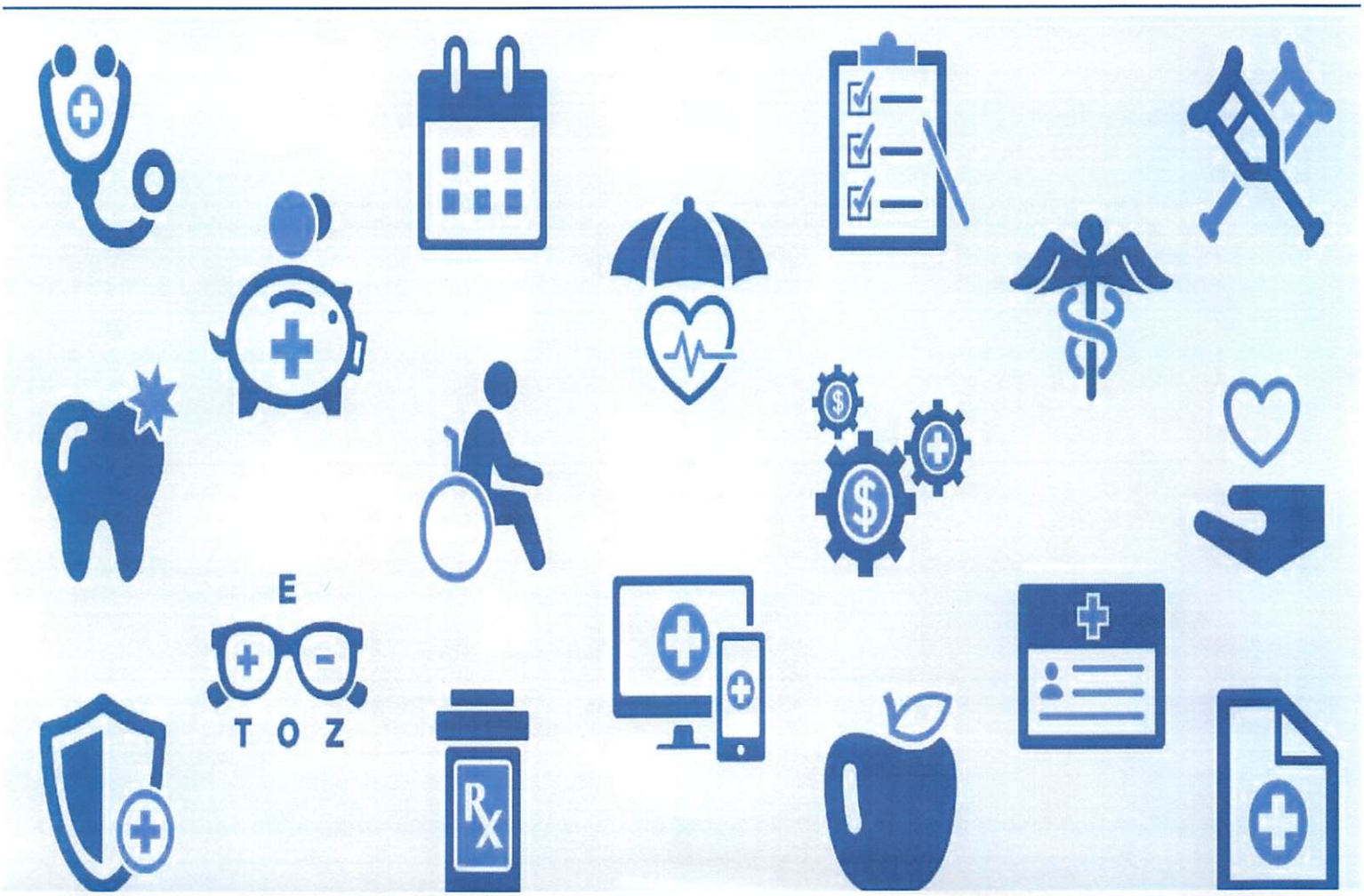
Guardian Angel Staffing Employee Benefits Guide



Coverage Period:
December 1, 2026 -November 30, 2027



Eligibility & How To Enroll

ELIGIBILITY

You are eligible for benefits if you are a regular full-time active employee and are scheduled to work 30 or more hours per week. The waiting/eligibility period for enrollment is first of the month following 60 days from date of hire or change of status from part time to full time.
You may enroll your eligible dependents for coverage once you are eligible.
Your eligible dependents include:

- Your legal spouse
- Your children up to age 26

Once your benefit elections become effective, they remain in effect until the end of the plan year. You may only change coverage within 30 days of a qualified life event. Pre-tax benefits are in effect until the end of the year.

