

2027



Employee Benefits

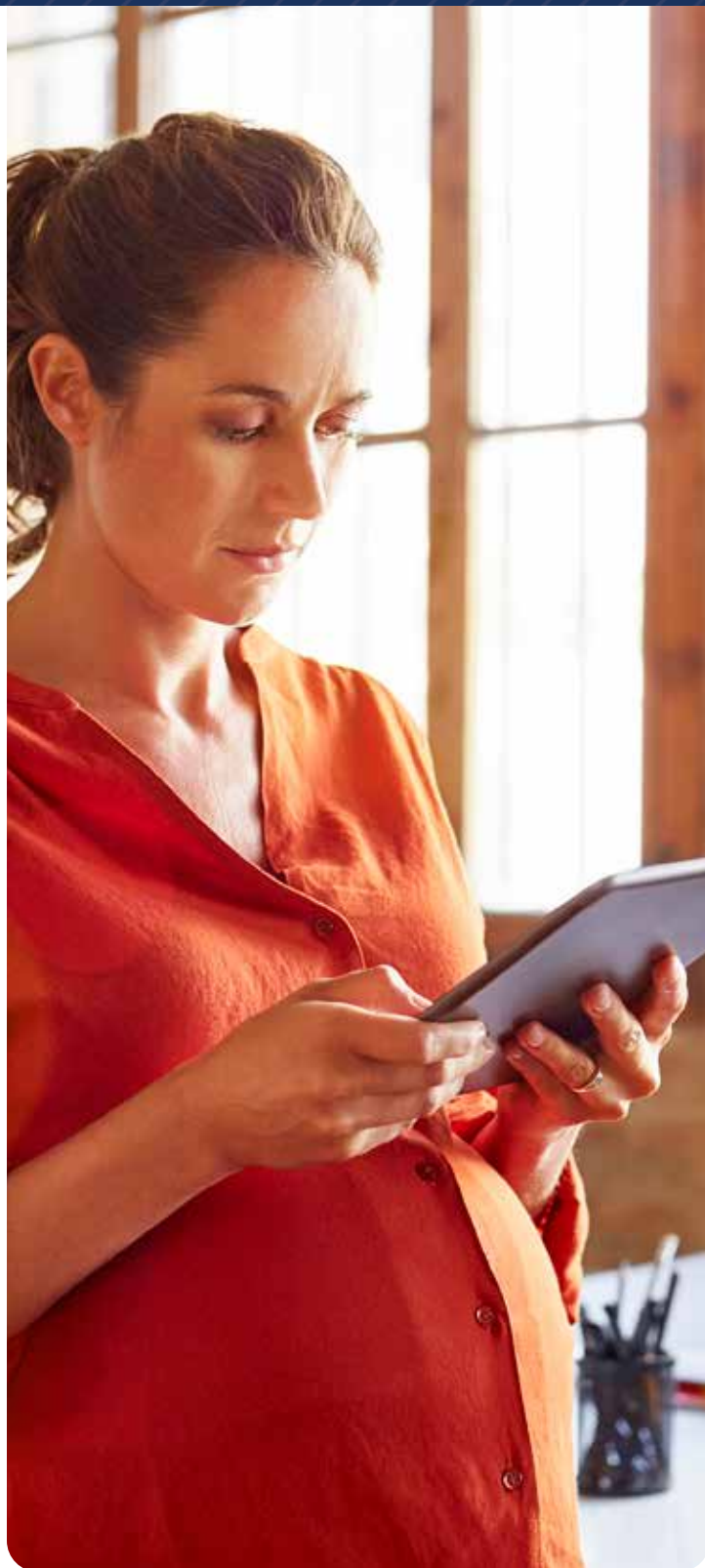


HAMILTON 

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Hamilton is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the Human Resources department with any questions.

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See [page 29](#) for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Hamilton. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Hamilton appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

Hamilton strives to provide benefits that:

- Meet your needs
- Are easy to understand and use
- Provide excellent value for affordable costs

To be your healthiest and help keep costs down, we ask that you take advantage of the provided wellness activities and preventive features.

This guide is designed to assist you and your family in making the best choices for your needs. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

What's Changing This Year?

