



.....

BENEFITS **GUIDE**



BENEFITS EFFECTIVE
JANUARY 1 - DECEMBER 31, 2023

2023



WHAT'S INSIDE

.....

- | | | | | | |
|-----------|--|-----------|--|-----------|--|
| 2 | Eligibility & Enrollment | 20 | Accident Insurance | 26 | Employee Assistance Program (EAP) |
| 6 | Medical Plans | 21 | Disability Insurance | 27 | 401(k) Retirement Savings Plan |
| 11 | Health Savings Account Overview (HSA) | 22 | Underwriting Limitations | 28 | Paid Time Off |
| 13 | Aetna Support Programs | 23 | Disability & Absence Management | 30 | Contact Information |
| 16 | Dental Plans | 24 | Long-Term Disability | 31 | Aetna Concierge |
| 17 | Vision Plan | 25 | Identity Theft Protection | 32 | Annual Health Plan Notices |
| 18 | Life and AD&D Insurance | 25 | Travel Assistance | | |





WELCOME TO LAZER LOGISTICS

Lazer Logistics is committed to providing you and your family with high quality benefits at an affordable cost.

You know your healthcare needs best so, we encourage you to take charge of your own health and well-being. Review the benefits and resources in this guide to help you make an informed decision.

TERMS TO KNOW

These terms will help you understand your medical benefits.

Network:

A group of health care providers, including doctors, hospitals and other health care providers, that have agreed to provide care at lower costs.

Co-pay:

A set dollar amount you pay for network services including, but not limited to, doctor's office visits, emergency room care and prescription drugs.

Deductible:

The dollar amount you must pay for covered medical expenses each year before the plan pays for certain services. The deductible does not apply to in-network preventive care and any services where you pay a co-pay.

Coinurance:

The percentage of your medical costs you must pay for certain services after you meet your annual deductible.

Out-of-Pocket Maximum:

The maximum amount you must pay toward covered medical expenses in a calendar year. Once you pay this amount, the plan pays the entire cost of covered services for the rest of the year. Deductibles and co-pays apply to the out-of-pocket maximum.



ELIGIBILITY & ENROLLMENT

Eligibility

All full-time employees are eligible to participate in our benefit program. Generally, you are a full-time employee if you are expected to work an average of 30 or more hours per week. **You become eligible for benefits on the first day of the month following your first 60 days of employment.**

Eligible Dependents

You may cover your eligible dependents. Eligible dependents include:

- Your legal spouse, including a same-sex spouse
- Unmarried children of you or your spouse through the end of the month in which age 26 is attained
- Unmarried, dependent child over age 26 if mentally or physically disabled

Children include: a natural child, a stepchild, a legally adopted child, a child placed for adoption and a child for whom legal guardianship has been awarded to you or your spouse.

Many employees have other dependents living with them who are **not** eligible for our benefit plans:

- Grandchildren, nieces, nephews or other children that you have not been appointed by a court to be their legal guardian.
- Ex-spouses, unless required under a court order for COBRA participation (documentation will be required)
- Parents, step-parents, grandparents, aunts, uncles or other relatives that are not qualified legal dependents, even if they live with you.

Enrollment

When you become eligible for benefits, you will be notified by text message and by email (if you provided an email address at the time you were hired).

1. Online – Visit Employee Self Service: www.workforcenow.adp.com.

Use your current active User ID and password. If you do not have an active User ID, please follow the registration instructions on the following page.

2. The ADP Mobile Solutions app - download from the Apple Store or Google Play.



You must provide documentation for any dependents you enroll. See page 5 for details.



ELIGIBILITY & ENROLLMENT

EMPLOYEE SELF SERVICE

IMPORTANT: Please follow these instructions to access Employee Self Service for Benefit Enrollment.

To access Employee Self Service, go to: **www.workforcenow.adp.com**

If this is your first time using Employee Self Service, click on “First time user? REGISTER NOW” and follow the below steps.

If you have already registered for Self Service, but have forgotten your User ID and/or Password, please select the “Forgot Your ID/Password?” link.

If you have already registered and have your user credentials, please proceed to the enrollment.

STEP 1

You will be prompted for a registration Pass Code, please contact the Benefits Department if you need further guidance.

STEP 2

You will be required to input your first name, last name, full SSN and your birth month and day.

Important: You must input your name, SSN and Date of Birth exactly as it appears on your paystub.

STEP 3

Once you have registered, the system will prompt you for your email address. This email address will be used for all notifications generated by Self Service.

Please note you will be prompted to enter a valid email. Your “User ID” will be emailed to you as well.

STEP 4

The system will now prompt for security information. This information will be used if you forget either your user ID or Password and is case sensitive.

For security purposes, please remember to protect this information to prevent unauthorized access to your records.

STEP 5

The system will display your new User ID and prompt you to enter a password.

Remember and PROTECT this User ID and password, as it will be used to log into Employee Self Service!

STEP 6

A confirmation screen will display indicating that you have successfully registered for Self Service and a confirmation email will be sent to you.

Please save your personal “User ID” which is displayed both on the confirmation screen and in the confirmation email. The “User ID” will be used for your access to Self Service.

If you experience issues registering for Employee Self Service, please contact benefitsmail@lazerlogistics.com.



ELIGIBILITY & ENROLLMENT

Making Benefit Changes During the Year

You may only make changes to your elections during the annual open enrollment period. The only time outside of open enrollment that you are eligible to make changes to your elections is if you experience a qualified life event.

If you experience a qualified life change, you have 30 days to make benefit changes consistent with the event.

Qualified Life Events include:

- Marriage or divorce
- Gaining or losing a dependent for reasons such as birth, adoption, court order, disability, death or a child reaching age 26
- Changes in your spouse's employment that affect benefit eligibility
- You and your covered family members enroll in another employer's medical plan

NOTE: Enrolling in medical coverage through www.HealthCare.gov or your state Marketplace is **not** a Qualified Life Event.

If any of these changes occur, you must add or remove your dependents within 30 days of the date of the qualifying event. **No changes will be allowed once the 30 day period expires.** You **must** make the change online at www.workforcenow.adp.com.

Documentation Requirements

If you enroll a family member or add dependent coverage following a Qualified Life Event, you must provide documentation. Documentation includes:

To Add Coverage for a Dependent:

- Photocopy of Marriage Certificate for a spouse
- Photocopy of Birth Certificate for a child with the employee named as parent
- Adoption/legal guardian papers for a child with the employee named as parent
- Court Order establishing legal guardianship
- Photocopy of 1st and/or 2nd page of current Tax Return with dependents names listed

To Make a Change During the Year:

- Divorce Decree, Official Court Documentation, or separation agreement
- Original Death Certificate for spouse or child
- Letter from previous employer or HIPAA Certificate
- Letter verifying other coverage
- Photocopy of insurance card from new coverage

Qualified Life Event – An event that allows you to make a benefit change at a time other than during annual enrollment.

If you are enrolled in health and welfare insurance coverage, coverage will end effective 11:59 pm on the last day of employment. Premiums remaining for the pay period in which you terminate employment will be deducted from your final check regardless of the number of days worked during the pay period. A COBRA package will be mailed directly to your home address for health insurance continuation.



ELIGIBILITY & ENROLLMENT

Dependent Eligibility Verification

Coverage will not be approved for your dependents unless documentation is received within **30 days** from the day you enroll or request a change (not the effective date). Please submit all documents to the ADP Dependent Verification Services Center.

Upload, fax or mail completed Cover Sheet from ADP System, along with the required documentation within 30 days of processing date of your enrollment.

Secure Upload: www.workforcenow.adp.com

NOTE: To upload scanned images of your documentation, please log onto portal at www.workforcenow.adp.com and click on the **Benefits Section**, then click on **View Status** in the **View Verification Status** tile. Please follow the instructions on your screen to complete the dependent or event verification requirements.

The website allows you to view the required documents, submit documents and check your verification status.

SECURE FAX: ADP Dependent Verification Services
866-400-1686

MAIL: ADP Dependent Verification Services
ADP-DVS
PO Box 2338
Alpharetta, GA 30023-2338

NOTE: Do not mail original documents; they will not be returned.

We are committed to protecting employee privacy and can assure you that all documentation will be treated confidentially. You will receive a confirmation letter after your documentation has been processed.

If you have questions or need additional information regarding the necessary documentation, call:

Dependent Verification Services Center
1-800-553-3823

Representatives are available **8:00 AM - 8:00 PM ET Monday-Friday and 8:00 AM - 5:00 PM ET Saturday** (except holidays).





