

Leaf Home Benefits Guide

Your Health. Life. Future. Perks.



2025

2026



Welcome Home!

Here at Leaf, we want to make it as easy as possible for you to prioritize your health and wellness.

This is why we place a significant investment into our benefits program to ensure that you feel your best both inside and outside of the workplace. Our benefits package contains a variety of offerings to help you customize your benefits usage to best fit the needs of you and your family. Whether you're looking for standard healthcare offerings, planning for your future, or just looking for some fun discounts - there is something for everyone!

At Leaf, we promote an inclusive environment. Our benefits are no different! There is something for everyone to ensure that you, and your family, stay happy and healthy!

Peek inside to learn more about what Leaf can do to support you!

Stay Healthy,

The Leaf Home Benefits Team

YOURHEALTH.

MEDICAL
DENTAL
VISION
DISABILITY COVERAGE
HOSPITAL INDEMNITY
ACCIDENT
CRITICAL ILLNESS
FSA ACCOUNTS

YOURLIFE.

IDENTITY THEFT
PROTECTION
LEGAL COVERAGE
CHILDCARE DISCOUNT
HOLIDAYS, PTO + LEAVES
OF ABSENCE
EMPLOYEE ASSISTANCE
PROGRAM (EAP)

YOURFUTURE.

EMPLOYER PAID LIFE
VOLUNTARY LIFE PLANS
RETIREMENT SAVINGS
FINANCIAL WELLNESS

YOURPERKS.

UBER DISCOUNT
BENEFITHUB MARKETPLACE
PET INSURANCE
ONE PASS SELECT
HUDSON FIELD SUPPORT
EXCLUSIVES

CARRIER CONTACTS
INTERNAL CONTACTS
LEGAL NOTICES



Your Health.

Important Information About Your Medical Coverage

Eligibility

Benefit Plan Year: July 1 – December 31st, 2025

Eligible Dependents: In general, eligible dependents include your legal spouse and legal children up to age 26. Children may include natural, adopted, stepchildren and children obtained through court- appointed legal guardianship. If you have questions about the eligibility of your dependent, contact the HR department.

When Coverage Begins: Elections made during Open Enrollment are effective at the beginning of our Plan Year (July 1, 2025). Newly eligible employees' coverage selections will be effective 30 days after hire date or following a status change. Benefits elections are in effect for the entire Plan Year and can only be changed during Open Enrollment or through a Qualifying Event.

Life Event: A Qualifying Event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of these changes include:

- Change of legal marital status (i.e. marriage, divorce, death of legal spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (legal spouse loses job, etc.)
- Changes must be made in UKG via Menu > Myself > Benefits > Manage My Benefits.



Your Health.

Medical

Contribution Rates

WEEKLY EMPLOYEE DEDUCTIONS - DID NOT PARTICIPATE IN WELLNESS PROGRAM

	Employee	Employee & Spouse	Employee & Child(ren)	Family
UHC Surest All Employees				
Employee Cost	\$38.75	\$116.30	\$86.19	\$175.34
Dental PPO All Employees				
Employee Cost	\$0.00	\$2.35	\$2.85	\$5.75
Vision Blue View Vision Option 35				
Employee Cost	\$0.00	\$0.40	\$0.50	\$0.95

WEEKLY EMPLOYEE DEDUCTIONS - COMPLETED WELLNESS PROGRAM

	Employee	Employee & Spouse	Employee & Child(ren)	Family
UHC Surest All Employees				
Employee Cost	\$0.00	\$77.55	\$47.44	\$136.59
Dental PPO All Employees				
Employee Cost	\$0.00	\$2.35	\$2.85	\$5.75
Vision Blue View Vision Option 35				
Employee Cost	\$0.00	\$0.40	\$0.50	\$0.95

Working Spouse Provision

If your legal spouse is employed and has access to employer-subsidized medical coverage (meaning the employer pays any portion of the healthcare costs) through their employer, your legal spouse is not eligible for coverage under the Leaf Home plans. To determine if your legal spouse can be covered under the Leaf Home plans, please complete our Affidavit of Spousal Health Care Coverage which will be available for download during enrollment.



Your Health.

Medical Benefits Overview

Network Deductible

\$0 (individual) / \$0 (family)

Network Out-of-Pocket Maximum

\$5,000 (individual) / \$10,000 (family)

	United Healthcare - Surest	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Coinsurance	100%	100%
Maximum Out-of-Pocket*		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Physician Office Visit		
Primary & Specialty Care	\$15 to \$100	\$300
Virtual Health		
Virtual Health (Primary and Urgent)	\$0	Not Covered
Virtual Health (Specialty)	\$0 to \$100	Not Covered
Preventive Care		
Adult & Child Routine Care	\$0	\$150
Diagnostic Services		
Routine X-ray and Lab Tests (Routine/ Not Routine)	\$0 / \$10 to \$1,100	\$0 / Up to \$3,300
Complex Imaging (MRI, CT, etc.)	\$100 to \$700	\$1,875 to \$2,100
Urgent Care Facility	\$50	\$150
Emergency Room Facility Charges*	\$500	\$500
Inpatient & Outpatient Procedures	\$40 to \$3,000	Up to \$9,000
Physician/ Surgeon Fees	No Charge	No Charge
Mental Health, Behavioral Health, Substance Abuse		
Outpatient Services	Home/ Office: \$15 Outpatient Facility: \$125	Home/ Office: \$150 Outpatient Facility: \$375
Inpatient Services	\$2,000/stay	\$6,000/ stay
Pharmacy		
	Retail	Mail Order or 90-day Retail
Preventive Generics (includes certain diabetic medications, generic contraceptives and tobacco cessation medications)	\$0	\$0
Generic (Tier 1)	\$10	\$25
Preferred (Tier 2)	\$60	\$150
Non-Preferred (Tier 3)	\$90	\$225
Preferred Specialty (Tier 4)	\$240, \$270, \$300	



Your Health.

Preventive Care

PREVENTIVE CARE –Preventive care is designed to help you stay healthy. It's covered by most health plans with \$0 out-of-pocket when you see a network provider.

Diagnostic care could have additional costs, depending on your plan coverage. Diagnostic care includes care or treatment when you have symptoms or risk factors and your Doctor wants to diagnose them.

Routine preventive for Children*

Appropriate screenings based on gender and age.

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap test
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling

Routine preventive for adults

Appropriate screenings based on gender and age.