- Beginning January 1, 2027, Aetna and CVS Caremark will provide Hamilton's medical and prescription drug coverage. Members will have access to a national provider network, extensive pharmacy access, and convenient digital tools to help navigate care, manage prescriptions, and make informed healthcare decisions.
- To keep our plan sustainable and continue offering comprehensive coverage, a few updates are being made for 2027. The in-network deductible for Employee Only coverage will increase from \$500 to \$750, and the Family in-network deductible will increase from \$1,000 to \$2,000.



Any Questions?

We're here to help. Contact Human Resources at 775-858-3000 or Benefits@HamiltonCompany.com.



Eligibility and Enrollment

Hamilton's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Hamilton who is regularly scheduled to be a full-time employee working at least 30 hours or more per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective on the date of hire. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse.
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse to provide coverage).
- Dependent children age 26 and older, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.



Passive Enrollment

This is a **PASSIVE enrollment**. If you do not take action during Open Enrollment, your current benefit elections will automatically roll over into the new plan year, subject to plan availability. However, Flexible Spending Account (FSA) elections do not automatically carry over and must be re-elected each year. If you choose to make changes, your new elections will remain in effect until the next Open Enrollment period unless you experience a Qualifying Life Event.

Now's the Time to Enroll!

What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs), as determined by the IRS, can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.



- Birth, adoption, or a child aging out and is no longer an eligible dependent
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace ([Healthcare.gov](https://www.healthcare.gov))
- Turning 26 and losing coverage through a parent's plan
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to Hamilton's Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Ready for Open Enrollment?

Hamilton covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items



Update your personal information.

Confirm your mailing address and phone number are up to date.



Double-check covered medications.

Take a moment to review your prescription medications to see how they're covered under the medical plan, including what your costs may be.



Consider your Flexible Spending Account (FSA).

An FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals. You also have the option to enroll in a Dependent Care FSA (DCFSA), which allows you to set aside pre-tax dollars to help pay for eligible child or dependent care expenses.



Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



Employee Assistance Program

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and 5 face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Hamilton. You may access information, benefits, educational materials, and more by phone at 855-205-9185 or online at liveandworkwell.com. In addition to the Optum EAP, you also have access to confidential support through Reliance Matrix's EAP, powered by AllOne Health. To contact AllOne Health, call 855-RSL-HELP (855-775-4357) or visit allonehealth.com/reliance-matrix. Code: RSL1859.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Stress, anxiety, depression
- Alcohol or drug dependency
- Grief and loss
- Marriage or family problems
- Financial or legal advice
- Job pressures



The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.



Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.



Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.



Improve your outlook.

Treat people with kindness, including yourself.



Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.



Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741.

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Gambling Support

Struggling with gambling can impact your mental health, but help is available. Find local support and treatment resources in Nevada through the National Council on Problem Gambling:

<https://www.ncpgambling.org/help-treatment/help-by-state/nevada/>

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Cost of Coverage

Paying for Your Benefits

Hamilton bundles the cost of medical, dental, and vision coverage. Premium contributions for medical, dental, and vision are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

MEDICAL, DENTAL, AND EMPLOYEE ONLY VISION

BIWEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$46.05
EMPLOYEE + SPOUSE	\$92.12
EMPLOYEE + CHILD(REN)	\$82.45
EMPLOYEE + FAMILY	\$147.84
WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$23.02
EMPLOYEE + SPOUSE	\$46.06
EMPLOYEE + CHILD(REN)	\$41.23
EMPLOYEE + FAMILY	\$73.92

DEPENDENT VISION

BIWEEKLY CONTRIBUTIONS	
EMPLOYEE + SPOUSE	\$2.82
EMPLOYEE + CHILD(REN)	\$4.20
EMPLOYEE + FAMILY	\$6.76
WEEKLY CONTRIBUTIONS	
EMPLOYEE + SPOUSE	\$1.41
EMPLOYEE + CHILD(REN)	\$2.10
EMPLOYEE + FAMILY	\$3.38

Note

To get the most value out of your medical, dental, and vision plan, be sure to visit in-network providers whenever possible.



