PriceSmart®

2023-2024 Employee Benefits

California

Effective October 1, 2023 to September 30, 2024

Welcome to your 2023-2024 Benefits Plan Year. PriceSmart, Inc. is proud to offer a range of employee benefit plans to help protect you in the case of illness or injury. It is very important to us to provide a comprehensive benefit package to you and your family and our goal is to provide plan information to allow you to make informed decisions to meet your and your family's needs.

Each year there is an annual enrollment period during which time you will select benefits you want for the upcoming year. It is important to review your benefit options carefully because the choices made will remain in effect for the entire plan year, unless you experience a qualified life event.

This Benefits Information Guide is a comprehensive tool designed to familiarize you with the plans and programs you and your family can enroll in for the plan year. If you have any questions regarding your benefits, please contact Human Resources.

Contents

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Carrier	Phone	Website
Medical		
Aetna	HMO: 800.445.5299 OAMC and HDHP: 877.204.9186	www.aetna.com
Kaiser	800.464.4000	www.kaiserpermanente.org
Dental		
Aetna	877.238.6200	www.aetna.com
Vision		
Aetna	877.973.3238	www.aetna.com
Health Savings Account		
HSA Bank	800.357.6246	www.hsabank.com/hsabank
Flexible Spending Accounts and COBRA		
Igoe Administrative Services	800.633.8818 FSA opt 1 / COBRA opt 2	www.goigoe.com
Life and AD&D		
Unum	800.Ask.Unum	www.unum.com
Short and Long-Term Disability		
Unum	800.Ask.Unum	www.unum.com
Health Advocate		
Health Advocate	866.695.8622	www.HealthAdvocate.com/members
Employee Assistance Programs		
Aetna Resources for Living	800.342.8111	www.resourcesforliving.com
Unum Employee Assistance Program (EAP)	800.854.1446	www.unum.com/lifebalance
Additional Benefits		
Aetna Voluntary Benefits	800.607.3366	www.MyAetnaSupplemental.com
Aura Identity Guard	833.552.2123	support@aura.com
ASPCA Pet Health Insurance	877.343.5314	www.aspcapetinsurance.com/PriceSmart Priority Code: EB21PRICESMART
Gallagher's Benefit Advocacy Center	833.266.2142	Email: BAC.PriceSmartIncBenefitAdvocateCenter@ajg.com

This reference guide presents general information intended to help you enroll in the PriceSmart, Inc. Employee Benefits Program and to use your benefits effectively over the course of the year. Not all plan provisions, limitations, and exclusions are included in this guide. In the event of any conflicts between the information contained in this brochure and the plan provisions, the plan documents and insurance contracts will govern. PriceSmart, Inc. reserves the right to change or terminate any of these benefits at any time without notice.

Benefit Costs

While this Benefit Guide focuses primarily on health and welfare benefits, PriceSmart, Inc. provides a number of programs that add up to an extremely competitive total compensation and benefits package. We are committed to recruiting, retaining, and promoting employees with diversity of backgrounds and experiences. Our benefits recognize this diversity by providing options, as well as the ability to supplement certain insurance coverages so you can find the coverage that is right for you and your family.

Your benefit contributions are automatically deducted from your paycheck. Each benefit you choose has a corresponding cost. The monthly costs below are a small part of the total cost. PriceSmart, Inc. pays the majority of the cost for your benefits. Some of the benefit costs are paid on a pre-tax basis, which reduces your taxable income; however, some are paid on an after-tax basis.

The Tax Advantage

The pre-tax feature is an important and valuable advantage of our benefits program. Every dollar you earn is subject to a variety of taxes: Federal Income tax, social security tax, state and local taxes, etc. Section 125 of the Internal Revenue Code allows you to pay required contributions for certain employee benefits on a pre-tax basis.

Pre-Tax Benefits:

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Health Care Spending Account
- Dependent Care Spending Account

After-Tax Benefits:

- Voluntary employee or dependent Life and Accidental Death & Dismemberment (AD&D)
- Buy-Up Long-Term Disability (LTD)
- Voluntary Short-Term Disability
- Coverage for domestic partners
- Additional Voluntary Benefits: Accident, Critical Illness, Hospitalization, Identity Theft and Pet Insurance

PriceSmart, Inc. offers a Cash-Out option in lieu of medical benefits. Employees who elect the Cash-Out option will receive $100 per month ($50 per pay period). Please note that this is considered taxable income.

Employee Contributions

Medical	Kaiser HMO (CA Only)		Aetna HMO (CA)		Aetna OAMC (PPO)		Aetna HDHP	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee Only	$60.31	$30.16	$78.20	$39.10	$86.63	$43.32	$71.79	$35.90
Employee + Spouse	$124.83	$62.42	$175.33	$87.67	$218.50	$109.25	$144.85	$72.43
Employee + Child(ren)	$120.61	$60.31	$139.69	$69.85	$174.06	$87.03	$129.84	$64.92
Employee + Family	$162.82	$81.41	$210.90	$105.45	$300.38	$150.19	$174.24	$87.12

Dental and Vision	Aetna Dental HMO		Aetna Dental PPO		Aetna Dental Buy-Up PPO		Aetna Vision	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee Only	$4.49	$2.25	$14.37	$7.19	$15.74	$7.87	$2.92	$1.46
Employee + Spouse	$9.82	$4.91	$43.43	$21.72	$44.13	$22.07	$6.33	$3.17
Employee + Child(ren)	$9.82	$4.91	$39.92	$19.96	$53.48	$26.74	$6.66	$3.33
Employee + Family	$13.16	$6.58	$65.38	$32.69	$71.58	$35.79	$9.79	$4.90

Eligibility and Enrollment

Who Can Enroll?

If you are classified as a regular, full-time employee and are working at least 25 hours per week, you are eligible to enroll in the PriceSmart, Inc. Benefits program on your date of hire.

Eligible employees may also choose to enroll their:

- Legally married spouse or domestic partner
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO)
- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26

If you do not enroll your dependents, they will not be covered for any benefits during the plan year unless you experience a change in family or employment status as explained below.

What if My Needs Change During the Year?

You are permitted to make changes to your benefits outside of the open enrollment period if you have a qualified change in status as defined by the IRS. Generally, you may add or remove dependents from your benefits, as well as add, drop, or change coverage if you submit your request for change within 30 days of the qualified event. Change in status examples include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a dependent
- You or your spouse's / registered and unregistered domestic partner's loss or gain of coverage through our organization or another employer
- Change in residence affecting eligibility or access
- Change in employment status where you have a reduction in hours to an average below 25 hours of service per week, but continue to be eligible for benefits, and you intend to enroll in another plan. The plan must provide Minimum Essential Coverage that is effective no later than the first day of the second month following the date of revocation of your employer sponsored coverage.
- You enroll, or intend to enroll, in a Qualified Health Plan (QHP) through the State Marketplace or Federal Exchange and it is effective no later than the day immediately following the revocation of your employer sponsored coverage.

If your change during the year is a result of the loss of eligibility or enrollment in Medicaid, Medicare or state health insurance programs, you must submit the request for change within 60 days. For a complete explanation of qualified status changes, please refer to the "Legal Information Regarding Your Plans" contents.

Do I Have to Enroll?

Although the federal penalty requiring individuals to maintain health coverage has been reduced to $0, some states have their own state-specific individual mandates. To avoid paying the penalty in some states, you can obtain health insurance through our benefits program or purchase coverage elsewhere, such as coverage from a State or Federal Health Insurance Exchange. For information regarding Health Care Reform and the Individual Mandate, please visit www.cciio.cms.gov. You can also visit www.coveredca.com to review information specific to the Covered California State Health Insurance Exchange. You may elect to "waive" medical, dental, and/or vision coverage if you have access to coverage through another plan. To waive coverage, you must select the "Decline Coverage" option in PlanSource. It is also important to note that if coverage is waived, the next opportunity to enroll in our group benefit plans would be during our next Open Enrollment period or if a qualifying status change occurs.

Benefit Choices

BENEFIT	Provider	OPTIONS
Medical	Aetna	• Aetna HMO • High Deductible Health Plan (HDHP) • Open Access Managed Choice
	Kaiser	• HMO
Dental	Aetna	• Dental HMO (DHMO) • Dental PPO Base Plan • Dental PPO Buy-Up
Vision	Aetna	• Vision PPO
Health Savings Account (HSA)	HSA Bank	**HSA Maximum Contribution Limits** For 2023, the IRS annual maximum pre-tax contributions are: • Employee only: $3,650 • All other coverage tiers: $7,300 For 2024, the IRS annual maximum pre-tax contributions are: • Employee only: $3,850 • All other coverage tiers: $7,750 Individuals age 55 or older may make an additional $1,000 annual contribution to their HSA. Contributions must end when the individual enrolls in Medicare.
Flexible Spending Accounts (FSAs)	Igoe Administrative Services	• Health Care Spending Account (annual contribution $2,850). • Dependent Care Spending Account (annual maximum contribution $5,000) ($2,500 if married, filing separate tax returns)
Basic Life and AD&D Insurance	Unum	• 3x basic annual earnings to a maximum of $750,000
Voluntary Life and AD&D Insurance	Unum	• **Employee** – increments of $10,000 up to $500,000 or 5x your annual earnings • **Spouse / Domestic Partner** – increments of $5,000 • **Child** – increments of $2,000 up to a maximum of $10,000 • EOI is required for amounts over $300,000 for employee; $25,000 for spouse/domestic partner. Late entrants must complete an EOI for any amounts.
Long-Term Disability Coverage (LTD)	Unum	• **Employer-Paid LTD** – 60% of basic monthly earnings up to a maximum of $6,000/month. • **Buy-Up Option** – 70% of basic monthly earnings up to a maximum of $12,000/month.
Health Advocate	Health Advocate	• Provides your family access to a team of highly trained personal health advocates to help resolve complex claim issues or find the right healthcare provider
Employee Assistance Program (EAP)	Aetna RFL Unum EAP	• Telephonic and face-to-face consultation services
Business Travel Assist	ACE USA Travel Assistance Services Unum Travel Assistance provided by Assist America, Inc.	• Provides additional Accidental Death & Dismemberment coverage while traveling on company business
Additional Voluntary Benefits	Aetna	• Accident • Critical Illness • Hospitalization
	ASPCA Pet Health Insurance	• Pet Insurance
	Aura Identity Guard	• Identity Theft
	BenefitHub LifeMart	• Everyday Discounts and Rewards
	Calm App	• App for resilience and mental fitness, which features a variety of media designed to help users relax, sleep, or become more mindful.

Medical Benefits

Aetna Open Access Managed Choice and HDHP Plans

The Aetna Open Access Managed Choice PPO (OAMC) Plan provides you with access to network providers plus the freedom and flexibility to access providers outside the network. Primary Care Physician (PCP) selection is encouraged, but not required, and PCP referral is not required for members to access network specialty care.

In-Network Benefits

You may go to any physician in the network to receive the higher network benefits. It is important to note that network providers should not bill you for amounts over the contract discounted rates. The Plan will start paying benefits after you meet your deductible. You will only be required to pay your office copay and/or coinsurance amount.

Out-of-Network Benefits

You may receive medical treatment from any licensed physician or facility you choose. In other words, you are not restricted to a specific network of providers. You will need to satisfy your deductible, pay coinsurance, and file claim forms. Out-of-Pocket costs, as shown on the comparison chart in the following pages, are also higher. The reason for this is simple: non-contracted providers cost more.

Prescription Drug Coverage

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

Tiered prescription drug plans require varying levels of payment depending on the drug's tier and your copayment or coinsurance will be higher with a higher tier number.

The Aetna plans include a three-tier prescription benefit:

- Tier 1 prescriptions offer the greatest value compared to other drugs that treat the same conditions and are often he lowest cost because they are **Generic** medications.
- Tier 2 drugs are **Preferred Brand-Name** medications with a moderate copayment. Some drugs may also be Tier 2 because they are "preferred" among other drugs that treat the same conditions.
- Tier 3 drugs are a higher copayment compared to the lower tiers, as they are higher cost drugs. Some drugs on this list may have a generic counterpart in Tier 1 or Tier 2 and are considered **Non-Preferred Brand-Name** medications.
- **Specialty** medications are used to treat complex, chronic conditions, and require **Precertification**. Your ordering physician will work with Aetna to get the appropriate authorization on file.

Why Pay More?

There are a few ways you can save money when using the Prescription Drug Plans:

Mail Order

Save time and money by utilizing a mail order service for maintenance medications. A 90-day supply of your medication will be shipped to you for the cost of two retail copays.

Shop Around

Some pharmacies, such as those at warehouse clubs or discount stores, may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price.

Explore Over-the-Counter Options

For common ailments, over-the-counter drugs may provide a less expensive option that serves the same purpose as prescription medications.

	Aetna HDHP		Aetna Open Access Managed Choice (OAMC)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Individual Lifetime Maximum	Unlimited		Unlimited	
Individual	$2,800	$5,500	$750	$750
Family	$5,600	$11,000	$1,500	$1,500
Out-of-Pocket Maximum				
Individual	$3,000	$6,000	$3,000	$6,000
Family	$6,000	$12,000	$6,000	$12,000
Preventive Care				
Routine Physicals	No copay	40% *	No copay	50%*
Well Baby Visits	No copay	40%*	No copay	50%*
Physician				
Primary Care Office Visit	20%*	40%*	$20 copay	50%*
Specialist Office Visit	20%*	40%*	$30 copay	50%*
Hospital Inpatient Care				
Room and Board, Physician Charges, and Ancillary Services	20%*	40%*	20%*	$100 copay, then 50%*
Mental Health and Substance Use Disorder				
Inpatient	20%*	40%*	20%*	$100 copay, then 50%*
Outpatient	20%*	40%*	$30 copay	50%*
Urgent and Emergency Care				
Urgent Care	20%*	40%*	$35 copay	50%*
Emergency Room Visit	20%*	20%*	20% after $100 copay (waived if admitted)	
X-Ray and Lab				
Diagnostic X-Ray and Lab (Ambulatory)	20%*	40%*	20%*	50%*
Therapy				
Physical / Occupational	20%*	40%*	$30 copay	50%*
Speech	20%*	40%*	$30 copay	50%*
Spinal Manipulation / Chiropractic (Limit 20 visits per year)	20%*	40%*	$30 copay	50%*
Other Health Care				
Hospice – Inpatient	20%*	40%*	20%*	50%*
Home Health Care (Refer to SBC for benefit limitations)	20%*	40%*	20%*	50%*
Skilled Nursing Facility (Refer to SBC for benefit limitations)	20%*	40%*	20%*	50%*
Retail Prescriptions (up to 30-day supply)				
Generic	$10 copay after ded	40% of submitted cost to a maximum of $250	$10 copay	50% of submitted cost to a maximum of $250
Brand Name	$25 copay after ded	40% of submitted cost to a maximum of $250	$25 copay	50% of submitted cost to a maximum of $250
Non-Formulary	$40 copay after ded	40% of submitted cost to a maximum of $250	$40 copay	50% of submitted cost to a maximum of $250
Mail Order Prescriptions (up to 90-day supply)				
Generic	$20 copay after ded	Not Covered	$20 copay	Not Covered
Brand Name	$50 copay after ded	Not Covered	$50 copay	Not Covered
Non-Formulary	$80 copay after ded	Not Covered	$80 copay	Not Covered

* After Deductible

Note: Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered. Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Prior authorization is required on specialty medications and quantity limits may apply.