MEDICAL PLANS

Lazer Logistics offers you the choice of three different medical plans. The enrollment website will show you the plans you may select.

In-Network preventive care is covered at no cost to you under all of our medical plans. Preventive care includes:

- Your annual checkup, OB-GYN visit or well woman exam
- Cancer screenings like mammograms
- Contraceptives
- Well baby visits and childhood immunizations
- Other preventive tests and screenings covered under health care reform

Choosing the Plan that's Right for You

The right plan for you gives you the coverage you need at a cost you can afford. Review the information below and the charts on pages 7 and 8 to compare benefits and make your choice.

Option 1 – Aetna High Deductible Health Plan with Health Savings Account

This plan combines coverage from **Aetna** with a Health Savings Account established with **Health Equity**. See pages 11 & 12 for more information about how this program works.

Options 2 & 3 - Aetna Point of Service Plans

You'll pay co-pays for services including doctor's office visits, hospitalization and prescription drugs. For other types of care, you'll pay a percentage of the cost after you meet your annual deductible. The co-pays, deductibles and coinsurance percent you'll pay are different for each plan. See the chart on page 8 to compare them.

MEDICAL COVERAGE AND HEALTH CARE REFORM

The Affordable Care Act (ACA) requires most Americans to have medical coverage or pay a penalty when they file their income tax returns. Our medical plans provide the required coverage.

Plan documents and SBCs are available on the ADP Home Page.
You can also find them on the following website: www.aetnaresource.com/n/lazer



MEDICAL PLANS

Finding Aetna Network Providers

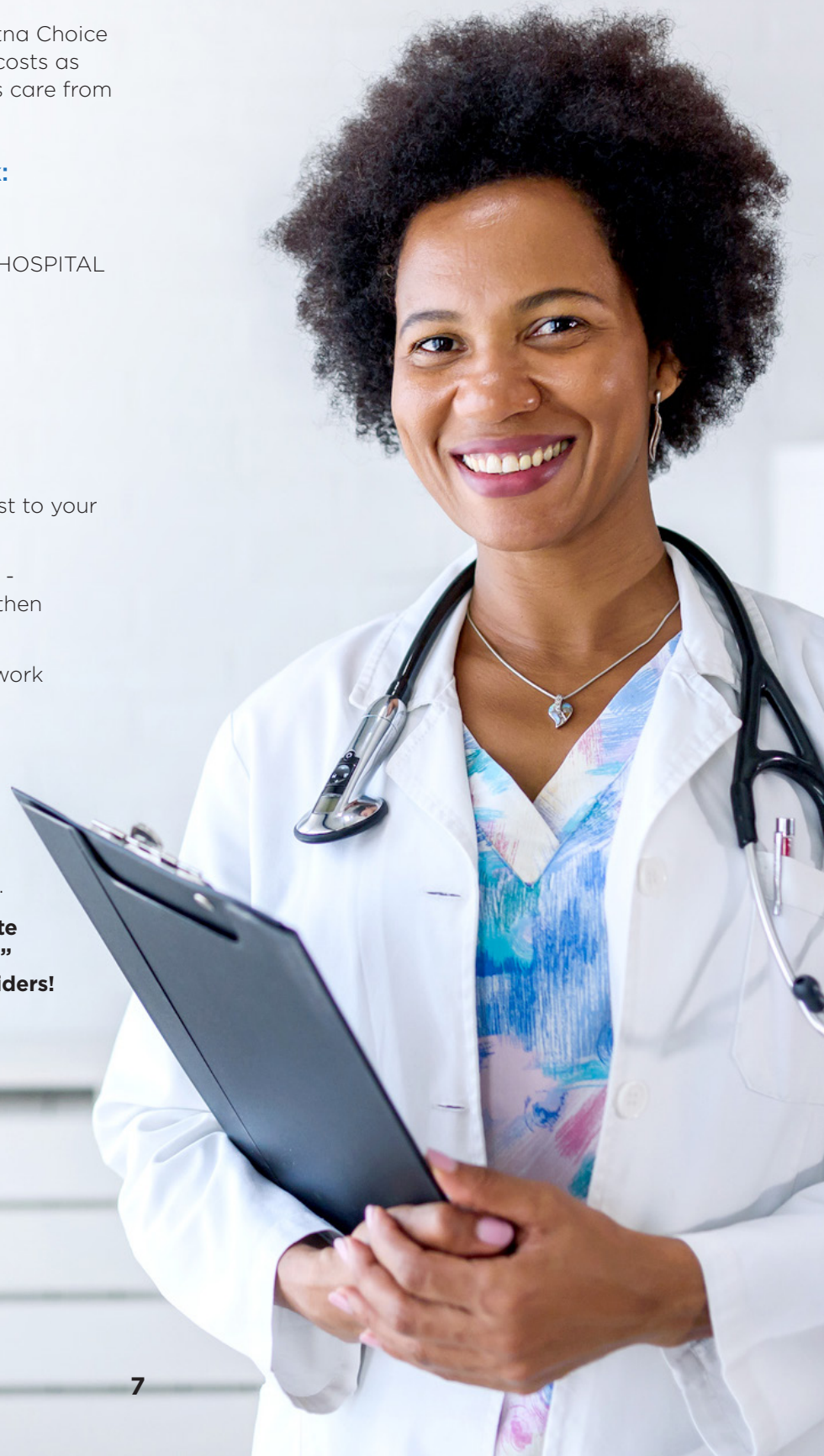
All of our medical plans use the national Aetna Choice POS II network. To keep your out-of-pocket costs as low as possible, we encourage you to access care from network doctors.

To see if your doctor is in the network:

1. **GO** to **www.aetna.com**.
2. **SELECT** FIND A DOCTOR, DENTIST OR HOSPITAL
3. **SELECT** GUESTS
4. **SELECT** PLAN FROM AN EMPLOYER
5. **SELECT** CONTINUE AS A GUEST
6. **ENTER** HOME ZIP CODE
(or CITY,STATE you'd like see results)
7. **SELECT** LOOK WITHIN MILES (and adjust to your preference) then **SELECT** SEARCH
8. **CHOOSE** AETNA OPEN ACCESS PLANS -
see Aetna Choice POS II (Open Access) then
SELECT CONTINUE
9. **ENTER** your doctor by name or find network providers by category.

Once you are an enrolled member with Aetna, you may create your own secure account. Searching for participating providers will become easier, as the website will immediately bring up the results for the Aetna Choice POS II (Open Access) network.

The www.aetnaresource.com/n/lazer website will also automatically get you to the “right” place to search for all your in-network providers!





MEDICAL PLANS

All employees who enroll in this combination plan will receive a \$400 contribution to your Health Equity Health Savings Account from Lazer Logistics if you enroll with Single coverage. This contribution from Lazer Logistics is doubled to \$800 if you enroll in a coverage tier that includes your dependents.

HIGHLIGHTS OF YOUR MEDICAL PLAN	LAZER SPOT	
	Aetna/Navitus Plan Design	
	HSA	
	In-Network	Out-of-Network
Preventive Care	\$0 Plan Pays 100%	Ded + 30%
Deductible (Individual / Family)	\$3,500 / \$7,000	\$6,500 / \$13,000
Coinsurance	90%	70%
Medical Out-of-Pocket Max (Individual / Family)	\$5,750 / \$10,350	\$11,000 / \$20,000
Office Visit Primary	Ded + 10%	Ded + 30%
Office Visit Specialist	Ded + 10%	Ded + 30%
Hospital Stay	Ded + 10%	Ded + 30%
Emergency Room	Ded + 10%	
Urgent Care	Ded + 10%	Ded + 30%
Highlights of Your Prescription Drug Plan	Aetna/Navitus Plan Design	
Rx Deductible	Med Deductible Applies	
Tier 1 (Retail Level 1 / Retail Level 2 /Mail Order)	\$10/\$25/\$25	
Tier 2 (Retail Level 1 / Retail Level 2 / Mail Order)	\$35/\$50/\$87	
Tier 3 (Retail Level 1 / Retail Level 2 / Mail Order)	\$60/\$75/\$150	
Specialty	10% Coinsurance	

*Our Prescription Drug program is administered by Navitus. To review the drug list, please visit www.navitus.com or call 1-866-333-2757.

Out-of-network services are subject to Usual, Customary & Reasonable charges (UCR). This overview is intended to provide highlights of the plan. If there is a discrepancy between this schedule and the plan, the plan document will govern.