QUALIFIED LIFE EVENT

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits.

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

HOW TO ENROLL

If you would like to join the plan, add or delete dependents, you must complete the respective insurance carrier's application.

CONTACTS

Anthem Medical Benefits
Group Number: L04976
Customer Service: 1-855-330-1108
www.anthem.com

Delta Dental & Vision Benefits
Dental Client Number: G06100
Vision Client Number: G0610V
Customer Service: 1-800-955-2030
www.deltadentalky.com

Colonial Life Insurance: Group Accident, Short Term Disability& Critical Illness
Louisville Office: 1-502-238-7255 Policy Holder Support: 1-800-325-4368
www.coloniallife.com

ANTHEM MEDICAL

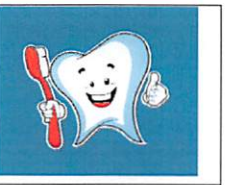
	In Network	Out of Network
Deductible- Individual	$1500	$4500
Deductible- Family	$3000	$9000
Out of Pocket- Individual	$6500	$19500
Out of Pocket- Family	$13000	$39000
Office Visit	$20/$50	50%
Inpatient facility	Ded/20%	50%
Outpatient Facility	Ded/20%	50%
Urgent Care	$20	50%
ER	$300/20%	$300/20%
Lifetime Max	Unlimited	
Rx Retail: $10/$35/$75/25% up to $350 per script		
Rx Mail Order: $30/$105/$225/25% up to $350 per script		

WEEKLY RATES

	Employee		Employee/Spouse		Employee/Child(ren)		Employee/Fam	
Demo	Male	Female	Male	Female	Male	Female	Male	Female
18-24	$21.13	$50.95	$117.00	$117.00	$101.19	$111.02	$222.53	$222.53
25-29	$22.28	$58.48	$128.13	$128.13	$102.34	$118.55	$233.66	$233.66
30-34	$25.82	$57.19	$137.89	$137.89	$105.88	$117.25	$243.42	$243.42
35-39	$32.43	$56.13	$157.48	$157.48	$112.49	$116.19	$263.01	$263.01
40-44	$40.46	$58.76	$185.52	$185.52	$126.38	$124.58	$298.04	$298.04
45-49	$53.13	$66.80	$232.83	$232.83	$132.95	$132.62	$345.35	$345.35
50-54	$70.57	$70.57	$291.10	$291.10	$136.39	$136.39	$403.61	$403.61
55-59	$71.86	$71.86	$296.43	$296.43	$137.68	$137.68	$408.95	$408.95
60-64	$71.86	$71.86	$296.43	$296.43	$137.68	$137.68	$408.95	$408.95
65+	$71.86	$71.86	$296.43	$296.43	$137.68	$137.68	$408.95	$408.95

This summary of benefits is a brief outline of coverage. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage. If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage, the Certificate of Insurance or Evidence of Coverage will prevail.

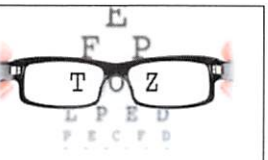
Dental Insurance
Delta Dental Insurance



	Employee	Employee + Spouse	Employee + Child(ren)	Family
Dental Weekly Rates	$5.61	$11.05	$13.58	$19.93

This summary of benefits is a brief outline of coverage. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage. If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage, the Certificate of Insurance or Evidence of Coverage will prevail.

Vision Insurance
Delta Vision Insurance



	Employee	Employee + Spouse	Employee + Child(ren)	Family
Vision Weekly Rates	$1.45	$2.90	$3.11	$4.97

This summary of benefits is a brief outline of coverage. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage. If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage, the Certificate of Insurance or Evidence of Coverage will prevail.

Standard Plan SBV

This dental program allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier network provider cannot be balance billed.

	Delta Dental PPO Network	Delta Dental Premier or Out of Network Benefits
Diagnostic & Preventive Services		
Oral examination (2 per benefit period) Palliative emergency treatment Periapical, bitewing, panoramic or complete series x-ray Topical fluoride application (through age 18) Routine cleanings Sealants (through age 15) Space maintainers (through age 13) Oral cancer detection test	100% coverage No deductible	80% coverage No deductible
Minor Services		
Routine fillings (includes posterior composite fillings) Simple extractions Simple denture repair Oral Surgery	80% coverage	60% coverage
Major Services *		
Inlays or crowns Prosthetic services (bridges, dentures and partials) Implants Root canal therapy Periodontic services	50% coverage	40% coverage
Deductible		
Per benefit period (does not apply to D&P)	$50 individual $150 family	$50 individual $150 family
Annual Maximum		
Per covered person, per benefit year	$1,000	$1,000
Age Limitations		
Dependent Age	26	26

12-month waiting period for Major Services. Replacement of missing teeth prior to the effective date are not covered.