Medical Benefits

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through PriceSmart.

PriceSmart offers you a choice of four (4) medical plans.

Aetna HMO Plan

AN OVERVIEW

The Aetna HMO Plan provides a wide range of health care services, typically covered at 100% after a copayment is made. This plan requires that you only use providers (physicians, hospitals, labs, x-rays, etc.) who are in network. At the time of open enrollment, you will be auto-assigned a Primary Care Physician (PCP). You will be notified as to who your assigned PCP and medical group is upon receiving your welcome letter and member ID card. This assignment will remain in effect until you notify Aetna of your selection of a different PCP. You can check the status of a doctor using Aetna's Find a Doctor Online Directory at www.aetna.com. You may call Aetna's Member Services at 800.445.5299 to update your PCP and/or medical group to a provider of your choosing. As a reminder, if you change to a medical group not associated with your PCP, you must select a new PCP within that new medical group. Your PCP coordinates with your designated medical group to provide you with care and referrals to specialists and hospitals contracted within your medical group.

aetna℠

Kaiser HMO Plan

AN OVERVIEW

The Kaiser HMO Plan provides a wide range of health care services, typically covered at 100% after a copayment is made. This plan requires that you use only Kaiser Providers (physicians, hospitals, labs, x-rays, etc.) to obtain benefits. It is your choice to select a Primary Care Physician (PCP) to direct all of your care or for a referral to see a specialist, but is not required.

KAISER PERMANENTE®

Comparing Your Medical Plan Options

	Aetna HMO IN-NETWORK ONLY	Kaiser HMO IN-NETWORK ONLY
Individual Lifetime Maximum	Unlimited	
Individual	None	None
Family	None	None
Out-of-Pocket Maximum		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Preventive Care		
Routine Physicals	No copay	No copay
Well Baby Visits	No copay	No copay
Physician		
Primary Care Office Visit	$20 copay	$20 copay
Specialist Office Visit	$30 copay	$20 copay
Hospital Inpatient Care		
Room and Board, Physician Charges, and Ancillary Services	$300 per admission	$250 per admission
Mental Health and Substance Use Disorder		
Inpatient	$300 per admission	$250 per admission
Outpatient	$30 copay	$20 copay
Urgent and Emergency Care		
Urgent Care	$35 copay	$20 copay
Emergency Room Visit	$100 copay (waived if admitted)	$100 copay (waived if admitted)
X-Ray and Lab		
Diagnostic X-Ray and Lab	No copay	No copay
Therapy		
Physical / Occupational	$30 copay	$20 copay
Speech	$30 copay	$20 copay
Spinal Manipulation / Chiropractic (Limit 20 visits per year)	$15 copay	$15 copay
Other Health Care		
Hospice – Inpatient	No copay	No copay
Home Health Care (Refer to SBC for benefit limitations)	No copay	No copay
Skilled Nursing Facility (Refer to SBC for benefit limitations)	$300 copay	No copay
Retail Prescriptions (up to 30-day supply)		
Generic	$10 copay	$10 copay
Brand Name	$25 copay	$30 copay
Non-Formulary	$40 copay	N/A
Mail Order Prescriptions	(up to 90-day supply)	(up to 100-day supply)
Generic	$20 copay	$20 copay
Brand Name	$50 copay	$60 copay
Non-Formulary	$80 copay	N/A

Note: Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered. Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Prior authorization is required on specialty medications and quantity limits may apply.

KAISER PERMANENTE®

Manage your care online

See how easy it is to stay on top of your care. When you register at **kp.org**, you get the most out of your membership — and can manage your health anytime, anywhere.[1]

Take charge of your care

Your connection to great health and great care is only a click away on **kp.org**. When you register for an online account, you can access many time-saving tools and tips for healthy living. Visit **kp.org** anytime, anywhere, to:

- View most lab test results
- Refill most prescriptions
- Choose your doctor based on what's important to you, and change anytime
- Email your Kaiser Permanente doctor's office with nonurgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Manage a family member's health[2]

Register now — it's easy

You can register online at **kp.org** or on the Kaiser Permanente mobile app. Just follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card.

kp.org/register
kp.org/registreseahora (en español)

Download the Kaiser Permanente app

You can also use the Kaiser Permanente mobile app to register for an online account, message your doctor's office with nonurgent questions, find doctors and locations, view upcoming appointments, and more.

kp.org/mobile
kp.org/movil (en español)

Making the switch to great care is easy

Are you new to Kaiser Permanente? Thinking about joining? It's simple to get started with your new plan — and we're here to walk you through it. Get started with Kaiser Permanente at **kp.org/easyswitch**.

1. These features are available when you get care from Kaiser Permanente facilities. **2.** Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features. **3.** This value-added service is an extra service provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), and is neither offered nor guaranteed under any KFHP-MAS contract. This entity may change or discontinue offering this service at any time. KFHP-MAS disclaims any liability for the service provided by this entity. **4.** Please note that the ChooseHealthy program is not insurance. You should check any insurance benefits you have before using this discount program, as those benefits may result in lower costs to you than using this discount program. The ChooseHealthy program provides for discounts from participating specialty health care providers. You are obligated to pay for all services from those providers, but will receive a discount from those participating providers for services included in the program. The ChooseHealthy program also provides access to the Active&Fit Direct program, which provides discounted access to fitness centers. The ChooseHealthy program does not make any payments directly to those participating providers or to the Active&Fit Direct program. The ChooseHealthy program has no liability for providing or guaranteeing services and assumes no liability for the quality of services rendered. Discounts on products and services available through the ChooseHealthy program are subject to change; please consult the website for current availability.

Get wellness support

Take advantage of these convenient perks — from personal health coaching to reduced rates on alternative medical therapies.

Live healthier with helpful resources[3]

With our wellness resources, you'll get tools, tips, and information to help you create positive changes in your life. Our complimentary resources can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

kp.org/health-wellness
kp.org/salud-bienestar (en español)

Connect to a wellness coach

If you need more support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

kp.org/wellnesscoach

Join health classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee.

kp.org/classes
kp.org/clases (en español)

Enjoy reduced rates

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® program.[4] These include:

- Active&Fit Direct — members pay $25 per month (plus a one-time $25 enrollment fee) for access to a national network of more than 10,000 fitness centers
- Up to 25% off a contracted provider's regular rates for:
  - Acupuncture
  - Chiropractic care
  - Massage therapy

kp.org/choosehealthy

Take time for self-care

Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members.

kp.org/selfcareapps

Colorado state law requires that an access plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider services. To obtain a copy, please call Member Services or visit kp.org.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

Learn more about your health

More information is just a click away. Use these interactive tools and reference guides to find answers to your health questions and help you make decisions about your care.

Drug encyclopedia	Look up detailed descriptions of thousands of drugs, including possible side effects. **kp.org/medications** | **kp.org/medicamentos** (en español)
Health encyclopedia	Explore more than 40,000 pages of in-depth information on health conditions, related symptoms, and treatment options. **kp.org/health** | **kp.org/salud** (en español)
Health guides	Stay informed on popular health subjects or discover something new through our healthy living guides, available in English and Spanish. **kp.org/livehealthy** | **kp.org/vidasaludable** (en español)
Interactive tools and calculators	Take an interactive quiz or enter your information into one of our calculators to learn more about your health. **kp.org/calculators**
Medical test directory	Learn more about your options for common tests and procedures, along with their risks and benefits. **kp.org/healthdecisions**
Natural Medicines Comprehensive Database®	Find answers to your questions about dietary supplements, vitamins, minerals, and other natural products. **kp.org/naturalmedicines** | **kp.org/medicinasnaturales** (en español)
Recipes	Get inspired to prepare delicious, healthy dishes. Browse recipes by category — like vegetarian dishes, soups, or desserts — or by what's in season. **kp.org/foodforhealth**
Symptom checker	Use our interactive visual aid to gauge your symptoms. Click on the body part that's troubling you and learn what to do next. **kp.org/symptoms** | **kp.org/sintomas** (en español)
Videos and podcasts	Look, listen, and learn about your health and well-being. Watch videos or download health-related, guided meditation podcasts. **kp.org/video** | **kp.org/audio**

KAISER PERMANENTE®

648220516 June 2021

Know your options when you need care

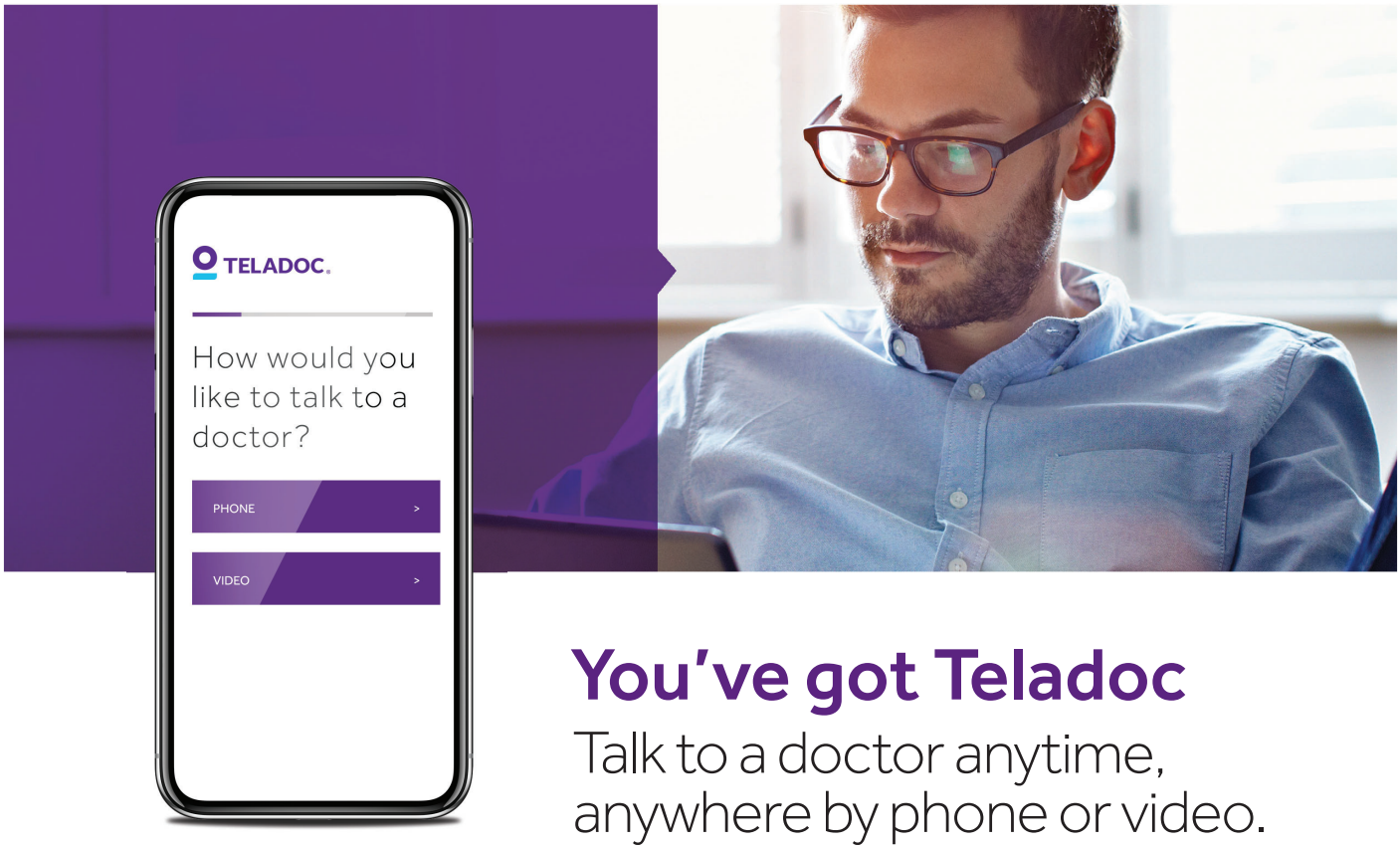
You have several affordable and convenient options for immediate care. Keep this chart handy to help you make a smart choice the next time you need medical care. You may save time and money. Just text **"GETAPP"** to **90156** for a link to the **Aetna Health℠ app**. You'll be able to find network providers and facilities near you. Message and data rates apply.*

	Care from anywhere	In-person options for care			
	Non-emergency	Non-emergency	Non-emergency	Urgent	Emergency
Care options	**Teladoc®** **Teladoc gives you 24/7 access to board-certified doctors by phone, video or mobile app. Talk to a doctor in minutes and get a diagnosis, treatment, and prescription (when needed), for non-emergency medical needs.**	**Primary care physician (PCP**)** **Your PCP is the best option for in-person, non-emergency care.** **To find in-network PCPs near you, log in to your member website.**	**MinuteClinic®** **MinuteClinic offers convenient care 7 days a week from certified nurse practitioners and physician assistants at select CVS Pharmacy® and Target stores nationwide.**	**Urgent care center** **Urgent care centers provide quick care for serious, but not life-threatening, situations. Many urgent care centers offer imaging, X-ray and lab services.**	**Emergency room** **The emergency room (ER) is for emergencies that can permanently impair or endanger your life. Using the ER for non-life-threatening issues can be very costly and probably means a very long wait time.**
When to use	• Allergies • Flu • Bronchitis • Sinus infection • Food poisoning • Rash • Poison ivy/oak • Sunburn • Sore throat • Headache/migraine • Eye infection and more	• Physicals (wellness, screening) • Vaccinations & injections • Chronic condition management (heart disease, diabetes, arthritis, etc.) • Acute care (sinus infections and injuries) • Urgent care may be available by appointment	• Minor illnesses & injuries • Screenings & monitoring • Skin conditions • Vaccinations & injections • Wellness & physicals • Women's services • Travel health Visit **minuteclinic.com** to confirm services available at your location	• Back/neck pain • Cuts that require stitches • Minor burns • Flu • Sprains • Fractures • Bronchitis • Headaches and more	• Chest pain • Severe abdominal pain • Trouble breathing • Uncontrollable bleeding • Symptoms that may put your life at risk
Availability	24 hours a day 7 days a week 365 days a year	Weekdays during business hours *(May be open extended hours and/or Saturdays)*	7 days a week *(including evenings and weekends)*	Many open 7 days a week with extended hours	24 hours a day 7 days a week 365 days a year
How to access	By phone: **1-855-Teladoc (1-855-835-2362)** By video: **Teladoc.com/aetna** By mobile app: download the **Aetna Health** or **Teladoc app** to get started	By appointment only	At select CVS Pharmacy and Target stores Schedule an appointment at **minuteclinic.com** or through the CVS Pharmacy app	Walk in	Walk in
Average wait time	On-demand within minutes *(Avg. wait 10 – 15 mins.; guaranteed within 1 hour or consult is FREE of charge)* Also by appointment	Average wait time of 22 minutes upon arrival[2]	Make an appointment at **minuteclinic.com**	15 - 45 minutes[3]	2 - 4 hours for non-emergency care[3]
Average cost to you	$ • Total cost is $49 or less.[1] • Pay at the time of your consult. • No balance is ever billed to you.	$ $ • Pay your copay at appointment, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	$ • No-cost or low-cost access to all covered services.*** • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	$ $ $ • Pay your copay at time of visit, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	$ $ $ $ • Pay your copay at time of visit, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.*** • You may be billed for any balance.