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- Bone density testing
- Colonoscopy
- Aortic aneurysm

*Birth to age 18

OnePass Select – Flexible fitness options for all!

Being healthy should not be a grind. It should involve trying new things, exploring new foods, and pushing yourself to be slightly better than you were the day before. With OnePass Select, the mission is to make being healthy fun for all.

Choose the membership that fits your lifestyle:



\$29/Mo

Classic

12,000+ gym locations

\$64/Mo

Standard

13,500+ gym and premium locations

\$99/Mo

Premium

16,000+ gym and premium locations

\$144/Mo

Elite

18,000+ gym and premium locations

*An enrollment fee may apply.

Or get started with a digital-only plan for \$10/Mo.

All tiers Classic or above come with grocery and home essentials delivery at no extra cost.

One Pass Select is simple to set up

Your One Pass Select member code is a single code that will get you access to any fitness location in your chosen network tier. Additionally, use it for online fitness vendors and other One Pass offerings.

1. Go to OnePassSelect.com
2. Click "Get Started"
3. First time visitors, follow the prompts to register. Returning users log in with email and password
4. Get your One Pass Select member code on the dashboard page
5. Click "How to use code" to learn more about how to use your unique One Pass Select member code to access all of your services



Get started today

Visit OnePassSelect.com



Your Health.

United Healthcare with Surest



surest[™]

Step One: Create Your Account

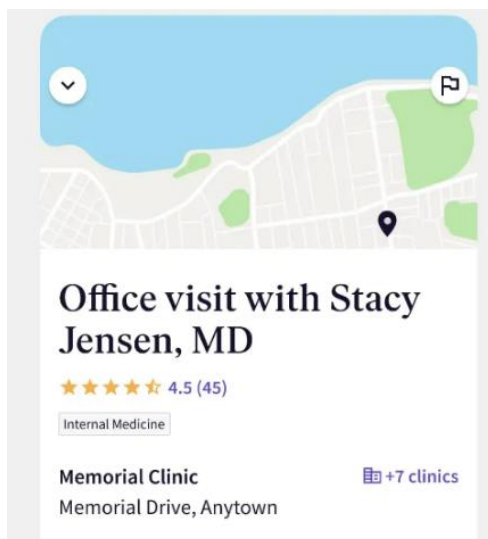
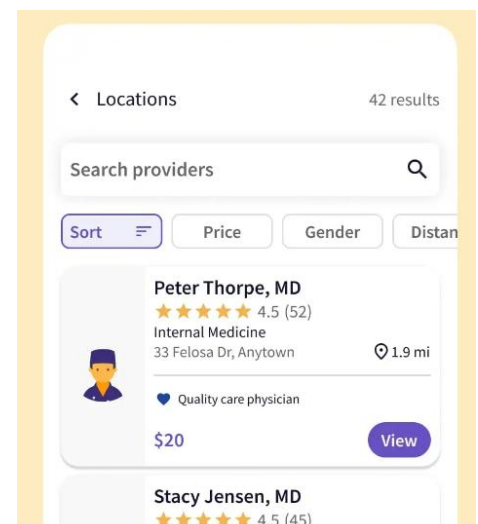
Set up a username and a password to start using your plan. With your account you can access your digital member ID card, search for care, compare options, and see prices **BEFORE** a visit.

Step Two: Search for Care

Search for care by condition, symptom, treatment, specialty, or doctor.

Step Three: Compare Care Settings, Providers & Costs

Access to the large, national United Healthcare network of physicians, Care professionals, hospitals, and clinics give you plenty of provider and treatment options to choose from. You can also see what's covered in a visit and how much it will cost.

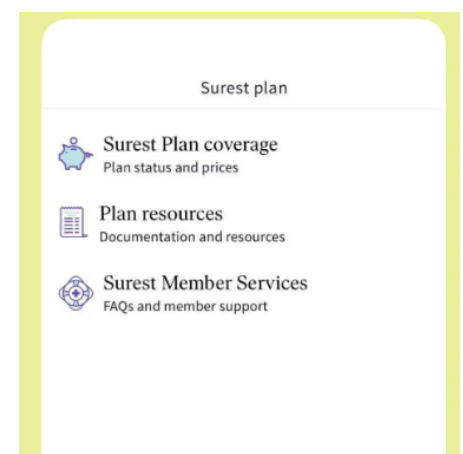


Step Four: Choose care that's right for you and your budget.

Filter care options by price, location, specialty type to help you choose care that fits your needs, lifestyle, and budget. There's no deductible to meet so the Surest health plan starts working for you on day one.

Step Five: Need Help??

Access your plan details and get member support right from the app through chat, email, or phone at 866-683-6440, Monday-Friday 6 am through 9 pm CST.



Your Health.



United Healthcare with Surest Frequently Asked Questions

Do I have coverage for emergencies?

YES! If you go to the emergency room, you pay the emergency room copay.

What if I need emergency surgery?

If you need emergency surgery and/or need to be admitted to the hospital, the emergency room copay is waived, and you will be responsible for the inpatient hospital emergency admittance copay.

What's included in a copay?

Copays are specific dollar amounts you pay for using routine services, like a doctor's visit. The copay for an office visit includes standard labs and X-rays. A surgery copay includes surgeons, anesthesiologist, and facility fees.

What's covered under the Surest plan?

With the Surest plan, you get what you'd expect from a health plan, only with price visibility to check and compare costs and options. Plus, lower costs are an indication of higher-value care.

How does the Surest plan work?

For office visits and many procedures – from having an MRI to having a baby – you see one price. By grouping these services together – combining the labs and X-rays that go along with a medical procedure or test into one price – we're trying to make it easier for our members to know what they'll pay in advance.

Does Surest cover dental and vision?

When there is an underlying medical condition, dental and vision are covered. For routine care, services are offered through a separate plan. Reach out to your benefits team for more information.

Is there an out-of-pocket limit? What applies?

