Petfolk

primary and urgent veterinary care

PLAN YEAR JANUARY 1 TO DECEMBER 31, 2027

2027 Team member Benefits Guide

Welcome to your 2027 benefits. Review your options and choose the coverage that fits you and your family.

Salaried team members



WELCOME

Your benefits for 2027

This guide covers the benefits available to eligible Petfolk team members and their families. Read the plan details, compare costs, and choose the coverage that fits your household.

01	**Medical**	Four Cigna Open Access Plus plans, including an HSA option.
02	**Dental**	Dental and Dental Plus through Cigna.
03	**Vision**	VSP and VSP Plus for exams, lenses and frames.
04	**Basic life and LTD**	Employer paid life, AD&D and long term disability.
05	**Voluntary life and AD&D**	Extra life and accidental death coverage for you and your family.
06	**Short term disability**	Partial income while you recover from a covered illness or injury.
07	**Employee assistance program**	Free, confidential counseling and resources for you and your household.
08	**Critical illness**	A lump sum if you are diagnosed with a covered condition.
09	**Accident**	Cash benefits for covered injuries, on or off the job.
10	**Hospital indemnity**	Cash benefits for hospital admission and stays.
11	**Legal plan**	Paid in full attorney help for personal legal matters.
12	**Identity protection**	LifeLock with Norton identity monitoring, privacy and device security.
13	**Pet insurance**	MetLife Pet coverage for vet visits, accidents and illness.
14	**Contacts**	Carrier phone numbers, websites and HR contact.
15	**Required notices**	Your rights and options for Marketplace coverage, special enrollment, maternity and cancer care, Medicare and Medicaid.

ENROLLMENT AND ELIGIBILITY

Who can enroll, and when

Team member eligibility

All full-time team members working 30 or more hours per week are eligible for Petfolk benefit plans effective their date of hire. Newly hired, benefit eligible team members have 30 days from their date of hire to enroll or waive coverage.

Dependent eligibility

Eligible team members can also enroll their dependents. For our benefit plans, dependents are your spouse or domestic partner and your dependent children to age 26.

Mid-year changes

After your enrollment window closes, you can change your elections during the year only if you have a Qualifying Life Event (QLE). Examples include getting married or divorced, having or adopting a baby, and gaining or losing other coverage. Submit changes due to a QLE in the Rippling Benefits app within 30 days of the event.

Open enrollment

Open enrollment is the annual window when benefit eligible team members can enroll, waive or change their coverage for the upcoming plan year. Elections made during open enrollment take effect January 1, and they stay in place for the full year unless you have a Qualifying Life Event.



YOUR HUMAN RESOURCES CONTACT

hr@petfolk.com

Reach out with questions about eligibility, enrolling or a Qualifying Life Event.

MEDICAL, CIGNA OPEN ACCESS PLUS

Compare the medical plans

Four plans, one network. Higher deductible plans cost less each paycheck and more when you use care. Amounts are for in-network care, individual and family.

	HDHP OAP 6350	OAP 7150	OAP 2000	OAP 0
Annual deductible	$6,350 / $12,700	$7,150 / $14,300	$2,000 / $4,000	$0
Plan pays after deductible	100%	100%	100%	100%
Out-of-pocket maximum	$6,350 / $12,700	$7,600 / $15,200	$4,500 / $9,000	$3,000 / $6,000
Preventive care	No charge	No charge	No charge	No charge
Primary care / specialist	After deductible	$40 copay / After deductible	$25 / $50 copay	$15 / $30 copay
Urgent care	After deductible	$100 copay	$85 copay	$50 copay
Emergency room	After deductible	After deductible	$350 copay	$350 copay
Inpatient hospital	After deductible	After deductible	$600 per admit	$300 per admit
Outpatient surgery	After deductible	After deductible	$200 copay	$150 copay
Advanced imaging	After deductible	After deductible	After deductible	$100 copay
Lab work outside office visit	After deductible	After deductible	After deductible	No charge
Retail pharmacy	After deductible	$10 / $45 / $70 / 30%	$10 / $45 / $70 / 30%	$10 / $45 / $70 / 30%
Home delivery pharmacy	After deductible	$20 / $90 / $140 / 30%	$20 / $90 / $140 / 30%	$30 / $135 / $210 / 30%
Out-of-network deductible	$10,000 / $20,000	$10,000 / $20,000	$5,200 / $12,000	$500 / $1,000
Health savings account	Yes	No	No	No

Deductible and out-of-pocket amounts are individual / family. Services without a copay are subject to the deductible, then the plan pays the percentage shown. Pharmacy copays are tier 1 / 2 / 3 / 4, with tier 4 at 30% coinsurance. Details are in each plan's Summary of Benefits and Coverage.