[1]For a General Medical Visit only. Dermatology and Mental Health services are a separate buy-up. [2] "Vitals' Annual Physician Wait Time Report," http://www.vitals.com/about/wait-time. [3] Urgent Care Locations, LLC. Urgent care center vs. emergency room. Available at: www.urgentcarelocations.com/ urgent-care-101/faq/urgent-care-center-vs-emergency-room. Accessed April 4, 2018. *Terms and Conditions: bit.ly/2nlJFYG. Privacy Policy: aetna.com/legal-notices/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health℠ app. Consent is not required to download the app. You can also download by going to the App Store or Google Play. **In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. ***Applies only to covered services at MinuteClinic. Video Visits are not a covered service under this benefit. Members in health maintenance organization (HMO) and indemnity plans are not eligible for this benefit. Such members should refer to their benefits plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit MinuteClinic.com for age and service restrictions. This is not available for fully insured groups in AL, AK, AR, CA, CO, DE, GA, HI, IA, ID, MA, ME, MS, MT, ND, NM, NY, OR, SD, UT, VT, WA, WV and WY. ****Lab, tests and additional services may result in additional charges. Labs and tests cannot be purchased separately and are only performed as part of a standard visit.

aetna®

made available through aetna™ | TELADOC®



You've got Teladoc

Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.

Create account

Use your phone, the app, or the website to create an account and complete your medical history

Talk to a doctor

Request a time and a Teladoc doctor will contact you

Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor

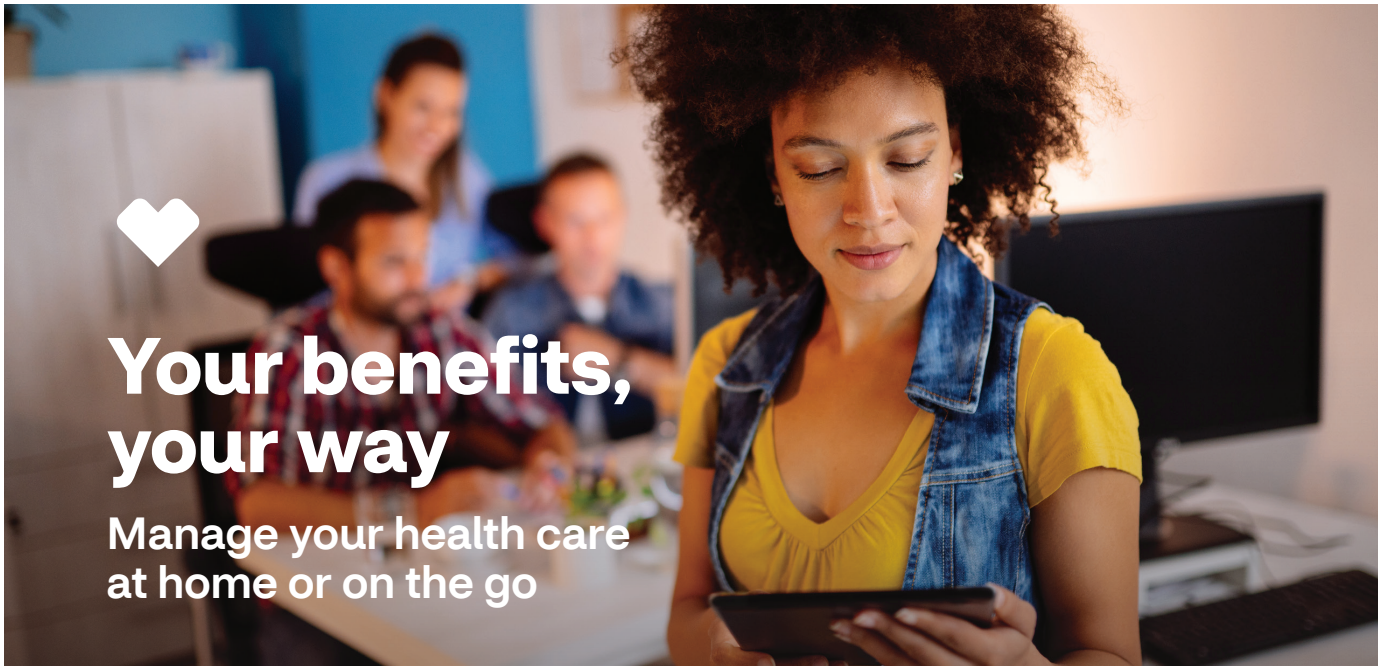
Visit Teladoc.com/Aetna

Call 1-855-TELADOC (835-2362) | Download the app

Pay only your doctor visit copay (or deductible) for a Teladoc consult!

10E-101_413370312_11062019

Group ID: 175228



Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View and pay claims on your member website.
- See your ID card online.
- Get cost info before you get care.*

Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

Get started today

Visit **MyAetnaWebsite.com** to register for your member website.

Get the **Aetna Health℠ app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.**

— OR —

Scan the QR code to download the **Aetna Health℠ app**.

*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

Terms and Conditions: **Aet.na/Terms. Privacy Policy: **Aetna.com/legal-notices/privacy.html**. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna® with a link to download the Aetna Health℠ app. Consent is not required to download the app. You can also download by going to the Apple® App Store® or Google Play.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Apple® is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google LLC.

Aetna.com

1685508-01-01 (1/23)

aetna®

Natural products and services discounts

A little help reaching your best health

Relax and renew

There are many paths to your best health. Your Aetna® plan can help you find a natural one. You get discounts on natural therapy services and more through the ChooseHealthy® program.

Built-in plan discounts with no referrals, claims or limits. Your family can use them, too.

aetna®

aetna.com

45.03.917.1 (12/18)

Provider discounts on services

Whether you're feeling pain or stress, or just want to relax, you have options.*

You get discounts on:

- Massage therapy
- Acupuncture
- Chiropractic visits
- Nutrition services

More savings

You can also save on a wide range of popular health and fitness products such as wearables, fitness kits and more. With free standard shipping on all orders.

You have two ways to order through ChooseHealthy:

- **Online:** Create a member account at check out to get a discount on all future orders.
- **By phone:** For more information or help finding a provider, call toll free at **1-877-335-2746**, 5 a.m. to 6 p.m. PT, Monday through Friday.

How to get started

Log in to **aetna.com** and look for the "Health & Wellness" tab. Scroll down to the "Natural Products & Services" tile. Create an account to receive discounts.

You'll find discounts on natural products, services and much more.

*Through the ChooseHealthy® program, which is made available through American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

THIS IS NOT INSURANCE. THIS IS A DISCOUNT PROGRAM ONLY.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

This material is for information only. Discount offers are available to people who have health benefits plans that are issued, administered or serviced by Aetna or our affiliates. Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. Check any insurance benefits you have before using these discount offers, as those benefits may result in lower costs to you than using these discounts. Discount offers are not guaranteed and may be discontinued at any time. Aetna makes no payment to the discount vendor. You are responsible for the full cost of the discounted services. Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products may be subject to a warranty from the manufacturer. Aetna makes no representations or warranties, and disclaims all product warranties. Aetna has no liability for providing or guaranteeing service and assumes no liability for the quality of service rendered. Aetna may receive a percentage of the fee paid to a discount vendor. Information is believed to be accurate as of the production date; however, it is subject to change.

aetna®

aetna.com

45.03.917.1 (12/18)

Eating for a healthy heart

Small steps count

To take good care of your heart, one of the most important things you can do is eat a heart-healthy diet. It may seem obvious. But doing so can help stop or even reverse heart disease.

At first, it may feel like there is a lot to learn. But you don't have to make these changes all at once. Start with small steps. Over time, a number of small changes can add up to a big difference in your heart health.

Make healthy a habit. It's easy to fit in fruits and vegetables at every meal. Fresh, frozen, canned and dried all count.

aetna®

aetna.com

91.03.193.1 (2/19)

Tips for a healthy heart

Focus on these lifestyle changes to keep your heart strong and healthy.

Fill your plate with color.
Eat a variety of fruits and vegetables in colors like dark green, deep orange and yellow.

Try a variety of grains.
Include whole-grain foods filled with fiber and nutrients, like oats, whole wheat bread and brown rice.

Eat fish at least two times a week.
Oily fish containing omega-3 fatty acids, like salmon, mackerel and lake trout, are best for your heart.

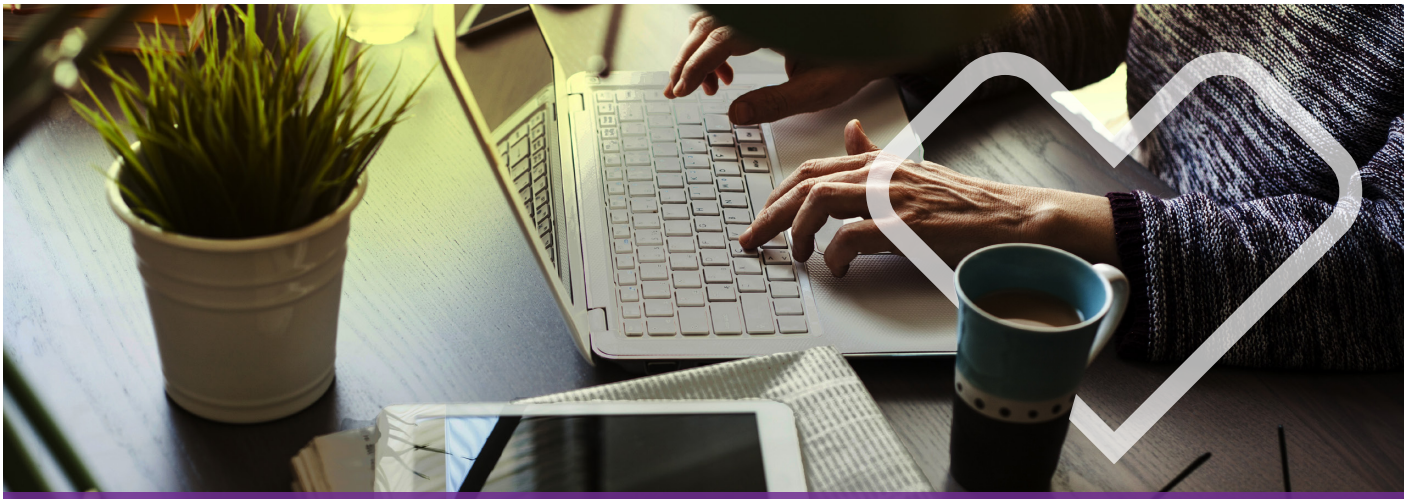
Limit salt to lower blood pressure.
Aim to eat less than 2,300 mg of sodium daily, or as low as 1,500 mg if you already have high blood pressure.

Choose healthy fats.
Unsaturated fats, like olive, canola, corn and sunflower oils, are part of a heart-healthy diet.

If you drink alcohol, drink only a little.
Even if you drink in moderation, consider cutting back to one drink a day (women) or two (men).

Cut back on sugar.
Limit drinks and foods with added sugars, as they're high in calories and low in nutrients.

Limit saturated fat.
Choose foods like lean meats, fish, vegetables, beans, nuts and nonfat or low-fat dairy.



What can your member website do for you?

Aetna Resources for Living℠

Your member website is all about you and your everyday needs.

Access to the website is free for you and your household members. You'll find a wide array of articles, videos, live and on-demand webinars, assessments and more. Categories include:

Life and relationships	• School search • Child and eldercare provider searches	• Balancing work and family • Pets • Wellness assessments and resources
Mental health and addictions	• Depression • Suicide prevention	• Mental health awareness • Mental well-being terms
Career and workplace	• Grow your skills • Manager newsletter	• Manager videos • Critical incidents
Resource centers	• Stress • Crisis and disaster	• Self-improvement • Trauma, grief and loss

And check services and tools to learn more about your benefits and access our monthly newsletter, videos, webinars, awareness articles and more.

You have a world of information right at your fingertips. Log on today.

resourcesforliving.com
Username: Pricesmart
Password: EAP

Aetna Resources for Living℠ is the brand name used for products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC. and in California for Knox-Keene plans, Health and Human Resources Center, Inc.
All EAP calls are confidential, except as required by law. For more information about Aetna plans, refer to **aetna.com**.

aetna®

Financial services

Aetna Resources For Living℠

Help taking control of your finances

Sometimes a little help can go a long way. Simply call us to speak with a financial consultant. You can get a free 30-minute consultation for each issue you'd like to ask about. From creating a budget to setting long-term goals, we're here to help.