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services (as these terms are defined in the Certificate of Coverage). Each Covered Person is responsible for the amount of Coinsurance, Deductible and non-covered charges. Dentists who have signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Dental benefits offered by Delta Dental of Kentucky, Inc.

®Registered Mark of Delta Dental Plans Association, Inc.

DELTA DENTAL

vsp Vision care for life

DeltaVision® by Delta Dental of Kentucky
administered by VSP®

DeltaVision 130

Benefit	Description	Copay
WellVision Exam		
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	$10
Prescription Glasses		$25
Frames 1 pair every 24 months	$130 allowance for wide selection of frames 20% savings on amount over allowance $70 Costco, Walmart/Sam's Club frame allowance	Included in Prescription Glasses Copay
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay
Covered Lens Enhancements	Standard Progressive Lenses	$0
Optional Lens Enhancements	Standard Anti-Reflective Coating Premium Progressive Lenses Custom Progressive Lenses Average savings of 20-25% on other lens enhancements	$41 $95 - $105 $150 - $175
Contact Lenses - instead of glasses		
Contacts every 12 months	$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to $60
Extra Savings		
Featured Frames	$150 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Laser Vision Correction	Average 15%-20% discount	
Additional Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	

Your coverage with Out-of-Network Providers		
Exam - up to $45 Frame - up to $70 Single Vision Lenses - up to $30	Lined Bifocal Lenses - up to $50 Lined Trifocal Lenses - up to $65 Lenticular Lenses - up to $100	Progressive Lenses - up to $50 Contacts - up to $105 Necessary Contact Lenses - up to $210

Member Services*

Delta Dental of Kentucky
Customer Service
800-955-2030

*Please contact DDKY for eligibility before contacting VSP Member Services

VSP Vision
Member Services
800-877-7195
Hearing impaired customers may call 800-428-4833

VSP Choice Network
100,000 Access Points • In-network with Costco, Walmart/Sam's Club

DeltaVision is registered mark of Delta Dental Plans Association. VSP and WellVision Exam are registered trademarks of Vision Service Plan.

Rev. 097/2020

Colonial Life

Guardian Angels Staffing

Choose the benefits that are right for you

Guardian Angels Staffing is pleased to offer a variety of benefits during your upcoming enrollment. You will have the opportunity to speak with a benefits counselor during open enrollment to find out about all of your benefit options.

The following Voluntary benefits will be offered during enrollment:

Group Disability Insurance helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or sickness.

Group Accident Insurance can provide a benefit for a range of accidental injuries and treatments. You can use the money however you choose.

Group Critical Illness Insurance provides a benefit to help you manage the financial impacts of a critical illness.

If you have questions about your enrollment contact:

Louisville Office

502-238-7255

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Policy forms marketed by the company vary by product and are too numerous to list in the advertisement, but a list can be provided upon request.
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Group Short Term Disability Insurance



If a covered accident or covered sickness prevents you from earning a paycheck, group short term disability insurance can provide a monthly benefit to help you cover your ongoing expenses, often at a more reasonable rate than individual insurance.

Disability insurance worksheet

You can tailor disability coverage to fit your specific needs. Talk with your benefits counselor about your expenses and other paid leave benefits, such as state paid medical leave, and use this worksheet to help determine the coverage that's right for you.

MONTHLY EXPENSES	ROUND TO THE NEAREST HUNDRED
Rent or mortgage (insurance, minor home repairs)	$
Transportation (car note, bus fare, insurance, gas, maintenance)	$
Utilities (cell phone, Wi-Fi, electricity/gas, water)	$
Food and household necessities (toiletries, cleaning supplies)	$
Childcare (daycare, after school care)	$
Health (medical needs and prescription drugs)	$
Other (gym/fitness, streaming/cable, extracurricular)	$
Total monthly expenses (add lines 1-7 together)	**$**

Your state's paid medical leave approximate benefits (if any):

Monthly benefit: _____ **Benefit period up to:** _____

DISABILITY INSURANCE: WHAT'S RIGHT FOR ME?

1. How much disability coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness:

$ _____

Choose a monthly benefit amount between $400 and $7,500. Subject to income requirements.

If your plan includes on-job accident/sickness benefits, the on-job benefit is 50% of the off-job amount.

2. How long do I want benefits coverage?

Benefit period: _____months

The partial disability benefit period is three months. Partial disability benefit is 50% of the total disability amount.

3. When would I like my total disability benefits to start?

After an accident: _____ days

After a sickness: _____ days

Frequently asked questions

What is the definition of total disability?

