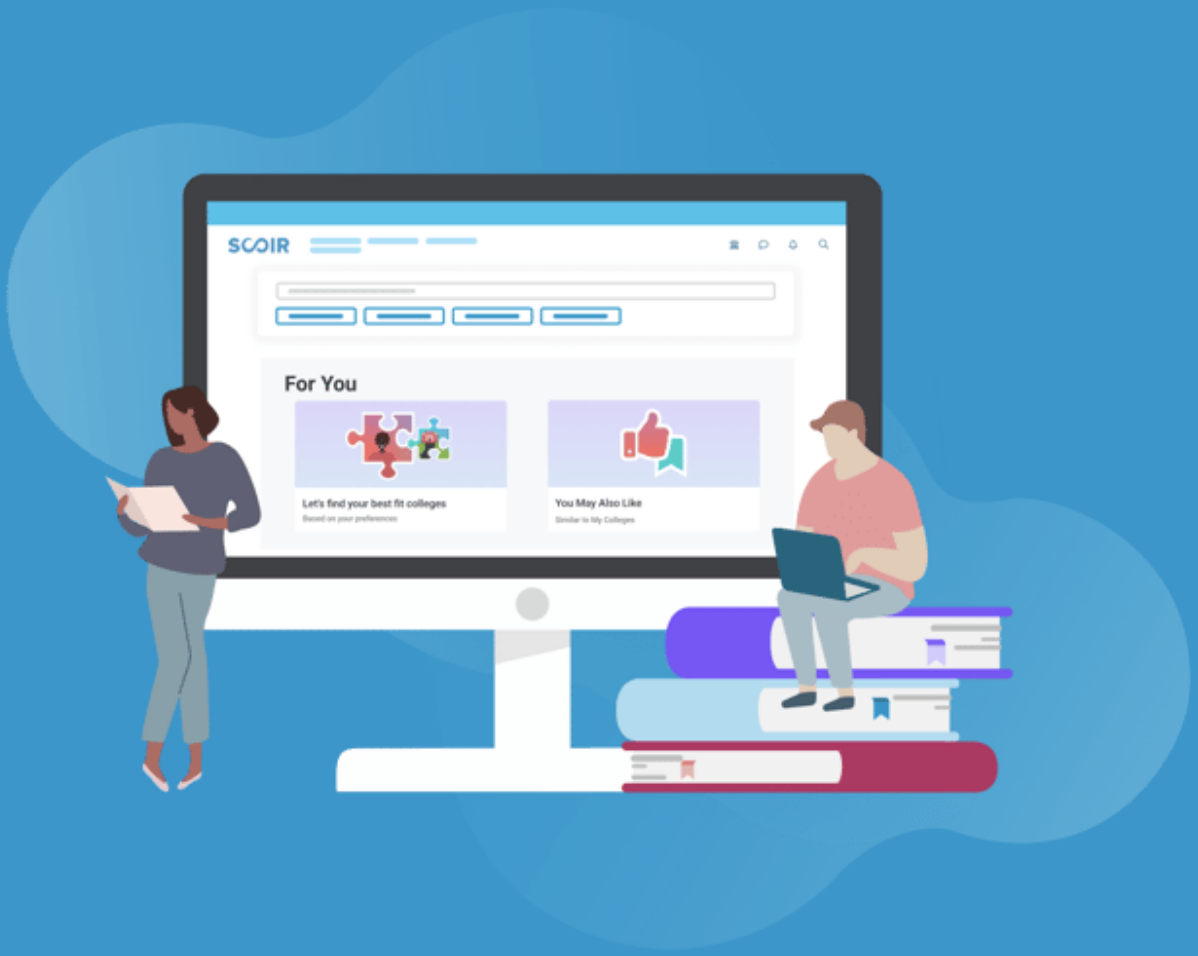
SCOIR, INC.

Employee Benefits Enrollment Guide

March 1, 2023 – February 29, 2024



SCOIR

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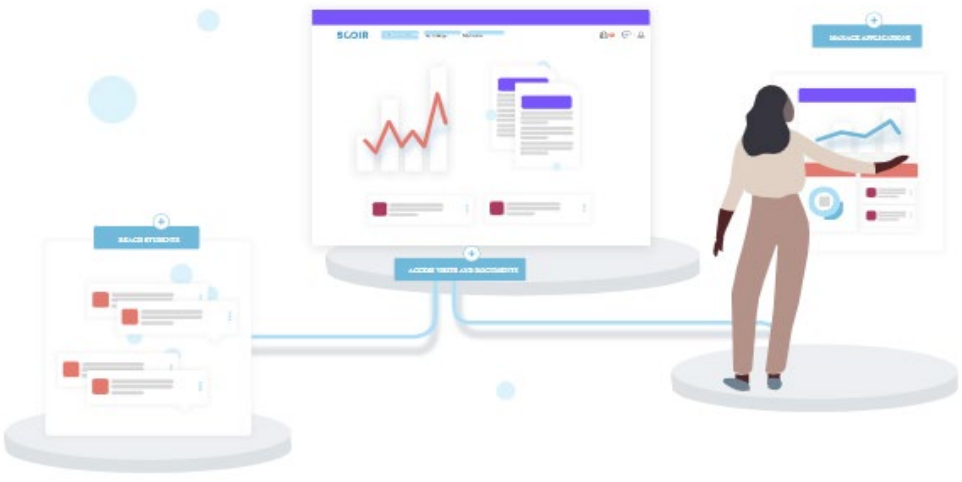


Eligibility and Enrollment

Scoir provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

Scoir partners with the Capstone Group to offer and manage our benefits plans and programs. Our dedicated contacts at Capstone, Briana Scafidi and Rachel McCabe, are available to assist with any questions you may have regarding the benefit plans.

Briana Scafidi at bscafidi@capstonegrp.com or Rachel McCabe at rmccabe@capstonegrp.com or call 215-542-8030.

ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible for company-sponsored benefit plans. Employees who are eligible to participate in Scoir benefit programs may also enroll their dependents.

When Coverage Begins and Ends

- Benefits begin on the first of the month following date of hire.
- Your coverage under the benefit plans will end if you no longer meet the eligibility requirements. Medical, dental, and vision coverage will end the last day of the month of the last day worked.