MEDICAL PLANS – OPTION 2 & 3

These programs with Aetna provide traditional coverage. Your financial responsibility is generally more predictable with copays and/or an annual deductible and coinsurance feature applied until you reach your out-of-pocket maximum for the year.

BENEFITS	Premier POS		Standard POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	\$0 Plan Pays 100%	Ded + 40%	\$0 Plan Pays 100%	Ded + 40%
Deductible (Individual / Family)	\$2,000 / \$4,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$8,500 / \$17,000
Coinsurance	80%	60%	80%	60%
Medical Out-of-Pocket Max (Individual / Family)	\$5,500 / \$9,000	\$10,000 / \$18,000	\$6,650 / \$13,300	\$15,000 / \$30,000
Office Visit Primary	\$30 Copay	Ded + 40%	\$30 Copay	Ded + 40%
Office Visit Specialist	\$60 Copay	Ded + 40%	\$60 Copay	Ded + 40%
Hospital Stay	Ded + 20%	Ded + 40%	Ded + 20%	Ded + 40%
Emergency Room	\$200 Copay		\$250 Copay	
Urgent Care	\$75 Copay	Ded + 40%	\$75 Copay	Ded + 40%
Highlights of Your Prescription Drug Plan	Coverage with Navitus			
Rx Deductible	\$200 / \$600		\$200 / \$600	
Tier 1 (Retail Level 1 / Retail Level 2 / Mail Order)	\$10/\$20/\$25		\$10/\$20/\$25	
Tier 2 (Retail Level 1 / Retail Level 2 / Mail Order)	\$35/\$45/\$87		\$35/\$45/\$87	
Tier 3 (Retail Level 1 / Retail Level 2 / Mail Order)	\$60/\$70/\$150		\$60/\$70/\$150	
Specialty	\$100		\$100	

*Our Prescription Drug program is administered by **Navitus**. To review the drug list, please visit www.navitus.com or call **1-866-333-2757**. Out-of-network services are subject to Usual, Customary & Reasonable charges (UCR). This overview is intended to provide highlights of the plan. If there is a discrepancy between this schedule and the plan, the plan document will govern.



MEDICAL CONTRIBUTIONS

	WEEKLY MEDICAL BENEFIT COSTS		
0-3 Years of Service	HDHP HSA Plan	Premier POS Plan	Standard POS Plan
Employee Only	\$40.52	\$86.14	\$63.11
Employee + Spouse	\$92.56	\$193.88	\$140.35
Employee + Child(ren)	\$89.83	\$181.87	\$132.17
Employee + Family	\$115.28	\$290.16	\$209.16
3-5 Years of Service			
Employee Only	\$38.50	\$81.84	\$59.94
Employee + Spouse	\$88.02	\$184.20	\$133.34
Employee + Child(ren)	\$85.34	\$172.78	\$125.57
Employee + Family	\$109.53	\$275.65	\$198.69
5+ Years of Service			
Employee Only	\$34.44	\$73.23	\$53.66
Employee + Spouse	\$78.68	\$164.80	\$119.29
Employee + Child(ren)	\$76.36	\$154.60	\$112.35
Employee + Family	\$98.00	\$246.63	\$177.79





HEALTH SAVINGS ACCOUNT OVERVIEW

If you enroll in the Aetna HDHP, an HSA is automatically established for you. An HSA is a bank account to which you may make pre-tax contributions. You own the HSA and may take it with you regardless of where you work. You may use your HSA to pay for qualified medical, prescription drug, dental and vision expenses-while you are working or when you retire.

The HSA offers the following tax advantages:

- Tax-free employee contributions.
- Tax-free account growth.
- Tax-free use of your HSA dollars.
- Portability-your account goes with you if you retire from or leave Lazer Logistics.

Q. Who is eligible for a Health Savings Account (HSA)?

A. You must be covered by a High Deductible Health Plan (HDHP) that meets government guidelines for deductible and out-of-pocket maximums to be able to take advantage of a Health Savings Account (HSA). The Aetna HDHP meets these requirements. You cannot have other health insurance coverage (including a Spouses' plan) that is NOT an HDHP. You may not contribute to an HSA once you are entitled to Medicare (meaning actually enrolled in either Part A or Part B).

Q. What is a "High Deductible Health Plan" (HDHP)?

A. Sometimes referred to as a "catastrophic" health insurance plan, the Aetna HDHP generally doesn't pay for the first several thousand dollars of health care expenses (i.e., your "deductible") but will generally cover you after that.

Q. How does my HSA account work?

A. If you elect to enroll in the HSA, contributions, up to the maximum allowed by the IRS, can be made annually on your behalf. A savings account in your name will be opened at Health Equity. Your HSA is available to help you pay for the expenses your HDHP plan does not cover, which are qualified medical expenses, including prescriptions.

Q. What expenses can I pay for with my HSA?

A. Your HSA can be used to pay for most "qualified expenses," as defined by IRS Code Section 213(d), including, but not limited to, medical plan deductibles, LASIK surgery, some nursing services, retiree medical expenses, COBRA premiums, Long Term Care, as well as dental and vision expenses. For the complete list of IRS-allowable expenses, you can request a copy of IRS Publication 502 by calling 1.800.829.3676, or visit the IRS web site at www.irs.gov and click on "Forms and Publications."

Q. Does the money in my HSA earn interest?

A. Your HSA earns interest which accumulates tax-free over time!

Q. Are my HSA savings FDIC insured?

A. Yes, but only if they are deposited in a bank savings account. Investments in mutual funds are not protected by FDIC insurance.

Q. What happens to any remaining money in my HSA at the end of the year?

A. There is no "use-it-or-lose-it" rule with an HSA. The money remains in your account to earn interest and is available for use in subsequent years.

Q. Do I have to fund my HSA every year?

A. No. However, it is a good idea to contribute to your HSA every year you are enrolled in an HDHP. This will lower your taxes and help you build a larger savings for future health care expenses.

Q. What happens to my HSA if I leave my health plan or Lazer Logistics?

A. You keep your HSA, even if you change health plans or employment with Lazer Logistics. If you no longer are enrolled in a high-deductible health plan, you are not eligible to make new contributions to your HSA, but you can continue to withdraw funds for qualified expenses. Note: As a terminated participant, you will be charged the 2023 monthly administration fee by Health Equity.



HEALTH SAVINGS ACCOUNT OVERVIEW

Q. Are there survivor benefits associated with my HSA?

A. Your HSA will be transferred to your named beneficiary. If your surviving spouse is your beneficiary, the transfer will be tax free. Otherwise, the distribution will be taxable to your beneficiary.

Q. How are HSA contributions treated from a tax standpoint?

A. Contributions, up to the maximum annual limit, are tax deductible on your federal income tax return. Most states don't require you to pay taxes on your HSA contributions, but there are a few that do. Check with your tax advisor to find out if your state follows federal guidelines. Withdrawals from your HSA are only subject to income tax if you use the money to pay for non-qualified expenses.

Q. If I cover my 25-year old child in my Aetna HDHP medical plan, can I use the money in my HSA to pay for their medical expenses?

A. No. When a child is still a tax-dependent (up to age 19 or, if a full-time student, age 24) then the child's out-of-pocket medical expenses can be paid with your HSA. When your child is no longer a tax-dependent but on your medical insurance plan (through age 26) then your child's out-of-pocket medical expenses cannot be paid with your HSA.

Contribution Limits: You may also elect to make contributions through payroll deductions to help pay for eligible expenses on a tax-free basis.

The maximum you may contribute to a Health Savings Account for 2023 is \$3,850 for employee coverage and \$7,750 for all other coverage levels.

Remember that Lazer Logistics will contribute \$400 for employee coverage and \$800 for all other coverage levels.

Catch-Up Contribution: HSA participants who are 55 or older by the end of the tax year can contribute up to an additional \$1,000 a year.





AETNA SUPPORT PROGRAMS

Choose smart program

Choosing a doctor is one of the most important health decisions you'll make. The Aetna Smart Compare program can help you find doctors who are right for you and your family.

Find quality, cost-efficient health care and choose with confidence. This program evaluates physicians using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers.

The Quality Care, Effective Care and Aexcel designation makes it easy for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency. Learn more at [aetna.com](https://www.aetna.com).

Look for the blue "stars" or Aexcel designation whenever possible if you are seeking care.

*If a doctor does not have a designation, it does not mean he or she provides a lower standard of care. It could mean that the data available to us was not sufficient to include the doctor in the program. All doctors who are part of the Aetna network must meet our credentialing requirements (separate from the Smart Compare program).