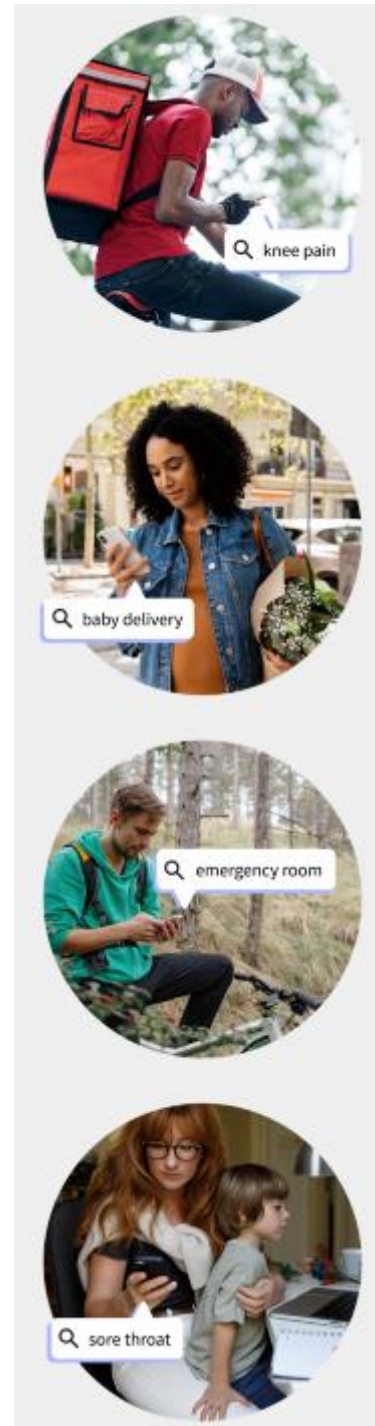
Yes. There is an out-of-pocket limit, or the most money you'll pay in a given year for health care benefits your plan covers. Visit [Join.Surest.com](https://join.surest.com) or your benefit site for details. All copays count toward the out-of-pocket limit, from office visits to surgery. Paycheck deductions (premiums) and most out-of-network expenses don't count toward in-network out-of-pocket limits.

Is my doctor in-network?

Your network is a group of hospitals, doctors, labs, specialists, and pharmacists who have a partnership (and contract) with your health insurance company to be part of your plan. Your doctor is likely in-network – we access the national UnitedHealthcare Choice Plus* and Optum Behavioral Health networks – but you should confirm at [Join.Surest.com](https://join.surest.com).

What should I do if my doctor doesn't recognize Surest?

Not all network providers know our plan by name, so it can be helpful to share the following: We access the national UnitedHealthcare and Optum Behavioral Health networks. Plus, your Surest ID card has all the information your doctor needs.



Your Health.

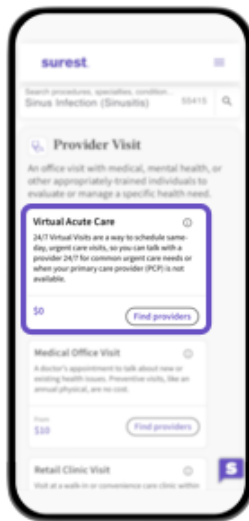


United Healthcare with Surest Virtual Care

Three easy ways to find virtual care:

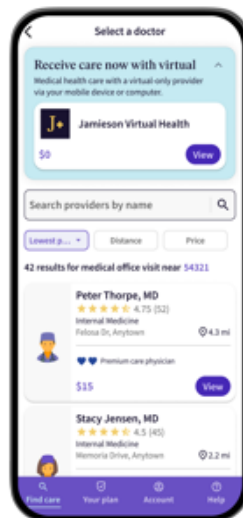
1

Search in the app or website for a condition, provider, or treatment and see an option for Virtual Acute Care. It's part of the search experience.



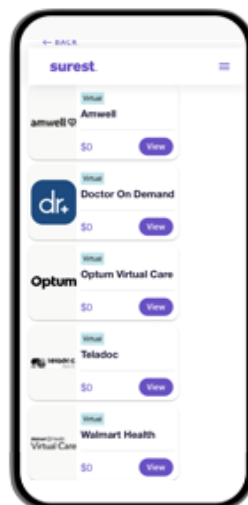
2

For added awareness, you'll see virtual alternatives when selecting "in-person medical office visit".



3

And — when you're in the app — you'll be notified of certain virtual care programs available to you.



The Surest health plan has recently expanded virtual care coverage. See a board-certified doctor or other medical professional from broad, national UnitedHealthcare networks for the following needs:

Virtual primary care

Virtual urgent and acute care

Virtual speech therapy

Virtual mental and behavioral health

Virtual serious mental illness

Virtual intensive outpatient therapy

Virtual substance use support

Virtual eating disorder support

Virtual exercise therapy

Virtual gastroenterology

Convenient: Often same-day appointments

Accessible: No driving to a clinic. See a medical professional from the comfort of home (or wherever you are).

Low (or no) cost: Virtual care is often low- or no-cost. Don't skip necessary medical care because of unknown costs.

Designed to be easy to use: Virtual care is part of your Surest plan.

surest™



Your Health.

Dental

Routine dental care is essential to good health. Leaf Home provides you with the opportunity to purchase coverage through Delta Dental. All full-time employees are eligible for this coverage after completing 30 days of employment.

In- Network vs. Out-of-Network

Our partnership with Delta Dental is designed to provide the dental coverage you need with the features you want to best fit the needs of you and your family. **With dental coverage with Delta, enjoy the freedom to visit the dentist of your choice, whether that be in-network or out-of- network.** However, **costs may vary.** For the best savings, use a **Delta Dental Provider.** If you choose a dentist who does not participate in our dental plan, you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service. In this case, **out-of-pocket expenses** may be more.

Be Prepared & Plan Ahead!

If dental work is required, plan ahead! **You can always request a pretreatment estimate from your dentist.** Your dentist will then contact Delta Dental to discuss your treatment plan, so you and your care provider can review your care and costs before committing to treatment. **This is a great way to provide peace of mind for both you and your wallet!**

Accessing Your Dental Benefits

Stay informed about your dental benefits with Delta's **Member Portal!** Your Member Portal is your one-stop shop for 24/7 access to your plan information. **Access details on coverage, claims, eligibility, and your digital member ID cards (as you will not be receiving physical cards) with the click of a button.** You can also use the Member Portal to **find a dental provider near you.**

Visit <https://www.memberportal.com/mp/delta/> and click **Sign Up!**

- You will need to provide the subscriber's Member ID (SSN).
- Complete the required fields and follow the on-screen instructions.
- Select your own username and password to access the site.

You can also use the QR code below to download the Delta Dental app!

Scan me to
download the Delta
Dental mobile app!





Your Health.