QUALIFYING LIFE EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". You must notify the Human Resources Department within 30 days of a Qualifying Event in order to change coverage status due to the Qualifying Event. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available
- Turning age 26 and terminating from parents' coverage

ELIGIBLE DEPENDENTS FOR COVERAGE

- Spouse, Domestic Partner
- Birth children, stepchildren, adoptive children

Medical Benefits

Independence

Summary of Medical Benefits

	IBC HDHP 3000 HSA	IBC PPO 1500	IBC PPO 0
	IN-NETWORK		
Referral Required	No	No	No
PCP Selection Required	No	No	No
Plan Year Deductible	$3,000 Individual / $6,000 Family	$1,500 Individual / $3,000 Family	$0 Individual / $0 Family
Plan Year Out-of-Pocket	$6,750 Individual / $13,500 Family	$7,900 Individual / $15,800 Family	$7,900 Individual / $15,800 Family
Primary Care Office Visit	$30 After Deductible	$20 Copayment	$15 Copayment
Specialist Office Visit	$60 After Deductible	$40 Copayment	$35 Copayment
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Diagnostic Testing: Lab	Freestanding- $60 AD Hospital Based – $120 AD	Freestanding- $40 Copayment Hospital Based – $80 Copayment	Freestanding - $0 Copayment Hospital Based - $70 Copayment
Diagnostic Testing : X-Ray	$60 After Deductible	$40 Copayment	$35 Copayment
Complex Imaging (MRI, PET/CT)	$200 After Deductible	$80 Copayment	$70 Copayment
Outpatient Surgery	$500 After Deductible	$250 After Deductible	$150 Copayment
Inpatient Hospital	$500/day After Deductible; max 5 days per admission	$0 After Deductible	$150/day; max 5 days per admission
Urgent Care	$100 After Deductible	$85 Copayment	$70 Copayment
Telemedicine - MDLive	$0 After Deductible	$0 Copayment	$0 Copayment
Emergency Room	$300 After Deductible	$250 After Deductible	$200 Copayment
Rehabilitation Services (PT/OT) – 30 Visits (ST) – 20 Visits	$60 After Deductible	$40 Copayment	$35 Copayment
	PHARMACY		
Rx Deductible	Medical Deductible Applies	None	None
Retail (30 Day Supply)	Low-Cost Generic - $3 Generic - $20 Preferred Brand - $40 Non-Preferred Brand -$70 Specialty Drug – 50% ($500 max) ***All After Deductible**	Low-Cost Generic - $3 Generic - $25 Preferred Brand - $50 Non-Preferred Brand -$75 Specialty Drug – 50% ($500 max)	Low-Cost Generic - $3 Generic - $15 Preferred Brand - $35 Non-Preferred Brand - $50 Specialty Drug – 50% ($500 max)
Mail Order (90 Day Supply) – 2x Retail	Low-Cost Generic - $6 Generic - $40 Preferred Brand - $80 Non-Preferred Brand - $140 ***All After Deductible**	Low-Cost Generic - $6 Generic - $50 Preferred Brand - $100 Non-Preferred Brand - $150	Low-Cost Generic - $6 Generic - $30 Preferred Brand - $70 Non-Preferred Brand - $100
	OUT-OF-NETWORK		
Plan Year Deductible	$5,000 Individual / $10,000 Family	$5,000 Individual / $10,000 Family	$2,500 Individual / $5,000 Family
Member Coinsurance	50%	50%	50%
Plan Year Out-of-Pocket	$10,000 Individual / $20,000 Family	$10,000 Individual / $20,000 Family	$10,000 Individual / $20,000 Family

Utilizing Preventative Care

Which Preventive Care Services Are Covered?

- Routine Physical Exam
- Well Baby and Child Care
- Immunizations
- Routine Lab Tests
- Routine Bone Density Test
- Routine Gynecological Exam
- Routine Digital Rectal Exam
- Routine Colonoscopy (Adults ages 45+)
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Screening for Gestational Diabetes
- Routine Mammograms (2D or 3D, Women ages 40+)
- Routine Breast Exam
- Routine Pap Smear (Women ages 21 – 65, once every 3 years)
- Smoking Cessation
- Health Counseling for STDs and HIV
- HIV Screening
- Depression Screening
- Nutritional Counseling for Weight Management
- Obesity Screening and Counseling

What is Preventative Care?

Preventive care is the care and counseling you receive to prevent health problems. It's one of the best ways to keep you and your family in good health. It can include:

- Check-ups (annual physicals, pediatric well visits, gynecology well-visits)
- Cancer and other health screenings
- Immunizations

By the U.S. Preventive Services Task Force, Center of Disease Control and Center for Medicare and Medicaid, all services rendered must be age and gender appropriate.

Who is Eligible?

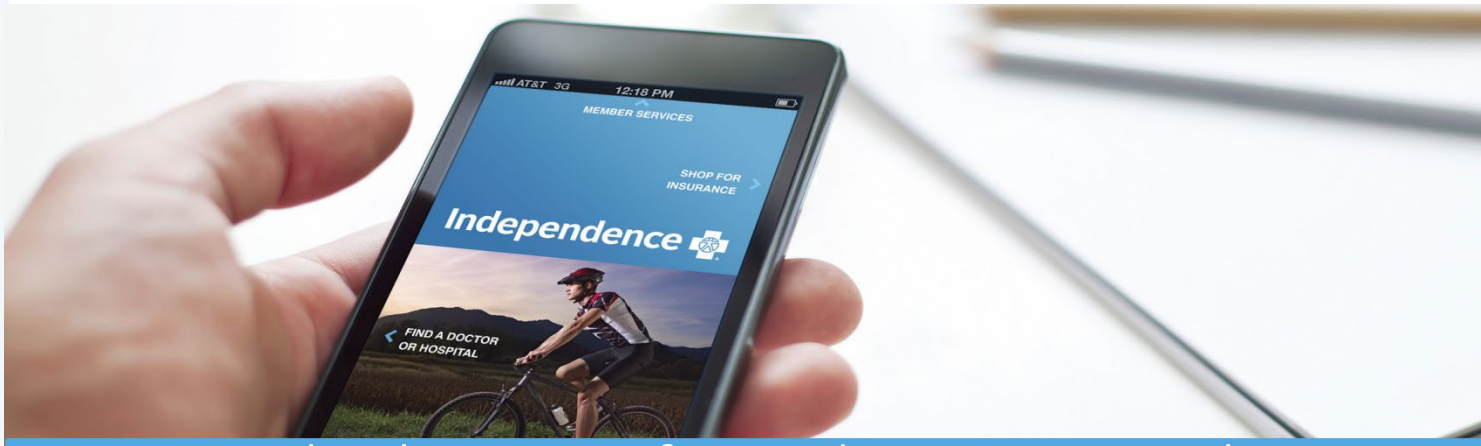
Through most health plans offered, all covered individuals and family members are eligible to receive routine wellness services, once a year, on an annual basis.