"Totally disabled" or "total disability" means you are unable to perform the material and substantial duties of your job, not working at any job, and under the regular and appropriate care of a doctor.

How does partial disability work?

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

What is waiver of premium?

We will waive your premium payments after 90 consecutive days of a covered disability.

What are the age guidelines to qualify for this coverage?

Coverage is available from ages 17 to 74.

Can I keep my coverage if I change jobs or employers?

Through a feature called "portability," you may be able to keep your coverage even if you change jobs. Talk with your benefits counselor for details.

What happens if I am disabled while traveling outside of the country?

If you are disabled while outside of the United States, Canada, Mexico, Puerto Rico, Bahama Islands, Virgin Islands, Bermuda or Jamaica, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.



To learn more, talk with your benefits counselor.

* State paid medical leave (PML) benefits fall under state-specific program names. Not available in all states.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: felonies or illegal occupations, flying, hazardous avocations, intoxicants, narcotics and halludinogenics, psychiatric or psychological conditions, racing, semi-professional or professional sports, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the certificate.

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

We will not pay for loss when the disability is a pre-existing condition as defined in this certificate, unless you have satisfied the pre-existing condition limitation period (typically 12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

Renewability Statement
Your certificate of coverage is available as long as you are eligible per the terms of the policy.

Termination
Your insurance under the policy will terminate on the earliest of the following dates:

- the date the policy is terminated by either the policyholder, if you do not elect to port your coverage, or us; or
- the end of the grace period following the premium due date we fail to receive the required premium for you; or
- the date you are no longer in an eligible class; or
- the date your class is no longer included for insurance; or
- the certificate anniversary date on or after your 75th birthday; or
- the date the next premium is due after you ask us to end your coverage.

Termination of insurance for any reason described above will not affect your rights to benefits, if any, for a disability that begins while your insurance is in force under the group policy. You are considered to be continuously disabled if you are disabled from one condition and, while still disabled from that condition, incur another condition that causes disability.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GDIS-P-KY and certificate form GDIS-C-KY and rider form R-GDIS-RPO-KY. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

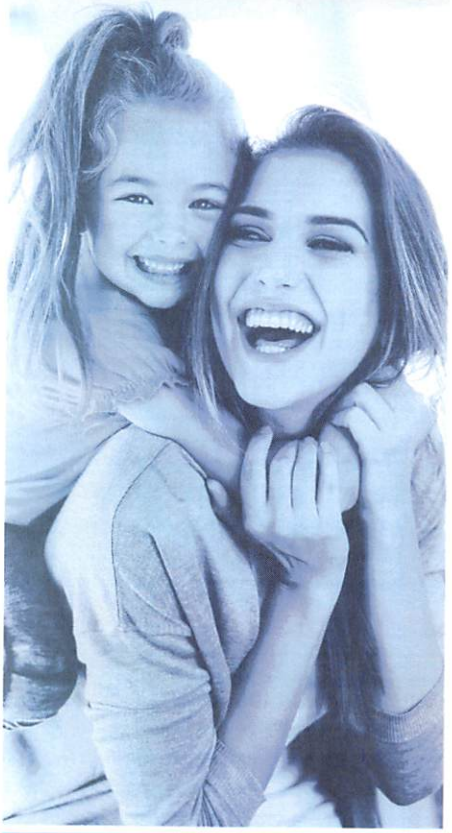
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Group Accident Insurance
Preferred Plan



For more information, talk with your benefits counselor.

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Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment $150
One visit per covered person per covered accident and
Up to four visits per covered person per calendar year

Accident follow-up doctor visit $50
Up to four visits per covered person per covered accident and
Up to 16 visits per covered person per calendar year

Accidental death

Per covered person	Accidental death	Accidental death common carrier
■ Named insured	$50,000	$200,000
■ Spouse	$50,000	$200,000
■ Dependent child(ren)	$10,000	$40,000

Examples of common carriers are mass transit trains, buses and planes

Accidental dismemberment

Loss or loss of use

- ■ One hand, arm, foot, leg or sight of an eye $9,000
- ■ Both hands, arms, feet, legs or the sight of both eyes; or any combination $18,000
- ■ One finger or one toe $1,050
- ■ Two or more fingers; two or more toes; or any combination $2,100

Air ambulance $1,500
Transportation to or from a hospital or medical facility

Ambulance (ground) $300
Transportation to or from a hospital or medical facility

Appliance aid in personal locomotion or mobility $100
Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

Blood/plasma/platelets $400
Required during treatment of a covered accident

Burn

- ■ 2nd-degree burns (covering at least 36% of the body's surface) $1,000
- ■ 3rd-degree burns (based on size) ..... $2,000 – $15,000

Burn–skin graft ..... 50% of applicable burn benefit
As a result of 2nd-degree or 3rd-degree burns

Alex was cleaning out the gutters when he fell.

EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.

DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.

HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.

APPLIANCE FOR MOBILITY

Alex used crutches.

PHYSICAL THERAPY

Alex had eight sessions of PT to help him regain the strength in his leg.

DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	$300
Emergency room visit	$150
X-ray	$60
Hospital admission	$1,000
Hospital confinement	$750
Leg fracture (surgical)	$3,600
Physical therapy	$360
Appliance (crutches)	$100
Doctor's follow-up office visit	$150
	$6,470

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured $50,000
- Spouse $50,000
- Dependent child(ren) $25,000

Coma $10,000

Lasting for 14 or more consecutive days

Concussion $375

Dislocation (separated joint)	Non-surgical	Surgical
Hip	$3,000	$6,000
Knee (except patella)	$1,500	$3,000
Ankle, bone or bones of the foot (other than toes)	$1,200	$2,400
Collarbone (sternoclavicular)	$800	$1,600
Collarbone (acromioclavicular and separation)	$200	$400
Lower jaw	$720	$1,440
Shoulder (glenohumeral)	$1,200	$2,400
Elbow	$450	$900
Wrist	$600	$1,200
Bone(s) of the hand, (other than fingers)	$810	$1,620
Finger, toe	$200	$400
Incomplete dislocation or dislocation reduction without anesthesia	25% of the applicable non-surgical amount	

Emergency dental work

- Dental crown or denture $300
- Dental extraction $100

Eye injury $300

With surgical repair or removal of a foreign object

Fracture (broken bone)	Non-surgical	Surgical
Skull, depressed fracture (except face/nose)	$3,750	$7,500
Skull, simple non-depressed fracture (except face/nose)	$1,800	$3,600
Hip, thigh (femur)	$3,150	$6,300
Body of vertebrae (excluding vertebral processes)	$2,700	$5,400
Pelvis	$2,400	$4,800
Leg (tibia and/or fibula)	$1,800	$3,600
Bones of the face or nose (except mandible or maxilla)	$910	$1,820
Upper jaw, maxilla, upper arm between elbow and shoulder	$1,050	$2,100
Lower jaw, mandible	$1,200	$2,400
Kneecap, ankle, foot	$1,200	$2,400
Shoulder blade, collarbone	$1,200	$2,400
Vertebral processes	$630	$1,260
Forearm, hand, wrist	$1,200	$2,400
Rib	$375	$750
Coccyx	$320	$640
Finger, toe	$200	$400
Chip fracture	25% of the applicable non-surgical amount	

Hospital admission $1,000
Per covered person per covered accident

Hospital confinement ..... $250 per day
Up to 365 days per covered person per covered accident

Hospital intensive care unit admission $1,750
Per covered person per covered accident

Hospital intensive care unit confinement ..... $400 per day
Up to 15 days per covered person per covered accident

Knee cartilage (torn) $750

Laceration (no repair, without stitches) $50

Laceration (repaired by stitches)

- Total of all lacerations is less than two inches long $150
- Total of all lacerations is at least two but less than six inches long $300
- Total of all lacerations is six inches or longer $600

Lodging (companion) ..... $200 per day
Up to 30 days per covered person per covered accident

Medical imaging study (CT, CAT scan, EEG, MR or MRI) $200
One benefit per covered person per covered accident per calendar year

Occupational or physical therapy ..... $45 per day
Up to 10 days per covered person per covered accident

Pain management for epidural anesthesia $150

Prosthetic device/artificial limb
One benefit per covered person per covered accident

- One $1,250
- More than one $2,500

Rehabilitation unit confinement ..... $150 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year

Ruptured disc with surgical repair $900

Surgery

- Cranial, open abdominal and thoracic $1,500
- Hernia with surgical repair $300

Surgery (exploratory and arthroscopic) $225

Tendon/ligament/rotator cuff

- One with surgical repair $900
- Two or more with surgical repair $1,800

Transportation for hospital confinement ..... $600 per round trip
Up to three round trips for more than 50 miles from home per covered person per covered accident

X-ray $60



For more information, talk with your benefits counselor.

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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS CERTIFICATE PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Catastrophic Accident benefits for injuries a child received during birth, or for injuries that are the result of being intoxicated or under the influence of any narcotics.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P and certificate form GACC1.0-C (plus state abbreviations where applicable, such as GACC1.0-P-EE-TX and certificate form GACC1.0-C-EE-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to the family coverage type.