Medical Benefits

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by Aetna. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations. Keep in mind, your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

AETNA CHOICE POS II PLAN

	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$750	\$1,500
FAMILY	\$2,000	\$4,000
COINSURANCE (EMPLOYEE PAYS)	20%*	40%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM		
INDIVIDUAL	\$4,000	No out-of-pocket maximum
FAMILY	\$8,000	No out-of-pocket maximum
COPAYS/COINSURANCE		
PREVENTIVE CARE	You pay 0%	40%*
PRIMARY CARE	\$25 copay	40%*
SPECIALIST SERVICES	\$50 copay	40%*
DIAGNOSTIC CARE	20%*	40%*
MENTAL HEALTH - INPATIENT	Not covered	Not covered
MENTAL HEALTH - OUTPATIENT	Not covered	Not covered
URGENT CARE	\$65 copay	40%*
EMERGENCY ROOM	20%*	20%*

*After deductible

How to Find a Provider

Visit [MyAetnaWebsite.com](https://www.aetna.com) for a list of Aetna network providers for Medical.

Why Use In-Network Providers?

Choosing doctors, hospitals, and facilities that are in network helps you get the most from your medical plan. In-network providers have agreed to discounted rates with the insurance carrier, which means lower costs for you and no surprise billing. You'll also have easier access to care since claims are filed directly with the plan. Out-of-network providers comes at a much higher cost — 40% coinsurance after the deductible — meaning you are responsible for a significant portion of the bill (except for emergency care), so staying in network ensures you receive quality care at the best value.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Aetna and administered by CVS Caremark. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.aetna.com or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

AETNA CHOICE POS II PLAN

	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)		
GENERIC	\$10 copay	Not covered
PREFERRED	\$30 copay	
NON-PREFERRED	\$80 copay	
SPECIALTY DRUGS	20%	
MAIL ORDER RX (90-DAY SUPPLY)		
GENERIC	\$20 copay	Not covered
PREFERRED	\$60 copay	
NON-PREFERRED	\$160 copay	
SPECIALTY DRUGS	20%	

Manage Prescriptions

Through our partnership with CVS, we are able to provide you with direct access to your prescription information from the Aetna portal. You can:

- Locate a pharmacy
- Manage your account
- Learn more about general health topics
- Shop for over the counter products
- Get the help you need or contact us
- Click [HERE](#) to access member resources listed above.

Note

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:



**Wellness visits, physicals,
and standard immunizations**

**Screenings for blood pressure,
cancer, cholesterol, depression,
obesity, and diabetes**



**Pediatric screenings for
hearing, vision, obesity, and
developmental disorders**

**Anemia screenings, breastfeeding
support, and pumps for
pregnant and nursing women**



**Iron supplements (for infants
at risk for anemia)**

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What Vaccines Are Covered 100% Under Preventive Care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

 Nurse Line 800-556-1555 (24-Hour Nurseline)	 Telemedicine (\$) 888-238-6258 cvs.com/virtual-care	 Primary Care Center (\$)
When to Use		
You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.	You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).	You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.
Types of Care*		
Answers to questions regarding: - Symptoms - Self-care/home treatments - Medications and side effects - When to seek care	- Cold & flu symptoms - Bronchitis - Urinary tract infection - Sinus problems	- Routine checkups - Immunizations - Preventive services - Managing your general health
Costs and Time Considerations**		
- Usually available 24 hours a day, 7 days a week - Available at no cost to you or your covered dependents	- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter - Typically immediate access to care - Prescriptions through telemedicine or virtual visits not allowed in all states	- Often requires a copay and/or coinsurance - Normally requires an appointment - Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.



Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.



Urgent Care Center (\$\$)



Emergency Room (\$\$\$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Visits to retail clinics, such as CVS MinuteClinic, are generally billed the same as an Urgent Care visit and will apply to your Urgent Care copay or cost share. Check with your carrier for specific coverage details, as billing classifications may vary by plan.

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

Costs and Time Considerations**

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
 **Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Hamilton provides a virtual medicine benefit through CVS Virtual Care for you and your dependents. CVS Virtual Care offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of \$20 per consultation.

CVS Virtual Care doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.cvs.com/virtual-care.

CVS Virtual Care doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/
urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Visits

Visit www.cvs.com/virtual-care to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

Note

You may also be able to schedule a virtual visit directly with your primary care physician (instead of using CVS Virtual Care). These visits are usually billed the same as an in-office appointment.



Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

With a Thrive Pass Healthcare FSA, you can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Hamilton will allow you to carry over up to \$680 of the unused FSA funds remaining at the end of the plan year into the following plan year. Any amounts carried over from one plan year to the next will not count toward the \$3,400 maximum annual limit. The optional \$680 carryover applies to the Healthcare FSA, but does not apply to a Dependent Care FSA.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

- With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.
- This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Thrive Pass with reimbursement questions. If you need to submit a receipt, Thrive Pass will notify you. Always save your receipts as they will be needed in the processing of your claim.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2027 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must “use it or lose it” — any unused funds will be forfeited.
- Up to \$680 may be rolled over to the next plan year at the end of 2027 for Healthcare FSAs.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- You have 120 days from the end of the plan year to submit your claims to be reimbursed for eligible expenses incurred during the plan year. For the 2027 plan year, submit your claims to ThrivePass.

For more information, please visit www.thrivepass.com or call 866-855-2844.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Hamilton offers affordable plan options from Cigna Dental for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Cigna at mycigna.com. Make sure to use the Cigna Total DPPO network when searching.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Cigna for 2027.

CIGNA DENTAL PLAN		
	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$50	\$50
FAMILY	\$150	\$150
CALENDAR YEAR MAXIMUM		
PER PERSON Preventive & Diagnostic costs do not apply	\$1,500	\$1,500
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Fluoride Applications	0%; deductible waived	0%; deductible waived
BASIC SERVICES Fillings, Simple Extractions, Root Canals	20%*	20%*
MAJOR SERVICES Crowns and Dentures	50%*	50%*
ORTHODONTICS Children up to age 19	Plan pays 50%	
ORTHODONTIC LIFETIME MAXIMUM	\$1,500 per person	

*After deductible

Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.



Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through UnitedHealthcare.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by UnitedHealthcare for 2027.

UHC VISION PLAN			
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10	Up to \$40	Once every 12 months
LENSES			
SINGLE VISION	Plan pays 100%	Plan pays \$40	Once every 12 months
BIFOCAL	Plan pays 100%	Plan pays \$60	
TRIFOCAL	Plan pays 100%	Plan pays \$80	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	Allowance of \$125	Plan pays up to \$125	Once every 12 months
MEDICALLY NECESSARY	Covered in full	Plan pays up to \$210	
FRAMES			
ALLOWANCE	\$130 + 30% off balance	Up to \$45	Once every 12 months



Life Insurance Benefits

It's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Hamilton provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your coverage through Reliance Matrix, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x base earnings, up to \$500,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Accelerated (Living) Death Benefit

If you're terminally ill, you may access up to 80% of your life insurance (max \$400,000) while alive. Paid as a lump sum or installments, this benefit is one time only. A request and beneficiary/assignee agreement are required, and the insurer may confirm your diagnosis with a second exam.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Reliance Matrix insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.

Supplemental Life Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life insurance. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE

COVERAGE AMOUNT	\$25,000 increments, up to 5x your salary or \$500,000, whichever is lower
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes, if elect coverage over the Guaranteed Issue amount or if you enroll after initial eligibility period. Guaranteed Issue amount for new hires is \$200,000

VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	\$5,000 increments; not to exceed employee's election amount, up to \$50,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes. Guaranteed Issue amount for new hires is \$25,000.

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	\$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	Cannot exceed employees election amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes. Guaranteed Issue amount for new hires is \$10,000

Note: To purchase coverage for either your spouse or child(ren), you must enroll yourself for coverage. You pay 100% of the cost for this coverage. Please refer to the plan summaries for the low-cost, age-banded rates. Evidence of Insurability may be required if you elect coverage over the Guaranteed Issue amount or if you enroll after your initial eligibility period. Age reductions may apply to life insurance amounts after age 69.

What Does Guaranteed Issue Mean? Guaranteed Issue refers to the amount of insurance you may elect without the insurance company requiring you to provide Evidence of Insurability (EOI) or proof of good health.

Wage Continuation

You and your loved ones depend on your regular income. That's why Hamilton offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

LTD benefits are available for purchase on a voluntary basis. This insurance replaces a percentage of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

Voluntary Long-Term Disability (LTD) Insurance Option 1: Low Plan

MONTHLY MAXIMUM BENEFIT	60% of your monthly salary, up to \$5,000
ELIMINATION PERIOD	90 days

Short-Term Disability

Hamilton provides payment of disability benefits to employees who are unable to work because of accident, injury, or sickness not connected to their work. Employees are eligible the first of the month following one year of employment. This benefit pays a percentage of the employee's weekly salary for a period of up to 11 weeks.