How Much Does It Cost?

Health plans fully cover recommended preventive care services at an in-network provider, so you pay $0 out-of-pocket. All copayments, coinsurance, and deductibles are waived.**

****NOTE**: If a service is not considered preventive (for example, diagnostic procedures or ongoing treatment for an existing condition) or you don't fall within the coverage guidelines, out of pocket cost may apply.

IBXPRESS: Manage Your Account



Make the most of your doctor visits with IBXpress.com and the IBX app

Find a doctor or hospital, view claims and benefits, and help Manage your health through your personalized health care destination

Get the most from your benefits with ibxpress.com:

- Review details about the coverage available to you under your plan
- View claim status and print Explanation of Benefits (EOB's)
- Search for a provider
- Download forms and member materials
- Print and Order ID Cards
- Email customer service
- Change your primary care physician

How to register for your IBX account:

Go to www.ibxpress.com, click **Register** and complete the easy steps to create a login

Get important information texted to you

IBX Wire helps you use your health plan to the fullest by sending secure text messages with coverage updates, personal health reminders and money-saving tips and discounts

Visit www.ibx.com/getconnected or text IBX WIRE to 73529 to sign up

Download the app to help you make the most of your health plan with easy access to your health info 24/7, wherever you are

The Doctor's Visit Assistant allows you to:

- View and share your ID card
- Check the status of referrals and claims
- Access your health history and prescribed medications
- Record notes and upload photos of symptoms to discuss with your doctor
- Find doctors, hospitals, urgent care centers and patient-centered medical homes
- Access benefit information
- Track deductibles and spending account balances

MDLIVE®
Virtual Care, Anywhere.

Avoid the wait.

Your life is 24/7. Now your doctor is too.

Telemedicine

Telemedicine

Day or night, your employees can talk to a board-certified primary care doctor who can treat non-emergency conditions.

Telebehavioral Health

Your employees get appropriate access to care for conditions such as anxiety, depression, and panic disorders. With 24/7 access to therapists, psychologists, and psychiatrists, your employees can have a confidential visit from home or wherever they are.

Teledermatology

The average wait time to see a dermatologist is more than a month in 15 major metro areas, and longer in other areas. With teledermatology, your employees can receive a detailed diagnosis, treatment plan, and any necessary prescriptions within 18 hours, on average.

AVAILABLE AT NO COST TO YOU
$0 Copay when using the telemedicine service

Non-emergency conditions we treat:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever*
- Headache
- Insect bites
- Nausea /Vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems / UTI*
- Vaginitis
- And more

*e-prescriptions can be sent to your local pharmacy (if needed).

ACTIVATE
your account online or by phone

☎ +1 (877) 764-6605

MDLIVE.com/ibx

MD MDLIVE App

Independence

Health Lifestyles Member Rewards Program: Weight Management

Support from others can make weight loss feel more manageable. Enroll in WW®, WW® Online, Noom, or an approved weight management program at a network hospital and the Healthy Lifestyles℠ Weight Management Program will reimburse you up to $150.

HOW IT WORKS

1. Sign up for an approved weight management program.
2. Attend the approved program.
3. Submit documentation and request your reimbursement.

Once all of your documentation is submitted, you can request your reimbursement to be paid by direct deposit or a Visa rewards card.*

Start your well-being journey today!

Visit **ibx.com** or download the IBX mobile app.

Log on to reimbursements.ibx.com and submit the following documentation:

- If attending WW in person, you will need to submit receipts and copies of your booklets.
- If participating in WW Online, you should submit screen prints to show proof of payment and progress in the program.
- If participating in Noom, you should submit screenshots to show proof of payment and participation in the program.
- If attending a hospital-based or youth program, proof of payment and participation is required.

Health Lifestyles Member Rewards Program: Fitness Center Workouts

LOOKING FOR MOTIVATION TO EXERCISE?

The Healthy Lifestyles℠ Fitness Program will reimburse you $150 for working out regularly.

FOUR EASY STEPS

1. **Join an approved fitness center.** Choose a full-service fitness center that includes amenities for continuous cardiovascular, flexibility, and resistance training.
   You may also submit a reimbursement request for virtual fitness subscriptions or apps and membership costs for workouts.
2. **Exercise regularly.** Complete 120 workouts within a 12-month period, either at a fitness center or through a virtual fitness program. You may combine workouts from a fitness center with virtual programs to meet the 120-workout requirement.
3. **Record your workouts.** After you complete 120 workouts, you can request reimbursement. Your logged workouts must be at least eight hours apart.
4. **Submit your documentation and request reimbursement.** Log in to **reimbursements.ibx.com** and upload copies of your documentation.

FITNESS PROGRAM GUIDELINES

Eligible members

Participants must be 18 years of age or older.

Selecting an approved fitness center

To be eligible for the fitness center reimbursement, you must choose a full-service fitness center that offers a variety of cardiovascular, flexibility, and resistance training in a supervised setting.

Eligible fitness centers

Eligible full-service fitness centers generally feature most of the following amenities:

- Group exercise classes (e.g., aerobics, spinning, body sculpting, kickboxing)
- Resistance training equipment (e.g., weight machines)
- Free weights
- Cardiovascular training equipment (e.g., treadmills, stationary bicycles, elliptical trainers)
- Pool for swimming laps
- Track for running/ walking

Health Lifestyles Member Rewards Program: Healthy Choices Reward

EARN CREDITS FOR YOUR HEALTHY HABITS AND REDEEM THEM

Get healthy and earn a $300 e-gift card

Take healthy actions, at your own pace, and watch your credits grow. We offer a variety of activities to help you develop healthy habits.