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Group Accident Insurance
Health Screening Benefit



This benefit can help pay for routine preventive tests and services.

Health screening ..... $ 50

Payable once per covered person per calendar year; subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information, talk with your benefits counselor.

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HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

The covered person must incur a charge and the certificate must be in force for benefits to be payable.

This information is not intended to be a complete description of the insurance coverage available. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P and certificate form GACC1.0-C (plus state abbreviations where applicable, such as GACC1.0-C-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to family coverage type and benefit amount selected.

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Deductions per year: 52

Group Accident for KY

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage, Health Screening Benefit ($50 Benefit)

Preferred

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	$3.09	$5.04	$5.46	$7.41

Group Disability for KY *A Risk Class*

Applicable to policy forms GDIS-P & GDIS-C

- Off-Job Accident and Off-Job Sickness

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$1,300*	$1,500*	$1,700*	$1,900*	$2,100*
14 days Accident/14 days Sickness	17-49	$7.68	$8.86	$10.04	$11.22	$12.41
	50-64	$9.72	$11.22	$12.71	$14.21	$15.70
	65-74	$12.96	$14.95	$16.95	$18.94	$20.94

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$1,300*	$1,500*	$1,700*	$1,900*	$2,100*
14 days Accident/14 days Sickness	17-49	$10.26	$11.84	$13.42	$15.00	$16.57
	50-64	$13.62	$15.72	$17.81	$19.91	$22.00
	65-74	$21.84	$25.20	$28.56	$31.92	$35.28

Group Disability for KY *A Risk Class*

Applicable to policy forms GDIS-P & GDIS-C

- Off-Job Accident and Off-Job Sickness

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$2,200*	$2,400*	$2,600*	$2,800*	$3,000*
14 days Accident/14 days Sickness	17-49	$13.00	$14.18	$15.36	$16.54	$17.72
	50-64	$16.45	$17.94	$19.44	$20.94	$22.43
	65-74	$21.93	$23.93	$25.92	$27.91	$29.91

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$2,200*	$2,400*	$2,600*	$2,800*	$3,000*
14 days Accident/14 days Sickness	17-49	$17.36	$18.94	$20.52	$22.10	$23.68
	50-64	$23.05	$25.14	$27.24	$29.34	$31.43
	65-74	$36.96	$40.32	$43.68	$47.04	$50.40

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

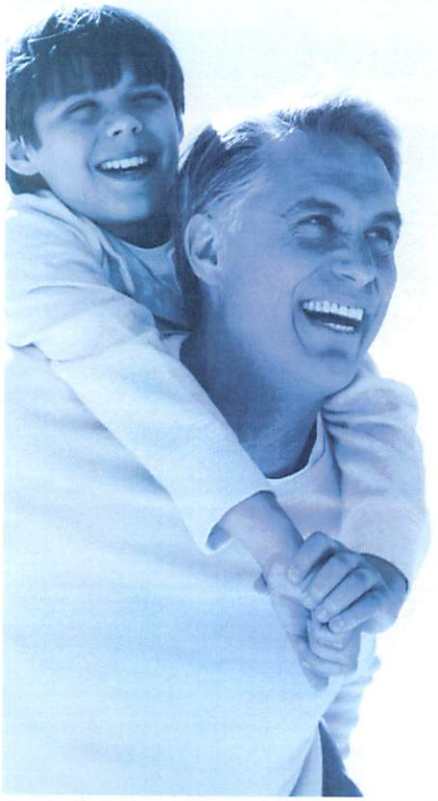
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Sandy Dougherty | sandy.dougherty@coloniallifesales.com | (502) 238-7255

Colonial Life

Group Critical Illness Insurance
Plan 2 Full



For more information, talk with your benefits counselor.

ColonialLife.com

If you're diagnosed with a covered critical illness or cancer, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness and Cancer Group Specified Disease Insurance.

Face amount: $_____

Critical illness benefit

For the diagnosis of this covered critical illness condition:[1]	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease[2]	25%

Subsequent diagnosis of a different critical illness[3]

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness[3]

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease[2] and occupational infectious HIV or occupational infectious hepatitis B, C or D.

Diagnosis of cancer benefit

Covered cancer benefits	
For this condition:[1]	**The amount payable is:**
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	$500

Cancer vaccine benefit: $50

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is inforce.

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1 Please refer to the certificate for complete definitions of covered conditions.