MEDICAL

What you pay each paycheck

Your cost depends on the plan and who you cover. These are Salaried team member costs per paycheck (bi-weekly, 26 pay periods a year), before taxes.

Coverage level	HDHP OAP 6350	OAP 7150	OAP 2000	OAP 0
Team member only	$0	$36.62	$42.95	$84.84
Team member + spouse	$198.96	$211.61	$248.16	$344.95
Team member + child(ren)	$175.71	$186.88	$219.16	$304.65
Family	$260.94	$277.53	$325.47	$452.42

GOOD TO KNOW

In-network preventive care is covered at no cost on every plan.



HEALTH SAVINGS ACCOUNT

Save for medical costs with an HSA

An HSA is available when you enroll in Petfolk's HDHP OAP 6350. It is a tax-advantaged account you use to pay for qualified medical expenses. Rippling administers your HSA.

1

Put money in

Contributions come out of your paycheck before taxes, so you pay less in income tax.

→

2

Let it grow

Your balance earns growth, and you can invest it. Growth is generally tax-free.

→

3

Spend it

Withdrawals for qualified medical expenses are generally tax-free.

Eligible expenses

- Your medical deductible, copays and coinsurance
- Prescriptions
- Dental care, including cleanings, fillings and orthodontia
- Vision care, including exams, glasses and contact lenses
- Mental health counseling
- Many over-the-counter medicines and first aid supplies

Invest your funds

Once your balance reaches the minimum set by the HSA [minimum balance], you can invest it in the funds available through your account. Investment gains are generally tax-free when used for qualified expenses. Investments can lose value.

You own the account. The balance rolls over every year and stays with you if you leave Petfolk.

Who can contribute

To contribute, you must be enrolled in Petfolk's HDHP OAP 6350. You generally cannot contribute if you are enrolled in Medicare, covered by another medical plan that is not a high deductible health plan, or claimed as a dependent on someone else's tax return. The 2027 IRS contribution limits are **$4,500** for self-only coverage and **$9,000** for family coverage, with an extra **$1,000** if you are 55 or older. Limits include any contributions from other sources. You can change your contribution during the year.

This summary is general information and not tax advice. Money used for anything other than qualified medical expenses may be taxable and subject to a penalty.

FLEXIBLE SPENDING ACCOUNTS

Set aside pre-tax dollars with an FSA

A flexible spending account lets you pay for eligible expenses with money taken from your paycheck before taxes. Petfolk offers the accounts below. Rippling administers your pre-tax accounts.

Health care FSA	For eligible medical, dental and vision costs such as copays, deductibles, prescriptions and glasses. Available if you are not enrolled in the HDHP OAP 6350 with an HSA.
Limited purpose FSA	For eligible dental and vision costs. It can be used alongside an HSA, so it is available if you enroll in the HDHP OAP 6350.
Dependent care FSA	For eligible child or adult dependent care costs that let you and your spouse work, such as daycare, after school care and summer day camp. It is available with any medical plan.

HOW IT WORKS

You choose an annual amount during open enrollment. It is taken from your paychecks before taxes and available to use on eligible expenses. The 2027 IRS limits are **$3,500** for the health care and limited purpose FSAs and **$7,500** for the dependent care FSA ($3,750 if married filing separately).

PLAN AHEAD

Your election is generally fixed for the plan year unless you have a qualifying life event. Petfolk has a rollover provision for the health care and limited purpose FSAs: up to **$700** of unused 2027 funds carries into the 2028 plan year. Funds above that amount are forfeited.

This summary is general information and not tax advice. Plan rules and eligible expenses are in the FSA plan documents.

COMMUTER BENEFITS

Pay for your commute pre-tax

Commuter benefits let you set aside pre-tax dollars from your paycheck for eligible transit and parking costs. Rippling administers your pre-tax accounts.