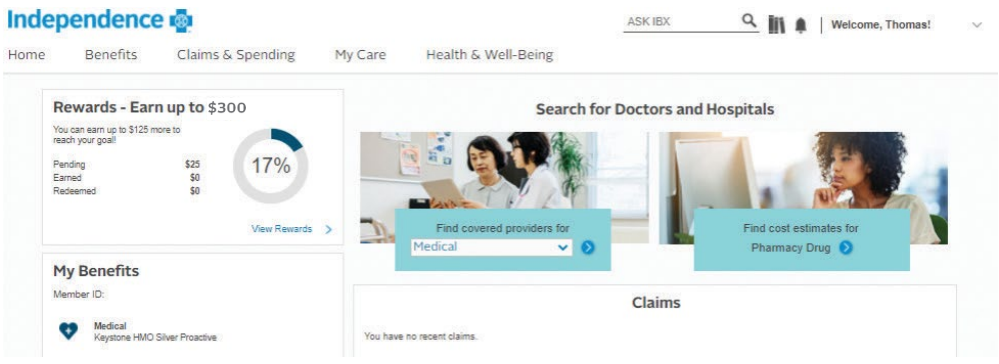
NEW for 2023, we increased the e-gift card reward from
$150 to $300 when you complete six simple tasks.

You must complete ***all*** of the following activities:

- Annual check-up with PCP
- Get a flu shot
- Get digitally engaged by logging in at **ibx.com** and opting in to IBX Wire®

You must complete ***any three*** of the following activities:

- Complete an appropriate health screening*
- Download and register for the GlobalFit Anywhere app
- Complete your Well-being Profile by logging in at **ibx.com**
- Complete a nutrition counseling visit
- Visit a United Concordia dentist for an exam and/or cleaning



IBX College Tuition Benefit and Gradfin Rewards

Making it easier to pay for college

The College Tuition Benefit (CTB)[1]

CTB works like a scholarship. You can earn SAGE Scholars Tuition Rewards® Points that will be spread evenly over four years of undergraduate education.
Tuition Rewards Points can be used at more than 400 participating SAGE Scholars colleges and universities nationwide. There is no limit on the number of students you can sponsor or the number of Points you can accrue.

- You can sponsor immediate or extended family, including children, grandchildren, nieces, nephews, stepchildren, and godchildren.[2]
- One Tuition Rewards Point is equal to a $1 guaranteed minimum discount off the full price of tuition.
- You earn 2,000 Points when you sign up, and students receive 500 Points when they are registered. You will earn an additional 2,500 in year four.[3]
- The longer you are with your employer, the more Points you can accrue.

More reasons to sign up today

SAGE Prime. You can also take advantage of SAGE Prime for yourself. With SAGE Prime, you get a discount of at least 10 percent off the cost of professional certification, graduate studies, or degree completion for yourself at select member colleges and universities.

Important deadlines

- Students must be registered for CTB by August 31 of the year the student begins 12th grade.
- The last day for pledging earned Tuition Rewards Points to a student is August 31 of the year the student begins 12th grade.
- August 31 is also the last day for students to earn any Points from any source.

Start saving today!

Go online or call for more information about CTB, including the full list of SAGE Scholars participating colleges and universities and how to get started with SAGE Prime.

ibx.collegetuitionbenefit.com | 1-844-244-4086

GradFin[1]

GradFin student loan debt reduction solutions offer services that can improve your financial well-being. Each program helps you pay off your student loans faster so you can begin saving for the future.

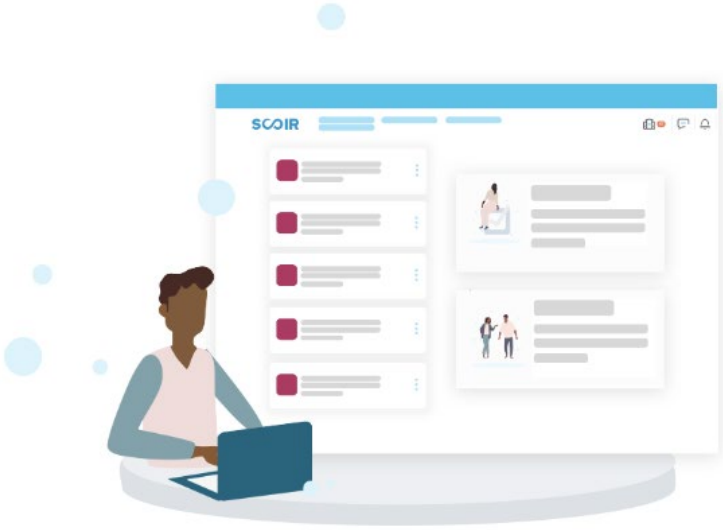
- **Student Loan Financial Education.** Learn about your options for reducing student loan debt through personal consultations, live webinars, and "town hall" meetings.
- **Student Loan Refinancing.** GradFin refinances and consolidates your student loan(s) through a lending platform made up of 11 lenders to maximize the chances for you being approved for a new loan and find the lowest rates.
- **Public Service Loan Forgiveness (PSLF) Program.** The PSLF keeps you compliant with federal loan forgiveness programs by enrolling your loans, verifying your employment, annually certifying your income-based repayment plan, and auditing your "qualified payments." You and your family members can participate in this program if you or your family members are employed at a 501(c)3 nonprofit.

Exclusive value-adds from Independence

- **Bonus towards principal.** GradFin provides a $100 bonus towards the loan principal when originating or refinancing loans through GradFin.
- **PSLF pricing concession.** If you're employed at a 501(c)3 nonprofit, you can participate in the PSLF membership program for a flat rate of $100 per year, which is more than half the rate of a regular membership. Your family members may also take advantage of this offer.
- **Dedicated loan consultants and scheduling.** You have access to one-on-one consultations and dedicated consultants and appointments.

Learn more!

Check out what GradFin services are available to you and set up a consultation at **goto.gradfin.com/forgetdebt**.



Key Terms to Remember

Annual Deductible

The amount you must pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each benefit year before the plan pays 100 percent of covered expenses for the rest of the benefit year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. **Copays** are a fixed dollar amount and are usually due at the time you receive care. **Coinsurance** is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.

Plan Types

PPO - Allows freedom of choice to allow members to visit any in-network physician of their choice without referral

Capstone Group's Wellbeing Hub

WHAT IS CAPSTONE GROUP'S WELLBEING HUB?