Aetna Concierge

You have access to a personal health assistant: the Aetna Concierge!

Available from 8:00 am to 6:00 pm (in your local time zone)

Your Concierge helps you to

- locate providers
- obtain estimates for your costs
- schedule doctor visits
- learn how to maximize your benefits
- make your life a little easier

HEALTHY PREGNANCY PROGRAM

Get personalized help through pregnancy and delivery with the Aetna maternity Program.

Special services and resources

We want to help ensure you have a smooth pregnancy, delivery and a healthy baby. By seeing your doctor regularly, and by enrolling in the Healthy Pregnancy Program, you'll have built-in support through every stage of your pregnancy--even after your baby is born.

There is no additional cost for Aetna plan members and you can enroll up through the end of your pregnancy.

Enroll for these benefits for:

- Toll-free access to experienced nurses
- Identification of your risks and individual needs
- Pregnancy and childbirth education materials and resources
- Access to Online Healthy Pregnancy Owner's Manual
- Text4baby - a free service that sends you 3 text messages a week throughout your pregnancy and your baby's first year.

For more information
visit [aetna.com](https://www.aetna.com)



AETNA SUPPORT PROGRAMS

Teledoc

Teladoc® is a convenient and affordable option for a variety of medical services, including General Medical, Dermatology and Behavioral Health. Access quality healthcare from the comfort of home, during your lunch break or while traveling. You can even get a prescription sent to your local pharmacy, when medically necessary.

- Connect with a licensed doctor, dermatologist or therapist
- Over 1,000,000 telehealth visits performed
- 95% member satisfaction
- Speak with a doctor in minutes
- Teladoc doctors average 20 years of experience*

General Medical

- Board-certified doctors are available 24/7 by web, phone or app
- Treat flu, allergies, sinus infection, rash, sore throat and more

Dermatology

- Log into your account to upload images of your skin issue
- Receive a response through Teladoc's secure online message center within two business` days
- Treat on-going or complex issues like psoriasis, eczema, acne and more

Behavioral Health

- Schedule a video appointment seven days a week
- Support for anxiety, eating disorders, depression, family issues and more

Appointments available by video only to members and eligible dependents 18 and older

Psychiatrist	
Initial visit	\$160 or less/session
Ongoing visit	\$90 or less/session
Psychologist, licensed clinical social worker, counselor or therapist	\$80 or less/session

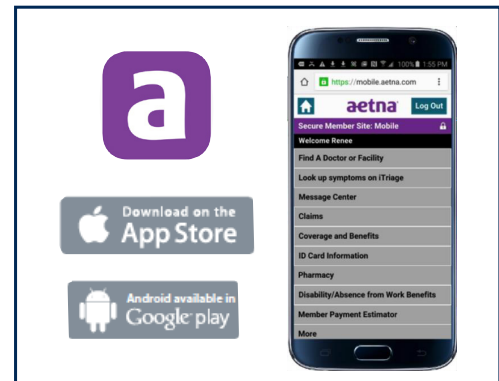
GET STARTED: [Teladoc.com/Aetna](https://teladoc.com/Aetna)

CALL: 1-855-TELADOC (835-2362)

Aetna Health mobile app

Healthcare management resources at your fingertips

The Aetna Health mobile app lets you easily access your health care information and gives you tools to help estimate costs, manage claims and find providers – anytime and anywhere. It's built to be your go-to health care resource when you're on the go



Stay connected to your care management:

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current Personal Health Records
- View and manage claims
- Pay providers for out-of-pocket expenses

More great tools

Get access to resources to help you get the most out of your benefit plan.

- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities
- Connect with helpful professionals 24/7

*For General Medical visits. © 2019 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc is not available to all members and operates subject to state regulation. Teladoc and Teladoc physicians are independent contractors and are neither agents nor employees of Aetna or plans administered by Aetna. For complete description of the limitations of Teladoc services, visit [Teladoc.com/Aetna](https://teladoc.com/Aetna). 10E-195A-0917



AETNA SUPPORT PROGRAMS

Walk-in Clinics

Have a minor medical need? Need care for a minor illness when your doctor's office is closed? You have plenty of options.

Aetna's network includes retail, or walk-in, clinics to give you affordable alternatives to the ER. At an average cost break of up to five times less.

The sites are staffed with nurse practitioners and physician assistants. They handle ear infections, routine allergies and other minor medical needs. Just like urgent care centers, evening and weekend hours are available, with no appointments needed.

If you're experiencing chest pain, trouble breathing, bad bleeding or other symptoms that may be serious or put your life at risk — you should go to your local ER.

Seven great reasons to try retail clinics

1. No appointment needed. Just walk right in.
2. Convenient hours. Some clinics are open seven days a week, with extended evening, weekend and holiday hours.
3. Lower prices. Lower copays and out-of-pocket costs compared to ER visits.*
4. Less waiting. The average ER wait time is 2.4 hours, while retail clinic waits average 24 minutes.
5. Many locations. With more than 900 (and growing) freestanding and retail-based clinics nationwide, you can find a spot close to your home or job. You might even find a spot in your neighborhood's Rite Aid®, CVS/pharmacy® or Walgreens®.
6. Skilled staff. Clinics are overseen by a doctor, with nurse practitioners or physician assistants onsite.
7. Recommendations. If you ever need more extensive care, clinics can refer you to a local doctor, emergency room or urgent care center





DENTAL PLANS

All employees may elect to enroll in one of our three dental plan options with Aetna.

Dental coverage is available to you through Aetna. The plan encourages you to maintain good dental health by paying 100% of the cost for preventive care: routine checkups and cleanings.

	AETNA ENHANCED PPO		AETNA NAP PPO		AETNA VALUE PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Single / Family	\$50/\$150		\$50/\$150		\$50/\$150	
Waived for Preventive	Waived for Preventive		Waived for Preventive		Waived for Preventive	
Calendar Year Maximum	\$1,500		\$1,000		\$1,000	
Out-of-Network UCR Level	90th percentile		90th percentile		MAC	
Coinsurance (Paid by Carrier)						
Diagnostic / Preventive Services	100%		100%		100%	
Basic Services	80%		80%		80%	
Major Services	50%		50%		50%	
Orthodontia	50%		Not Applicable		Not Applicable	
Ortho Lifetime Maximum	\$1,500		Not Applicable		Not Applicable	
Ortho Eligibility (Adult/Child)	Adult & Child		Not Applicable		Not Applicable	

NOTE: In-Network and Out-of-Network benefits are the same.

All of our Dental plans utilize the national Aetna PPO Network. To keep your out-of-pocket costs to a minimum, we encourage you to seek care in-network whenever possible. When accessing services in-network you get the advantage of the pre-negotiated discounts with the provider which means less out-of-pocket costs for you.

	WEEKLY DENTAL BENEFIT COSTS		
	Aetna Enhanced PPO Dental	Aetna Network Access Plan (NAP) Dental	Aetna Value PPO Dental
Employee Only	\$4.90	\$3.16	\$2.02
Employee + Spouse	\$9.44	\$6.08	\$3.88
Employee + Child(ren)	\$11.05	\$7.11	\$4.55
Employee + Family	\$15.77	\$10.16	\$6.49



VISION PLAN

You've got a great way to take care of your eyes - when you add vision coverage to your benefit enrollment.

Lazer Logistics also provides Vision coverage through Aetna. The vision plan helps you save money on eye exams, glasses and contact lenses. You can see any vision provider, but you'll pay less when you see a provider in the network. If you see a provider outside the Aetna Vision Preferred network, the plan will pay specific amounts toward your eye exam, glasses and contact lenses.

Visit **www.aetna.com** to find a participating provider.

YOUR COVERAGE WITH AETNA VISION DOCTORS AND AFFILIATE PROVIDERS*			
PLAN BENEFITS	Description	Co-pay	Frequency
WellVision Exam		\$10	Every calendar year
PRESCRIPTION GLASSES		\$10	
Frames	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% off amount over your allowance \$80 allowance at Costco 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for children 	Included in Prescription Glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; co-pay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings & Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> 20% off additional glasses and sunglasses, from any VSP doctor within 12 months of your last WellVision Exam 	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

	YOUR COVERAGE WITH OTHER PROVIDERS*	
PLAN BENEFITS	Reimbursement	
Exam	Up to \$45	
Frames	Up to \$70	
Lenses	Single Vision lenses - Up to \$30 Lined Bifocal lenses - Up to \$50	Lined Trifocal lenses - Up to \$65 Progressive lenses - Up to \$50
Contacts	Up to \$105	

WEEKLY AETNA VISION COSTS	
Employee Only	\$1.27
Employee + Spouse	\$2.25
Employee + Child(ren)	\$2.36
Employee + Family	\$3.17

*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit **www.aetna.com** for details.