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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Deductions per year: 52

Group Critical Care for KY

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$5,000	16-29	$0.39	$0.58	$0.45	$0.64
	30-39	$0.77	$1.16	$0.83	$1.21
	40-49	$1.61	$2.41	$1.67=	$2.48
	50-59	$2.95	$4.50	$3.01	$4.55
	60-74	$4.74	$7.20	$4.81	$7.30
$10,000	16-29	$0.78	$1.17	$0.90	$1.29
	30-39	$1.54	$2.33	$1.66	$2.42
	40-49	$3.23	$4.82	$3.34	$4.96
	50-59	$5.90	$9.00	$6.02	$9.11
	60-74	$9.48	$14.40	$9.62	$14.60
$15,000	16-29	$1.71	$1.75	$1.35	$1.93
	30-39	$2.31	$3.49	$2.49	$3.63
	40-49	$4.84	$7.23	$5.01	$7.44
	50-59	$8.85	$13.50	$9.03	$13.66
	60-74	$14.22	$21.60	$14.43	$21.90

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$5,000	16-29	$0.63	$0.95	$0.70	$1.00
	30-39	$1.21	$1.81	$1.26	$1.86
	40-49	$2.53	$3.81	$2.60	$3.87
	50-59	$4.61	$7.15	$4.73	$7.20
	60-74	$7.65	$11.70	$7.74	$11.80
$10,000	16-29	$1.26	$1.91	$1.40	$2.00
	30-39	$2.42	$3.62	$2.53	$3.73
	40-49	$5.07	$7.63	$5.21	$7.75
	50-59	$9.34	$14.30	$9.46	$14.44
	60-74	$15.30	$23.40	$15.48	$23.60
$15,000	16-29	$1.89	$2.86	$2.10	$3.00
	30-39	$3.63	$5.43	$3.79	$5.59
	40-49	$7.60	$11.44	$7.81	$11.62
	50-59	$14.01	$21.45	$14.19	$21.60
	60-74	$23.01	$35.10	$23.22	$35.40

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Annual Enrollment Notices & Disclosures

Guardian Angel Staff
December 01, 2026 - November 30, 2027

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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 pages 10 to 14 for more details.

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Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your group Medical Coverage.

If you would like more information on WHCRA benefits, please call your Plan Administrator at 5024951199.

Newborns' and Mothers' Health Protection Act

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

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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 July 31, 2026. 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**
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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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GEORGIA – Medicaid	INDIANA – Medicaid
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	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
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

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MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
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)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
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

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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 July 31, 2026, 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 5/31/2029)

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HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Guardian Angel Staff is committed to the privacy of your health information. The administrators of the Guardian Angel Staff Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Scott Langness at 5024951199 or scott@guardianangelstaffing.com.

HIPAA Special Enrollment Rights

Guardian Angel Staff Health Plan Notice of Your HIPAA Special Enrollment Rights

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

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

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

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

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

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect

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to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Scott Langness, 5024951199 and scott@guardianangelstaffing.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

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Notice of Creditable Coverage

Important Notice from Guardian Angel Staff
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 Guardian Angel Staff 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. **Guardian Angel Staff has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Guardian Angel Staff coverage will be affected You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Guardian Angel Staff coverage, be aware that you and your dependents Will be able to get this coverage back.

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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 Guardian Angel Staff 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 Guardian Angel Staff changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	**12/01/2026**
Name of Entity/Sender:	**Guardian Angel Staff**
Contact—Position/Office:	**Scott Langness**
Office Address:	**2821 S Hurstbourne Pkwy, Ste 6** **Louisville, KY 40220**
Phone Number:	**5024951199**

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Keeping Medicare-eligible individuals informed about creditable coverage

There are certain communications needed to keep your Medicare-eligible employees and retirees up to date about their plans. Medicare Part D drug coverage helps to cover the cost of prescription drugs. To help your individuals with Medicare make an informed decision about their medication coverage options, you are required to let them know if their current drug plan is "creditable" or "noncreditable."

Creditable prescription plans:

Creditable prescription plans ensure that when a Medicare-eligible individual pays for prescription medication, the costs are the same or less than what Medicare covers.

Noncreditable prescription plans:

A noncreditable prescription plan means that drugs cost more, on average, than what Medicare's plan covers.

Medicare-eligible individuals with creditable plans can keep their current coverage to avoid higher costs for drugs. Those with noncreditable drug plans may want to enroll in Medicare Part D to reduce their drug costs.

How to notify your Medicare-eligible individuals

You must send a *Notice of Non-Creditable Coverage* every year to let Medicare-eligible individuals know if their current prescription drug benefit is noncreditable coverage. You need to do this yearly for all Medicare-eligible active employees and their dependents, Medicare-eligible COBRA individuals and their dependents, Medicare-eligible disabled individuals covered under the prescription drug plan, and any retirees and their dependents.