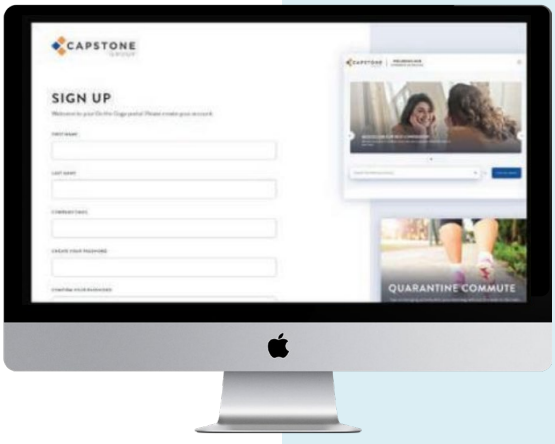
Capstone Group's Wellbeing Hub is a free online portal that all full-time employees can register for to help them on their wellness journey! Capstone Group has partnered with On The Goga to offer access to:

- Monthly Wellbeing Newsletters
- Monthly LIVE Wellbeing Workshops
- A library of resources covering five pillars of wellbeing: Physical, Emotional, Financial, Community, and Environmental
- The ability to schedule one-on-one virtual nutrition counseling (most visits are covered by health insurance)

HOW DO I SIGN UP?

Step 1: Visit hub.onthegoga.com/capstone/sign-up to get started

Step 2: Fill in your information, agree to On The Goga's Terms of Service, and select "Create Your Account"!



Step 3: After you complete the sign-up form, you will receive an email from On The Goga instructing you to select the link to **confirm your account**. Be sure to check your spam folder!

Step 4: After confirming your email address, head over to hub.onthegoga.com/capstone/login, enter your credentials, and explore your new Wellbeing Hub!

Dental Benefits

Guardian

Summary of Dental Benefits

	GUARDIAN DENTAL PPO
	IN-NETWORK
Network	DentalGuard Preferred
Plan Year Deductible	$50 Individual / $150 Family
Waiting Periods	None
Annual Plan Maximum	$1,500 per individual plus Maximum Rollover
Preventative Services	100%
Basic Services	100%
Periodontics	100%
Endodontics	100%
Major Services	60%
Orthodontia	50%
Orthodontia Lifetime Maximum	$1,000 per person (up to age 19)
	OUT-OF-NETWORK ***Out-of-Network Dental Provider May Balance Bill Member***
Plan Year Deductible	$50 Individual / $150 Family
Annual Plan Maximum	$1,500 per Individual plus Maximum Rollover
Preventative Services	100%
Basic Services	100%
Major Services	60%

Guardian does send out ID cards. In order to obtain an electronic copy of your ID card or to search for in-network providers go to www.guardiananytime.com to register for an account

Dental Program – Annual Maximum Rollover

How Maximum Rollover Works: $1,500 Annual Example

Depending on the plan's annual maximum, if claims dollars for the year don't exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
$1,500	**$700**	**$350**	**$500**	**$1,250**
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed $1,250

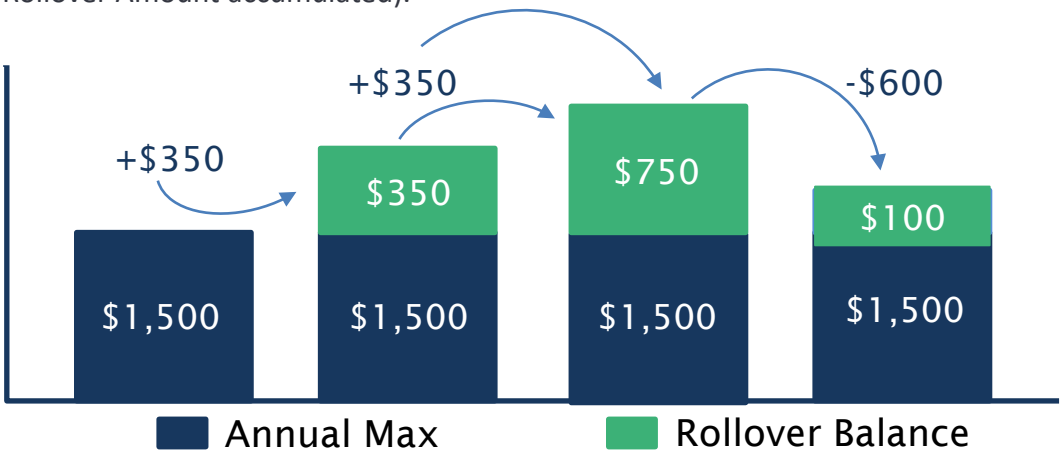
SAMPLE PLAN: $1,500 ANNUAL MAXIMUM

YEAR ONE: Jane starts with a $1,500 Plan Annual Maximum. She submits $150 in dental claims. Since she did not exceed the $700 Threshold, she receives a $350 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $1,850. This year, she submits $500 in claims and receives an additional $350 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $2,200. This year, she submits $2,100 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

YEAR FOUR: Jane's Plan Annual Maximum is $1,600 ($1,500 Plan Annual Maximum + $100 remaining Maximum Rollover Amount accumulated).



Vision Benefits

Summary of Vision Benefits

	GUARDIAN VISION
	IN-NETWORK
Network	VSP
Examinations	Once Every 12 Months
	$10 Copayment
Materials Copayment (Lenses & Frames)	$25 Copayment
Frames	Once Every 24 Months
	$130 Allowance + 20% off remaining balance
Lenses (Single Vision, Bifocal, Trifocal, and Lenticular)	Once Every 12 Months
	Covered in full after Materials Copayment
Contact Lenses (in lieu of glasses)	Once Every 12 Months
	Medically Necessary: $0 After Copayment Elective: $130 Allowance
	Elective Fitting and Evaluation: 15% discount on total fee
	OUT-OF-NETWORK REIMBURSEMENT
Examinations	Up to $39
Lenses	Up to $23 - $64 dependent on type of lens
Frames	Up to $46
Contact Lenses	Medically Necessary: Up to $210 Elective: $100

Guardian does send out ID cards. However, in order to obtain an electronic copy of your ID card or to search for in-network providers go to www.guardiananytime.com to register for an account

EMPLOYRER PAID DISABILITY

Employer Paid Disability

Employee Benefits Enrollment Guide • March 1, 2023 – February 29, 2024

Employer Paid Short-Term & Long-Term Disability

	SHORT TERM DISABILITY
Coverage Amount	60% of Salary
Maximum Benefit	$2,500 per week
Benefits Begin	Day 8 (Accident or Illness)
Duration of Benefits	Up to 12 Weeks
Pregnancy Benefit	Normal Delivery— 6 weeks C Section Delivery— 8 weeks