For maternity-related disability, benefits are payable for up to 12 weeks. Unlike other short-term disability claims, maternity benefits begin immediately without a one-week waiting period.

Voluntary Long-Term Disability (LTD) Insurance Option 2: High Plan

MONTHLY MAXIMUM BENEFIT	66.67% of your monthly salary, up to maximum of \$7,000
ELIMINATION PERIOD	90 days

Note: Both plans have reducing schedule at age 65.

Maximum Duration of LTD Benefits

If you become disabled, your Long-Term Disability benefits will continue for a set period based on your age at the time you become disabled. Benefits will not extend beyond the later of:

- The duration shown in the table below, or
- Your normal retirement age.

Example: If you become disabled at age 63, benefits may continue for up to 3 years.

AGE AT DISABILITY	MAXIMUM BENEFIT DURATION
61 or younger	To age 65
62	3¾ years
63	3 years
64	2½ years
65	2 years
66	1¾ years
69 or older	1 year



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Hamilton 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE

PLAN NAME	Hamilton 401(k) Plan
RECORDKEEPER	Fidelity
WEBSITE	www.401k.com
ELIGIBILITY	On the first day of employment
COMPANY MATCH	After 3 months of continuous employment, Hamilton will match your contributions (dollar for dollar), up to 4% or \$3,000 per calendar year, whichever is greater. Participants are 100% vested from the date of enrollment.

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. After 3 months of continuous employment, Hamilton will match your contributions (dollar for dollar) up to \$3,000 per calendar year or 4%, whichever is greater. Participants are 100% vested from the date of enrollment. Administrative services are provided by Fidelity. You may start making pre-tax or Roth contributions (or both) into the plan on the first day of employment. You must be at least 18 years of age to be eligible.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2027 is \$25,500*, and the standard catch-up contribution limit for individuals ages 50 and older is \$8,500*. The years you turn ages 60, 61, 62, and 63, you can save an additional amount up to \$11,750*. Note: The standard catch-up limit resumes the year you turn age 64.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the HR Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

*Projected amount subject to change by the IRS. Please refer to www.irs.gov to confirm annual contribution limits.

Investing in the Plan

It's up to you how to invest the assets. The Hamilton 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.401k.com.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Hamilton. Participants are 100% vested from the date of enrollment.

Benefits of 401(k)



Tax Savings

In a 401(k), you don't owe taxes annually on interest, dividends, or profits earned.



Flexibility

You can change the amount of your contributions any time.



Hamilton Match

Your retirement savings grows faster with the Company's match of 4% or \$3,000, whichever is greater!

Supplemental Health Benefits

Hamilton offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Voluntary Accident Coverage

Accident insurance through Reliance provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury that occurs on and off the job. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents that occur inside and outside of work.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.

Plan Features

Guaranteed Acceptance: There are no health questions or physical exams required.

- **Family Coverage:** You can elect to cover your spouse and children.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

CLAIMS EXAMPLE

John's daughter broke her wrist falling off her bike.

EMERGENCY ROOM	\$300
BROKEN WRIST	\$1,300
FOLLOW-UP VISIT	\$100
PHYSICAL THERAPY (6 VISITS)	\$450 (\$75 per visit)
TOTAL BENEFIT PAYOUT (SAMPLE)	\$2,150

MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$14.51
EMPLOYEE + SPOUSE	\$19.25
EMPLOYEE + CHILD(REN)	\$25.50
EMPLOYEE + FAMILY	\$33.57



Voluntary Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through Reliance pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of \$10,000, \$20,000, or \$30,000 in Guaranteed Issue coverage. Spouses can be covered at 100% and children at 50% of your elected amount.
- Rates are age-banded. Please refer to the benefit summary for a full rate table.
- Pre-existing conditions are waived!
- A \$50 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

How to Calculate Your Premium

1. Find your age band in the rate table.
2. Locate the rate for \$1,000 of coverage.
3. Multiply that rate by the number of \$1,000 units in your elected coverage amount.

Example

AGE BAND	RATE PER \$1,000	COVERAGE	UNITS (COVERAGE ÷ 1,000)	MONTHLY PREMIUM
35-39	\$0.63	\$10,000	10	\$6.30
50-54	\$3.65	\$30,000	30	\$109.50

You can receive a benefit for a new, unrelated critical illness only if it's diagnosed at least 6 months after a previous critical illness. A second diagnosis of the same illness within 6 months is not covered.