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Lazer Logistics works with The Standard Life Insurance Company to help provide you and your family with life insurance benefits in the event of your death.

Basic Coverage Paid by the Company

We provide company-paid Basic Life and AD&D insurance in the amount of \$15,000 to full time employees. All employees are required to fill out a beneficiary designation form at initial enrollment.

Voluntary Life and AD&D Insurance

You can purchase additional life and AD&D insurance for you and your family members.

Employee Life/AD&D	<ul style="list-style-type: none">• Purchase coverage in \$10,000 increments. The maximum benefit is the lesser of five times your annual earnings or \$500,000.• Choose up to \$150,000 without Evidence of Insurability if you apply when you first become eligible.
Spouse Life/AD&D	<ul style="list-style-type: none">• If you purchase Voluntary Life coverage for yourself, you can buy additional coverage for your spouse in \$5,000 increments.• The maximum benefit available is the lesser of your Voluntary Life coverage or \$500,000.• Choose up to \$25,000 without Evidence of Insurability if you apply when you first become eligible.
Child Life/AD&D	<ul style="list-style-type: none">• If you purchase Voluntary Life for yourself, you can purchase coverage for each of your children in increments of \$2,000 up to a maximum of \$10,000.• No Evidence of Insurability is required.

NOTE: If you leave Lazer Logistics, you may be eligible to take this benefit with you.

Evidence of Insurability - You must provide proof of good health to choose certain amounts of coverage. This typically requires completing a form with information about your health. A medical exam may be required in some cases.



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

WEEKLY EMPLOYEE VOLUNTARY LIFE AND AD&D RATES											
Amount	AGE										
	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
10,000	\$0.34	\$0.25	\$0.31	\$0.44	\$0.63	\$1.00	\$1.61	\$2.44	\$3.81	\$6.62	\$11.81
20,000	\$0.69	\$0.50	\$0.62	\$0.88	\$1.26	\$2.00	\$3.22	\$4.89	\$7.63	\$13.24	\$23.63
30,000	\$1.03	\$0.75	\$0.93	\$1.32	\$1.88	\$3.00	\$4.83	\$7.33	\$11.44	\$19.86	\$35.44
40,000	\$1.38	\$1.00	\$1.24	\$1.75	\$2.51	\$4.00	\$6.44	\$9.78	\$15.26	\$26.47	\$47.25
50,000	\$1.72	\$1.25	\$1.55	\$2.19	\$3.14	\$5.00	\$8.05	\$12.22	\$19.07	\$33.09	\$59.07
60,000	\$2.06	\$1.50	\$1.86	\$2.63	\$3.77	\$6.00	\$9.66	\$14.66	\$22.89	\$39.71	\$70.88
70,000	\$2.41	\$1.74	\$2.16	\$3.07	\$4.39	\$6.99	\$11.28	\$17.11	\$26.70	\$46.33	\$82.69
80,000	\$2.75	\$1.99	\$2.47	\$3.51	\$5.02	\$7.99	\$12.89	\$19.55	\$30.52	\$52.95	\$94.50
90,000	\$3.09	\$2.24	\$2.78	\$3.95	\$5.65	\$8.99	\$14.50	\$21.99	\$34.33	\$59.57	\$106.32
100,000	\$3.44	\$2.49	\$3.09	\$4.38	\$6.28	\$9.99	\$16.11	\$24.44	\$38.15	\$66.18	\$118.13
110,000	\$3.78	\$2.74	\$3.40	\$4.82	\$6.90	\$10.99	\$17.72	\$26.88	\$41.96	\$72.80	\$129.94
120,000	\$4.13	\$2.99	\$3.71	\$5.26	\$7.53	\$11.99	\$19.33	\$29.33	\$45.78	\$79.42	\$141.76
130,000	\$4.47	\$3.24	\$4.02	\$5.70	\$8.16	\$12.99	\$20.94	\$31.77	\$49.59	\$86.04	\$153.57
140,000	\$4.81	\$3.49	\$4.33	\$6.14	\$8.79	\$13.99	\$22.55	\$34.21	\$53.40	\$92.66	\$165.38
150,000	\$5.16	\$3.74	\$4.64	\$6.58	\$9.42	\$14.99	\$24.16	\$36.66	\$57.22	\$99.28	\$177.20

WEEKLY SPOUSE VOLUNTARY LIFE AND AD&D RATES											
Amount	AGE										
	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
5,000	\$0.24	\$0.12	\$0.14	\$0.19	\$0.27	\$0.42	\$0.65	\$1.00	\$1.71	\$2.93	\$5.21
10,000	\$0.48	\$0.25	\$0.27	\$0.37	\$0.54	\$0.84	\$1.31	\$2.00	\$3.42	\$5.85	\$10.42
15,000	\$0.72	\$0.37	\$0.41	\$0.56	\$0.80	\$1.26	\$1.96	\$3.00	\$5.14	\$8.78	\$15.63
20,000	\$0.96	\$0.49	\$0.54	\$0.75	\$1.07	\$1.68	\$2.61	\$4.01	\$6.85	\$11.70	\$20.84
25,000	\$1.21	\$0.62	\$0.68	\$0.93	\$1.34	\$2.09	\$3.27	\$5.01	\$8.56	\$14.63	\$26.05

WEEKLY CHILD(REN) VOLUNTARY LIFE AND AD&D RATES	
Amount	Rate
2,000	\$0.21
4,000	\$0.42
6,000	\$0.63
8,000	\$0.84
10,000	\$1.05



ACCIDENT INSURANCE

An accidental injury can seriously cost you. Protect yourself from unexpected medical costs.

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

Financial support to get you back on your feet

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially
- Reliance Standard pays you cash benefits based on covered injuries, treatments and services
- Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, childcare and lost income from missed work
- "Child Organized Sport" benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport¹

Here is an example of how accident insurance works²

While John was hiking in a local park, he fell and tore cartilage in his knee. He went to the hospital emergency room for treatment and stayed overnight. The doctor gave him a brace and scheduled him for a follow up visit. See how accident insurance offset John's expenses:

Ambulance	\$300	Knee brace	\$100
Hospital Admission	\$1,000	X-ray	\$50
Emergency Room Visit	\$150	Knee cartilage tear	\$750
Hospital Confinement (1 Day)	\$200	6 follow-up visits	\$300
Medical Resonance Imaging (MRI)	\$200		

Total Cash Benefit Paid for Covered Services: \$3,050

Accident insurance with The Standard is easy

- No health questions to answer and convenient payroll deductions
- Protects your savings when the unexpected occurs
- Take the coverage with you if you change jobs or retire

WEEKLY BENEFIT COSTS FOR ACCIDENT INSURANCE

Employee Only	\$2.06
Employee + Spouse	\$3.20
Employee + Child(ren)	\$3.94
Employee + Family	\$6.15

ACCIDENTS HAPPEN. HOW FINANCIALLY PREPARED ARE YOU?

Over 40 million Americans received emergency room treatment for an accidental injury³

63% of Americans with medical insurance used all their savings for out-of-pocket medical costs⁴

The average cost of an emergency room visit for people between the ages of 45-64 is \$2,176⁵

1. The child must be insured by the plan on the date the accident occurred. The child must be 18 years of age or younger. 2. For illustrative purposes only. See your plan for specific coverage amounts and details. 3. CDC Centers for Disease Control and Prevention, <http://www.cdc.gov/nchs/fastats/hospital.htm>, 2015. 4. Kaiser Family Foundation and the Health Research & Educational Trust, 2015. 5. 2014 Medical Expenditure Panel Survey, Consumer Health Ratings. com https://www.huffingtonpost.com/simple-thrifty-living/top-10-reasonspeople-go-go_b_6887642.html.



DISABILITY INSURANCE

Protect your paycheck if you are unable to work. Your income is one of your most valuable assets.

No one plans on becoming disabled, but a serious illness or injury can strike anyone at any time, and at any age, taking away your ability to earn a paycheck. Nearly 25% of Americans will experience a disabling illness or injury and will be disabled for a period of time before they retire.¹ Disabilities can result not just from accidents, but illnesses such as a heart attack, cancer and stroke. How long can you live on your savings if you became disabled?