Summary of Dental Benefits

DENTAL PPO ALL EMPLOYEES	Delta Dental PPO Dentist (Delta Pays)	Delta Dental Premier Dentist (Delta Pays)	Out-of-Network
Annual Benefit Maximum – (Calendar Year)			
Per insured person	\$1,000	\$1,000	\$1,000
Diagnostic & Preventive Services are not applied to the Annual Benefit Maximum			
Annual Maximum Carryover	No	No	No
Orthodontic Lifetime Benefit Maximum			
Per eligible insured child	\$1,000	\$1,000	\$1,000
Annual Deductible – (Calendar Year)			
Per insured person	\$50	\$50	\$50
Family maximum	3x single member deductible	3x single member deductible	3x single member deductible
Diagnostic and Preventive Services			
Periodic Oral Exam	100% coinsurance	100% coinsurance	100% coinsurance
Teeth Cleaning (prophylaxis)			
Basic Services			
Amalgam (silver-colored) filling	80% coinsurance	80% coinsurance	80% coinsurance
Front composite (tooth colored) filling			
Endodontics			
Root Canal	50% coinsurance	50% coinsurance	50% coinsurance
Periodontics			
Scaling and root plane	50% coinsurance	50% coinsurance	50% coinsurance
Oral Surgery			
Surgical extractions	50% coinsurance	50% coinsurance	50% coinsurance
Major Services			
Crowns	50% coinsurance	50% coinsurance	50% coinsurance
Prosthodontics			
Dentures			
Bridges	50% coinsurance	50% coinsurance	50% coinsurance
Dental Implants (Covered)			
Prosthetic			
	80% coinsurance		80% coinsurance
Orthodontic Services			
Dependent Children to 19	50% coinsurance	50% coinsurance	50% coinsurance

Questions? Contact Delta Dental directly at 800-534-0149 for live help Monday- Friday, 8:30am-8pm EST.



Your Health.

Vision

Leaf Home offers vision insurance through Lincoln Financial Group (using the [Spectera](#) Provider Network) - to help you see your future with us in 20/20! All full-time employees are eligible for this benefit after completing 30 days of employment.

Summary of Vision Benefits

Vision Benefits	In-Network	Out-of-Network
Exam		
• Benefit	\$10 copay	\$40 allowance
• Frequency	12 months	12 months
Lenses		
• Single Vision	\$25 copay	\$40 allowance
• Bifocal	\$25 copay	\$60 allowance
• Trifocal	\$25 copay	\$80 allowance
• Frequency	12 months	12 months
Frames		
• Benefit	\$130 allowance	\$45 allowance
• Frequency	24 months	24 months
Contact Lenses (in lieu of Lenses & Frames)		
• Elective	100% after \$25 copay	\$125 allowance
• Medically Necessary	100% after \$25 copay	\$210 allowance
• Frequency	12 months	12 months

Lincoln Vision Connect members can access plan information and helpful tools 24/7 by creating an online account! Not only can you **view and print your ID cards (as you will not receive physical cards)** in your online account, but you can also **review your benefits and be more informed on how to use them, find providers, understand which eyewear may be best for you, and discover discounts on contacts and Lasik.** Use the steps below to get started today!

Important Note: Members are supported through the Spectera Vision network. When visiting your eye care provider, let them know you are a Spectera customer to make the most of your in-network benefits and ensure out-of-pocket costs remain low.

- Visit LCV.LFG.com and select **Register Now**
- Enter your **subscriber ID (if known)** OR **utilize the last 4 digits of your SSN**
- Enter your personal and contact information (**this must match the enrollment on file including legal name, hyphens, etc.**)
- Choose your **unique username, password, and four-digit pin**
- Select **Create** to finalize account set up



Questions? Contact Lincoln directly at 800-440-8453 for live help Monday- Friday, 8:30am-8pm EST.



Your Health.

Voluntary Disability Insurance

Leaf Home offers Voluntary Short-Term and Long-Term Disability Insurance for you at a discounted group rate through Lincoln. Disability coverage provides compensation for missed pay should you need to be out of work due to an injury or illness, giving you financial peace of mind when you need it most. All full-time employees are eligible for this benefit after completing 30 days of employment.

Voluntary Short-Term Disability (VSTD)

Voluntary Short -Term Disability provides a **cash benefit** when you are out of work for **up to 13 weeks** due to **injury, illness, surgery, or post-partum recovery**.

Benefit Type	Summary
▪ Accident	8 th day
▪ Sickness	8 th day
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	13 weeks
Pre-Existing Condition Limitations	3/12

Voluntary Long-Term Disability (VLTD)

Voluntary Long -Term Disability provides a **cash benefit** when you are out of work for **90 days** or more due to **injury, illness, or surgery**.

Benefit Type	Summary
Elimination Period	90 days
Monthly Benefit	60% of your monthly earnings
Maximum Monthly Benefit	\$6,000
Maximum Benefit Duration	Social Security normal retirement age
Pre-Existing Limitation	12 months for conditions treated within the 3 months prior to effective date of coverage



Your Health.

Voluntary Disability Insurance

VSTD Rate & Premium Summary

Age	Monthly Rate per \$10 of weekly benefit
Under 25	\$0.180
25-29	\$0.180
30-34	\$0.180
35-39	\$0.180
40-44	\$0.180
45-49	\$0.219
50-54	\$0.282
55-59	\$0.402
60-64	\$0.484
65-69	\$0.519
70-74	\$0.519
Over 74	\$0.519

VLTD Rate & Premium Summary

Age	Monthly Rate per \$100 of covered payroll	Age	Monthly Rate per \$100 of covered payroll
Under 25	\$0.094	50-54	\$0.940
25-29	\$0.094	55-59	\$1.115
30-34	\$0.198	60-64	\$1.170
35-39	\$0.272	65-69	\$1.229
40-44	\$0.470	70-74	\$1.290
45-49	\$0.744	Over 74	\$2.787

Disability - Pre-Existing Condition Rule + Claim Filing

If you have a medical condition that begins **before your coverage takes effect and** receive treatment for this condition within the **3 months** leading up to your coverage start date, you will not be eligible for payable benefits for that condition until you have been covered on the plan for **12 months**. This applies to both Voluntary Short-Term and Long-Term Disability coverages.

For questions related to filing a disability claim and/or eligibility, please reach out to benefits@leafhome.com so that we may better review your situation and advise on next appropriately.

Please note that the claims process will be done online via Lincoln. Lincoln does review all claims and make all approval decisions directly on their end. This process is not held internally with Leaf.



Your Health.