Information is at your fingertips by phone or online. Find help with:

- Creating a budget and managing debt
- Understanding bankruptcy options and requirements
- Avoiding foreclosure and handling creditors
- Preparing for a home purchase and saving for your down payment
- Setting financial goals and deciding on investment strategies
- Planning for college expenses and finding the right tuition plan

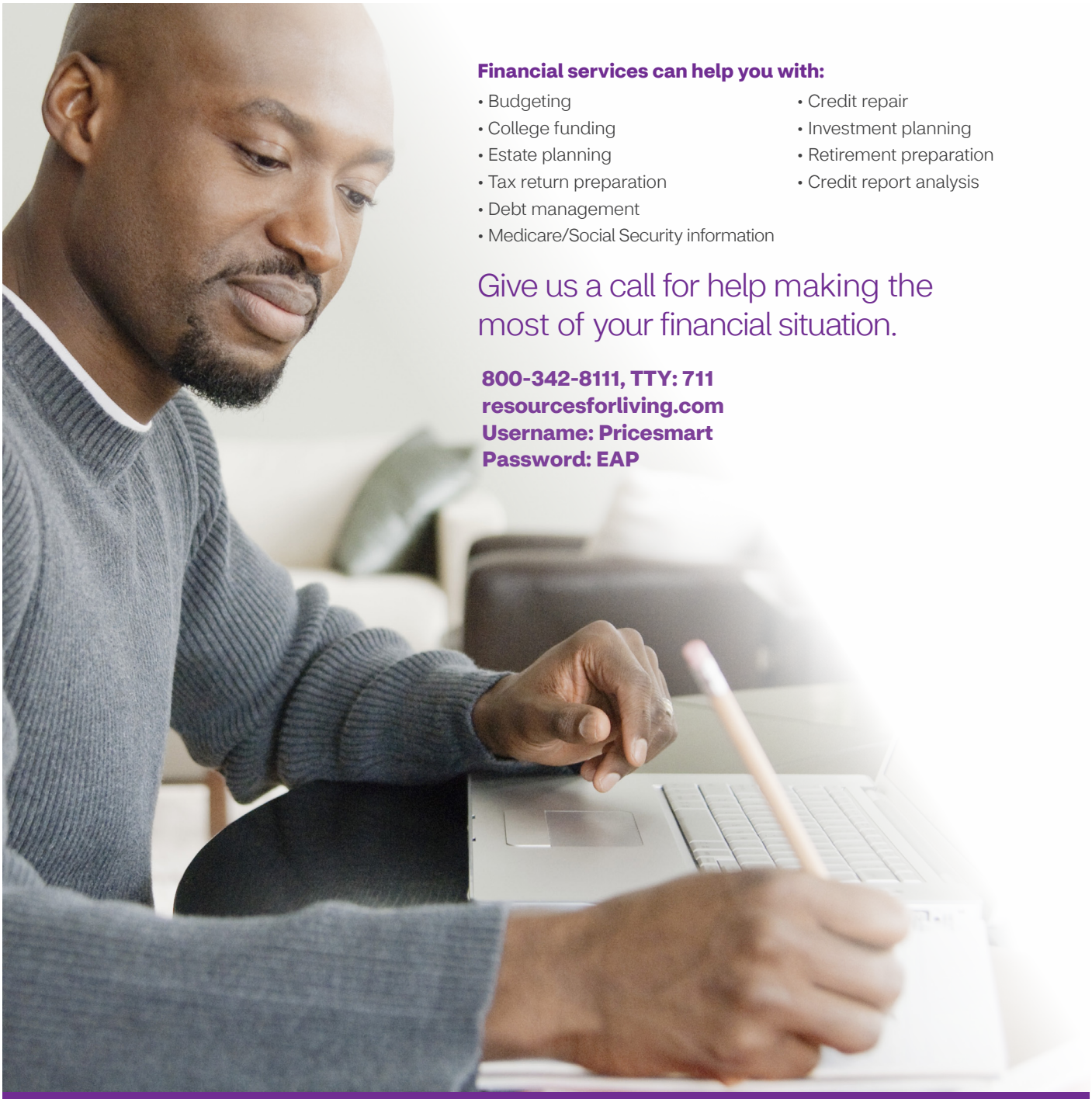
Here's how it works

Simply call us and answer a few brief questions. You'll be transferred to Financial Services.

Or you can choose to call them at a later time if that's more convenient. Either way, you'll be on your way to help with your financial issues. And don't forget about your member website. It's full of articles and resources that can help with your financial life and much more.

44.03.953.1-ARFL J (9/21)

aetna®



Financial services can help you with:

- Budgeting
- College funding
- Estate planning
- Tax return preparation
- Debt management
- Medicare/Social Security information
- Credit repair
- Investment planning
- Retirement preparation
- Credit report analysis

Give us a call for help making the most of your financial situation.

800-342-8111, TTY: 711
resourcesforliving.com
Username: Pricesmart
Password: EAP

Aetna Resources For Living℠ is the brand name used for products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC. and in California for Knox-Keene plans and Health and Human Resources Center, Inc.

All EAP calls are confidential, except as required by law. EAP instructors, educators and participating providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. For more information about Aetna plans, go to **aetna.com**.

aetna®

Dental Benefits

You and your eligible dependents have the opportunity to enroll in one of three dental plan options offered by PriceSmart.

The **Aetna Dental HMO or DHMO** plan works similarly to a medical HMO plan. You must select a Primary Care Dentist (PCD) in the Aetna DHMO network. You cannot go out-of-network unless you want to pay for the services entirely out of your own pocket. Should you need to be seen by a specialist, your PCD will refer you to another Aetna DHMO contracted dentist. At the time of service, you would be responsible for a set copay based on the type of service received.

There are **two Aetna Dental PPO** plans to select from: the **Base Plan and the Buy-Up Plan**. The benefits are slightly different but both Dental PPO plans are designed to give you the freedom to receive dental care from any licensed dentist of your choice. Keep in mind, you'll receive the highest level of coverage from the plan if you select an in-network PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rate. Additionally, no claim forms are required when using in-network PPO dentists.

	Aetna Dental HMO	Aetna Dental PPO Base Plan		Aetna Dental PPO Buy-Up	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible (Waived for Preventive)					
Individual	No deductible	$50	$100	$50	
Family	No deductible	$150	$300	$150	
Maximum Annual Benefit					
Per Member	No maximum	$1,500	$1,000	$2,500	$2,500
Preventive Services					
Oral Exams, Cleanings, Sealants	No charge	No charge	20% of UCR*	No charge	No charge
Basic Services					
Fillings, Simple Extractions, Endodontics, Scaling, and Root Planing	Copays apply**	10%	20% of UCR*	10%	20% of UCR*
Major Services					
Bridgework, Dentures, Crowns, Implants	Copays apply**	40%	60% of UCR*	40%	60% of UCR*
Orthodontia					
Lifetime Maximum	No maximum	$1,500 paid by insurer	$1,500 paid by insurer	$2,000 paid by insurer	$2,000 paid by insurer
Adult and Child	Copays apply**	50%	50% of UCR*	50%	50% of UCR*

* Usual, Customary and Reasonable

** See the schedule of benefits for a complete list of copays.

Important Note: If you choose to enroll in the DHMO plan, you will receive a welcome letter allowing you 20 days to designate a Primary Care Dentist. If you do not make a designation within that time frame, you will be auto-assigned an in-network dentist.

Vision Benefits

PriceSmart's Vision coverage is offered by Aetna and is similar to a traditional PPO, where you may take advantage of the highest level of benefit by receiving services from in-network vision providers and doctors. You would be responsible for a copay at the time of your service. Like a PPO plan, you may use a provider who is outside of the Aetna network. If you receive services from an out-of-network provider, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowed reimbursement amount.

To locate an in-network provider visit www.aetnavision.com.

Below is a brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations.

	Aetna Vision	
	IN-NETWORK	OUT-OF-NETWORK
Exam	$10 copay	$30 reimbursement
Benefit Frequency	Exams: Once per 12 months Lenses or Contacts: Once per 12 months Frames: Once per 12 months	
Single Lenses	$10 copay	$25 reimbursement
Bifocals	$10 copay	$40 reimbursement
Trifocals	$10 copay	$64 reimbursement
Frames	$150 allowance; 20% off balance over allowance	$75 reimbursement
Medically Necessary Contacts	$0 copay	$200 reimbursement
Elective Contacts (in lieu of frames)	$130 allowance; 15% off balance over allowance	$104 reimbursement

Aetna Vision℠ Preferred plan
Your choice for eyewear, made simple

Seeing more

Save on eyeglasses, contacts and more
Life is complicated, but your vision insurance plan shouldn't be. We've got you covered with a flexible allowance you can use toward any available frames or brand of contacts you want at any of our retail providers nationwide.

Aetna Vision Preferred provides coverage* for:

- One pair of eyeglasses (lenses and frame) or contact lenses
- Prescription sunglasses

After enrolling, you'll get a welcome packet in the mail. Inside will be your member ID card, insurance plan information and a list of local vision providers.

A choice of many locations
With Aetna, you'll have a huge selection of neighborhood retail locations, as well as national ones like:

LensCrafters
Pearle Vision
Target Optical
Independent Provider Network

Freedom to use any provider
You can also visit any licensed eye care provider outside the network. But if you do, you may pay more out of pocket. And you may have to file your own claims.

Shop online
You can choose to shop for contacts or glasses online at the retailers below. Your vision benefits will even be applied automatically when you check out.

contactsdirect
GLASSES.COM
Target Optical
Ray-Ban
LensCrafters
CVS

*Up to the plan benefit limit.

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Aetna.com

10.03.347.1 (9/22)

aetna®

Discounts and savings

You can find discounts on products and services through in-network retail providers. These discounts include:

20% off any balance over your frame allowance

15% off any balance over your conventional* contact lens allowance

Up to 40% off extra pairs of prescription eyeglasses and sunglasses

Up to 20% off noncovered items, including nonprescription sunglasses and lens extras/add-ons like antireflective coatings

Discounts on LASIK procedures

- **Up to 15% off** the retail price or **5% off** the promotional price for LASIK laser eye surgery or photorefractive keratectomy from U.S. Laser Network.
- **$800 off** LCA-Vision locations**

40% off hearing exams and special pricing on hearing aids

Coupon codes for free express shipping and more when you shop online

Features that fit your busy lifestyle

Flexibility
You can get your eye exam and buy your eyewear at different places.

Extended hours
Many provider locations are open seven days a week, as well as evenings, and even accept walk-ins.

Convenient digital tools
Search for providers, manage your benefits and view your ID card online at **AetnaVision.com** or on our mobile app. You'll also get access to our new Know-Before-You-Go cost-estimator tool, which gives you the information you need to understand costs and compare options for an easier eye care shopping experience.

Service
Our customer service reps are available seven days a week.

Get the look you love. Enroll in Aetna Vision Preferred.

FSA HSA

You can use your flexible spending account (FSA) or health savings account (HSA) toward out-of-pocket expenses.

*Lenses intended for ongoing, daily-wear use, including rigid gas-permeable lenses.
**LCA-Vision locations now include TLC Laser Eye Centers, LasikPlus, and The LASIK Vision institute.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. This material is for information only and is not an offer to contract. An application must be completed in order to obtain coverage. Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers, and provider network composition is subject to change without notice. Vision insurance plans contain exclusions and limitations. DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third-party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts. Refer to **Aetna.com** for more information about Aetna® plans.
Visit **Aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html** to view or print your medical, dental or vision plan disclosures. Here, you can also find state requirements and information on the Women's Health and Cancer Rights Act.
Policy forms issued in Idaho include: GR-29/GR-29N, AL HGrpPol-Vision 01.
Policy forms issued in Oklahoma include: AL HCOC Vision AVP 01.
Policy forms issued in Missouri include: AL HGrpPOL-Vision 01.

Aetna.com

10.03.347.1 (9/22)

aetna®

Health Savings Account

Take charge of your healthcare spending with a Health Savings Account (HSA), which works alongside the High Deductible Health Plan (HDHP). An HSA is a personal healthcare bank account that you can use to pay out-of-pocket healthcare expenses with pretax dollars. The contributions made to your HSA are tax free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account. HSAs allow you to control your own money, year in and year out. There is no "use it or lose it" provision. Your HSA account can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. Eligible expenses include doctor's office visits, eye exams, prescription expenses, and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov.

HSA Maximum Contributions

For 2023, the IRS annual maximum pre-tax contributions are:

- Employee only: $3,650
  All other coverage tiers: $7,300

For 2024, the IRS annual maximum pre-tax contributions are:

- Employee only: $3,850
  All other coverage tiers: $7,750

Individuals age 55 or older may make an additional $1,000 annual contribution to their HSA. Contributions must end when the individual enrolls in Medicare.

PriceSmart HSA Seed Money

If you participate in high deductible health plan and open an HSA, PriceSmart will make a one-time contribution into your HSA at the beginning of the plan year.

- Employee Only: $500
- Employee + Spouse/Domestic Partner: $1,000
- Employee + Child(ren): $1,000
- Employee + Family: $1,500

How It Works

- **Step 1:** Visit participating doctors, hospitals and other health care professionals.
- **Step 2:** Pay for covered health care services and prescriptions until you meet your yearly deductible. Use the money in your HSA if you like, or save the money in your account for future needs for other qualified expenses (i.e., Long-Term Care, supplemental Medicare premiums, COBRA premiums, etc.).
- **Step 3:** After you have met your deductible, you pay only the coinsurance for covered expenses up to your out-of-pocket limits.
- **Step 4**: Once you reach your out-of-pocket maximum, your health plan will pay 100% for covered services when you visit doctors, hospitals and pharmacies for the remainder of the calendar year.

Two Easy Ways to Pay

Flexibility is built in with two easy ways to pay:

- Debit card: Pay directly with a debit card linked to your HSA.
- Online bill payment: Pay for health care expenses on your computer, directly from your HSA.

You Are Eligible to Open and Fund an HSA if:

- You are enrolled by an HSA-eligible health plan (like the HDHP)
- You are not covered by your spouse's healthcare Flexible Spending Account (FSA) or Health Reimbursement arrangement (HRA)
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE for Life
- You are not receiving Social Security
- You have not received Veterans Administration benefits

What Happens to My HSA if I Change Employers or Retire?

- The HSA is portable. It stays with you even if you change employers or leave the work force.
- You may rollover into another HSA and continue to make contributions to the account as long as you are enrolled in an HSA compatible plan (HDHP). Consolidating your HSA in a single account makes it easier to track contributions, earnings, and distributions.

Health Savings Accounts (Continued)

A few rules you need to know:

- It's important to monitor your contributions to avoid going over the IRS limit, as contributions in excess of the IRS limit are subject to standard income tax rates, plus a 6% excise tax.
- There is a 20% penalty for using HSA funds on non-qualified health care expenses if you are under age 65. For more details about what are considered qualified health care expenses, visit www.hsabank.com/hsabank.
- You may not be able to contribute to your HSA if you are entitled to Medicare. However, funds accumulated before Medicare entitlement may be used to reimburse your qualified medical expenses.
- You may not contribute to your HSA if you are covered under any medical benefits plan which is not an HSA qualified high deductible medical plan (e.g., a spouse's non-HDHP medical plan, a general purpose Health Care FSA, or Medicare). However, you may be covered by a Limited Purpose Health Care FSA, or an FSA which can be used after your HDHP deductible is met.
- Typically, the maximum amount an employee is eligible to contribute to an HSA per calendar year is based upon a pro-rated portion of the number of months an employee is eligible to contribute to an HSA. For example, an employee would normally be able to contribute 4/12 of the maximum annual limit in his/her first year of enrollment into the HSA plan, if the employee first joins the HSA plan on September 1. However, under the full contribution rule, an employee is allowed to contribute the maximum annual amount, regardless of the number of months he/she was eligible to contribute to an HSA in the first year, if he/she is eligible to contribute to an HSA on December 1 of the first year and continues to be eligible to contribute to an HSA until December 31 of the following year (i.e., for the entire subsequent year).

Flexible Spending Accounts

Plan Year: October 1, 2023 THROUGH September 30, 2024

Health Care Spending Account

The Health Care Spending Account gives you a tax break on many health care expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck each pay period, you can lower your taxable income.

It is required by the Internal Revenue Service that you re-enroll in the Health Care Spending Account each open enrollment period.

The Health Care Spending Account lets you use pre-tax dollars to pay health care expenses you would otherwise pay out of pocket using post-tax dollars. You elect to contribute a specific amount each pay period. You may contribute up to $118.75 per pay period or $2,850 annually.