The value of disability insurance for you and your family

Disability Insurance should be an integral part of your workplace benefits plan — it provides a steady stream of income to ease the financial stress of a disability, illness or injury while you are out of work and not receiving a paycheck.

For just a few dollars a week, you can help to provide financial security for yourself and those who depend on you. And enrolling for disability insurance at the workplace is simple and cost effective — with convenient payroll deductions.

Income protection when you need it most

Did you realize that if you became disabled and could not work, disability insurance provides you with an income until you are able to return to work. Depending on your plan, it can cover things like:

- Starting a family and having a new baby
- Having back pain, depression or other mental disorders
- Major accidents or life-changing diagnoses, such as diabetes or cancer

You might underestimate your risk of a disabling illness or injury

- More than 50% of disabled Americans are in their working years, from 18—64¹
- A typical female has a 24% chance of becoming disabled for 3 months or longer during her working career¹
- A typical male has a 21% chance of becoming disabled for 3 months or longer during his working career¹
- 95% of disabilities are not covered by Worker's Compensation plans¹

Corporate and Management Employees

Your Short Term Disability benefit begins after a 14-day waiting period following your qualifying non-work related disability. Your STD benefit provides you with 60% of your weekly earnings, not to exceed \$2,500 per week. The plan will pay until you are no longer deemed disabled by your physician, or up to 90 days.

Field Employees

If you elect Short Term Disability benefits and you suffer a qualified non-work related disability while employed at Lazer Spot, your STD benefit begins after a 14-day waiting period following your qualifying disability. Your STD benefit provides you with 50% of your weekly earnings, not to exceed \$1,000 per week. The plan will pay until you are no longer deemed disabled by your physician or up to 90 days.

1. Council for Disability Awareness, 2015 http://www.disabilitycanhappen.org/chances_disability/.



UNDERWRITING LIMITATIONS

Short-Term Disability*

Includes a pre-existing condition limitation for new enrollees. A pre-existing condition is a sickness or injury, including all related conditions and complications, for which, in the look back period (3 months) prior to the coverage effective date, a covered person:

- receives advice or treatment from a doctor;
- takes prescribed drugs; or
- receives other medical care or treatment, including consultation with a doctor.

For any disability due to a pre-existing condition, we limit the maximum payment period to 2 weeks; unless the disability starts after the covered person completes at least one full day of active work after the date he or she is insured under this plan for 12 months in a row.

Pregnancy claims will be treated as any other claim for sickness in that the pregnancy will not be considered pre-existing if the claimant did not receive advice or treatment from or consult with a doctor.

*Employees previously enrolled for the Lazer Logistics Short Term Disability benefit will be given credit for time they have been enrolled. The pre-existing condition limitation will not apply to employees that purchased and maintained their policies more than 12 months ago.

Actively at Work

To be eligible for Short Term Disability, you must be considered Actively at Work. Actively at work is:

- when a covered person is able to perform and is performing all of the regular duties of their work for the employer
- on a full-time basis at:
 - one of the employer's usual places of business;
 - some place where employer's business requires you to travel; or
 - any other place employee or employer have agreed on for employee's work.





DISABILITY & ABSENCE MANAGEMENT

STATE MANDATED DISABILITY PLANS 2023

About state-mandated disability programs

Currently New York*, New Jersey, Hawaii, California and Rhode Island have state-mandated disability programs. Employees who suffer from a non-job related illness or accident, and are consequently cut off from earnings, are protected by the disability benefits laws of the state where they are employed (i.e. where they perform their work), not where they live.

An overview of these states standard benefits for 2023 is provided below:

	NEW YORK	NEW JERSEY	HAWAII	CALIFORNIA	RHODE ISLAND
Benefit Percentage	<ul style="list-style-type: none"> 50% of employee salary 	<ul style="list-style-type: none"> 85% of employee salary 	<ul style="list-style-type: none"> 58% of employee salary 	<ul style="list-style-type: none"> 60% for employees earning 1/3 or more than the state's avg. quarterly wage; 70% for employees earning less than 1/3 of the state's avg. quarterly wage 	<ul style="list-style-type: none"> 60% of employee salary
Benefit Maximum	<ul style="list-style-type: none"> \$170 per week 	<ul style="list-style-type: none"> \$993 per week 	<ul style="list-style-type: none"> \$697 per week 	<ul style="list-style-type: none"> \$1,540 per week 	<ul style="list-style-type: none"> \$1,007 per week; dependent benefit: \$10 or 7% of weekly benefit rate
Benefit Duration	<ul style="list-style-type: none"> 26 weeks 	<ul style="list-style-type: none"> 26 weeks 	<ul style="list-style-type: none"> 26 weeks 	<ul style="list-style-type: none"> 52 weeks 	<ul style="list-style-type: none"> 30 weeks
Benefit Elimination	<ul style="list-style-type: none"> 7 day waiting period 	<ul style="list-style-type: none"> 7 day waiting period 	<ul style="list-style-type: none"> 7 day waiting period 	<ul style="list-style-type: none"> 7 day waiting period 	<ul style="list-style-type: none"> 7 day waiting period (retroactive to day 1)

In addition to the states which require mandatory short-term disability benefits, there are now a number of new laws recently passed that require providing employees with paid medical leave benefits that may be used for an employee's own serious health condition.

For 2023 this includes the following areas in the country:

- California
- Connecticut
- Colorado
- District of Columbia
- Massachusetts
- New Jersey
- New York
- Oregon
- Rhode Island
- Washington

Note that The Standard's Short-term Disability plan will not pay STD benefits at the same time that you receive paid medical leave. So if you work in any of the above, please factor this into your decision of whether or not to enroll in the STD program.



LONG-TERM DISABILITY

Long-Term Disability replaces a portion of your income if you are unable to work due to an illness or injury. Benefits begin after 90 days of disability.

Corporate and Management Employees

Your Long Term Disability benefit provides you with 60% of your monthly earnings up to \$15,000 per month.

Field Employees

If you elect LTD, your Long Term Disability benefit provides you with 50% of your monthly earnings up to \$7,500 per month

LTD payments will continue as long as you remain disabled, as defined by the insurance policy.

If you choose to enroll in this coverage, you will pay the full cost. The amount you pay will be based on your age and income. Since you pay the premium for this program, disability claim payments are received tax free.

Evidence of Insurability

If you choose not to enroll in Long-Term Disability insurance when you are first eligible and decide to enroll at a later date, the coverage will be subject to evidence of insurability (EOI).

WEEKLY VOLUNTARY DISABILITY RATES

Age	Short-Term Disability Rate	Long-Term Disability Rate
0-24	\$0.0484	\$0.0026
25-29	\$0.0517	\$0.0031
30-34	\$0.0506	\$0.0044
35-39	\$0.0539	\$0.0064
40-44	\$0.0627	\$0.0082
45-49	\$0.0693	\$0.0115
50-54	\$0.0803	\$0.0155
55-59	\$0.1023	\$0.0200
60-64	\$0.1243	\$0.0204
65-69	\$0.1397	\$0.0256
70+	\$0.1397	\$0.0330

Please refer to the age rate from the chart above to calculate your own premiums

Example: Bob is age 45 as of 1/1/2023 and makes \$35,000 per year.

STD Calculation

\$673.00	/ 2	\$336.50
Weekly Income	Divided by 2	Weekly Benefit
\$336.50	\$0.0693	\$23.32
Weekly Benefit	Times "Your Rate"	Monthly Premium
\$23.32	X 12 / 52	\$5.38
Monthly Premium	Times 12 Divided by 52	Weekly Premium

LTD Calculation

\$2,916.67	\$0.0115	\$33.54
Monthly Income	Times "Your Rate"	Monthly Premium
\$33.54	X 12 / 52	\$7.74
Monthly Premium	Times 12 Divided by 52	Weekly Premium



ALLSTATE IDENTITY THEFT PROTECTION

The national incidence rate of identity theft is around 5%. If theft or fraud occurs, Allstate's highly trained, U.S.-based remediation support is available 24/7.

Allstate's innovative tools and comprehensive monitoring allow you to see and manage all the personal information you and your families share while shopping or banking or posting on social media, helping prevent fraud and identity theft. You can even get breach alerts for companies that may have exposed your personal data.