Hospital Indemnity

Leaf Home offers Hospital Indemnity Coverage through Lincoln at a reduced group rate to provide peace of mind if you or a covered family member needs to visit a hospital for an injury or illness. Hospital Indemnity provides a lump-sum cash benefit to help you take care of unexpected expenses - from deductibles to childcare to everyday bills. This coverage is guaranteed - no medical questions required to obtain! All full-time employees are eligible for this benefit after completing 30 days of employment.

Core Hospital Benefits	Plan Benefit
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,000 per day for one day per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$200 per day for 30 days per calendar year starting on second day of confinement
Hospital intensive care unit (ICU) admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$2,000 per day for one day per calendar year
Hospital ICU confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$400 per day for 30 days per calendar year starting the second day of confinement
Complications of pregnancy	Included
Maternity Benefits	Plan Benefit
Newborn Care For each day of confinement to a hospital for routine post-natal care following birth	\$100 per day for two days per calendar year

Weekly Hospital Indemnity Rates

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$5.80	\$12.69	\$9.16	\$16.75

Health Assessment Benefit - Hospital Indemnity

Receive a **cash benefit of \$50** every year that **you and any of your covered family** members complete a single **covered exam, screening, or immunization**.

For questions, contact Lincoln at 800-423-2765 and mention ID 943032



Your Health.

Supplemental Accident & Critical Illness

Accident Coverage

We do not expect accidents, and most of us do not plan or budget for them; but when they happen, the costs can be overwhelming, even with medical coverage. That is where accident protection can help. This plan pays out a cash benefit in one lump sum if you or a covered family member is injured because of an accident. You decide how to use the benefits to best support your recovery. All full-time employees are eligible for this benefit after completing 30 days of employment.

You can use accident coverage to help pay for:

- Out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays, or crutches.
- Daily expenses like rent, food, transportation or help around the house.

For a full list of covered injuries, payable amounts, and next steps for claim filing, please visit [UKG](#) and navigate to the [Leaf Home Hub](#).

Weekly Accident Rates

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.65	\$2.59	\$2.73	\$4.30

Critical Illness Coverage

When you have a critical illness, such as a heart attack or cancer, you want the best care. At times like these, you should not have to worry about how you are going to pay for it. Critical Illness coverage provides the added layer of security you want and need a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member. All full-time employees are eligible for this benefit after completing 30 days of employment.

You can use the lump-sum payment to help pay for:

- Out-of-pocket medical costs, such as doctor bills, imaging, or rehab
- Daily expenses like rent, food, transportation, childcare or help around the house

Lincoln's Critical Illness coverage provides benefits for heart attack, stroke, invasive cancer, major organ transplant and neurological conditions such as advanced Alzheimer's and advanced Parkinson's. The coverage pays for the first diagnosis of certain illnesses after your coverage becomes effective. It may also cover a new cancer diagnosis even with a previous cancer diagnosis.

For a full list of covered illnesses, payable amounts, and next steps for claim filing, please visit [UKG](#) and navigate to the [Leaf Home Hub](#).

Your Health.



Weekly Critical Illness Rates

Employee Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$0.70	\$1.05	\$0.97	\$1.32
25-29	\$0.93	\$1.39	\$1.20	\$1.66
30-34	\$1.17	\$1.76	\$1.44	\$2.03
35-39	\$1.48	\$2.22	\$1.75	\$2.49
40-44	\$2.01	\$3.02	\$2.28	\$3.29
45-49	\$2.60	\$3.90	\$2.87	\$4.17
50-54	\$3.56	\$5.34	\$3.83	\$5.61
55-59	\$4.83	\$7.25	\$5.10	\$7.52
60-64	\$6.84	\$10.26	\$7.11	\$10.53
65-69	\$9.42	\$14.13	\$9.69	\$14.40
70+	\$18.51	\$27.77	\$18.78	\$28.04

Flexible Spending Accounts (FSA)

Did you know that you can set aside pre-tax funds to help cover out of pocket medical and dependent care expenses? Leaf Home offers two Flexible Spending Account (FSA) options to all full-time employees who have completed 30 days of service.

Healthcare Expense Account

The health account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of \$.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Leaf Home allows a voluntary contribution of up to \$1,650 per plan year into your healthcare expense account. The plan year runs July 1 through December 31 due to our short plan year for 2025. During Leaf Home's second Open Enrollment that will be held in the fall 2025 you will be able to re-elect your FSA contributions for the plan year that will run January 1, 2026, through December 31, 2026. Keep in mind your benefit card from Basic will no longer work effective June 30, 2025, due to the FSA administrator change. You can still manually submit claims incurred prior to July 1, 2025, to Basic through September 28, 2025. Any rolled over funds will be transferred to your new PNC account.

Effective for purchases on or after January 1, 2020, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies, and allergy medicines are now reimbursable from an FSA without a prescription. The CARES Act has added hundreds of menstrual products to the list of approved expenses as well, including tampons, pads, liners, cups, sponges, and similar items. Vitamins and supplements, however, will continue to require a physician's prescription indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness. View a specified list of eligible items, direct from the IRS, [HERE](#).

****If you have received a "NEW" benefit card in the mail, DO NOT USE IT after 6/30/2025.****



Flexible Spending Accounts (FSA)

Dependent Care Account

This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to \$120 minimum and a maximum of \$2,500 each for the 2025 plan year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level. The 2025 plan year will run July 1st, 2025, through December 31st, 2025.

Important Note: A qualified adult dependent must reside with the employee and use a valid adult day care center/provider.

What are the risks of FSA accounts?

Flexible Spending Accounts (FSAs) should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your Dependent Care expenses and have money left in the account at the end of the year, it will be forfeited. The IRS allows for Health FSA plans to rollover up to \$660 from year to year to prevent from losing unused funds. Please note that if less than \$660 is remaining, it will transfer over seamlessly 90 days into the following plan` year. Funds remaining in FSA accounts upon termination will be forfeited, however you may choose to continue coverage for the Health FSA account via COBRA coverage. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.



Your Life.

Allstate Identity Theft Protection

Many know that they need to do something to protect their online security and privacy but don't know where to start. Look no further! Leaf Home offers Allstate Identity Protection Pro+ to deliver comprehensive financial and identity monitoring to help you protect yourself against the impact of identity theft. See your personal data, monitor it with rapid alerts, and help protect your identity. Added bonus? Rely on the plan's \$1,000,000.00 identity theft expense coverage if identity theft should occur. All full-time employees are eligible for this benefit after completing 30 days of employment.