When you incur an eligible expense during the year, you file a claim form for reimbursement and enclose proof of payment, such as an invoice or receipt. The last date to incur expenses for the plan year is **December 15, 2024**. You will be reimbursed with pre-tax dollars from your account. For expenses incurred during the plan year, you have 90 days from the end of the plan year to file a claim (December 30, 2024).

If a claim is not received by the end of the plan's grace period, the remaining balance in your account will be forfeited. An expense is considered "incurred" when you receive treatment or purchase an item, not when you are billed.

Coverage ends on the day of your termination, but you have until the end of the month following the month of your termination to submit claims.

You may elect to continue coverage through COBRA. You must elect COBRA to utilize contributions made to the Health Care Spending Account prior to your termination

Uses of This Account

According to the IRS definitions, some examples of eligible health care expenses include:

- Copayments and Deductibles (Medical, Dental, and Vision)
- Contact Lenses and Solutions
- Eyeglasses
- Orthodontia
- Podiatrist
- Prescription Drugs
- Lasik
- Chiropractic

Examples of Non-Eligible Expenses:

- Cosmetic Surgery
- Dance or Ballet Lessons
- Health Club Memberships
- Hot Tub
- Illegal or Experimental Treatments
- Marriage Counseling
- Medical and/or Dental Premiums
- Vitamins

Where to Submit Health Care and Dependent Care Reimbursement Requests:

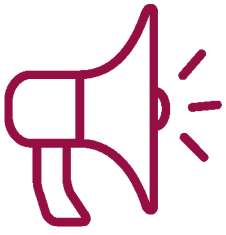
Igoe Administrative Services
Fax: 858.777.5424 or 888.357.6307
Email: flex@goigoe.com
Questions: 800.633.8818 option #1

Use It or Lose It! As a reminder, the FSA has a use-it-or-lose-it rule. Money left at the end of the plan year is not rolled over or reimbursed. In addition, you must re-enroll in the Health Care FSA each year if you wish to continue to participate.

Important Notes:

- You cannot enroll in the health FSA if you are enrolled in a Health Savings Account (HSA).
- You cannot enroll in the HSA until you have zero balance in your FSA

*There is no Employer match for Employees who contribute to the FSA after the plan year has commenced.****



Great news!
Every employee that enrolls in a Flexible Spending Account or Dependent Care Spending Account and contributes a minimum of $100, will receive a $200 contribution from PriceSmart toward the account maximums!

Flexible Spending Accounts (Continued)

Dependent Care Spending Account

The dependent care spending account is a tax-effective way to pay childcare or other dependent care services to enable you—or your spouse/domestic partner— to work outside the home.

It is required by the Internal Revenue Service that you re-enroll in the Dependent Care Spending Account each year.

How It Works

The dependent care spending account lets you use pre-tax dollars to pay dependent care expenses you would otherwise pay on an after-tax basis. You elect to contribute a specific amount each pay period. You may contribute up to $208.33 per pay period ($5,000 annually) or $104.16 per pay period ($2,500 if married, filing separately).

You will only be reimbursed for your expenses up to the amount (payroll contributions) you have in your account. For example, if you submit a claim for $250, but you only have $175 in your account, you will receive a check for $175 initially, and the balance will be paid as you continue to make contributions via payroll.

Which Qualifying Individuals Can Receive Care?

IRS defines qualifying individuals as any person for whom you pay to provide care and who:

- Is under the age of 13 or who is an elderly adult or dependent incapable of self-care;
- Lives with you at least eight hours a day and receives at least 50% of their support from you;
- Qualifies as a dependent for income tax purposes.

Can You Use Any Provider You Want?

Yes, you have the freedom to select the provider of your choice. Examples of providers may include:

- A childcare facility
- A nanny housekeeper responsible for dependent care
- An older child responsible for care if she/he is over age 19
- Pre-school and before and after school programs
- Summer day camp
- Family day care homes and senior day centers
- In-home health services

The provider must provide you a Federal taxpayer ID number (for income reporting purposes). If an individual is used as a provider, you must provide the Social Security number of the individual.

Where to Submit Health Care and Dependent Care Reimbursement Requests:

Igoe Administrative Services
Fax: 858.777.5424 or 888.357.6307
Email: flex@goigoe.com
Questions: 800.633.8818 option #1

Life and AD&D Insurance

In the event of your passing, Life Insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

Paid for in full by PriceSmart, the benefits outlined below are provided by Unum:

The Basic Life and AD&D Insurance benefit is equal to 3X your annual base salary to a maximum of $750,000. The benefit amount is rounded to the next higher multiple of $1,000.

Benefits will reduce to 65% when you reach age 65 and 50% when you reach age 70.

Imputed Income: If your Basic Term Life Insurance coverage exceeds $50,000, you will have taxable income each year due to what the IRS calls "imputed income." This refers to non-cash income you receive as an employee because of an employer-provided benefit. Any imputed income will appear on your annual W-2 form.

Beneficiary Designations

You will need to decide who will receive the proceeds from your Life and AD&D Insurance in case of your death. You may list your beneficiaries on a Beneficiary Designation Form available from Human Resources. Your designations will remain unchanged unless you submit a Beneficiary Designation Change Form to Human Resources. You may change your beneficiary as often as needed.

Did you know?

Life Insurance proceeds can be used to:

- **Pay off mortgage loans and other debts**
- **Cover your family's living expenses**
- **Pay for your children's education**
- **Take care of funeral/burial expenses**
- **Provide for emergencies**
- **Care for a family member with special needs**

Term Life with Accidental Death & Dismemberment (AD&D) Insurance

All Full-Time Employees

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 25 hours per week, you can receive coverage for:

You:	You can receive 3 times your earnings up to a maximum of $750,000. You can get up to $750,000 with no medical underwriting.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can get 3 times your earnings of AD&D coverage up to a maximum of $750,000.

No medical underwriting is required for AD&D coverage.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.
Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.
Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.
Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Voluntary Life and AD&D Insurance

If you would like to supplement your employer paid insurance, additional Life and AD&D coverage through Unum is available for you to purchase via payroll deduction for you and your dependents.

- **For employees:** Choose from $10,000 to $500,000, in $10,000 increments, up to 5 times your earnings. If you enroll in the plan within 31 days of becoming eligible, your Guaranteed Issued Amount is $300,000, which means you will not be required to complete a health questionnaire. Any amount over the Guaranteed Issue Amount of $300,000 would require completion of Evidence of Insurability or EOI.
- **For your spouse:** Get up to $500,000 of coverage in $5,000 increments, not to exceed 100% of the employee's amount. If you enroll in the plan within 31 days of becoming eligible, your Guaranteed Issued Amount is $25,000.
- **For your child(ren):** Get up to $10,000 of coverage, increments of $2,000 up to $10,000 maximum.

If you enroll for a minimum of $10,000 of Life / AD&D when you are initially eligible, you can increase your coverage by increments of $10,000 for yourself and $5,000 for your spouse during each proceeding annual open enrollment period, with no medical questions or health exams, up to the guaranteed issue amount of $300,000.

If you **do not** enroll in the plan within the initial enrollment period, you will be considered a **Late Entrant**, and you will not be able to elect coverage at a future open enrollment date without completing an Evidence of Insurability (EOI).

Please note: Benefits will reduce to 65% when you reach age 65 and 50% when you reach age 70. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill. Please refer to your Summary Plan Description for exclusions and further detail.

You cannot enroll your child without enrolling yourself in voluntary life and AD&D.

unum
Better benefits at work.

PriceSmart, Inc.

Need life insurance?
Get coverage now - guaranteed

46% of retirees die with **savings of $10,000 or less.**[1]

Don't miss your opportunity

You can get guaranteed life insurance coverage during this year's enrollment only. Apply now and help protect your loved ones.

With Unum's guaranteed issue life insurance, you can get coverage with no medical questions or health exams.

As life changes, family needs increase — and so can your financial obligations. That's why your employer is giving you the opportunity to get guaranteed life insurance coverage. It's financial protection you can count on now and in the future.

How guaranteed issue works

During your annual enrollment	Future enrollments
If you enroll: You can select any coverage amount in increments of $10,000, with no medical questions or health exams, up to the guaranteed issue amount of $300,000.	You can increase your coverage with no medical questions or health exams, up to the guaranteed issue amount of $300,000.
The maximum coverage available is 5 times your earnings.	
If you do not enroll: If coverage is offered again, you can apply for it. However, you will need to answer health questions, even for the minimum amount. You could be declined coverage.	

Here's how Joyce managed her guaranteed life coverage*

During benefits enrollment, Joyce was offered guaranteed coverage from Unum. She had a guaranteed issue amount up to $300,000.

- She enrolled for the minimum $10,000 amount the first year.
- Two years later, after having twins and purchasing a new home, she decided to increase her coverage.
- Without medical questions or health exams, she was able to increase her coverage during annual enrollment to $300,000.

* For illustrative purposes only. Guaranteed issue amounts vary based on case-specific offering.

* Must be actively at work during the annual enrollment to apply for or increase coverage. Some restrictions may apply.

1 The Motley Fool, "Almost Half of Americans Die Nearly Broke" (2017).

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Underwritten by Unum Life Insurance Company of America, Portland, Maine

In NY, underwritten by First Unum Life Insurance Company, New York, New York

unum.com

EN-1970 (11-19) FOR EMPLOYEES

Disability

Should you experience a non-work related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

Long-Term Disability Coverage (LTD)

- The Long-Term Disability **employer-paid coverage** pays a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.
- If your disability extends beyond 90 days, the LTD coverage through Unum can replace **60% of your monthly earnings, up to maximum of $6,000 per month**.
- Your benefits may continue to be paid until you reach social security normal retirement age as long as you meet the definition of disability.
- **Because the LTD coverage is an employer-paid benefit and is available for employees at no cost, any disability payments made to you will be taxable.**

Please note: Consult your tax advisor for additional taxation information or advice.

Buy-Up Long-Term Disability Coverage (LTD)

PriceSmart offers an additional Buy-Up Long-Term Disability plan through Unum, for Full-Time Employees earning $100,000 or more.

- This **employee-paid coverage** begins to issue benefits if your disability extends beyond 90 days, same as the employer-paid LTD coverage.
- Your benefits may continue to be paid until you reach social security normal retirement age as long as you meet the definition of disability.
- This plan is **employee-paid coverage** and offers **70% income replacement to $12,000 maximum per month**.

Voluntary Short-Term Disability (STD)

- If a covered illness or injury keeps you from working, Short-Term Disability Insurance can replace part of your income while you recover. This is a **voluntary benefit** and therefore would be the responsibility of the **employee** to cover the premiums via payroll deductions.
- The benefit varies between California employees and all other employees due to the California State Disability Insurance (SDI) program which provides a partial wage-replacement disability insurance plan.
- The plan begins paying these benefits after you have been absent from work for 7 consecutive days due to an accident or an illness.

Coverage would be as follows:

California Employees:

The STD plan administered by Unum, coordinates with your CA SDI payments. CA employees would receive 60% income replacement from CA SDI, and the Unum STD benefit provides an additional 20% to total a maximum weekly benefit of $2,500 for a period up to 12 weeks. **Please note:** State payments made to you will be taxable. For more information regarding statutory disability programs, contact Human Resources.

All Other Employees:

Administered by Unum, STD coverage provides a benefit equal to 60% of your weekly earnings, up to $2,500 per week for a period up to 12 weeks.

Retirement Plan - 401(k)

Saving for retirement is a big responsibility and is an important part of building your financial future. The Retirement Plan of PriceSmart helps you provide for your retirement security by making it simple and convenient for you to contribute to your retirement savings regularly. You decide how to invest your money in the plan's investment options. You may elect to defer a percentage of your salary through automatic payroll deductions as either Pre-Tax or After-Tax Roth Contributions.

Start saving today for your retirement!

Features of The Retirement Plan of PriceSmart, Inc.

Employer Contributions	For every dollar you contribute up to **2% of your salary, PriceSmart will add a matching contribution** to your account per pay period (non-officer employees only). **PriceSmart also makes an annual contribution that is equal to 4% of your pay** even if you do not make any salary deferrals.
Automatic Enrollment	Once eligible to participate, you are automatically enrolled and 6% of your before-tax pay will be deducted from your paycheck and contributed to your plan account.
Contribution Limits	You may contribute up to 100% in before tax and Roth contributions but may not total more than 100% of your pay. (Subject to IRS salary deferral limits).
Catch-Up Contributions	If you'll be age 50 or over this year and contribute the maximum amount allowed by the plan, you may also contribute additional "catch-up" contributions up to the IRS catch-up limit.
Roth Contributions	The plan allows you to make Roth contributions. Unlike before-tax contributions, Roth contributions are made with after-tax dollars and offer different tax advantages.
Automatic Increase	Your plan will gradually increase your before-tax contribution amount each January by 2%, up to a maximum of 10%. Changes can be made at any time.
Plan Rollover	Your current employer's retirement plan accepts rollovers from previous employers' plans.
Vesting	Employee and Employer contribution are 100% vested.
Plan Loans	You can take a loan from your vested account balance, a minimum of $1,000 and maximum of 50% of your vested account balance or $50,000 minus your highest outstanding loan balance, which is ever smaller.
Flexible Investment Options	You can choose one or more of the investment options available through the plan. If you do not make an investment election, your contributions will be invested in the T. Rowe Price Retirement Fund with the target date closest to the year you will turn 65.
Automatic Rebalancing	Your employer offers the T. Rowe Price Automatic Rebalancing service to help you maintain your chosen investment allocation.
Account Transactions	At any time, you can change your contribution amount, change current balances, or change your investment elections.
Online Tools	Your plan offers tools and services to help you choose a saving and investing strategy.
Withdrawals	While employed you can make limited withdraws from your account if you experience a severe hardship or are age 59½ or older.
Tax Matters (Pre-Tax)	All before-tax and company contributions plus any earnings in the plan are deferred from federal income taxes while they remain in the plan. Generally, when you take money from the plan, it is taxable unless you roll it over into a Traditional individual retirement account (IRA) or another eligible employer plan.
Tax Matters (Roth)	Any withdrawal from your Roth contributions and related earnings is tax-free if the withdrawal occurs at least five years after the year in which you made your initial Roth contribution and you reached age 59½.

Paid Time Off

Vacation

We all need to rest and relax away from work from time to time. PriceSmart offers generous paid vacation time, which can improve our physical and mental health, motivation, relationships, job performance and perspective. A vacation can help you feel refreshed and more prepared to handle whatever comes when you return. Full-time employees accrue at the following rates. Part-time employees accrue vacation on a pro-rata basis.

- Year 1: 10 days
  (Maximum accrual 15 days. Hours accrued per pay period: 3.34 hours)
- Year 2-4: 15 days
  (Maximum accrual 22.5 days, Hours accrued per pay period: 5 hours)
- Year 5+:20 days
  (Maximum accrual 30 days, Hours accrued per pay period: 6.67 hours)

Company Holidays

PriceSmart recognizes fourteen paid US holidays throughout the year, allowing employees time to celebrate events, spend time with friends and family, and relax.

Paid holidays also support our employees' physical and mental health and well-being.