Plan Features:

- Allstate Digital Footprint
- Dark web monitoring
- Full-service 24/7 fraud remediation
- Financial transaction monitoring
- Real-time rapid alerts
- Credit monitoring and alerts
- IP Address monitoring
- Digital exposure reports
- Lost wallet protection
- Mobile app

WEEKLY BENEFIT COSTS FOR ALLSTATE PRO PLUS ID THEFT INSURANCE

Employee Only	\$2.30
Employee + Spouse	\$4.14
Employee + Child(ren)	\$4.14
Employee + Family	\$4.14

TO LEARN MORE: 800-789-2720 | WWW.MYAIP.COM



TRAVEL ASSISTANCE

If you travel more than 100 miles from your home or in a foreign country, Assist America, our travel emergency services are here to help. It's easy to use. Just contact Assist America directly at **1-800-872-1414** if you are in the United States, Canada, Puerto Rico, the US Virgin Islands or Bermuda or **1-609-986-1234** anywhere else anytime you need assistance when traveling. The Travel Assistance Response Center is available 24 hours a day, 365 days a year. They can assist you and your dependents with the following services:

Pre-Trip Assistance - Passport/visa requirements, Currency exchange rates, Inoculation requirement information, health hazard advisory, Consulate/Embassy referral.

Emergency Medical Transportation - Emergency evacuation, medically necessary repatriation, return of traveling companions, Return of mortal remains.

Emergency Personal Assistance Services - Interpretation / translation services, emergency travel arrangements, recovery of lost or stolen luggage, legal assistance and/or bail bond.

Medical Assistance Services - including Medical referrals for local physicians / dentists, medical case monitoring, prescription assistance and eyeglasses replacement, and convalescence arrangements.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your work-life balance employee assistance program (EAP) can help you find solutions for everyday challenges of work and home. It can also be used for more serious issues involving emotional and physical well-being. This confidential support, guidance and resource service is available for you or an immediate household family member at no cost to you.

The first three (3) face-to-face counseling sessions are at no cost to you, after that you must contact your insurance carrier for continued treatment.

EAP benefits are free of charge, 100% confidential, available to all covered employees and family members regardless of location, and easily accessible through Health Advocate's 24/7, live-answer, toll-free number.

- Unlimited Telephonic Clinical Assessment and Referral
- Up to 3 Sessions of Professional Assessment for Employees and Family Members
- Unlimited Child Care and Elder Care Referrals
- Legal Consultation for Unlimited Number of Issues per Year
- Financial Consultation for Unlimited Number of Issues per Year
- Unlimited Pet Care Consultation
- Unlimited Education Referrals and Resources
- Unlimited Referrals and Resources for any Personal Service
- Unlimited Community-based Resource Referrals
- Online Legal Resource Center

HOW TO ACCESS YOUR EAP BENEFITS

1-888-293-6948 or
**healthadvocate.com/
standard3**

Life Services to help you cope and plan after the loss of a loved one.

When you call the phone assistance line, you can expect personalized attention from highly trained counselors to help you determine what services might be right for you.

- Estate Planning Assistance- Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- Financial Planning- Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- Funeral Arrangements- Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

Call 800-378-5742 or login standard.com/mytoolkit | User Name: **assurance**



401(K) RETIREMENT SAVINGS PLAN

It's easy to save and invest for the future through the 401(k) Plan. Full-time employees who are at least 21 years old are eligible to begin saving on the first of the month after 90-days of employment. Once you are eligible, you can enroll anytime.

You can make two types of contributions:

- **Pre-Tax Contributions** – You don't pay taxes on your contributions or the earnings in your account until you withdraw the money in the future.
- **After-Tax Roth Contributions** – You pay taxes on your contributions now, and receive tax-free money in the future.
- **Tax-Deferred Savings** – Save from 1% to 90% of your pay for retirement up to the IRS limits including catch-up contributions if over 50 years old.

Matching contribution

You receive free money just for participating. Dollar for dollar employer match on the first 4% of your contributions. This means if you save 4% that Lazer Logistics will “match” and add another 4% to your benefit. (That is an automatic 4% raise starting with your fourth month of employment, assuming that you contribute at least the full 4% yourself.)

The money is immediately 100% vested and bonded for your protection. It belongs to you. Should you withdraw funds prior to age 59 1/2, you will pay taxes at your ordinary rate plus a 10% penalty for early withdrawal.

Start Saving and Investing

You can enroll, change the amount you are saving or change how your account is invested at any time. The plan offers a variety of investment funds.

Here's how to get started:

Visit **www.mykplan.com**. Click on “Register Now.” Your User ID is your Social Security Number. Your Password is the last 4 digits of your Social Security Number.

You can also call **1-800-695-7526** to enroll.



Driver Referral Bonus

We will pay a referral bonus to any employee who refers a driver who is hired by Lazer Logistics, when the referred candidate hits the following milestones:

- \$500 when the employee hits the six-month mark
- \$500 when the employee celebrates his or her first anniversary
- \$1,000 when the employee has been here for two years

Please refer to your Manager or Human Resources for further details and eligibility requirements.



PAID TIME OFF

Holidays:

Full-time employees who have been with Lazer Spot for at least 60 days will be paid for eight hours on New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving, and Christmas. Employees who are scheduled to work on a holiday will receive holiday pay in addition to their pay for hours worked that day.

Personal Days:

All employees with more than one year of service with Lazer Spot are eligible for one personal day (8 hours) per year. You will need to request your personal day through your site manager by filling out a vacation/personal day form, and requests are subject to approval of the site manager. Personal days do not carry over or accrue, and are not paid at termination. You may cash in the personal day and actually work the scheduled shift.

Time Off:

If you need time off, Lazer Spot requires at least one week notice, unless an emergency arises. Contact your manager to schedule time off. All time off requests are subject to management approval.

Jury Duty/Military Leave:

Employees will be granted time off to serve on a jury or military leave without pay. A copy of the jury duty summons and all other associated paperwork are required for the personnel file.

Bereavement Pay:

Lazer Spot offers bereavement pay to employees who have been employed by the Company for at least six months. A qualified employee will receive bereavement pay in the event of the death of his or her spouse, parent, sibling, grandparent, child or legally adopted child. Step children, mother in law, and father in law from an existing marriage will also be included in this list. Bereavement is paid for any day or days on which an employee does not work. An employee who has been employed between six months to one year is eligible for eight hours bereavement. An employee who has been with the company greater than one year is eligible for sixteen hours.





PAID TIME OFF

Vacation:

Full-time employees are eligible for 40 hours paid vacation upon completion of 1 year of continuous employment; 80 hours paid vacation upon completion of 3 years or more continuous full-time employment; 120 hours after the completion of 5 years or more of continuous full-time employment; and 160 hours after the completion of 10 years or more continuous full-time employment.

The vacation benefit is earned as of the employee's employment anniversary date and may be taken after that date with the approval of the employee's manager. Since there is no accrual of vacation prior to earning it, any vacation earned is to be taken within the year following the anniversary date and may not be carried forward for future years.

Hourly employees may be paid out for the vacation; however, they will only be paid up to 40 hours at a time. Salaried employees must take the days off from work. Remember, all vacation checks are subject to regular deductions.

We do not pay earned but unused vacation to employees who are terminated, unless required to do so by state law. Employees who resign in good standing and who give two weeks' notice may request a payout of their earned but unused vacation pay; the decision whether or not to grant such a request is in the sole discretion of the management.

To request your vacation, please submit via the ADP app or contact your manager. Lazer Spot requires at least a three week notice (except in an emergency), and all time off is subject to management approval.

Family And Medical Leave Act (FMLA):

FMLA provides up to 12 workweeks of job-protected leave in a 12-month rolling backward period for any of the following:

- To care for your child after birth or placement of a child for adoption or foster care;
- To care for a spouse, parent, or dependent child with a serious health condition;
- For a serious health condition that makes you unable to do the essential functions of your job.

Eligible employees may qualify for up to 26 workweeks of unpaid job-protected leave under the FMLA in certain situations related to a covered family member's service in the Armed Forces. Contact Human Resources for further information.





CONTACT INFORMATION

Use these resources to get answers to your benefit questions.