	LONG TERM DISABILITY
Benefits Begin	Day 91 (Accident or Illness)
Coverage Amount	60% of Salary
Maximum Benefit	$10,000 per Month
Maximum Benefit Period	Later of age 65 or Social Security Normal Retirement Age
Definition of Disability	2-year Own Occupation/Any Occupation thereafter
Pre-Existing Condition	3/12 – you may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months

Employee Assistance Program

Employee Assistance Program

Help for What Matters Most

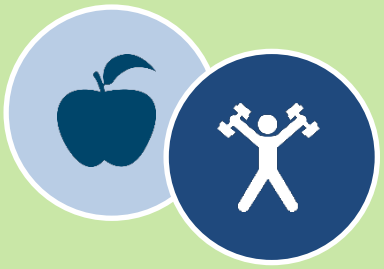
WorkLife Matters Employee Assistance Program offers services to help promote well-being and enhance the quality of life for you and your family at no cost to you.

Scoir employees and their family receive 24/7 unlimited Telephonic Counseling through a convenient and confidential toll-free number, and up to three face-to-face visits per family member, per year, with a doctoral psychologist or other behavioral health professional.

Support and Guidance is available for assistance with family and personal issues online at https://worklife.uprisehealth.com/ and by phone at 1-800-386-7055.

Help with Health

- Healthy Living
- Stress Management
- Mental Health
- Diet and Fitness
- Overall Wellness



Help with Family

- Parenting Support
- Child and Elder Care
- Learning Programs
- Special Needs Help
- College Planning

Help with Legal & Financial

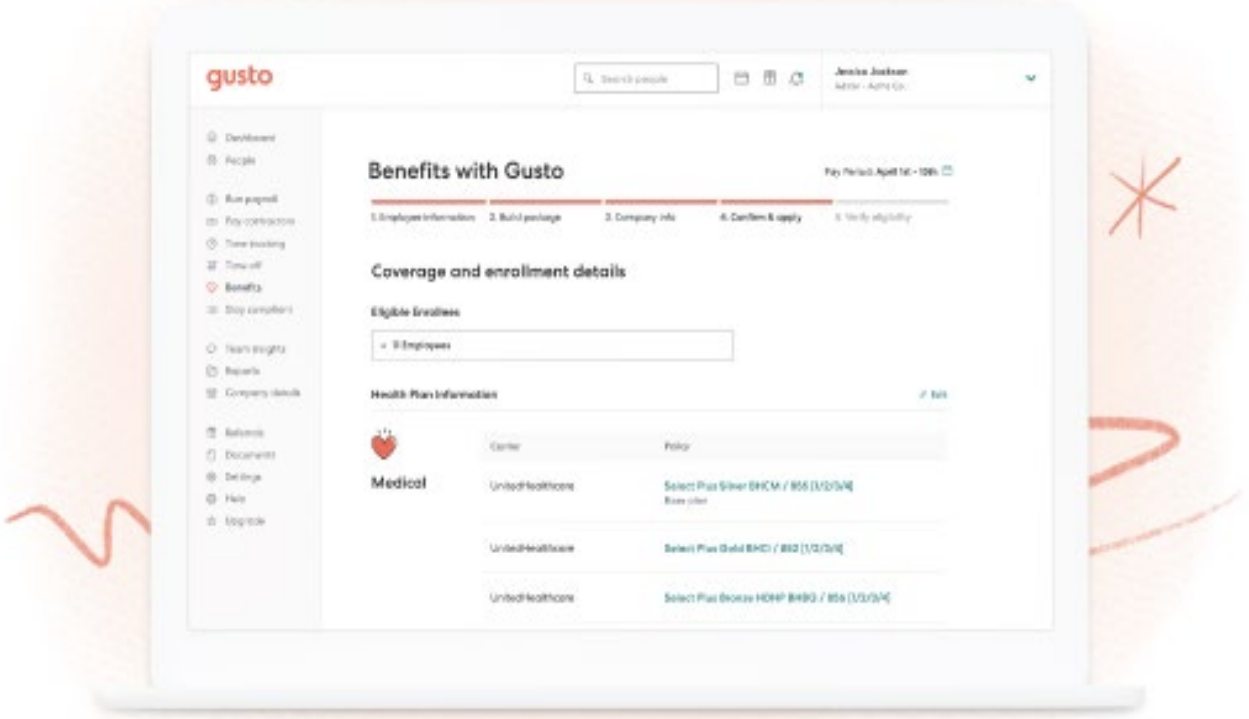
- Legal Issues
- Will Preparation
- Taxes
- Financial Planning Tools & Debt

Connect to a counselor for free support services

Phone: 1-800-386-7055
24-hour crisis help available.
Regular office hours: Monday-Friday 9 am- 8 pm EST.

Web: https://worklife.uprisehealth.com/
Access code: worklife

Health Savings Account



Health Savings Account

A Health Savings Account (HSA) is a tax-advantaged account for individuals who are enrolled in an HSA-eligible high deductible health plan (HDHP). Money is contributed pre-tax and accumulates each year that you're enrolled.

***Scoir will continue to contribute annually $500 for employee and $1,000 for employee + dependents.**

Contributions
Eligible employee choose how much they want to contribute during Open Enrollment. The IRS sets contribution limits for each calendar year.

	2023	2024
Contribution Limit (Employee + Employer)	$3,850 Individual / $7,750 Family	$4,150 Individual / $8,300 Family
Catch-up Contributions (Age 55 or Older)	$1,000	$1,000

Catch-up contributions can be made any time during the year on behalf in which the HSA participant turns 55.