If you are diagnosed with more than one critical illness at the same time (within the 6-month period), the plan will pay only for the illness with the highest benefit.

CRITICAL ILLNESS COVERAGE (MONTHLY CONTRIBUTION)

EMPLOYEE'S AGE	PER \$1,000 OF COVERAGE
	EMPLOYEE/SPOUSE
<29	\$0.16
30-34	\$0.39
35-39	\$0.63
40-44	\$1.24
45-49	\$2.37
50-54	\$3.65
55-59	\$5.10
60-64	\$7.35
65-69	\$10.46
70+	\$18.02

CLAIMS EXAMPLE

Tom elected \$20,000 Critical Illness benefit and has a heart attack while the coverage is in place. He would receive a one-time cash payment of \$20,000. Then, 6 months later, Tom experienced a stroke. He would receive another \$20,000 payout.

TOTAL BENEFIT PAYOUT	\$40,000
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CRITICAL ILLNESS COVERAGE

PLAN BENEFITS*

ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	100%
LIFE THREATENING CANCER	100%
CANCER (NON-INVASIVE)	50%
CHILDHOOD CONDITIONS	100%
COMA	100%
HEART ATTACK	100%
LOSS OF HEARING/SIGHT/SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN FAILURE	100%
PARALYSIS	100%
PARKINSON'S	100%
SKIN CANCER	5%
STROKE	100%
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$50

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.



Voluntary Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Reliance pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). It is important to note that a covered hospital stay generally means being formally admitted and assigned to a bed for 23 hours or more.

Highlights

- Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- Popular with those planning to have children, who are older, or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- Pre-existing conditions are waived!

HOSPITAL INDEMNITY COVERAGE

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$1,000
HOSPITAL CONFINEMENT	\$200/day
MAXIMUM DAYS PAYABLE	30
HOSPITAL ICU CONFINEMENT	\$400
MAXIMUM DAYS PAYABLE	15

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$21.38
EMPLOYEE + SPOUSE	\$43.72
EMPLOYEE + CHILD(REN)	\$30.57
EMPLOYEE + FAMILY	\$52.34

Additional Benefits

Hamilton wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Business Travel Accident Program

New York Life Secure Travel offers emergency travel assistance, emergency medical transportation, and pre-trip planning information and resources. In the event of your death while traveling for business, your beneficiary would receive a benefit equal to \$150,000 for managers and exempt level employees who regularly travel for the company. Benefits are subject to a per-incident aggregate limit. For more information, please call 347-708-1824.

Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through Nationwide provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Nationwide's My Pet Protection product suite reimburses 90% of your vet bill. Visit any veterinarian worldwide, submit a claim, and receive reimbursement. You can elect either My Pet Protection or My Pet Protection with Wellness. Both plans include a \$250 annual deductible and \$7,500 maximum annual benefit limit. For information or to enroll, call Nationwide at 800-540-2016 or online at www.petsvoluntarybenefits.com.

Tuition Assistance

Hamilton helps our full-time employees pursue professional growth and development by offering tuition assistance for eligible courses. Hamilton encourages employees to further their education and value to us by enrolling in courses that are applicable to their jobs. Reimbursement for tuition fees and books will only be made to full-time employees who have been employed six months or longer, after enrollment.

Reimbursement for all courses will not exceed the current in-state cost per credit at the University of Nevada — Reno of undergraduate or graduate level courses. It is the employee's responsibility to provide a copy of receipts for tuition and books. This must be pre-approved before enrollment in the class. An employee will not be granted time off from work to attend classes. Contact Human Resources for details.

REIMBURSEMENT OF TUITION WILL BE AS FOLLOWS:

Grade A or B - 100%

Grade C - 75%

Grade D or Less - No Reimbursement

Prescription Safety Glasses

Hamilton provides \$190 towards the purchase of prescription safety glasses every two (2) years. Contact Human Resources to schedule an onsite appointment.

Discounts and Perks

BenefitHub offers a portfolio of discounts, perks, and rewards that enables you and your family to save on everything from amusement park tickets, hotel or car rentals, or discounts on electronics and a variety of other services and products. Get started by going to Hamilton.benefithub.com. Click on Activate My Account and enter your email address and your home ZIP code.