PLAN	ADMINISTRATOR	WEBSITE	PHONE NUMBER
Medical	Medical Aetna Pharmacy Navitus	www.aetna.com www.navitus.com	1-800-843-4112 1-866-333-2757
Dental	Aetna	www.aetna.com	1-800-843-4112
Vision	Aetna	www.aetna.com	1-800-843-4112
Health Savings Accounts	HealthEquity	www.healthequity.com	1-877-582-6224
Life Insurance/AD&D Insurance	The Standard	www.standard.com	1-800-628-8600
Employee Assistance Program (EAP)	The Standard - Health Advocate	www.healthadvocate.com/standard3	1-888-294-6948
401(k) Retirement Plan	ADP	www.mykplan.com	1-800-695-7526
Short-Term Disability, Long-Term Disability, Accident Insurance	The Standard	www.standard.com	1-800-368-2859
Telemedicine	Teladoc	www.teladoc.com/aetna	1-855-835-2362
Corporate HR Benefits		benefitsmail@lazerlogistics.com	1-678-771-2921



AETNA CONCIERGE

CALL 1-800-843-4112

**8 a.m. to 6 p.m., Monday
through Friday.**

After hours, you will be assisted by Aetna's Member Services team.

Your Aetna Concierge is your personal benefits answer and support service for a wide range of benefits and insurance questions. A Concierge will work with you until your question is answered or your issue is resolved.

Aetna keeps all personal data completely confidential. Spouses and children may also call the Aetna Concierge. There are Spanish-speaking representatives on staff. Additional Language translation services are also available.



NOTICES

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor 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, 2022. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

ALABAMA – Medicaid

<http://myalhipp.com> | 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program:

<http://myakhipp.com> | 1-866-251-4861

CustomerService@MyAKHIPP.com

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com> | 1-855-MyARHIPP (1-855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp> | 1-916-445-8322

hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com>

Health First Colorado Member Contact Center:

1-800-221-3943 / State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991 / State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

<https://www.flmedicaidtprecovery.com/>

[flmedicaidtprecovery.com/hipp/index.html](https://www.flmedicaidtprecovery.com/hipp/index.html)

1-877-357-3268

GEORGIA – Medicaid

HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

1-678-564-1162, Press 1

GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

1-678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64:

<http://www.in.gov/fssa/hip> | 1-877-438-4479

All other Medicaid:

<https://www.in.gov/medicaid> | 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://dhs.iowa.gov/ime/members> | 1-800-338-8366

Hawki: <http://dhs.iowa.gov/Hawki> | 1-800-257-8563

HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
1-888-346-9562

KANSAS – Medicaid

<https://www.kancare.ks.gov> | 1-800-792-4884



NOTICES

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

1-855-459-6328

KIHIPP.PROGRAM@ky.gov

KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>

1-877-524-4718

Medicaid: <https://chfs.ky.gov>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/la hipp

1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

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

1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium:

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

1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

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

1-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> | 1-800-657-3739

MISSOURI – Medicaid

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

1-573-751-2005

MONTANA – Medicaid

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

1-800-694-3084 | HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

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

1-855-632-7633 | Lincoln: 1-402-473-7000 | Omaha: 1-402-595-1178

NEVADA – Medicaid

<http://dhcfp.nv.gov> | 1-800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program> | 1-603-271-5218

HIPP program toll free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

1-609-631-2392

CHIP: <http://www.njfamilycare.org/Default.aspx>

1-800-701-0710

NEW YORK – Medicaid

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

1-800-541-2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov> | 1-919-855-4100

NORTH DAKOTA – Medicaid

<http://www.nd.gov/dhs/services/medicalserv/medicaid>

1-844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org> | 1-888-365-3742

OREGON – Medicaid

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

<http://www.oregonhealthcare.gov/index-es.html>

1-800-699-9075

PENNSYLVANIA – Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx> | 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

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

1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<https://www.scdhhs.gov> | 1-888-549-0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov> | 1-888-828-0059

TEXAS – Medicaid

<http://gethipptexas.com> | 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>

CHIP: <http://health.utah.gov/chip> | 1-877-543-7669

VERMONT – Medicaid

<http://www.greenmountaincare.org> | 1-800-250-8427

VIRGINIA – Medicaid and CHIP

<https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid: 1-800-432-5924 **CHIP:** 1-800-432-5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov> | 1-800-562-3022

WEST VIRGINIA – Medicaid

<https://dhhr.wv.gov/bms>

<http://mywvhipp.com>

Medicaid: 1-304-558-1700

CHIP Toll-free: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – Medicaid and CHIP

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

1-800-362-3002

WYOMING – Medicaid

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

1-800-251-1269



NOTICES

MEDICARE NOTICE OF CREDITABLE COVERAGE

Important Notice About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

This Notice applies only if you and/or your dependent(s) are enrolled in a Lazer Spot, Inc. medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with Lazer Spot, Inc. and 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 employer 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 employer 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. Lazer Spot, Inc. has determined that the prescription drug coverage offered under the Lazer Spot, Inc. plan(s) are 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 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 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 Employer Coverage If You Decide to Join A Medicare Drug Plan?

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage, be aware that you and your dependents will be eligible to receive health and prescription drug benefits in the future.

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

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage, be aware that you and your dependents will be eligible to receive health and prescription drug benefits in the future.



NOTICES

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 employer coverage and don't join a Medicare drug plan within 63 continuous days after the 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 Employer 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 changes. You also may request a copy of this notice at any time.

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

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

For More Information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (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).

October 15, 2022

Lazer Spot, Inc.
Kim Glass, Benefits Manager
6525 Shiloh Road
Alpharetta, GA 30005
678-771-2921



NOTICES

Notice of Special Enrollment Rights

If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 30 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

To request special enrollment or obtain more information, contact your health plan.

Newborns' and Mothers' Health Protection Act Notice

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

Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.



NOTICES

Notice of HIPAA Privacy Practices

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

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Lazer Spot, Inc. Health Plan (the "Plan") sponsored by Lazer Spot, Inc. ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health

Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). 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. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is 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, from which it is possible to individually identify you and 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 individual listed at the end of this notice.

Our Responsibilities

Lazer Spot, Inc. is 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.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.



NOTICES

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers.

For Payment. We 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 Plan, or to coordinate Plan coverage. For example, we 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 Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. We may share or discuss your PHI with your family members or others involved in your care or payment for your care, unless you object in writing and provide the objection to the Plan's HIPAA contact listed at the end of this Notice. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In any of these cases, we will disclose only the information necessary to resolve the issue at hand.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, 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 and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.



NOTICES

To Avert a Serious Threat to Health or Safety. We 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. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. 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 we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death 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. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- 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. We will only make this disclosure if you agree, or when required or authorized by law.

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



NOTICES

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

Law Enforcement. We 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, we 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. We 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. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We 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, we 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. We 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

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We 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 or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we 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. We 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.



NOTICES

Other Disclosures

Personal Representatives. We 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 us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have 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, we 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 Plan, 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 Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail 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. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we 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

You have the following rights with respect to your protected health information:

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 Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We 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 individual listed at the end of this Notice.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.



NOTICES

We 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, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, 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 we deny your request, you have the right to file a statement of disagreement with us 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 it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. 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, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or 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 we 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 we 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 we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a 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 in full by you or another person. To request restrictions, you must send your request in writing the individual listed at the end of this notice.

In your request, you must tell us (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 we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.



NOTICES

Right to Be Notified of a Breach. You have the right to be notified in the event that we (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 us 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.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan 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 individual listed below. 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 us.

HIPAA Contact

Kim Glass, Benefits Manager
Lazer Spot, Inc.
6525 Shiloh Road
Alpharetta, GA 30005
678-771-2921



NOTICES

Wellness Program Protection Notice

Lazer Spot, Inc. sponsors a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose levels. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a \$50 gift card for each enrolled employee or enrolled spouse who completes the risk assessment and one online coaching program. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

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 Aetna.

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



NOTICES

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 Lazer Spot, 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) a registered nurse, a doctor, 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 **benefitsmail@lazerlogistics.com**.

This Benefits Guide is not a Summary Plan Description and is not intended to provide full details of the benefit programs offered by Lazer Logistics. Complete details of the benefit plans may be found in official plan documents, which govern in all cases. Lazer Logistics reserves the right, at its discretion, to modify, amend or eliminate any of its benefit plans, programs, practices or policies as the company requires, including, but not limited to, requiring or increasing contributions toward any benefits as it deems appropriate, in its sole discretion, in accordance with applicable law. Nothing contained in this booklet shall be construed as creating an express or implied obligation on the part of Lazer Logistics to maintain such benefit plans, programs, policies or practices. Lazer Logistics does not endorse any medical or other provider, or represent or warrant the quality of care they provide. The decision to use any provider is the participant's responsibility. In cases of conflict between this guide, the Summary Plan Descriptions, and/or the Plan Documents, the Plan Documents will govern.