A late enrollment penalty on individuals who do not maintain creditable coverage for 63 days or longer following their initial enrollment period for the Medicare prescription drug benefit may apply. This information is essential to an individual's decision to enroll in a Medicare Part D prescription drug plan. You can view a sample letter at cms.hhs.gov/creditablecoverage.

You should notify Medicare-eligible members about their coverage:

- Before their initial enrollment period for Part D.
- Before the annual coordinated election period each year, which begins October 15.
- Before the effective enrollment date in the plan.
- Every time a change impacts a plan's creditable status.
- Upon request from the beneficiary.

How to notify CMS

This information must also be recorded with the Centers for Medicare & Medicaid Services (CMS). Go to cms.hhs.gov/creditablecoverage and complete the Disclosure to CMS Form unless your organization is exempt, as outlined in the disclosure to CMS guidance. For details about creditable coverage and forms you need, visit cms.hhs.gov/creditablecoverage.

Are your plans creditable?

The prescription drug benefit included in all of the 2027 Kentucky Large Group (51 – 99) are considered "creditable."

We are here to help

If you have questions about creditable and noncreditable coverage, please contact your Anthem representative.

Anthem

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service Inc. HMO products underwritten by HMO Colorado, Inc. Some plans are available on request from member services or can be obtained by going to anthem.com/ca/freedomcoloradoco. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Commercial Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding St Louis City and Kansas City area): HealthKeepers, Inc. (HKI), Healthy Alliance Life Insurance Company (HALIC), and HMO Missouri, Inc. (HMOMO). In Missouri (St Louis City and Kansas City area): HMO Missouri, Inc. (HMOMO), HKI and certain affiliates may provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. (RMHMSI) products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. (HMONH) products are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 37 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HMO is the administrator of Anthem HMO, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. (AHPVA). In Wisconsin: Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. In Indiana: Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of state Route 123. In Wisconsin: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. (BCBSHPGA), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation. Compcare is a Wisconsin Corporation. Insurance Company (WCHIC). Compcare underwrites the HMO, POS and indemnity benefits in policies offered by WCHIC. Clear Blue Health Plans is an HMO or POS product independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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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.[1,2]

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 of these factors in determining whether to purchase a health plan through the Marketplace.

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[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.

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 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

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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	4. Employer Identification Number (EIN)
Guardian Angel Staffing Agency, Inc.	61-1359667
5. Employer address	6. Employer phone number
2821 S. Hurstbourne Parkway Suite 6	502-495-1199

7. City	8. State	9. ZIP code
Louisville	KY	40220

10. Who can we contact about employee health coverage at this job?

Scott Langness, President

11. Phone number (if different from above)	12. Email address
	cs@guardianangelstaffing.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:

  Any employee who works 30 hours or more per week

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Spouse and dependent children.

  ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

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

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Receipt of Employee Benefits Guide & Federal Required Notices

I acknowledge that I have received a copy of the Benefits Guide, Federal & ACA Required Notices. I agree to read it thoroughly, including statements describing benefits and legal notices.

Notices: Exchange Notice Medicaid (CHIP), Women's Preventive Care, Newborns and Mothers Health Protection Act of 1996, COBRA, Qualified Medical Support Order and HIPPA.

I understand that this guide is designed to introduce employees to employee benefits and educate on mandated benefits options and provide general guidelines on benefit offerings, and other information related to employment.

I understand that this guide and any other provisions obtained in it do not constitute a guarantee of benefits, express or implied. Benefits eligibility is based on implied waiting period and contract provisions.

In addition, I understand that this guide states benefits in effect on the date of publication. I understand that nothing contained in the guide may be construed as promising future benefits or a binding contract with for benefits or for any other purpose. Benefit policies are applied at the discretion of your employer and the approval of insurance providers. Your employer reserves the right to change, withdraw, apply or amend any benefits and will provide ample notice to employees.

I understand that as an eligible employee, it's my responsibility to notify Human Resources in a timely manner if I'm newly eligible for benefits (new hire), experience a life change (within 30 days of event) or any other circumstance in which my benefits may be impacted. I understand that failure to provide required information/documentation may forfeit my enrollment period and future changes occur at open enrollment only.

By signing below:

- I understand that I have 14 days from the date signed below to enroll in Guardian Angel's offered insurance plan(s). Failure to complete and return my application(s) within the 14 day open enrollment period will constitute as my waiver of these offered insurance(s).

- I acknowledge that I have a copy of the Benefits Guide, Federal & ACA Required Notices, and I understand that it is my responsibility to read and comply with the policies contained within it and any revisions made to it.

- Furthermore, I acknowledge that this guide is neither a contract of benefits nor a legal document.

_____ _____

Signature Date

_____

Please print your full name