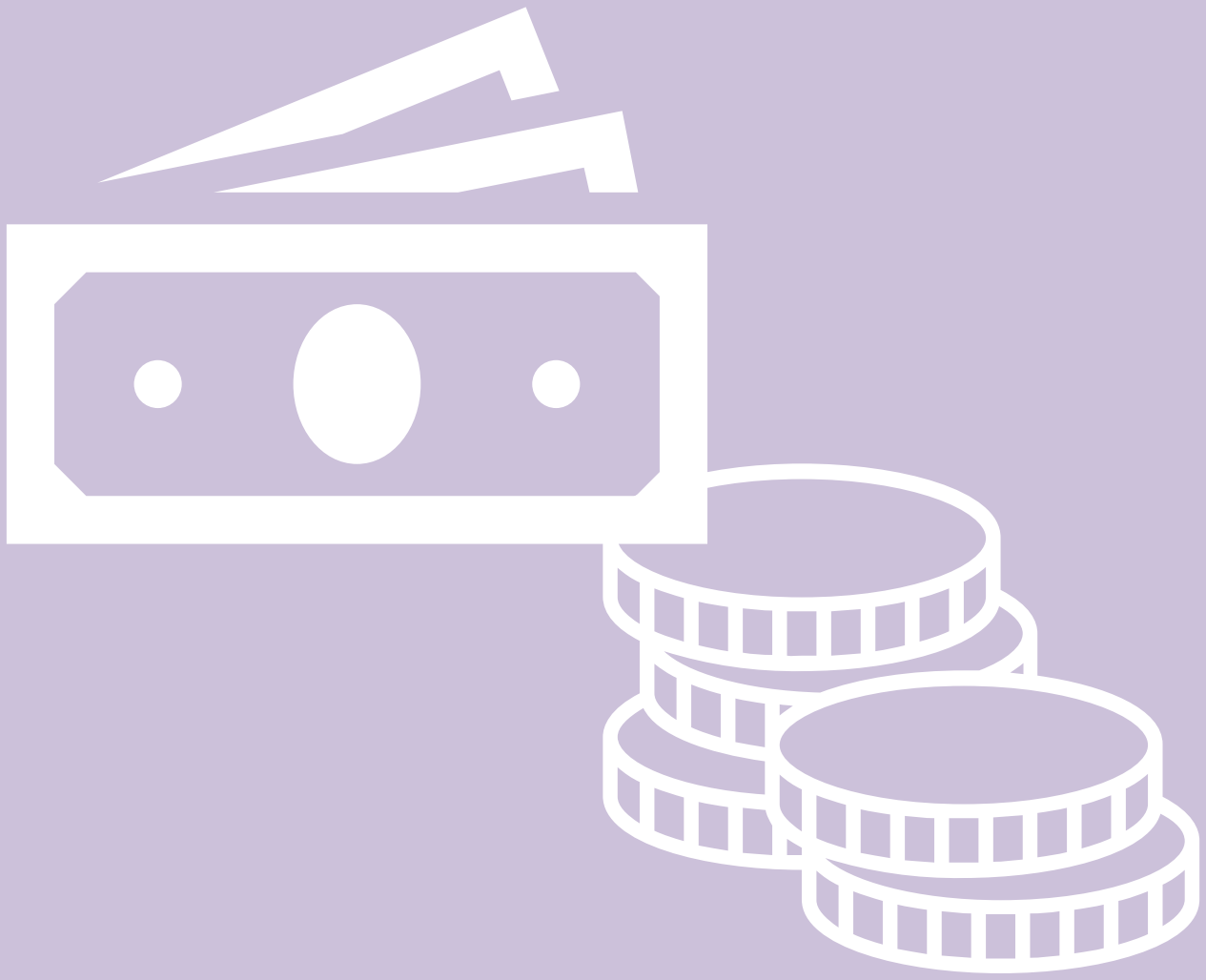
HSA Eligible Expenses

- Medical, dental, and vision deductibles
- Prescription medication & OTC
- Acupuncture and chiropractor
- Labs and x-rays
- Sunscreen, baby monitors & more

Visit the hsastore.com to see what qualifies

Manage transactions and view balances through the **Gusto Benefits Card Manager** online portal.

Employee Payroll Deductions



Employee Payroll Deductions

MEDICAL- Bi-Weekly Deduction	
Independence Blue Cross (PA) HDHP 3000	
Employee Only	$0.00
Employee + Spouse	$0.00
Employee + Child(ren)	$0.00
Employee + Family	$0.00
Independence Blue Cross PPO 1500	
Employee Only	$58.85
Employee + Spouse	$135.41
Employee + Child(ren)	$104.93
Employee + Family	$172.66
Independence Blue Cross (PA) PPO 0	
Employee Only	$77.58
Employee + Spouse	$178.51
Employee + Child(ren)	$138.32
Employee + Family	$227.62

DENTAL & VISION- Bi-Weekly Deduction
Dental and vision coverages are covered 100% by Scoir. If elected, you will not have any deduction coming out of your paycheck.

Required Annual Notices

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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.[1]

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 Briana Scafidi at bscafidi@capstonegrp.com or 215-542-8030.

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.

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.

3. Employer name Scoir		
5. Employer address 5 W Gay Street		
7. City West Chester	8. State PA	9. ZIP code 19380
10. Who can we contact about employee health coverage at this job? Briana Scafidi of Capstone Group		
11. Phone number (if different from above) 215-542-8030	12. Email address bscafidi@capstonegrp.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:

  All regular, full-time employees working 30 or more hours per week.

  ❑ Some employees. Eligible employees are:

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Spouses, domestic partners, dependent children and step-children up to age 26.

  ❑ 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.

HIPAA Special Enrollments Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in 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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) 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 30 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 30 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact Briana Scafidi at bscafidi@capstonegrp.com or 215-542-8030.

Women's Health and Cancer Rights Act Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the mentioned deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call Briana Scafidi at 215-542-8030.

Newborns' and Mothers' Health Protection Act Notice

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

In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medicare Part D Credible Coverage Notice

Important Notice from Scoir 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 Scoir 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. Green Fleet Services, Inc has determined that the prescription drug coverage offered by both Independence Blue Cross PPO plans, on average for all plan participants, is 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.

Medicare Part D Credible Coverage Notice (Continued)

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 Scoir coverage will not be affected.

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 Scoir coverage, be aware that you and your dependents will 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 Scoir 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 beat 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…

Please see contact information below **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 Scoir changes. You also may request a copy of this notice at anytime.

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). TTYusers shouldcall1-877-486-2048.

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 at1-800-772-1213 (TTY1-800-325-0778).