Allstate Identity Protection Pro+ Includes:

- Allstate Digital Footprint
- Comprehensive identity and credit monitoring
- Dark web monitoring
- Financial Transaction Monitoring
- Social media monitoring
- Data breach notifications
- Remediation of pre-existing identity theft coverage at no additional cost
- Coverage available for family
- Full-service US - based remediation support
- Stolen fund reimbursement Tax fraud refund advance
- 401(k) and HSA reimbursement
- Up to \$1 million identity theft expense reimbursement

Monthly Identity Theft Protection Rates

Individual	\$6.50 / Month
Family	\$12.50 / Month

Questions on your account and usage? Contact Allstate directly at 1-800-789-2720

MetLife Legal Insurance

Leaf Home also offers a legal assistance plan via MetLife. With this plan, you'll have unlimited access to their attorneys for all legal matters covered under the plan. All full-time employees are eligible for this benefit after completing 30 days of employment. Coverage is available at \$16.75 per month which will be paid via weekly payroll deduction.

This cost includes coverage for you, your legal spouse, and your dependents. There are no waiting periods, deductibles, or claim forms when using a network attorney for a covered matter. For non- covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.



Your Life.

MetLife Legal Insurance

Covered Legal Matters

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services⁴ 	<ul style="list-style-type: none"> Identity Theft Defense Negotiations with Creditors Personal Bankruptcy 	<ul style="list-style-type: none"> Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary or Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Divorce (10 hours) Garnishment Defense Guardianship Immigration Assistance 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection Prenuptial Agreement 	<ul style="list-style-type: none"> Protection from Domestic Violence Reproductive Assistance Law (20 hours)⁵ Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets⁶ Driving Privileges Restoration 	<ul style="list-style-type: none"> Habeas Corpus License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession

To learn more about your coverages and see attorney networks, create an account at www.legalplans.com or call 800-821-6400 Monday-Friday 8AM-8PM EST.

Childcare Discount - KinderCare

Did you know that you can get a 10% discount on childcare services, just by being a Leaf employee? Our partnership with KinderCare Learning Centers provides our working parents access to affordable childcare with safe, nurturing classrooms and experienced teachers at KinderCare Learning Centers nationwide. All employees are eligible to utilize this discount.

Already use a KinderCare Learning Center? No problem! Both new families, and those currently enrolled, are eligible to receive this discount.

Visit <https://kindercare.com/leafhome> today to find a center near you. To receive your discount, please present proof of employment to the Center Director





Your Life.

Holidays, PTO Plans, & LOA

Benefit or Leave Type	Eligibility	Waiting Period	Description
Exempt PTO	Full Time Exempt Employees	90 days	Flexible paid time off is as needed and as approved by a supervisor and may be used for unpaid leaves.
Non-Exempt PTO	Full-time and part-time non-exempt employees, other than retail marketers, event marketers, and canvassers	90 days	PTO is accrued in accordance with the policy below and may be used for unpaid leaves
Paid Holidays	All full-time employees	None	Holidays are observed as outlined below
Floating Holidays	Full-time exempt and non-exempt employees	90 days	Employees are eligible for two floating holidays as scheduled and approved by a supervisor.
Parental Leave	All Employees	90 days	Employees are eligible for 6 weeks paid bonding time for birthing and non-birthing parent and up to 6 additional weeks of unpaid time for birthing parent.
Military Leave	All Employees	None	Unpaid leave is governed by state and federal law.
Bereavement Leave	All Employees	90 days	Employees are eligible for 3 days of paid leave and additional unpaid leave as approved by a supervisor.
Family Medical Leave Action (FMLA)	Exempt & Non-exempt	12 months and 1,250 hours in prior 12 months	Employees may be eligible for unpaid FMLA for a serious health condition, to care for a legal spouse, child, or parent with a serious health condition, or for the birth, adoption, or foster care of a child.
Jury Duty Leave	All Employees	None	Employees are eligible for unpaid leave, unless otherwise required by law.
Other Leave	All Employees	Case by Case	The Company may provide additional unpaid leave on a case-by-case basis or as required by law.

Additional Holiday Information

The organization's observed paid holidays are listed below for reference. For more detailed information on pay and observances, please review the employee handbook.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Additional Non-Exempt PTO Information

Accrued based on tenure as outlined below. For more information on use, please review the employee handbook.

90 days - less than 2 years of service **10 days**
 2 - 4 years of service **15 days**
 5+ years of service **20 days**

Additional Leave of Absence Information

Leave of absence approval may be based on eligibility criteria set internally, or at the local, state, or federal levels. If you are in need of a leave of absence, please reach out to the Benefits Team or your assigned HRBP to initiate the review of your eligibility.



Your Life.

Employee Assistance Program (EAP)

All employees and their household family members have access to our Employee Assistance Program (EAP), SupportLinc, free of charge. SupportLinc offers expert guidance to help address everyday issues and difficult life events.

Whether through the web portal or mobile app, you will have access to program services such as on-demand training to help boost your well-being and life balance, financial calculators, career resources, self-assessment tools, and more. SupportLinc also provides access to up to 5 in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse. Every conversation is 100% confidential, and support is provided through real, licensed counselors and professionals and no cost to you.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to five (5) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

To get started, call 1-888-881-5462, or log in to the SupportLinc web portal or eConnect® mobile app with group code: leafhome. Support is available 24/7, 365 days year. To learn more about the SupportLinc program, view a brief orientation video [HERE](#).



Your Future.

Employer Paid Life and AD&D

Leaf Home provides basic Life & AD&D via Lincoln for all eligible full-time employees after 30 days of employment. These policies are provided at no cost to you and are 100% employer paid.

Benefit Type	Summary
Basic Life	\$25,000 Providing you are still employed; benefits are reduced to 65% at age 65 and to 50% at age 70
AD&D	\$25,000
Living Benefit	75% of the \$25,000 could be claimed if terminally ill
Conversion	Included
Eligibility of Coverage	All active employees regularly working a minimum of 32 Hours per Week
Eligibility Waiting Period	90 days of Active Employment
Benefit Waiting Period	Before collecting STD benefits, you must satisfy the benefit waiting period following your date of hire

Voluntary Life Insurance

All eligible full-time employees also have the option to purchase Voluntary Life coverage for themselves and eligible dependents (spouses & children) after 30 days of employment at a discounted group rate. This coverage will provide payable benefits in the event of death.