Transit	For eligible public transportation, such as train, subway, bus and commuter vanpool.
Parking	For eligible parking at or near your work location, or at a station where you take transit to work.
How it saves	Contributions come out of your paycheck before taxes, which lowers your taxable income. For 2027 the IRS monthly limit is **$350** for transit and **$350** for parking. The two limits are separate, and any employer contribution counts toward them.

ENROLLING

Set your monthly amount during open enrollment or at any time during the year. You can change or stop it whenever your commute changes. Enroll and manage your election in Rippling.

GOOD TO KNOW

Unused balances generally carry over month to month, but you may forfeit money if you leave Petfolk.

This summary is general information and not tax advice. Eligible expenses and limits are in the plan documents.

DENTAL, CIGNA

Cigna Dental and Dental Plus

Good oral care supports your overall health. You can see any licensed dentist, and using an in-network dentist lowers your out-of-pocket costs.

	Cigna Dental		Cigna Dental Plus	
	In network	Out of network	In network	Out of network
Annual deductible, individual / family	$100 / $300	$100 / $300	$0 / $0	$0 / $0
Annual maximum benefit	$1,000	$1,000	$3,500	$3,500
Preventive services	100%	100%	100%	100%
Basic services	70% after deductible	50% after deductible	90%	80%
Major services	50% after deductible	50% after deductible	65%	50%
Orthodontia, children and adults	Not covered	Not covered	50%	50%
Orthodontia lifetime maximum	Not covered	Not covered	$3,500	$2,000

Your cost per paycheck (bi-weekly)	Cigna Dental	Cigna Dental Plus
Employee only	$0.00	$6.29
Employee + spouse	$6.07	$19.68
Employee + child(ren)	$6.06	$19.66
Family	$9.18	$33.06

Summary only. Out-of-network benefits are paid based on the plan's allowed amount, and you may owe the difference. Deductibles and maximums are shared between in-network and out-of-network care. The Cigna plan documents govern benefits, exclusions and limitations.

VISION, VSP

VSP Vision and VSP Vision Plus

Protect your sight with preventive and materials coverage. Using a VSP network provider gives you the highest benefit.

	VSP Vision		VSP Vision Plus	
	In network	Out of network	In network	Out of network
Exams	$10 copay	Up to $45	$10 copay	Up to $45
Materials	$25 copay	$25 copay	$25 copay	$25 copay
Lenses: single	Covered after copay	Up to $30	Covered after copay	Up to $30
Lenses: bifocal	Covered after copay	Up to $50	Covered after copay	Up to $50
Lenses: trifocal	Covered after copay	Up to $65	Covered after copay	Up to $65
Lenses: lenticular	Covered after copay	Up to $100	Covered after copay	Up to $100
Frames	$130 and 20% off overages	Up to $70	$150 and 20% off overages	Up to $70
Contact lenses, elective	$130 allowance	Up to $105	$200 allowance	Up to $105
Contact lenses, medically necessary	Covered after copay	Up to $210	Covered after copay	Up to $210
Frequency	Exams, lenses, frames and contact lenses: 1 every 12 months		Exams, lenses, frames and contact lenses: 1 every 12 months	

Your cost per paycheck (bi-weekly)	VSP Vision	VSP Vision Plus
Employee only	$0.00	$0.46
Employee + spouse	$0.99	$1.62
Employee + child(ren)	$1.01	$1.65
Family	$1.63	$2.66

Summary only. Out-of-network amounts are the most the plan reimburses. The VSP plan documents govern benefits, exclusions and limitations.

LIFE INSURANCE, THE STANDARD

Basic and voluntary life with AD&D

Life insurance protects your loved ones in the event of a premature loss.

BASIC LIFE AND AD&D. YOU ARE AUTOMATICALLY ENROLLED IN THIS EMPLOYER-PAID COVERAGE.

Available coverage	$10,000
Benefit reductions	35% at age 65, 50% at age 70

VOLUNTARY LIFE AND AD&D. TEAM MEMBER PAID

Team member guarantee issue	$150,000
Team member maximum	6x annual earnings to a maximum of $500,000
Team member benefit amount	1 to 6x your annual earnings up to $500,000, with a minimum benefit amount of $10,000
Spouse maximum	Up to $250,000
Spouse guarantee issue	$30,000
Spouse benefit amount	$10,000 to $250,000 in increments of $10,000
Child options	Flat $10,000
Age reductions	35% reduction at 65, 50% reduction at 70

Summaries only. The certificate of insurance governs benefits, exclusions and limitations.