The Company recognizes and pays you for the following national holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents' Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Other Paid Time Off

PriceSmart also offers other generous paid time off benefits allowing you to take time off to focus on your wellbeing or take care of personal or civic duties without worry.

Some examples are:

- **Paid sick leave**
- **Jury duty**
- **Bereavement leave**

Please reach out to HR or reference your employee handbook for more information.

Health Advocate

Your work-life balance is very important to us. We enhanced our benefit program by adding Health Advocate for you and your family. This invaluable benefit provides you, your spouse, children, parents and parents-in-law access to a team of highly trained personal health advocates such as healthcare, benefits and insurance experts to help resolve complex claim issues or find the right healthcare provider. Your personal health advocate remains your contact until your medical, dental or vision claim issues are resolved.

Health Advocate is available 24/7

Telephone: **866.695.8622**

Email: answers@HealthAdvocate.com

Website: www.HealthAdvocate.com/members

FIND THE RIGHT DOCTORS

HealthAdvocate can also find the right hospitals, specialists and other leading providers, anywhere in the country.

SCHEDULE APPOINTMENTS

HealthAdvocate's experts can expedite appointments, arrange second opinions and transfer medical records.

ASSIST IN THE TRANSFER OF MEDICAL RECORDS

HealthAdvocate will also handle the details of transferring X-rays and lab results.

WORK WITH INSURANCE COMPANIES

The HealthAdvocate team works on your behalf to obtain appropriate approvals for needed services.

GET COST ESTIMATES

HealthAdvocate's new SmartPhone App features the Health Cost Estimator+™ tool for pricing estimates of common medical procedures in your area.

HELP WITH ELDERCARE

HealthAdvocate can help address senior issues including finding eldercare services, adult day care and more.

GET YOUR QUESTIONS ANSWERED

HealthAdvocate helps you become informed about test results, treatments and medications.

HELP TO MAKE INFORMED DECISIONS

HealthAdvocate will research conditions and treatment options, and facilitate second opinions

Employee Assistance Program

You've got a lot on your plate. Balancing work and family can be tough. And you probably have projects you want to spend time on, too. Sometimes it can feel like you have to do it all, all by yourself. Your EAP is a power tool you've already got in your life toolbox. You don't have to wait until things break to call us. Getting help with issues you're facing can save you time and stress. **PriceSmart offers you and your family access to resources for a variety of life situations at no cost to you through two EAP options: Aetna Resources for Living and Unum.**

The Aetna Employee Assistance Program (EAP) offers anytime support to help you perform at your best. Phone sessions, visits with clinicians, work / life support, time-saving referrals, legal / financial consults, and wellness discussions are just some of the EAP tools that can help reduce stress, support overall wellness and keep everyday issues from becoming bigger problems. The EAP is available 24 hours a day, 7 days a week, 365 days a year – day or night, weekdays or weekends, at home, at work, or on the road. **You may call Aetna directly at 800.342.8111 or access the EAP online at www.resourcesforliving.com (username: Pricesmart password: eap).**

We're here for small issues, big problems and everything in between. Check out this list of reasons why people often contact us.

PriceSmart offers you and your family access to resources for a variety of life situations at **no cost** to you through the Aetna Resources for Living Employee Assistance Program (EAP), including up to 6 counseling sessions per issue each year, at no cost to you.

The Unum EAP is an additional plan that can be used and/or interchanged with the Aetna EAP plan, and allows you up to 3 in-person visits at no cost to you.

Benefits include confidential access to the following:

- Managing stress
- Parenting
- Relationships
- Improving your finances
- Working through conflicts
- Dealing with illness
- Communicating with others
- Growing your confidence
- Managing anger
- Being assertive
- Recognizing drug and alcohol issues
- Coping with substance abuse
- Balancing life and work
- Feeling overwhelmed
- Grieving a loss
- Caring for elderly family members
- Meeting your goals
- Improving your happiness
- Coping with depression
- Getting the life you want

Product Features

Worklife support

This service provides telephonic access to worklife specialists who give a comprehensive consultation and do all the legwork to meet members' everyday needs. They provide qualified referrals for child care, elder care and many other everyday personal, household and family issues.

Legal resources

Members have unlimited* telephonic consultation with legal professionals or an initial 30-minute face-to-face consultation with in-state legal professionals. If the member retains the legal professional, an additional 25 percent discount is available.

ID Theft

A staff certified fraud resolution telephonic specialist provides a consultation up to 60 minutes for victims of identity theft.

Member website

Our member website includes access to information and resources to assist with childcare, home health care, assisted living facilities, school, colleges, health, clubs, pet services and more.

Member mobile app

Access Aetna Resources For Living on the go with our mobile app. We provide access to resources and content on your schedule and track your mood or email a service request.

Crisis response services

We customize and design crisis response services to meet your organizational and individual needs, to minimize damage and return people to previous levels of productivity as soon as possible. **Unlimited incidents included, up to ten hours per incident.**

20 ways to use your Employee Assistance Program (EAP)

Aetna Resources For Living℠

You've got a lot on your plate. Balancing work and family can be tough. And you probably have projects you want to spend time on, too. Sometimes it can feel like you have to do it all, all by yourself. Your EAP is a power tool you've already got in your life toolbox. You don't have to wait until things break to call us. Getting help with issues you're facing can save you time and stress.

We're here for small issues, big problems and everything in between. Check out this list of reasons why people often contact us.

We can help you and your family members with:

1. Managing stress
2. Parenting
3. Relationships
4. Improving your finances
5. Working through conflicts
6. Dealing with illness
7. Communicating with others
8. Growing your confidence
9. Managing anger
10. Being assertive
11. Recognizing drug and alcohol issues
12. Coping with substance abuse
13. Balancing life and work
14. Feeling overwhelmed
15. Grieving a loss
16. Caring for elderly family members
17. Meeting your goals
18. Improving your happiness
19. Coping with depression
20. Getting the life you want

Your EAP is free, confidential and available 24/7/365. Call us anytime.

1-800-342-8111/resourcesforliving.com
Username: Pricesmart
Password: eap

Aetna Resources For Living℠ is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC and in California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.

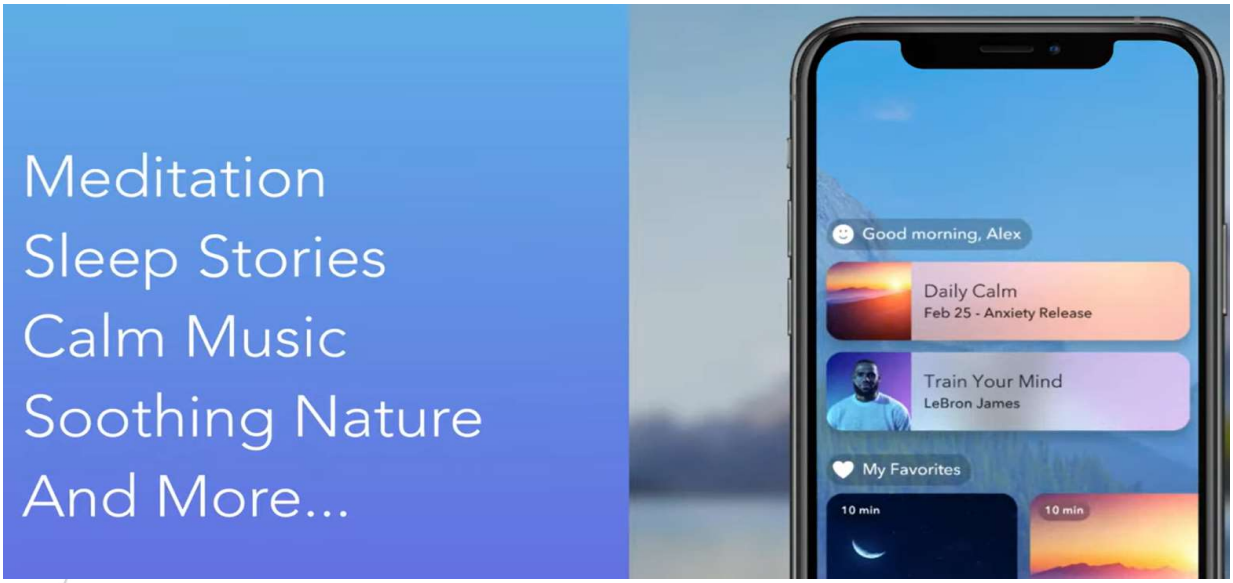
All EAP calls are confidential, except as required by law. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**

aetna™

Calm **is the #1 app for resilience and mental fitness. It features a variety of media designed to help users relax, sleep, or become more mindful.**

The app also encourages meditation as a good practice to decrease stress and negative emotions, increase self-awareness, and general feelings of well-being.

Whether you have 30 seconds or 30 minutes, Calm's diverse content library offers resources to suit your schedule and needs. Explore guided meditations and specialized music playlists to help with stress and focus, mindful movement video and audio, relaxing Sleep Stories, tailored content for children, wisdom-filled masterclasses led by experts, and much more.



To access this company sponsored benefit, simply follow the instructions below to gain full access to Calm—the #1 app for mental fitness.

TO GET STARTED

- **Visit this link:** https://www.calm.com/b2b/pricesmart/subscribe
- **Sign up with your PriceSmart email address (or log in to an existing account)**
- **Validate your email address**

Once complete, you can download the Calm app and log into your new account.

Your Calm subscription gives you unlimited access to the full library of content at calm.com and in the Calm app. Check out this 90 second demo to learn more.

If you have any questions or need assistance, please feel free to reach out to your Human Resources department.

Calm only shares aggregated user data. For more information about our privacy, see our privacy policy at calm.com/privacy.

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better benefits at work.™

unum.com

Not available in all states

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

**State mandated restrictions for legal services in WA apply.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

EN-2058-2 FOR EMPLOYEES (10-22)

Business Travel Assist

While traveling on company business, eligible employees are covered under PriceSmart, Inc.'s Business Travel Accident Insurance provided through ACE USA Travel Assist.

Business Travel Assist provides the confidence that help is only a phone call away if the unexpected happens while you are traveling:

- Emergency Travel Assistance
- VIP Concierge Services
- Worldwide Travel Assistance
- Travel Medical Assistance
- Security Assistance

This insurance provides Accidental Death & Dismemberment coverage, in addition to the company-provided Basic Life and AD&D Insurance.

Eligibility

Eligible employees are active full-time employees working a minimum of 25 hours per week.

For medical referrals, evacuation, repatriation or other services please call:

ACE Travel Assistance Program

855.327.1414 (Toll-Free)
630.694.9764 (Direct Dial)
Medassist-usa@axa-assistance.us

Visit www.acetravelassistance.net for access to global threat assessments and location based intelligence.

- Username: medassist-usa@axa-assistance.us
- Password: acea&h

The Unum Travel Assistance plan, which is administered by Assist America, Inc, is an additional plan that can be used and/or interchanged with the ACE USA Travel plan, also at no cost to you.

Within the U.S. 800.872.1414

Outside the U.S.: (U.S. access code) + 609.986.1234

Via e-mail: medservices@assistamerica.com

UNUM®

Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.

If you experienced a medical emergency while traveling, would you know whom to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

Whether traveling for business or pleasure, one phone call connects you to:

- Multilingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.

Download and activate the app today from the Apple® App Store or Google Play™.

Reference Number: 01-AA-UN-762490

24/7 services anywhere in the world

Unum travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.

Within the U.S.
1-800-872-1414

Outside the U.S.
(U.S. access code) +609-986-1234

Via e-mail:
medservices@assistamerica.com

Whether traveling for business or pleasure, one phone call connects you to:

- Multilingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

Travel assistance FAQs

Which countries can I travel to?

Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

Is my family covered?

Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered.**

Are pre-existing conditions excluded?

No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

What about sports-related injuries?

Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

Who pays for the services I use if I have a travel emergency?

Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.*

Better benefits at work.™
unum.com

Apple is a registered trademark of Apple Inc. Google Play is a trademark of Google LLC.
* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses, such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.
**Spouses and children traveling on business for their employers are not eligible to access these services during those trips.
Insurance products are underwritten by the subsidiaries of Unum Group.

EN-1935-2 FOR EMPLOYEES (12-22)

Voluntary Benefits

Voluntary Critical Illness Coverage – 100% Employee Paid

Through Aetna, PriceSmart is offering a Critical Illness plan that will pay cash to help families with the expenses associated with life-threatening diseases, debilitating illness, and injuries. Benefits may be paid for initial diagnosis, hospital stays, doctor visits, physical therapy, home health care, nursing home care, and possibly more. Some of the covered medical conditions include:

- Heart attack
- Stroke
- Coma or paralysis
- Kidney failure
- Organ transplant
- Cancer
- Dementia (including Alzheimer's Disease)
- Multiple Sclerosis
- Coronary Artery Disease

Voluntary Accident Plan – 100% Employee Paid

Accidents happen when you least expect them and can include motor vehicle accidents, sports injuries, slips, falls or just every day mishaps! The Aetna Accident plan may pay cash to help families off set the expenses associated with accidents or injuries. Benefits may be paid for:

- Emergency room and doctor visits
- Follow up and physical therapy visits
- Hospital admission and confinement
- Ambulance
- Medical Equipment (crutches, leg braces, etc.)

Voluntary Hospital Plan – 100% Employee Paid

An extended hospital stay can be a distressing time for you and your family. It can also be an expensive one, with costs adding up surprisingly quickly. No matter how good your medical insurance is, when you are hospitalized for an injury or illness, there will probably be medical expenses and out-of-pocket costs that are not covered. The Aetna Hospital Indemnity plan provides cash benefits to use as you see fit. The hospitalization benefits are predetermined and paid regardless of any other insurance you have, and you have a choice of applying for basic to extensive hospitalization insurance.

Voluntary ID Theft Protection Plan

Do you shop online, connect to WiFi, or own a smartphone or tablet? If so, you need Aura, a digital security solution to protect the things you care about the most: your identity, money and assets, family and reputation, and privacy. Aura provides you and your loved ones with a benefit that's simple so it's easy to stay safe online. PriceSmart understands how important it is to make the internet safe for you and your loved ones, and is covering 100% of the Employee Portion and should you decide to enroll your family, the family rate you would be charged is $12.85.

If you're considering to enroll in any of these voluntary options, you must enroll when you first become eligible or during the annual open enrollment period. For more information regarding cost and how to enroll, contact Human Resources.

RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.

Accident Plan

Coverage	Cost
Yourself only	$15.40
Yourself & spouse	$26.42
Yourself plus child(ren)	$31.15
Yourself and family	$42.86

Critical Illness Plan*

You may enroll in one option only.