Benefit Type	Summary
Voluntary Life	Employees: Increments of \$10,000 up to \$200,000 or 5 x your annual income Legal Spouses: Increments of \$5,000 up to \$100,000 or 50% of the employee benefit Children: Increments of \$5,000 up to \$15,000 or 50% of the employee benefit Providing you are still employed; benefits are reduced to 65% at age 65 and to 50% at age 70
Living Benefit	75% of the benefit could be claimed if terminally ill
Waiver of Premium	Premiums can be waived for employees who become totally disabled before age 60
Portability	Included
Eligibility of Coverage	All active employees regularly working a minimum of 32 Hours per Week
Eligible Waiting Period	90 days of Active Employment
Guarantee Issue	Employees: \$150,000 Legal Spouses: \$30,000



Your Future.

Children: \$15,000



Your Future.

If you are enrolled in this coverage, Lincoln will also allow you to increase your coverage amount by up to two levels annually during open enrollment without an evidence of insurability document (EOI) should coverage remain below guaranteed issue amount.

Voluntary Life Insurance

Voluntary Life Insurance Rates

Employee Age	Monthly Cost per \$1,000
Under 30	\$0.072
30-34	\$0.081
35-39	\$0.117
40-44	\$0.180
45-49	\$0.279
50-54	\$0.441
55-59	\$0.702
60-64	\$1.017
65-69	\$1.728
70-74	\$3.897
Over 74	\$3.897
Composite Child rate:	\$0.114

Medicare Education

Are you Medicare eligible and still working? Leaf Home has partnered with Allsup to provide you with the support and assistance you need. Allsup simplifies the process so you can make a clear choice about whether or not it makes the most sense to leave the employer health plan (both from a cost and quality of care perspective).

What to Expect:

- Smooth and seamless coverage transitions
- Trained healthcare benefit specialists
- Personal attention to individual needs



Benefits of Medicare:

- Broader provider networks allow you to keep your doctors
- Little to no co-pays
- Possible \$0 premium plans

Visit Allsup.help/healthinsurance or scan the QR code below to learn more.





Your Future.

Retirement Benefits - 401(k)

All employees, regardless of full-time or part-time status, are eligible to participate in our 401(k) plan with TransAmerica after reaching 90 days of employment. All employees will be auto enrolled into the plan at a contribution rate of 6% effective the first pay of the first month after reaching 90 days of employment.

Leaf Home will also **match 10% of your weekly contribution amount**, up to annual IRS contribution limits, when you enroll. For example, if you contribute \$100 per week, Leaf will then match that at \$10. **Employees will be fully vested after 3 years of employment.**

If you'd like to opt out, or make any changes to your account, you will need to visit the [TransAmerica website](#) directly to do so. If this is your first time accessing, you'll need to click "Create an Account".

Please note that the IRS directly sets limitations and rules for 401(k) plans annually.

Scan me to view 2025 IRS limitations.



Scan me to view Forecasted 2026 IRS limitations.





Your Future.

Ellsworth Advisors

Did you know that all employees have access to free financial planning and investment advising? Ellsworth Advisors can help with questions on your 401(k) like investment options, rollovers, loans, withdrawals, and more! They can also help you on your personal path to financial wellness with financial planning, investment management, tax advice, and estate planning.

If you'd like to learn more on how to set yourself up for financial success, and better prepare for your future, please reach out to Ellsworth Advisor's **Chris Ameen** at cameen@ellsworthadvisors.com or call **234-901-2837**.



Your Dedicated Ellsworth
Advisors Participant
Services Contact:



Christopher G. Ameen, Sr., CRPC®
Vice President

TransAmerica - Education Center

When you are an active participant of our 401(k) plan, you also have access to TransAmerica's free education center!

TransAmerica's online Education Center has tons of free opportunities for you to learn more about your investment opportunities, financial wellness, and retirement preparation. Whether you're looking for a quick read article or would be interested in sitting in on a webinar, there are opportunities and information available for you!

To learn more, please visit the [TransAmerica website](#) and log into your account. Once in your account, navigate to the **"Resources"** tab at the top of the screen and click **"Education Center"**.

If you have not yet set up your TransAmerica account, instructions for how to do so can be found in [UKG](#) by navigating to the [Leaf Home Hub](#).

For questions regarding your TransAmerica account or for help registering for the first time, please contact TransAmerica directly at **866-498-4557**.



Your Perks.

Uber for Business

Leaf Home is excited to partner with Uber to bring you an exciting discount on your daily office commute! Leaf will pick up 7% of your trip fare when you use Uber for your daily commute. Please note: This benefit should ONLY be used for your daily commute to and from your office location. This benefit should not be used for personal trips or business trips.

Please contact benefits@leafhome.com if you have not yet received an invite from Uber to sign up, or if you have additional questions on how to create and use your Uber for Business account.



Exclusive Discounts

Did you know that as a Leaf employee, you have access to thousands of amazing discounts that you cannot find anywhere else? BenefitHub is an employee discount marketplace that offers great deals on brands you love. From exclusive gift and travel discounts to deals on services you may already use – BenefitHub is your one-stop-shop for saving money on things you value most.

It's easy to access and start saving:

1. Go to www.leafhome.benefitshub.com
2. Enter Referral Code: **M9EJ3J**
3. Complete Registration!



Questions? Contact BenefitHub at 1-866-664-4621 or email customercare@benefithub.com.



Pet Insurance

Leaf Home also offers an opportunity for you to obtain coverage for your four-legged friends with Embrace Pet Insurance! Get a quote quickly and get discounted rates through the Leaf Home partnership with Embrace – 10% off for being a Leaf Home employee, an additional 5% off if you're military and an additional 10% if you cover multiple pets. Your policy includes coverage for every accident, illness, and condition, plus the diagnostic exam fees, treatments, and ongoing care – just not coverage for pre-existing conditions.



Your Perks.

Hudson Field Support Center Exclusives

Our Hudson Field Support Center employees can take advantage of several exclusive local perks. More details can be found below!

Evolve Fitness

Unlimited, FREE workouts at Evolve Fitness! Located right on Georgetown Road, Evolve is perfect for a workout before or after work, or during your lunch break. All classes are 100% employer paid for our employees - so visit as much or as little as you want at **no cost to you!** Sign up for a class [HERE](#). To view a full class schedule please visit [UKG](#) and navigate to the [Leaf Home Hub](#).

