.97

Voluntary Vision	Total Premium	Coho Services Pays	Your Monthly Cost
Employee Only (EE)	\$6.66	This is a voluntary employee paid benefit.	\$6.66
EE + Spouse	\$12.60		\$12.60
EE + Family	\$12.84		\$12.84
EE + Child or Children	\$20.33		\$20.33





Contact Us

Provider directories and explanation of benefits (EOB) are available online and provide the most up-to-date information. You may also contact carriers directly with your questions.

	Vendor/Carrier	Phone Number	Website/Email
Medical/Rx	Kaiser Permanente	800-813-2000	Kp.org
Medical/Rx	Aetna	866-899-4378 (option 3)	Aetna.com
Virtual Care	Aetna Teladoc	855-835-2362	Teladoc.com/Aetna
Dental / Vision / Life/AD&D, LTD & Voluntary Products	Guardian	888-600-1600	Guardianlife.com
Employee Assistance Program (EAP)	Canopy	800-433-2320	my.canopywell.com
Travel Assistance	Guardian	1-800-872-1414 (within the US) 1-609-986-1234 (outside the US)	Medservices@assistamerica.com
Local Advisor	Sandi Christianson-Duprey	503-213-1528	sandi.christianson@aleragroup.com
Plan Administrator	Laura Piltz, Human Resources Manager	503-425-1542	Laura.Piltz@cohoserv.com
Plan Administrator	HR Team	503-425-1500	HR@cohoserv.com

We recommend you register for an online account with your carriers. This will enable you to manage your benefits, view plan information, view Explanation of Benefit (EOB) statements, view claim status, find providers and order ID cards.

CREDITABLE COVERAGE – Kaiser Permanente HMO \$2000, Kaiser Permanente HMO \$4000, Aetna PPO \$3000, Aetna PPO \$5000

Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with North Pacific Management and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current North Pacific Management coverage may be affected. If you do decide to join a Medicare drug plan and drop your current North Pacific Management coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current North Pacific Management coverage and don't

join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

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

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

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

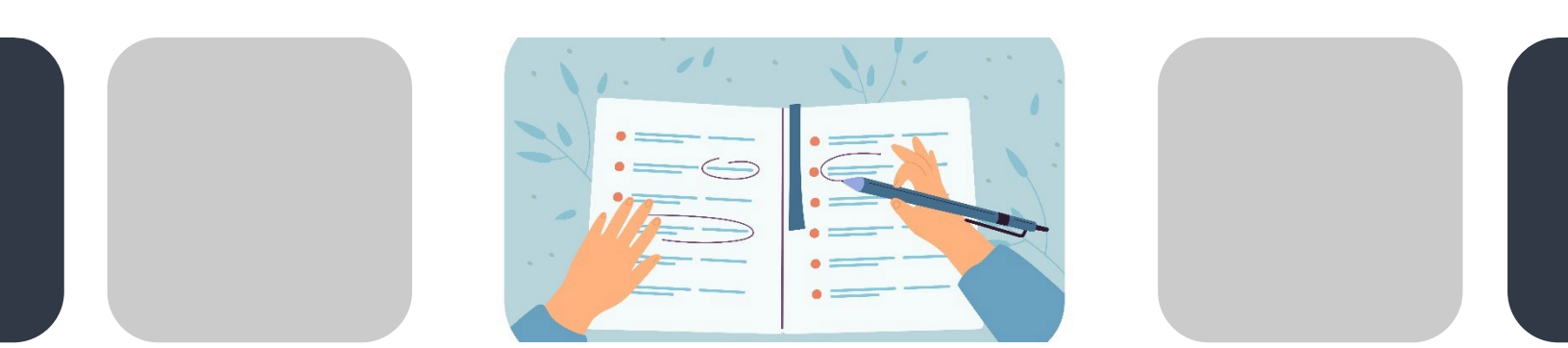
For more information about Medicare prescription drug coverage:

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

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

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

Date:	April 1, 2025
Name of Entity/Sender:	North Pacific Management
Contact - Position/Office:	Laura Piltz, Human Resources Manager
Address:	12607 SW 68th Ave, Suite 200 Tigard, Oregon 97223 PO Box 820570 Vancouver, WA 98682
Phone Number:	(503) 425-1500



Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