Employee Face Amount: $10,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$3.20	$7.20	$3.20	$7.20
25-29	$3.80	$8.30	$3.80	$8.30
30-34	$4.90	$10.50	$4.90	$10.50
35-39	$6.50	$13.70	$6.50	$13.70
40-44	$9.10	$18.80	$9.10	$18.80
45-49	$12.00	$24.70	$12.00	$24.70
50-54	$17.20	$35.20	$17.20	$35.20
55-59	$24.00	$48.90	$24.00	$48.90
60-64	$34.40	$69.70	$34.40	$69.70
65-69	$46.60	$94.00	$46.60	$94.00
70+	$64.50	$129.80	$64.50	$129.80

Employee Face Amount: $20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$6.40	$14.40	$6.40	$14.40
25-29	$7.60	$16.60	$7.60	$16.60
30-34	$9.80	$21.00	$9.80	$21.00
35-39	$13.00	$27.40	$13.00	$27.40
40-44	$18.20	$37.60	$18.20	$37.60
45-49	$24.00	$49.40	$24.00	$49.40
50-54	$34.40	$70.40	$34.40	$70.40
55-59	$48.00	$97.80	$48.00	$97.80
60-64	$68.80	$139.40	$68.80	$139.40
65-69	$93.20	$188.00	$93.20	$188.00
70+	$129.00	$259.60	$129.00	$259.60

57.03.397.1 C (02/19)

Employee Face Amount: $30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$9.60	$21.60	$9.60	$21.60
25-29	$11.40	$24.90	$11.40	$24.90
30-34	$14.70	$31.50	$14.70	$31.50
35-39	$19.50	$41.10	$19.50	$41.10
40-44	$27.30	$56.40	$27.30	$56.40
45-49	$36.00	$74.10	$36.00	$74.10
50-54	$51.60	$105.60	$51.60	$105.60
55-59	$72.00	$146.70	$72.00	$146.70
60-64	$103.20	$209.10	$103.20	$209.10
65-69	$139.80	$282.00	$139.80	$282.00
70+	$193.50	$389.40	$193.50	$389.40

**Rates are based on your (the subscribers) current age but will increase as you move into a higher age-band.*

Hospital Indemnity Plan

Coverage	Cost
Yourself only	$14.09
Yourself & spouse	$31.39
Yourself plus child(ren)	$24.00
Yourself and family	$39.73

57.03.397.1 C (02/19)

Covering your bases

Aetna Accident Plan

Be prepared for the unexpected
Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

What is the Accident Plan?
The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The insurance plan pays for a long list of covered minor and serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

The Aetna Accident Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?
It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or anything else you choose.

Easy to use
Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered injury or treatment. And, benefits get paid directly to you by check or direct deposit.

The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).

Aetna.com
57.03.501.1 (02/21)

aetna™

"What ifs" are everywhere

2.6+ million children get seen in emergency departments for injuries related to sports and recreation each year[1]. An American has an accidental injury **every second[2]**.

Because you never know

Miguel* didn't expect to get rear-ended in the middle of rush hour on his drive home. But it happened, and now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He filed his claim online and, since he's an Aetna Medical member, he didn't need to submit any medical bills.

His benefits were deposited directly into his bank account. He used some of the money to pay out-of-pocket medical costs. The rest went towards getting his car back into shape.

A Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. Aetna Medical members can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. Filing claims is even easier for Aetna Medical Plan members. **Aetna Easy File™** uses information from your medical claim to process your Accident Plan claim. That's less paperwork for you. Don't have Aetna Medical? No problem; just upload or take a picture of your medical bill.

You can also print and mail a paper claim form to Aetna Voluntary Plans.

[1]Sports and Recreation Safety Fact Sheet (2015). Safe Kids Worldwide. February 2015. Available at: safekids.org/sites/default/files/ documents/skw_sports_fact_sheet_feb_2015.pdf. Accessed April 18, 2018.
[2]National Safety Council. Injury Facts: The Source of Injury Stats. 2019. Available at https://www.nsc.org/membership/member-resources/injury-facts. Accessed January 28, 2019.
*This is a fictional example of how the plan could work.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This insurance plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to **Aetna.com.**

Policy forms issued Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01
Policy forms issued in Missouri include: GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

57.03.501.1 (02/21)

aetna™

By your side

Aetna Critical Illness Plan

Be prepared for what happens next
Critical illness insurance coverage can keep you focused on your health when it matters most. This extra coverage can help ease some financial worries during a difficult time.

What is the Critical Illness Plan?
The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition, like heart attack, stroke, cancer and more*. You can use the benefits to help pay out-of-pocket medical costs or towards personal expenses.

How is this different from a major medical plan?
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that can come with a serious illness.

The Aetna Critical Illness Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?
It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

Easy to use
Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a diagnosis for a covered illness. And, benefits get paid directly to you by check or direct deposit.

*Refer to your plan documents to see all covered illnesses under the plan.

The Aetna Critical Illness Plan is underwritten by Aetna Life Insurance Company (Aetna).

Aetna.com
57.03.502.1 (02/21)

aetna™

Did you know?

Someone in the U.S. has a heart attack **every 40 seconds**[1]. A hospital stay for a heart attack, on average, costs **$20,246**[2].

Having less to worry about

Dan* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna Critical Illness plan.

He filed his claim easily online and benefits were deposited directly into his bank account. As an Aetna medical member, he didn't need to upload any medical bills.

He was able to use the money to help pay his out-of-pocket medical costs and other bills such as his children's daycare tuition.

A Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. Aetna Medical members can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. Filing claims is even easier for Aetna Medical Plan members. **Aetna Easy File™** uses information from your medical claim to process your Critical Illness Plan claim. That's less paperwork for you. Don't have Aetna Medical? No problem; just upload or take a picture of your medical bill.

You can also print and mail a paper claim form to Aetna Voluntary Plans.

[1]Centers for Disease Control and Prevention. Heart attack. August 18, 2017. Available at: cdc.gov/heartdisease/heart_attack.htm. Accessed May 8, 2018.
[2]Michaels M. The 35 most expensive reasons you might have to visit a hospital in the US — and how much it costs if you do. Business Insider. March 1, 2018. Available at: businessinsider.com/most-expensive-health-conditionshospital-costs-2018-2. Accessed April 26, 2018.
*This is a fictional example of how the plan could work.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This insurance plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to **Aetna.com.**

Policy forms issued in Oklahoma include: GR-96843, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.
Policy forms issued in Missouri include: GR-96844 01, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

aetna™

57.03.502.1 (02/21)

Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead
Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

What is the Hospital Indemnity Plan?
The insurance plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you,** giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?
It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

Easy to use
Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

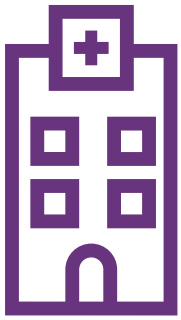
The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).

Aetna.com
57.03.503.1 (02/21)

aetna™

Because it happens

More than 35 million Americans were hospitalized in 2016[1]. The average hospital stay in the U.S. costs **$10,700**[2].



Ready...or not

Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Plan. He filed his claim online and, as an Aetna Medical member, didn't need to upload his medical bills.

Carter's benefits were deposited right into his bank account. That money helped make up for the time he missed work while recovering and paid some of his deductible. Now, he can focus more on his health.

A Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or on the member portal **Myaetnasupplemental.com**, or download the to view plan documents, submit and track claims, and sign up for direct deposit. Aetna Medical members can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. Filing claims is even easier for Aetna Medical Plan members. **Aetna Easy File™** uses information from your medical claim to process your Hospital Indemnity Plan claim. That's less paperwork for you. Don't have Aetna Medical? No problem; just upload or take a picture of your medical bill.

You can also print and mail a paper claim form to Aetna Voluntary Plans.

[1]American Hospital Association. Fast facts on U.S. hospitals, 2018. February 2018. Available at: aha.org/research/rc/stat-studies/fastfacts.shtml. Accessed April 25, 2018.
[2]Michaels M. The 35 most expensive reasons you might have to visit a hospital in the US — and how much it costs if you do. Business Insider. March 1, 2018. Available at: businessinsider.com/most-expensive-health-conditions-hospitalcosts-2018-2. Accessed April 25, 2018.
*This is a fictional example of how the plan could work.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This insurance plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to **Aetna.com.**

Policy forms issued in Oklahoma include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01.
Policy forms issued in Missouri include: AL VOL HPOL-Hosp 01, GR-96172-01.

aetna™

57.03.503.1 (02/21)

ĀURA

DigitalGuard

Offer a digital security benefit that protects the things employees care about most.

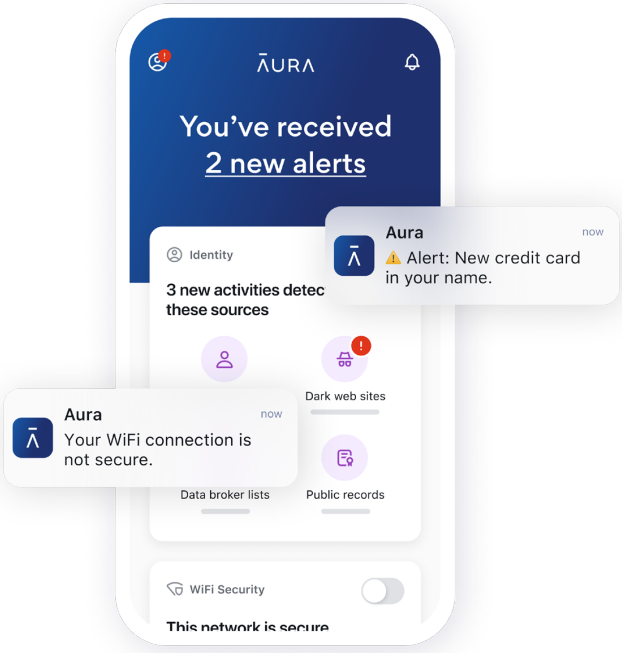
While doing more online offers employees great connectivity and convenience, it also makes their personal information easily accessible and puts some of the things they care about most at risk: their identity, money & assets, family & reputation, and privacy. That's why identity theft protection is one of the fastest-growing benefits offered to employees today. In fact, 78% of employers will offer identity theft protection as an employee benefit by 2022[1].

The average consumer's digital activity

10 devices

300 online accounts

6+ hours / day online



The rise in online crime proves that ID theft protection solutions aren't keeping up with the sophistication of cyber criminals. These solutions focus on employees' digital footprint and provide alerts after accounts are exposed by a breach. They are hard to use and rely on users to take action to resolve fraud. Aura is different where it matters.

We do the hard work. Aura relies on intelligent automation that solves problems for employees instead of creating them.

We offer faster alerts. A direct connection with all 3 credit bureaus allows us to offer a median alert time of 4 minutes compared to our competitors' average wait time of 14 hours.[2]

We are proactive, not reactive. Aura offers proactive protection for employees' personal and financial information before it's exposed in the first place.

We are obsessed with innovation. Innovation + investment in product + over 25 years of experience = the industry's first truly integrated digital security solution.

We are committed to your success. We put product and customers before profit, which is shown in our high user ratings and 98% customer retention rate.

[1]Willis Towers Watson. The Emerging Trends in Health Care Survey. (May 27, 2021).
[2]Ath Power Consulting. Independent Study. (February 2018).

DigitalGuard: Protection for your identity and finances

Financial Fraud Protection

Credit monitoring & alerts	1-Bureau
Investment & loan account monitoring	✓
Home title monitoring	✓
High risk transaction alerts • Payday loans • Wire transfers • Utility accounts	✓
Credit, bank & utility account freeze assistance	✓
Financial account opening & takeover monitoring	✓
Monthly credit score tracker[3]	✓

Privacy & Device Protection

Automated data broker list removal • Robocall/robotext protection • Junk mail prevention	✓
Password manager	✓
Antivirus	1 Device
VPN (WiFi security)	1 Device

Identity Theft Protection

SSN authentication alerts	✓
USPS address monitoring	✓
Criminal & court record monitoring • Sex offender registries • Bankruptcy & foreclosures • Property & tax liens	✓
Personal information (PII) & ID monitoring • SSN, birthdate & phone numbers • Driver license & passport numbers • Medical & health IDs	✓
Online account & breach monitoring • Compromised credentials • Financial accounts (credit, debit & loyalty cards) • HSA & 401K account monitoring	✓

Services and Support

24/7/365 customer support	✓
White glove resolution service	✓
Unemployment & tax fraud resolution	✓
Identity theft insurance	Up to $1 Million*
Lost wallet protection	✓
Family plan	✓
Mobile app (iOS and Android)	✓

Have questions? Contact us. EmployerSolutions@aura.com 800.524.1125 go.aura.com/benefits

* Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

[3]The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your TransUnion or Experian credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.

ASPCA Pet Health Insurance

As PriceSmart employees, you will the option to enroll with ASPCA, and customize the pet insurance care that fits your needs

Coverage for your pet(s) includes:

Exam Fees, Diagnostics, and Treatments for:

- Accidents
- Illnesses
- Cancer
- Hereditary Conditions
- Behavioral Issues
- Dental Disease

Customize your coverage based on your pet's needs, and access care from any vet, specialist, or emergency clinic you choose. Then pay your provider and submit the claim to ASPCA, and be reimbursed by direct deposit or check.

Save With Your Discount!

www.aspcapetinsurance.com/PriceSmart

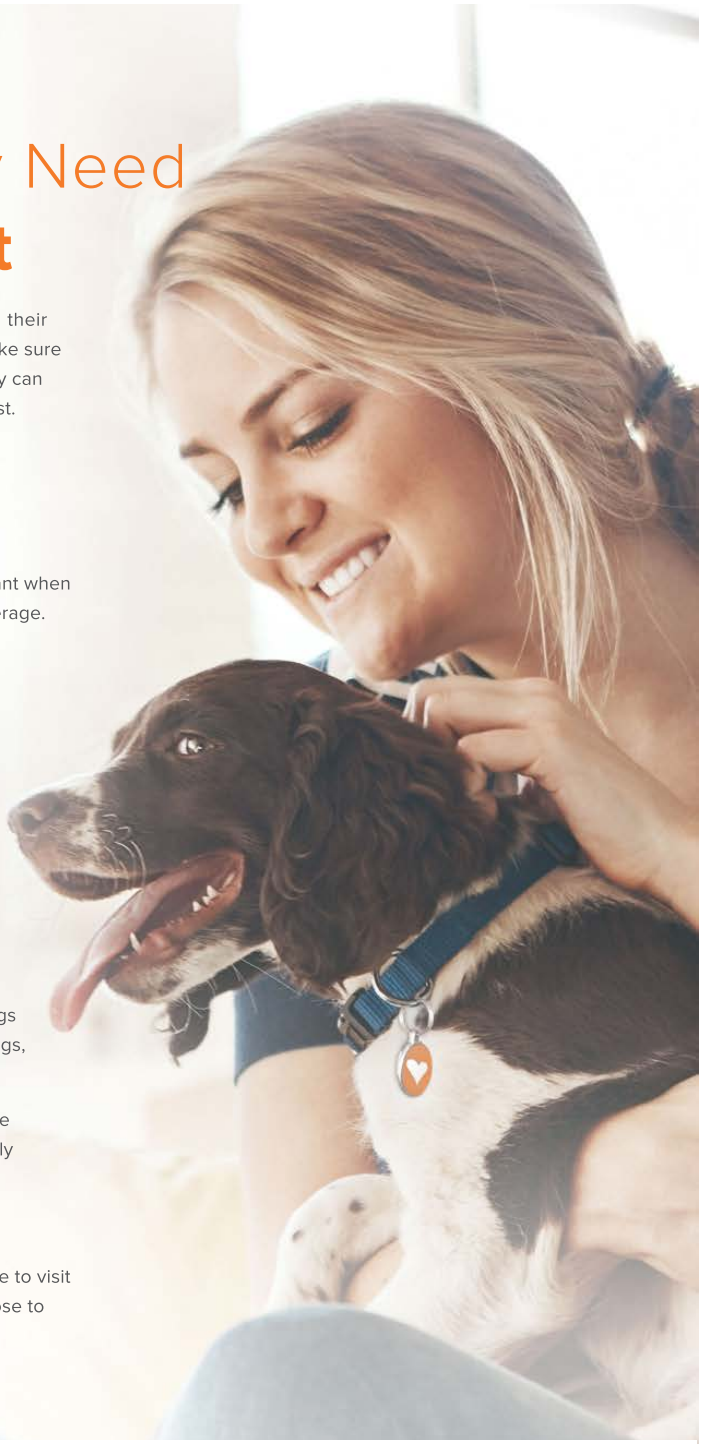
877.343.5314

YOUR PRIORITY CODE: EB21PRICESMART

You can enroll in this benefit at any time of the year, not just at open enrollment. Use the link to get your customized quote from ASPCA.