Cycle Bar - Hudson

Enjoy your first ride for free at Cycle Bar in Hudson! **You'll also receive 25% off of any membership package.** The unlimited membership package also earns a VIP partner discount card for discounts at area businesses. Just mention you are a Leaf employee when purchasing! Learn more about Cycle Bar [HERE](#).

Yoga Lounge & Barre

Receive a **20% off discount on all class packages and unlimited memberships** with Yoga Lounge & Barre - Hudson. Just mention that you are a Leaf employee when purchasing! Learn more about Yoga Lounge & Barre [HERE](#).

Life Center Plus

Enjoy a **free one-week trial pass** for Life Center Plus! If you choose to continue attending, enjoy a **discounted monthly membership rate of \$55 per month**. Just mention you are a Leaf employee when visiting + purchasing! Learn more about Life Center Plus [HERE](#).

Harvest Owl

Enjoy **lunch delivery right to the office two times per week** with Harvest Owl! With a menu that changes every week, and meal options that are good for your taste buds and your health, you won't be disappointed! **Leaf contributes \$8 per lunch, making your cost approximately \$5 per lunch.** Plus, new users can enjoy a **free trial lunch AND \$50 credit when you sign up**. Order your free sample lunch [HERE](#).

Rocket Mortgage Fieldhouse

Our partnership with Rocket Mortgage Fieldhouse provides you with **exclusive ticket discounts** to some of the most highly sought-after area events! Sporting events, concerts, Disney on Ice, Ringling Bros Circus AND MORE are just some of the events you can plan on attending at a discounted rate. Visit [THIS LINK](#) and enter access code **LEAF22** to see available offers!



Important Contacts.

Did you know that you can access internal information 24/75, 365 days a year within UKG?

The Leaf Home Hub, our HR Service Delivery (HRSD) platform, gives you the ability to access company information and articles whenever you need it the most. The Leaf Home Hub contains company news and information, access to company policies, and self-service benefits information with the click of a button.

Not sure what you're looking for, or which HR contact would be best to answer your questions? Submit an HR request and get connected to the right person the first time with prompt response times!

Still need help. Contact our Benefits or HR teams via email and we'll be happy to point you in the right direction!

To access, log into **UKG and navigate to Menu > **Leaf Home Hub**.**

benefits@leafhome.com

HR@leafhome.com



Contact the Benefit Resource Center (BRC)

Our Benefits Specialists can assist you
Monday through Friday, 8am to 5pm EST & CST



Toll Free: 855-874-0829



BRCMidwest@usi.com



Important Carrier Contacts.

Medical PPO	Surest (United Healthcare) Group Number: 78800690	Website: www.surest.com/members Phone Number: 866-683-6440
Dental PPO	Delta Dental Group Number: 10812	Website: www.deltadentaloh.com Phone Number: 800-524-0149
Vision	Lincoln <i>VisionConnect</i> Group Number: 943032	Website: www.LVC.LFG.com Phone Number: 800-423-2765
Life and AD&D Insurance	Lincoln Financial Group Lincoln Financial Group Group Number: 943032	Website: www.lfg.com Phone Number: 800-423-2765
Voluntary Disability	Lincoln Financial Group Lincoln Financial Group Group Number: 943032	Website: www.lfg.com Phone Number: 800-423-2765
Flexible Spending Account	PNC Bank	Website: pncbenefitplus@healthaccountservices.com Phone: 844-356-9993
Critical Illness, Accident and Hospital Indemnity	Lincoln Financial Group Group Number: 943032	Website: www.lfg.com Phone Number: 800-423-2765
Employee Assistance Program:	SupportLinc	Website: www.supportlinc.com
Employee Assistance Program: <i>EmployeeConnect</i>	Lincoln Financial	Website: www.GuidanceResources.com Phone Number: 888-628-4824 Username: LFGSupport Password: LFGSupport1
Identity Theft	Allstate Identity Theft Protection	Website: www.MyAIP.com Phone Number: (800) 789-2720
Legal Insurance	MetLife Legal	Website: legalplans.com Phone Number: (800) 821-6400
Medicare Education	Allsup	Website: allsupllc.com Phone Number: (888) 271-1173
Pet Insurance	Embrace Pet Insurance	Website: www.embracepetinsurance.com Phone Number: (800) 940-4889

Leaf Home, LLC

Important Legal Notices

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

Please see page 9 for more details.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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.

NEWBORNS ACT DISCLOSURE – FEDERAL

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).

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the

operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Human Resources
Hudson, Ohio 44236
330-655-7108
benefits@leafhome.com

Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.***

Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:
Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- July 1, 2025
- Human Resources 330-655-7108 benefits@leafhome.com.

Important Notice from Leaf Home Solutions, LLC 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 Leaf Home Solutions 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. Leaf Home Solutions has determined that the prescription drug coverage offered by the Leaf Home Solutions medical plan for the plan year 2025 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, the following options may apply:

- You may stay in the Leaf Home Solutions medical plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - During the Medicare prescription drug annual enrollment period, or
 - If you lose Leaf Home Solutions medical plan creditable coverage.
- You may stay in the Leaf Home Solutions medical plan and also enroll in a Medicare prescription drug plan. The Leaf Home Solutions medical plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Leaf Home Solutions medical plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Leaf Home Solutions medical plan you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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 Leaf Home Solutions and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a

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

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

Contact the person listed below for further information

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Leaf Home Solutions changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Contact Position/Office: Human Resources
Address: 1595 Georgetown Hudson, OH 44236
Phone Number: 330-655-7108

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor 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 March 17, 2025. Contact your State for more information on eligibility –

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

<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA 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</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP

<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP

Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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 March 17, 2025, 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 1/31/2026)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Leaf Home Solutions
Contact-Position/Office:	Human Resources
Address:	1595 Georgetown Hudson, OH 44236
Phone Number:	330-655-7108

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 Leaf Home Solutions		4. Employer Identification Number (EIN) 26-41908045	
5. Employer address 1595 Georgetown		6. Employer phone number 330-655-7108	
7. City Hudson	8. State OH	9. ZIP code 44236	
10. Who can we contact about employee health coverage at this job? Emily Aspenwall			
11. Phone number (if different from above)		12. Email address benefits@leafhome.com	

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

- As your employer, we offer a health plan to:
☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Full-Time employees are eligible for medical benefits on the 90th day of employment

- With respect to dependents:
☒ We do offer coverage. Eligible dependents are:

Legal Married Spouses
Dependent 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