Sick Pay

Hamilton provides all employees with up to five days (40 hours) of paid time per anniversary year. This time may be used after 90 days of continuous employment. Salaried employees can only take sick time in 8 hour increments (whole day). Hourly employees can take in 1 hour increments. Any unused hours will be paid out for all employees, except in case of separation. Five (5) days of paid time will be given for the following anniversary year.

Vacation

Vacation will be awarded in hourly increments on a pay period basis and is available for use in eight (8) hour increments, and available for use after six (6) months.

1-14 years:	15 days
15 years:	20 days

Hamilton Company Holidays

- New Year's Day
- President's Day
- Memorial Day
- Floating Holiday: Friday, July 2, 2027
- Independence Day
- (Observed): Monday July 5, 2027
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Floating Holiday: Thursday, December 23, 2027
- Christmas Day
- New Year's Eve: December 31, 2027



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Evidence of Insurability (EOI) – Evidence of Insurability is the process of providing health information to the insurance company when you apply for certain benefits, like Life or Critical Illness Insurance, above the Guaranteed Issue amount. The insurer uses this information to decide if you qualify for coverage and at what amount. Approval is required before you can receive the additional coverage.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Guarantee Issue (GI) – Guaranteed Issue means you can enroll in a benefits plan, like Critical Illness or Life Insurance, without answering any health questions or going through a medical exam. If you sign up during the Guaranteed Issue period, you are automatically approved for coverage up to a certain amount, making it easier to get protection for you and your family.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.





Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Hamilton About Your Prescription Drug Coverage and Medicare Under the Aetna Choice POS II Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hamilton 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. Hamilton has determined that the prescription drug coverage offered by the Aetna Choice POS II plan(s) 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 Hamilton coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may 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 Hamilton 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 at the end of these notices 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 Hamilton 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 Medicare Part D 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:	January 1, 2027
Name of Entity/Sender:	Hamilton
Contact—Position/Office:	Human Resources
Address:	4970 Energy Way Reno, NV 89502
Phone Number:	775-858-3000

Women's Health and 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 this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 775-858-3000.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 775-858-3000.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

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

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

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

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

To request special enrollment or obtain more information, contact Human Resources at 775-858-3000.

Notice of Grandfathered Status

This group health plan believes Aetna Choice POS plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 775-858-3000. [For ERISA plans, insert: You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.]

Illinois Essential Health Benefit (EHB) Listing

Employer Name: Hamilton

Employer State of Situs: Nevada

Name of Issuer: Aetna

Plan Marketing Name: Choice POS

Plan Year: 2027

Ten (10) Essential Health Benefit (EHB) Categories:

- » Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- » Emergency services
- » Hospitalization (like surgery and overnight stays)
- » Laboratory services
- » Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- » Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- » Pregnancy, maternity, and newborn care (both before and after birth)
- » Prescription drugs
- » Preventive and wellness services and chronic disease management
- » Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	No
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	No
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	No
26	Tele-Psychiatry		Pg. 11	No
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 – 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31– 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Important Contacts

Medical & Pharmacy

Aetna
855-586-6961
800-556-1555 (24-hour Nurseline)
www.aetna.com
Aetna Choice POS II Network
Policy #: 286634

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Reliance Matrix
800-866-2301
matrixabsence.com

Telemedicine

CVS Virtual Care
888-238-6258
www.cvs.com/virtual-care

Dental

Cigna
800-244-6224
mycigna.com
Policy #: 3347086

Vision

UnitedHealthcare
800-638-3120
www.myuhcvision.com
Policy #: 006536

Flexible Spending Accounts

Thrive Pass
866-855-2844
www.thrivepass.com

Life and AD&D

Reliance Matrix
800-866-2301
www.matrixabsence.com

Disability

Reliance Matrix
800-866-2301
matrixabsence.com

Retirement

Fidelity
800-835-5095
www.401k.com

Employee Assistance Program

Optum
855-205-9185
liveandworkwell.com

Reliance Matrix
855-775-4357
allonehealth.com/reliance-matrix
Code: RSLI859

Business Travel Accident

New York Life
347-708-1824
Policy #: ABL0654022

Tuition Assistance

Hamilton Human Resources
775-858-3000
Benefits@HamiltonCompany.com

Pet Insurance

Nationwide
800-540-2016
www.petsvoluntarybenefits.com

Hamilton Human Resources

4970 Energy Way
Reno, NV 89502
775-858-3000
Benefits@HamiltonCompany.com



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