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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 03/01/2023
Name of Entity/Sender: Scoir
Address: 5 W Gay St, West Chester, PA 19380

Medicaid and the Children's Health Insurance Program

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ | Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program: http://myakhipp.com/ Phone: 1-866-251-4861 | Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ | Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp Phone: 916-445-8322 | Fax: 916-440-5676 | Email: hipp@dhcs.ca.gov

Medicaid and the Children's Health Insurance Program (Continued)

COLORADO — Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: hcpf.colorado.gov/child-health-plan-plus | CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): hcpf.colorado.gov/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA — Medicaid
Website: www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA — Medicaid
A HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra | Phone: (678) 564-1162, Press 2
INDIANA — Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ | Phone: 1-877-438-4479 All other Medicaid: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA — MEDICAID and CHIP (HAWKI)
Medicaid Website: https://dhs.iowa.gov/ime/members | Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki | Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp | HIPP Phone: 1-888-346-9562
KANSAS — Medicaid
Website: https://www.kancare.ks.gov/ | Phone: 1-800-792-4884
KENTUCKY — Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov

Medicaid and the Children's Health Insurance Program (Continued)

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618- 5488 (LaHIPP)
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa | Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp | Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm | Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP | Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov | Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm | Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html | CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

Medicaid and the Children's Health Insurance Program (Continued)

NORTH CAROLINA — Medicaid
Website: https://medicaid.ncdhhs.gov/ | Phone: 919-855-4100
NORTH DAKOTA — Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ | Phone: 1-844-854-4825
OKLAHOMA — Medicaid and CHIP
Website: http://www.insureoklahoma.org | Phone: 1-888-365-3742
OREGON — Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
SOUTH CAROLINA — Medicaid
Website: https://www.scdhhs.gov | Phone: 1-888-549-0820
SOUTH DAKOTA — Medicaid
Website: http://dss.sd.gov | Phone: 1-888-828-0059
TEXAS — Medicaid
Website: http://gethipptexas.com | Phone: 1-800-440-0493
UTAH — Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip | Phone: 1-877-543-7669
VERMONT — Medicaid
Website: http://www.greenmountaincare.org | Phone: 1-800-250-8427
VIRGINIA — Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 | CHIP Phone: 1-800-432-5924
WASHINGTON — Medicaid
Website: https://www.hca.wa.gov | Phone: 1-800-562-3022

Medicaid and the Children's Health Insurance Program (Continued)

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com | Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)
PENNSYLVANIA – Medicaid
Website: www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx | Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov | Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm | Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility | Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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.

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

Contacts

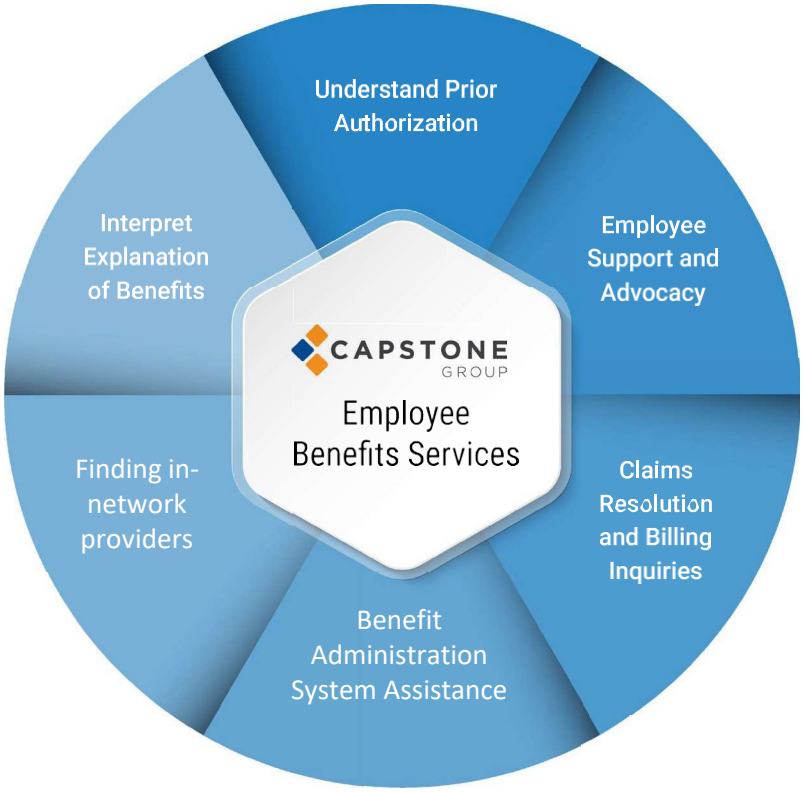
Should you need any assistance understanding your benefits, claims or other insurance related information please do not hesitate to contact your Capstone Group Benefits Team below:

Briana Scafidi
Team Lead
bscafidi@capstonegrp.com
215-542-8030

Rachel McCabe
Associate Account Manager
rmccabe@capstonegrp.com
215-542-8030

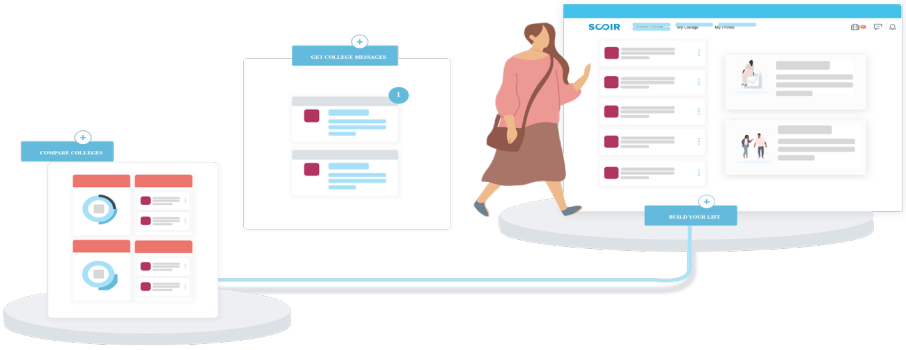
Alison Nicholas
Account Analyst
anicholas@capstonegrp.com
215-542-8030

Daniel McGill
Senior Vice President
dmcgill@capstonegrp.com
215-542-8030



Carrier Contacts

Carrier	Phone	Website
Independence Blue Cross	1-800-275-2583	www.ibx.com
Guardian	800-541-7846	www.guardiananytime.com
Gusto	800-936-0383	www.gusto.com



CAPSTONE GROUP

People focused. Results driven.

Scoir, Inc.

Employee Benefits Enrollment Guide
March 1, 2023 - February 29, 2024