DISABILITY

Income protection

Short term disability is voluntary and paid by you through payroll. Long term disability is paid by Petfolk at no cost to you.

VOLUNTARY, PAID BY YOU THROUGH PAYROLL

Short term disability, The Standard

Benefit amount	60% of eligible weekly earnings, up to $2,308 a week. Plan minimum $25 a week.
Benefit waiting period	14 days for an accidental injury. 14 days for a physical disease, pregnancy or mental disorder.
Extended benefit waiting period	First-time enrollees at open enrollment: 14 days for accidental injury, 60 days for illness, pregnancy or mental disorder, during the first 12 months.
Maximum benefit period	24 weeks
Eligibility	Actively working at least 30 hours per week.

Short term disability replaces part of your income when you cannot work because of a qualifying disability. Your cost depends on your age and weekly earnings, and it is shown in Rippling when you enroll. It is deducted from your paycheck.

EMPLOYER PAID, NO COST TO YOU

Long term disability, The Standard

Benefit amount	50% of the first $25,000 of monthly pre-disability earnings, reduced by deductible income. Maximum $12,500 a month. Minimum is the greater of $100 or 10% of the benefit before reduction.
Benefit waiting period	180 days
Definition of disability	First 24 months: you cannot do your own occupation and have lost at least 20% of earnings. After that: you cannot do any occupation suited to your training and experience.
Maximum benefit period	To Social Security Normal Retirement Age if disabled before age 62. At 62 or older, 3 years 6 months down to 1 year, based on age.
Also included	24 hour coverage, Employee Assistance Program, survivor benefit, waiver of premium, return-to-work provisions.

Summaries only. The certificate of insurance governs benefits, exclusions and limitations.

EMPLOYEE ASSISTANCE PROGRAM, THE STANDARD

Support when you need it

Balancing the demands of work, family and personal needs can be challenging, especially during uncertain times. Petfolk knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Substance abuse
- Relationship and family matters
- Work-related issues
- Grief and loss
- Financial and legal concerns
- Parenting
- Child and elder care

Plan features

- Provided at no cost to you and your household members
- Includes up to 3 counseling sessions
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP

Call **1-888-293-6948**

or visit **Healthadvocate.com/standard3**

***See Rippling for additional details**

VOLUNTARY, CIGNA

Critical illness

A lump sum paid directly to you when you are diagnosed with a covered condition, regardless of your medical bills. Choose $10,000, $20,000 or $30,000. Your spouse and children are covered at 50% of your amount.

Covered condition	Benefit
Invasive cancer, heart attack, stroke	100%
Benign brain tumor, coma, paralysis	100%
End-stage renal disease, major organ failure	100%
ALS, Alzheimer's, Parkinson's, MS	100%
Blindness, loss of hearing or speech	100%
Coronary artery disease	50%
Carcinoma in situ, aneurysm, heart failure	25%
Infections such as sepsis or meningitis	25%
Pulmonary embolism, Crohn's, advanced obesity	25%
Childhood conditions (children)	100%

Age	$10,000	$20,000
Under 25	$1.35	$2.70
25 to 29	$1.92	$3.84
30 to 34	$2.31	$4.62
35 to 39	$3.15	$6.30
40 to 44	$4.07	$8.14
45 to 49	$4.34	$8.68
50 to 54	$8.10	$16.20
55 to 59	$7.53	$15.06
60 to 64	$13.29	$26.58
65 and over	$29.22	$58.44

Team member only, cost per paycheck (bi-weekly).

Recurrence

Many conditions pay again at the same percentage after you are treatment free.

Wellness

$50 once a year for a covered health screening.

Portable

You can keep your coverage if you leave Petfolk.

Percentages apply to your coverage amount. Skin cancer pays $1,000 and a cancer second opinion pays $500, once per lifetime. Insured by Cigna Health and Life Insurance Company. See the certificate of insurance for conditions, exclusions and limitations.

VOLUNTARY, CIGNA

Accident insurance

Fixed cash benefits when you, your spouse or your children are injured in a covered accident, on or off the job. The payment goes to you and is not based on the size of your bill.

Benefit	Plan 1	Plan 2
Emergency care treatment	$150	$250
Physician office visit, including urgent care	$150	$250
Diagnostic exam (x-ray or lab)	$50	$75
Ground ambulance / air ambulance	$300 / $1,000	$400 / $1,200
Hospital admission / ICU admission	$1,000 / $500	$1,200 / $500
Hospital stay / ICU stay, per day	$200 / $200	$300 / $400
Fracture, surgically repaired	$100 to $4,000	$200 to $8,000
Dislocation, surgically repaired	$100 to $4,000	$200 to $6,000
Follow-up office visit / physical therapy	$50 / $35	$75 / $50
Laceration, small / large	$50 / $600	$100 / $800
Concussion	$300	$350
Coma, 7 days	$5,000	$10,000
Accidental death	$50,000 to $100,000	$50,000 to $100,000
Wellness screening, once a year	$100	$100

Your cost per paycheck (bi-weekly)	Plan 1	Plan 2
Team member	$3.65	$5.18
Team member and spouse	$6.41	$8.84
Team member and child(ren)	$7.38	$10.25
Team member and family	$10.14	$13.91

Spouse accidental death is 50% and child is 25% of the amount shown. Sports accidents pay 25% of the benefit. Insured by Cigna Health and Life Insurance Company. See the certificate of insurance for conditions, exclusions and limitations.

VOLUNTARY, CIGNA

Hospital indemnity

Fixed cash benefits when you, your spouse or your children are admitted to the hospital. This is a fixed indemnity policy and is not health insurance. It is not a substitute for medical coverage, and the payment is not based on the size of your medical bill.

Benefit	Plan 1	Plan 2
Hospital admission	$1,000	$1,500
ICU admission	$500	$1,000
Chronic condition admission	$50	$100
Hospital stay, per day, up to 30 days	$100	$200
ICU stay, per day, up to 30 days	$200	$250
Observation stay, per 24 hours	$100	$200
Newborn nursery care admission	$50	$100
Skilled nursing, substance abuse or mental health facility, per day	$50	$50
Wellness screening, once a year	$50	$50

Your cost per paycheck (bi-weekly)	Plan 1	Plan 2
Team member only	$8.94	$13.86
Team member and spouse	$17.18	$28.11
Team member and child(ren)	$13.72	$21.75
Team member and family	$21.95	$36.00

Admission benefits are limited to 1 per 180 days. Insured by Cigna Health and Life Insurance Company. See the certificate of insurance for conditions, exclusions and limitations.

LEGAL PLAN, LEGALEASE

Legal help when life gets complicated

With the LegalEASE Plan, you are covered with paid in full benefits for personal legal matters. LegalEASE has the largest and most highly qualified attorney provider network, with attorneys in all 50 states focusing on over 60 areas of law.

YOUR COST PER PAY PERIOD
$10.82

What is included

- Family law
- Home and residential
- Estate planning and wills
- Auto and traffic
- Financial and consumer
- General coverage

Who is covered

- You
- Your spouse
- Dependent children up to age 26
- Your parents, with elder benefits designed for your and your spouse's parents

Attorney fees	At LegalEASE	On your own
Attorney prepared estate plan	$0	$400/hr or up to $2,000
Debt collection defense	$0	$400/hr or up to $4,000
Auto and traffic matters	$0	Up to $2,000
Buying or selling a home	$0	Up to $2,000

Enroll in the LegalEASE Plan

Visit **www.legaleaseplan.com/lped** or call **1(800) 248-9000**, Monday to Friday, 7am to 7:30pm CST.

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.

IDENTITY PROTECTION, LIFELOCK WITH NORTON BENEFIT PREMIER PLUS

Protect your identity, finances and devices

LifeLock with Norton Benefit Premier Plus combines identity monitoring, financial tools, online privacy and device security in one plan.

YOUR COST PER PAY PERIOD
Team member only: **$5.76**
Team member + dependent(s): **$9.91**

Identity and financial protection

- Credit monitoring, reports and VantageScore 3.0 scores
- Dark web monitoring and data breach notifications
- Bank account takeover and new account alerts
- Identity Lock for your TransUnion credit file

Financial wellness

- Balance change alerts and credit score insights
- Financial monitoring for 401K, bank and credit card activity
- Alerts on recurring and unusual charges

Privacy online

- Privacy Monitor Assistant removes your data from 1,500+ data broker sites
- Password manager and private browser
- Secure VPN and Norton AntiTrack

Digital protection

- Antivirus, anti-spyware, malware and ransomware protection
- Smart Firewall and PC SafeCam
- 500 GB PC cloud backup

Up to $3 million
Million Dollar Protection Package

Up to $50,000
Cyber crime insurance for covered cyberattacks

10 devices
Unlimited devices on the family plan

24/7
Live member support

If your identity is compromised, a US-based Identity Restoration Specialist handles your case. To open a case, call **1-800-543-3562**, Monday to Friday, 6:00 AM to 5:00 PM MST.

No one can prevent all cybercrime or prevent all identity theft. We do not monitor all transactions at all businesses. Credit features require setup, identity verification and sufficient credit history, and may take several days to activate after enrollment. Some features are subject to change and are not available on all platforms. All benefits are issued and covered by third party partners. Policy terms, conditions and exclusions are at gendigital.com/legal.

PET INSURANCE, METLIFE PET

From playtime to vet time

MetLife Pet can help cover unexpected costs and routine care. Visit any licensed vet in the U.S., with no breed exclusions or upper age limits.

Accident and illness coverage

- Accidental injuries, illnesses and exam fees
- Surgeries, medications and hospital stays
- X-rays, ultrasounds and diagnostic tests
- Hereditary and congenital conditions
- Alternative therapies

Preventive care (optional)

- Wellness exams and vaccinations
- Flea, tick and heartworm medications
- Teeth cleanings, spay or neuter
- Blood panel, fecal and heartworm tests

Choose your coverage

- Annual limits from $500 to unlimited
- Deductibles from $0 to $2,500
- Reimbursement of 50%, 70%, 80% or 90%

Added value

- Vet-prescribed food, supplements and holistic treatments
- Loss or theft coverage
- Automatic annual limit increase
- 24/7 live vet chat in the MetLife Pet app

10%
Employer group discount, with discounts up to 30% combined

Day 1
Accident and preventive coverage start on the effective date

14 days
Wait before illness coverage begins

$50
Deductible reduction each claim-free year

To enroll or get a quote, visit **metlife.com/getpetquote** or call **800-438-6388**. Each pet's premium is based on age, breed, location and the coverage you choose. Pre-existing conditions are typically not covered.

Pet insurance coverage is issued by Metropolitan General Insurance Company. Coverage is subject to restrictions, exclusions and limitations, and the application is subject to underwriting. MetLife Pet Insurance Solutions LLC is the policy administrator. Reimbursement options, deductibles and annual limits vary by state and pet age. Virtual vet services are provided by AskVet, a third party, and cannot prescribe medication.

CONTACTS

Who to call with questions

Contact each carrier directly for claims, ID cards and coverage questions. Reach out to HR for anything else.

MEDICAL

Cigna
1-800-997-1654
www.mycigna.com

DENTAL

Cigna
1-800-997-1654
www.mycigna.com

VISION

VSP
1-800-877-7195
www.vsp.com

EAP

The Standard
1-888-293-6948
Healthadvocate.com/standard3

FSA

Rippling
www.rippling.com

HSA

Rippling
www.rippling.com

LIFE INSURANCE

The Standard
1-800-628-8600
www.standard.com

DISABILITY

The Standard
1-800-628-8600
www.standard.com

ACCIDENT, CRITICAL ILLNESS AND HOSPITAL

Cigna
1-800-997-1654
www.mycigna.com

IDENTITY THEFT

Norton
1-800-607-9174
www.my.norton.com

LEGAL

LegalEASE
1-800-248-9000
www.legaleaseplan.com/lped

PET

MetLife
1-866-937-7387
www.metlifepetinsurance.com

HR CONTACT

hr@petfolk.com

NOTICES, 1 OF 7

Health Insurance Marketplace, Part A

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 depend 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 **10.22%** of your annual household income for plan years beginning in 2027, 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 team member, coverage is considered affordable if the team member's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the team member's household income.

Note: employer contributions

If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose the employer contribution (if any) to the employment-based health plan. 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 may wish to contact your employer to determine whether their health coverage meets the minimum value standard and whether it is considered affordable.

NOTICES, 2 OF 7

Health Insurance Marketplace, Part B

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 Petfolk	4. Employer Identification Number (EIN) 33-5062925	
5. Employer Address 1489 W Palmetto Park Rd, Suite 500		6. Employer phone number
7. City Boca Raton	8. State FL	9. Zip Code 33486
10. Who can we contact about team member health coverage at this job? Human Resources		
11. Phone number (if different from above)	12. Email address hr@petfolk.com	

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

As your employer, we offer a health plan to:

☒ All team members. Eligible team members are: full-time team members who work 30 or more hours per week

☐ Some team members. Eligible team members are:

With respect to dependents:

☒ We do offer coverage. Eligible dependents are: spouses, domestic partners and 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 team member wages.

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.

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 hr@petfolk.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov or call 1-800-318-2596 (TTY 1-855-889-4325) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

NOTICES, 3 OF 7

Women's health and newborn protections

Women's Health and Cancer Rights Act (WHCRA) notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

If you are receiving benefits in connection with a mastectomy and elect breast reconstruction, coverage is 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 are subject to the same annual deductibles, copayments and coinsurance that apply to other medical and surgical benefits provided under the plan. This notice is provided at enrollment and each year after. Contact the plan administrator, Cigna, at 1-800-997-1654 or HR at hr@petfolk.com for details.

Newborns' and Mothers' Health Protection Act notice

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

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans may require authorization or use of certain providers or facilities to reduce your out-of-pocket costs.

HIPAA special enrollment rights

Loss of other coverage. If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

New dependents. 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.

Medicaid and CHIP. If you or your dependents lose eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage, or become eligible for a premium assistance subsidy from Medicaid or CHIP toward the cost of this plan, you may be able to enroll. You must request enrollment within **60 days** after the Medicaid or CHIP coverage ends or after you are determined to be eligible for premium assistance.

To request special enrollment or obtain more information, contact HR at hr@petfolk.com.

NOTICES, 4 OF 7

Medicare Part D creditable coverage

Important notice about your prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. It has information about your current prescription drug coverage with Petfolk 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, 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.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get it through a Medicare Prescription Drug Plan or a Medicare Advantage Plan 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. Petfolk has determined that the prescription drug coverage offered under its medical plans 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, 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 when you first become eligible for Medicare and each year from **October 15 to December 7**. If you lose your creditable coverage through no fault of your own, you will also be eligible for a two-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 Petfolk coverage will not be affected. If you keep your Petfolk coverage and join a Medicare drug plan, your Petfolk coverage will generally continue to pay primary or secondary as it does today. If you drop or lose your coverage with Petfolk and do not 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. Your monthly premium will go up at least 1% per month for every month that you did not have creditable 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 as long as you have Medicare prescription drug coverage.

For more information. Contact HR at hr@petfolk.com. You will get this notice each year, before the next period you can join a Medicare drug plan, if this coverage changes, and upon request. For more information about Medicare prescription drug coverage, see your *Medicare & You* handbook, visit **www.medicare.gov**, call your State Health Insurance Assistance Program (see the inside back cover of your handbook), or call **1-800-MEDICARE (1-800-633-4227)**; TTY users call 1-877-486-2048. For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov** or by calling **1-800-772-1213** (TTY 1-800-325-0778). If you join a Medicare drug plan, you may need to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Name of entity: Petfolk Inc. Contact: Human Resources, hr@petfolk.com

NOTICES, 5 OF 7

Medicaid and CHIP premium assistance

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

Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – MEDICAID

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

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program
Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
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+)

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

FLORIDA – MEDICAID

Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – 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

ILLINOIS – MEDICAID

Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

NOTICES, 6 OF 7

Medicaid and CHIP: state contacts

INDIANA – MEDICAID

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)

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

KANSAS – MEDICAID

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – MEDICAID

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

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

MASSACHUSETTS – MEDICAID AND CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – MEDICAID

Website: https://dss.mo.gov/mhd/hipp
Phone: 573-751-2005

MONTANA – MEDICAID

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – MEDICAID

Website: http://accessnebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – MEDICAID

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: https://www.dhhs.nh.gov/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

Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
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)

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NOTICES, 7 OF 7

Medicaid and CHIP: state contacts

NORTH DAKOTA – MEDICAID
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – MEDICAID
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – 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)

RHODE ISLAND – MEDICAID AND CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – MEDICAID
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – MEDICAID
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – MEDICAID
Website: Health Insurance Premium Payment (HIPP) Program
Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP
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
Website: Health Insurance Premium Payment (HIPP) Program
Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP
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
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID AND CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – MEDICAID AND CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – MEDICAID
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since 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); or 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. OMB Control Number 1210-0137 (expires 5/31/2029).