The Coverage They Need
The Way You Want

There are many reasons why more pet parents today are covering their pets with ASPCA® Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is sick or hurt. That way, they can give their pets the best care possible without worrying about the cost. Let us help you find the perfect plan for you and your pet.



Complete Coverage℠

With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and take comfort in knowing they have coverage.

EXAM FEES, DIAGNOSTICS, AND TREATMENTS

- Accidents
- Illnesses
- Hereditary Conditions
- Cancer
- Dental Disease
- Behavioral Issues

CUSTOMIZABLE OPTIONS

Annual Limit - from $5,000 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your vet bill.

Deductible - select $100, $250, or $500. You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care - Get reimbursed scheduled amounts for things that protect their pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes care for accidents.

SIMPLE TO USE

Just pay your vet bill, submit claims, and get reimbursed! You're free to visit any vet, specialist, or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

Get your customized quote and enroll today!

SAVE WITH YOUR DISCOUNT!

www.aspcapetinsurance.com/PriceSmart | 1-877-343-5314

YOUR PRIORITY CODE: EB21PRICESMART

ASPCA® PET HEALTH INSURANCE

PETS ARE DEPENDENTS, TOO.

*Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit www.aspcapetinsurance.com/terms. Current customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates, and discounts may vary and are subject to change. The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by the United States Fire Insurance Company, produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. Crum & Forster Pet Insurance Group™ is a trademark of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018. U0718-WELCOME1

A world of discounts is waiting...

Save big. Every day.

Welcome to your PriceSmart Discount Marketplace!

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

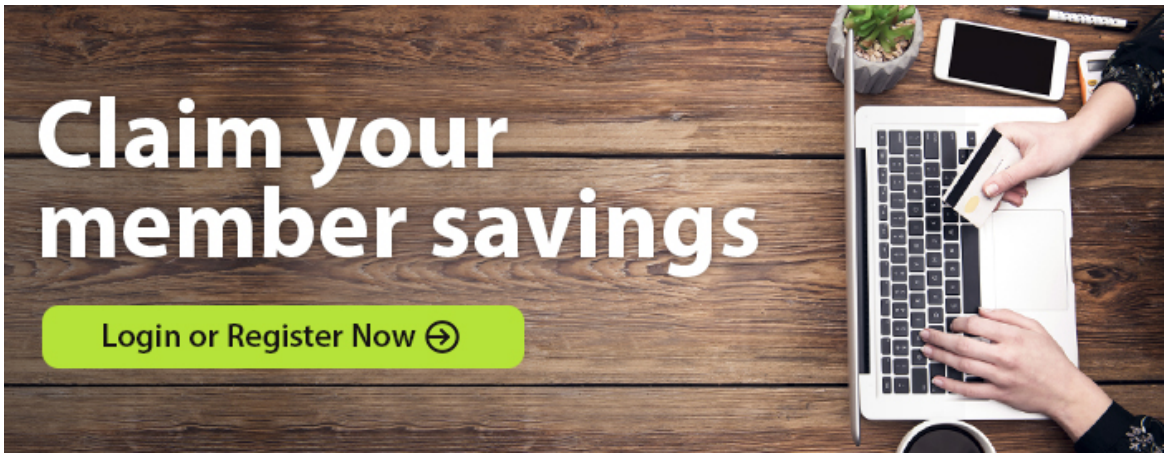
- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

It's easy to access and start saving!

1) Go to: https://pricesmart.benefithub.com
2) Create an Account
3) Enter Referral Code: H6J7DY

LifeMart® Member Discount Program

aetna®



LifeMart Member Discount Program

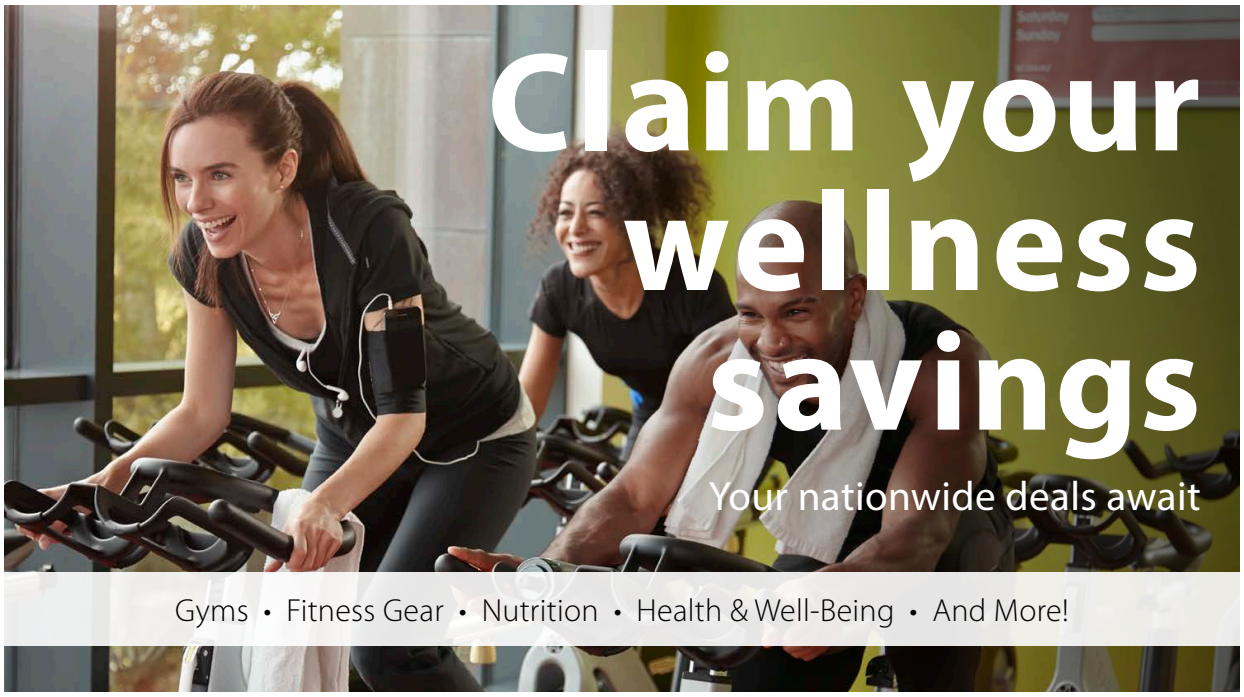
Get access to thousands of exclusive discounts on products and services nationwide, including child and senior care, grocery coupons, travel, entertainment and more from one convenient location! Plus, download the LifeMart mobile app for savings on the go.

Save on Major Brands & Everyday Services

Lenovo · FTD · TrueCar · Omaha Steaks · sam's club · Many More

View My Discounts »

LifeMart®
Member Discount Program



LifeMart Member Discount Program

Browse major savings on major brands for all your health and wellness needs. LifeMart is your association's way of saying thanks for your hard work and helping you keep more of your paycheck.

Access LifeMart anywhere, anytime, on any device. It's the fast and easy way to:

- **Save money** on everything from gyms to car rentals, gifts to groceries, electronics to entertainment and much more.
- **Save time** with instant, one-stop shopping—no need to run out to the store or search the web.
- **Shop as often as you like:** the more you shop, the more you save—no limit!
- **Have fun** discovering exclusive new deals on the brands you love—offers are updated regularly.

Plus, you can access LifeMart discounts anywhere, anytime, with the LifeMart mobile app*. Simply download the app and you can browse major savings on the go. Available for download in the Google Play Store and iTunes Store.

** Pre-registration is required.*

aetna®

Not a member? Sign up!

www.aetna.com

Log in with your user name and password.
Click on the **Health & Wellness Tab > Health & Wellness Discounts > Click on any of the Health and Wellness tiles to access the LifeMart Discount Website**

LM-OC-M-WELL_v1

Annual Notices

PATIENT PROTECTIONS DISCLOSURE

The PriceSmart Employee Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

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

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Aetna at 855.547.8508 or visit the website at www.aetna.com.

WOMEN'S HEALTH & CANCER RIGHTS ACT

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1– Aetna HDHP: Office Visit 20% / Specialist 20%; Deductible $2,800 Ind. / $5,600 Family.
Inpatient Hospitalization 20%; Outpatient Surgery 20% after deductible.

Plan 2– Aetna OAMC PPO: Office Visit $20 / Specialist $30; Deductible $750 Ind. / $1,500 Family.
Inpatient Hospitalization 20%; Outpatient Surgery 20% after deductible.

Plan 3– Aetna HMO: Office Visit $20 / Specialist $30; Deductible none Ind. / none Family.
Inpatient Hospitalization $300 per admission; Outpatient Surgery no charge.

Plan 4– Kaiser HMO: Office Visit $20 / Specialist $20; Deductible none Ind. / none Family.
Inpatient Hospitalization $250 per admission; Outpatient Surgery $20 copay.

If you would like more information on WHCRA benefits, please call your Plan Administrator at Aetna member services at 877.204.9186.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

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 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 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, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 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: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.967.4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx | 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 711| Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 | Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493

UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

PriceSmart, Inc is committed to the privacy of your health information. The administrators of the PriceSmart Employee Benefit Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

HIPAA SPECIAL ENROLLMENT RIGHTS

PriceSmart Employee Benefit Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the PriceSmart Employee Benefit Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

NOTICE OF CREDITABLE COVERAGE

Important Notice from PriceSmart, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PriceSmart, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current PriceSmart, Inc. coverage will not be affected. Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current PriceSmart, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PriceSmart, Inc. 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).

Date:	October, 2023
Name of Entity/Sender:	PriceSmart, Inc.
Contact—Position/Office:	Human Resources
Office Address:	9470 Scranton Road San Diego, CA 92121
Phone Number:	858.404.8801

10/1/2023
PriceSmart, Inc.
Human Resources
9470 Scranton Road
San Diego, CA 92121
858.404.8801

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?

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

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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

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

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

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

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 after the qualifying event occurs. You must provide this notice to: Human Resources

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

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

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage.

[1]https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Igoe Administrative Services
800.633.8818
FSA opt 1 / COBRA opt 2
www.goigoe.com

MARKETPLACE NOTICE
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment- based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[2]

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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

[2]An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

3. Employer name PriceSmart, Inc.	**4. Employer Identification Number (EIN)** 33-0628530	
5. Employer address 9470 Scranton Road	**6. Employer phone number** 858.404.8800	
7. City San Diego	**8. State** CA	**9. ZIP code** 92121
10. Who can we contact about employee health coverage at this job? Andres Ortiz		
11. Phone number (if different from above) 786.577.4564	**12. Email address** andortiz@pricesmart.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are: Full Time Employees working 25 hours or more per week
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are: Spouse (including those defined as same-sex legally married); Domestic Partner (same & opposite gender); Eligible children under the age of 26; Eligible children of any age who were disabled prior to age 26; Children under employee's legal custody.
  - ☐ We do not offer coverage.
  - ☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

CALIFORNIA HIPP NOTICE

State of California---Health and Human Services Agency

Department of Health Care Services

NOTICE TO TERMINATING EMPLOYEES

Health Insurance Premium Payment (HIPP) Program

The California Department of Health Care Services administers the HIPP program, which is an optional premium reimbursement program under Medi-Cal. If you have recently lost your job and qualify for Medi-Cal benefits, or you are the parent or guardian of someone who qualifies for Medi-Cal benefits, you may be eligible to receive payment for your existing private insurance premium and cost-sharing. In order to qualify for the HIPP program, you must meet all of the following conditions:

1. You must have full scope Medi-Cal coverage;
2. You must have an existing private insurance policy (also referred to as "other health coverage"), a COBRA or CAL-COBRA continuation policy, or a COBRA Conversion policy at the time of application for Medi-Cal benefits;
3. You must have a medical condition covered under your existing other health coverage, and you must have received treatment for the medical condition within 90 days of application to the HIPP program;
4. Your other health coverage must be cost-effective to Medi-Cal. This means that the sum of your premium and cost-sharing obligations must be less expensive than the cost that Medi-Cal would pay for your care;
5. You have applied for Medicare benefits.

In addition, you do not qualify to participate in the HIPP program if any of the following apply:

1. You are not enrolled in Medi-Cal.

2. You do not have full scope Medi-Cal coverage.

3. You are enrolled in Medicare.

4. You are enrolled in a Medi-Cal managed care plan, or have the option to enroll in a Medi-Cal managed care plan.

5. A court has ordered a non-custodial parent to provide medical insurance to you or your child (if your child is the HIPP applicant).

6. You, or a policyholder under which you are insured as a dependent, is fully reimbursed for your premiums and/or cost-sharing obligations by a third party.

7. Your other health coverage is not cost-effective to Medi-Cal.

8. You do not meet all of the eligibility requirements of the HIPP program.

If you meet all the conditions listed above, you may apply online at http://dhcs.ca.gov/hipp.

If you have questions about how to apply for Medi-Cal benefits, you may contact your local Medi-Cal county office directly at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

If you have questions about Medi-Cal managed care plans, you may contact the MediCal Managed Care Ombudsman at (888) 452.8609 or by email at MMCDOmbudsmanOFFICE@dhcs.ca.gov.

For Persons Who Have an HIV/AIDS Disability

The Department of Public Health administers the Office of AIDS HIPP (OA-HIPP) Program. The OA-HIPP program pays monthly health insurance premiums for eligible California residents with an HIV/AIDS diagnosis. This program is available to individuals with health insurance who are at risk of losing it, as well as to individuals currently without health insurance who would like to purchase it. For information, please call (800) 367-2437.

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out- of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out- of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Notes

Notes

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting