LAKE FOREST ACADEMY
Midwestern Heart. Global Mind.

2023-2024

BENEFITS ENROLLMENT GUIDE

THE Insurance CENTER

The information in this enrollment guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancies between this guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.

Your Benefits

BENEFITS	CARRIER	WHO CONTRIBUTES	PREMIUM TAX TREATMENT
Medical Insurance	Blue Cross Blue Shield	You & Your Employer	Pre-tax
Health Savings Account	HRPro	You & Your Employer	Pre-tax
Dental Insurance	Guardian Life	Your Employer	Pre-tax
Vision Insurance	Vision Service Plan	You	Pre-tax
Basic Life and AD&D Insurance	Dearborn National Life	Your Employer	n/a
Voluntary Life and AD&D Insurance	Dearborn National Life	You	Post-tax
Long Term Disability Insurance	Dearborn National Life	Your Employer	n/a

Did You Know?

Pre-tax vs. Post-tax Deductions

Pre-tax Deductions:

Costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.

Post-tax Deductions:

Taken from your paycheck after any applicable taxes are deducted.

What I Need to Know?

Who is eligible?

As part of our commitment to our employees and their well-being, Lake Forest Academy employees are eligible to enroll in the benefits outlined in this guide if they are considered full-time employees In addition, your dependents (spouse, natural or adopted child, grandchild or child for whom you have legal guardianship) are eligible for these benefits.

How to enroll?

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information is accurate and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to enroll?

The benefit choices you make now will cover you and your dependents through the entire year. The plan year begins July 1 and runs through June 30 of each year.

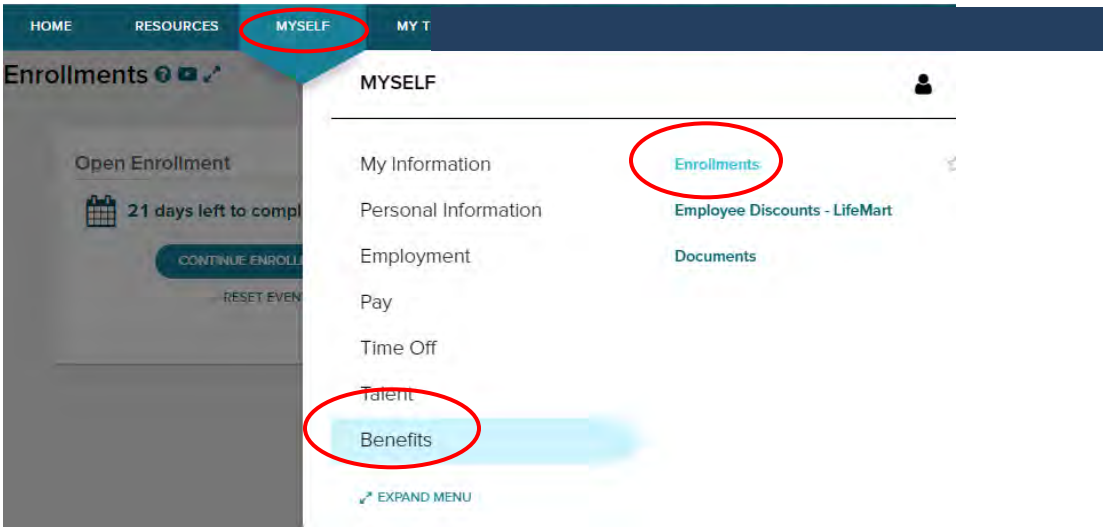
New employees are eligible for benefits on their date of hire.

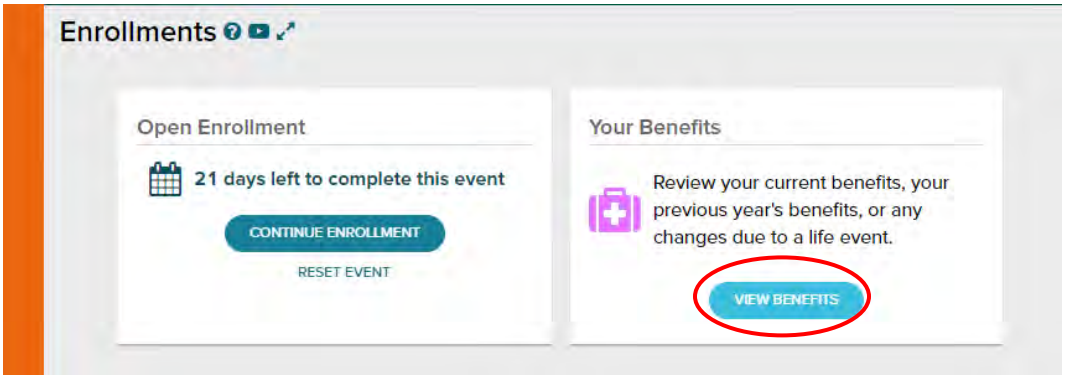
How to make changes?

Unless you experience a HIPAA Special Enrollment event, you cannot make changes to the benefits you elect until the next open enrollment period. A Special Enrollment event would include: A loss of eligibility for other health coverage, termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP), the acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption, or becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP. In the case of a HIPAA Special Enrollment, you have 30 days to make changes to your benefit plans.

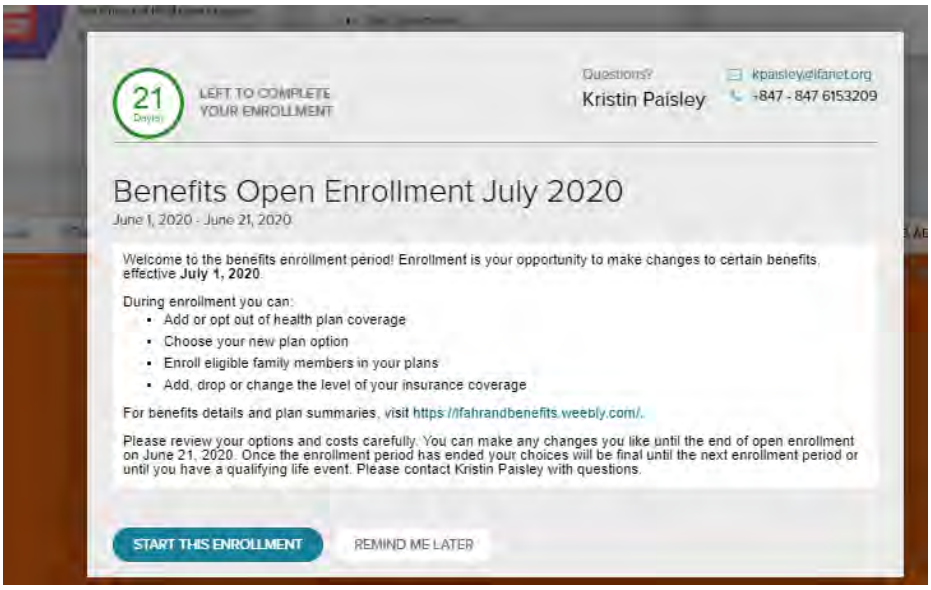
Benefits Open Enrollment

If want to check what benefits you are currently enrolled in through June 30, here is one way to check in ADP (you must exit the open enrollment pop up screen first):

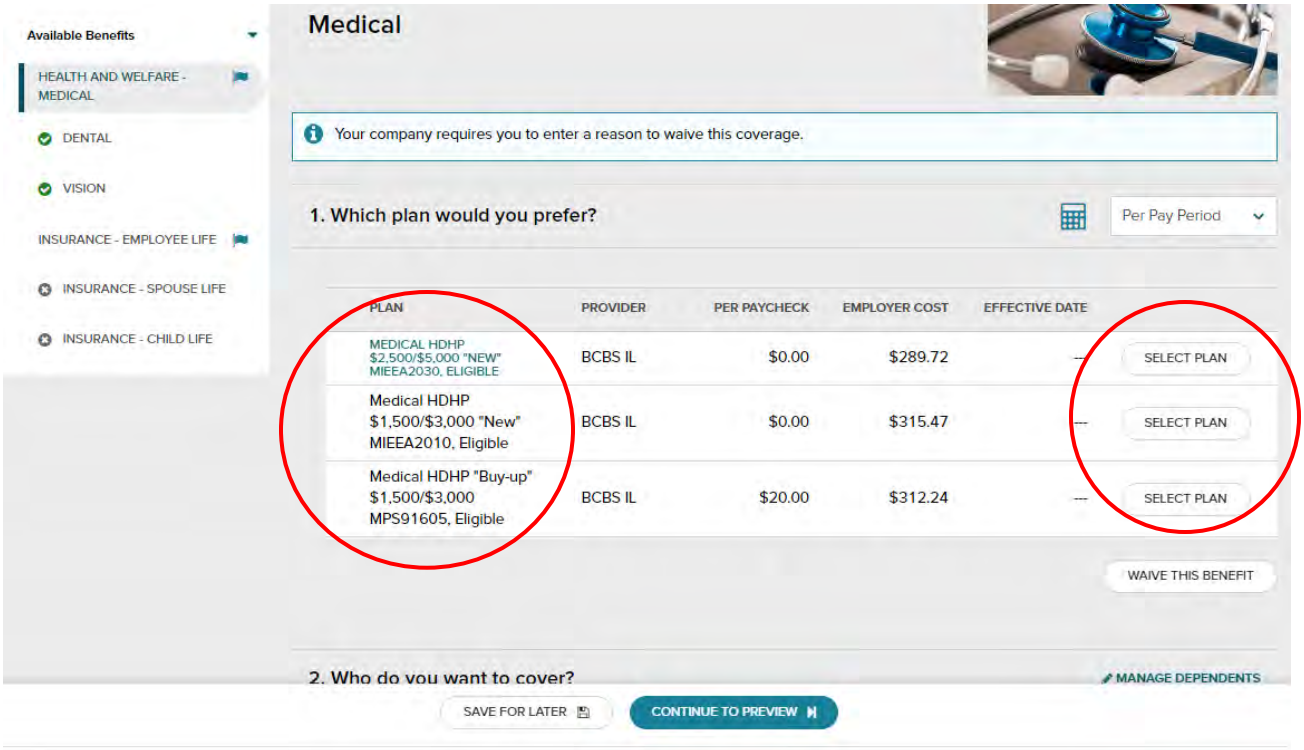




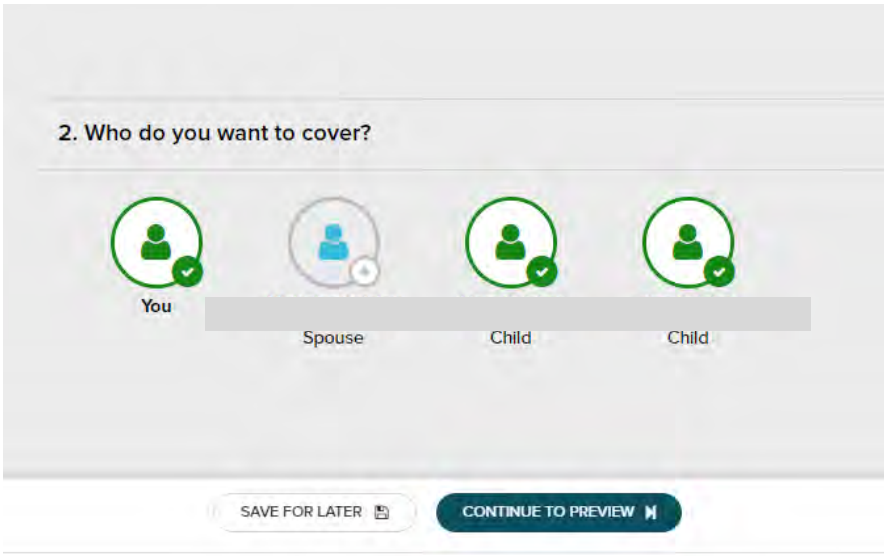
1. Benefit eligible employees should automatically receive this pop up below anytime you log into ADP until you complete the enrollment process.



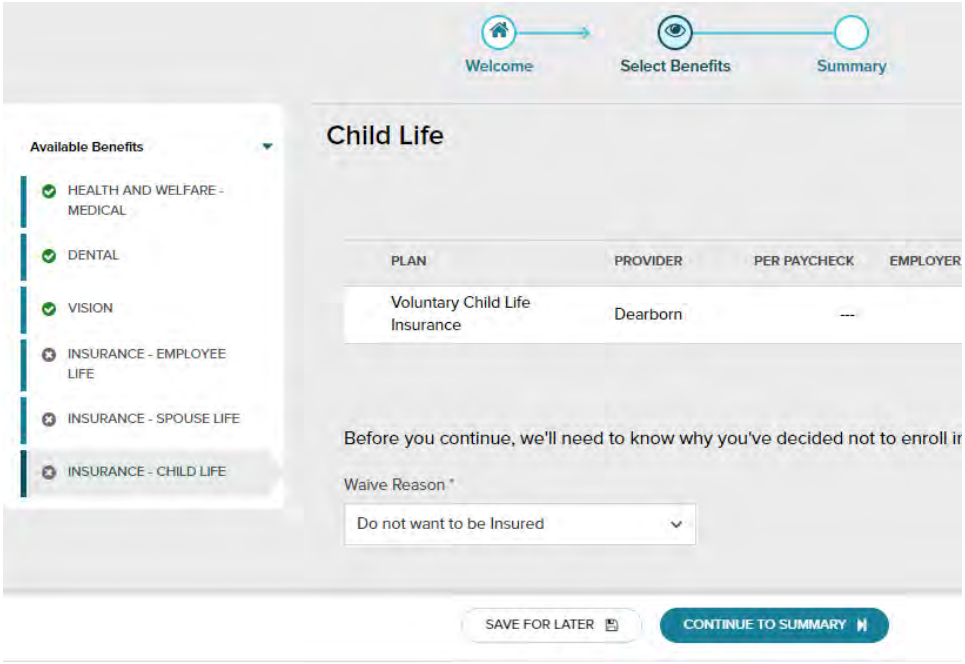
2. If you were on the original $1500/3000 plan, you must now manually choose a plan. Make sure to read the plan options carefully.



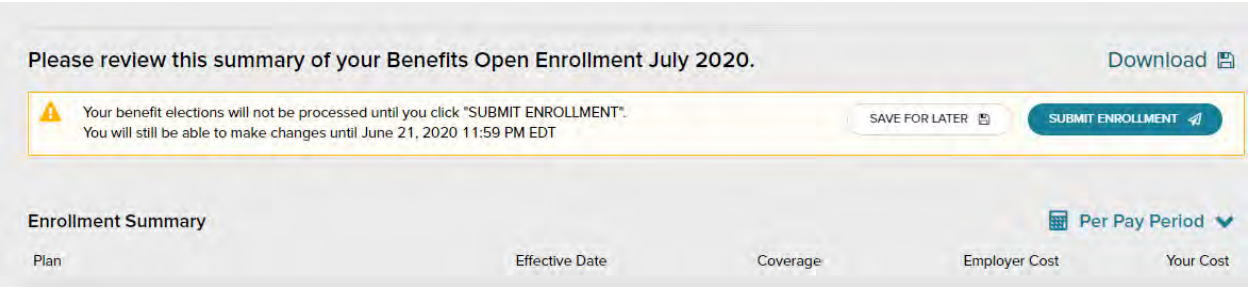
3. If you have dependents, please make sure to select who is on your medical plan.



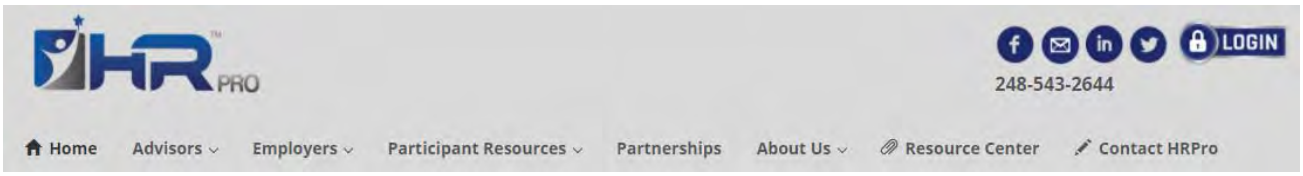
4. You will be taken through all benefit options before completion. Please note that if you are interested in signing up for individual life insurance, you will be required to submit an Evidence of Insurability form prior to approval.



5. The summary page at the end will allow you to review the information and download your enrollments before submitting. You have the option to “save for later” so you can take your time to evaluate what is best for you (until June 21).



Participant Account Login Instructions



In order to view your account, file a claim, check status, submit documentation or view recent transactions, you'll need to log into the system. To get started, go to www.hrpro.com and follow the instructions below:

1. Click the Login Button in the upper right corner

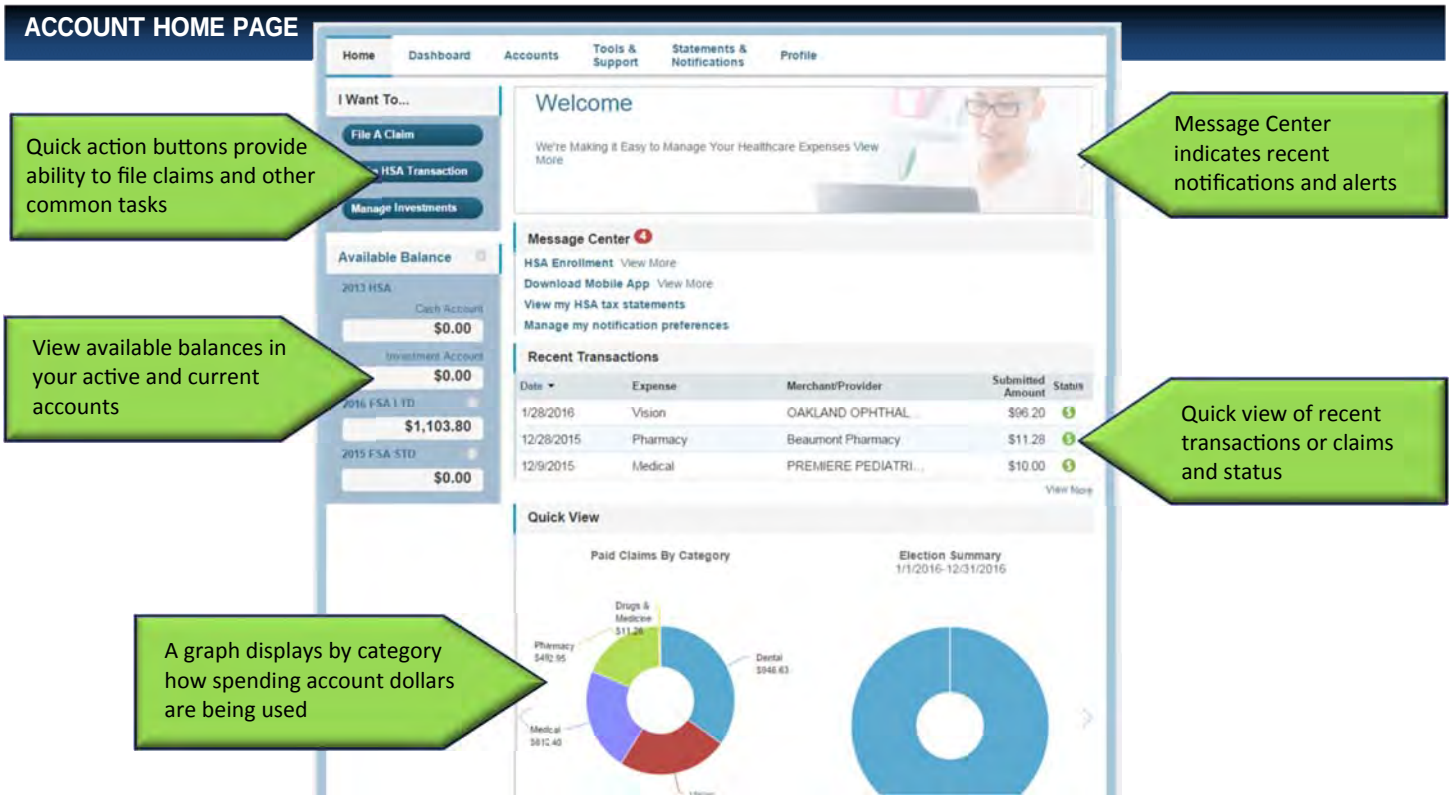
2. Under FSA | HRA| HSA | DCA | TRANSIT
   Click 

3. **Login for the first time** using the following:
   Username: First initial (cap), full last name (lowercase) and the last digits of your SSN.

If this is your first time logging onto the system, use Password1 as your password. You will be prompted to set up security questions for verification purposes and then you'll need to create a new, unique password before entering the system. If this is not your first time logging in, use your previously created username and password. If you don't remember it, click 'forgot username/password' link to reset it or contact Customer Service for assistance. **NOTE: Login as Existing User — not New User!**

Please feel free to contact customer service for assistance logging into your account

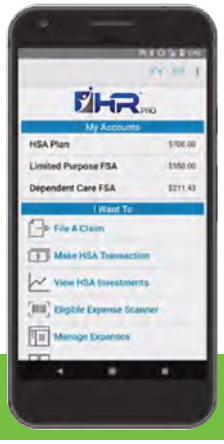
ACCOUNT HOME PAGE



For questions regarding your account, please contact HRPro Customer Service at 248-543-2644 | email: accounts@hrpro.biz

Manage Your Health Benefits on the Go with the HRPro Mobile App

Want a simple, easy way to check your healthcare account balances and submit receipts from anywhere? The HRPro Mobile App lets you securely access your health benefit accounts with a touch of a finger.



Download on the App Store

GET IT ON Google Play

Features

With the HRPro Mobile App, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? The HRPro Mobile App puts the answers at your fingertips:

- Real-time access
- Fingerprint quick login
- Check available balances and account
- Summarizes of account information
- Messages and text alerts
- Link to an external web pages
- Retrieve lost usernames or passwords
- Use your device of choice – including Apple® and Android™-powered smartphones
- Submit claims
- Upload receipts by snapping a photo
- Make distributions
- Us the eligible expense scanner to scan items to see if they are qualified
- Add and store payees
- Report debit cards lost or stolen and much more!

Health Insurance

Blue Cross Blue Shield IL

Lake Forest Academy offers three plan designs with BCBS of IL effective July 1, 2023. For any eligible employee enrolled in a HDHP (high deductible health plan), LFA contributes money into the individual's Health Savings Account. Employees can also contribute to the Health Savings Account through payroll, and elections can be changed at any time.

OPTIONS	HSA MIEEA2030	HSA MPS 91605	HMO* MIBAH2020
DEDUCTIBLE	$2,500 Single $5,000 Family	$1,500 Single $3,000 Family	$0 Single $0 Family
COINSURANCE	80% BCBS 20% Employee	Varies based upon Service	N/A
MEDICAL MAX OUT-OF-POCKET	$5,000 Single $7,350 Family	$3,000 Single $6,000 Family	$1,500 Single $3,000 Family
PREVENTIVE CARE	No Charge	No Charge	No Charge
OFFICE VISIT	Deductible then 80% Coinsurance	$0 After Deductible	$20 Copay
SPECIALIST VISIT	Deductible then 80% Coinsurance	$0 After Deductible	$40 Copay
URGENT CARE	Deductible then 80% Coinsurance	Deductible then 100% Coinsurance	$20 Primary Care $40 Specialist
EMERGENCY ROOM	Deductible then 80% Coinsurance	Deductible then 90% Coinsurance	$250 Copay Waived if admitted
PHARMACY BENEFIT	Deductible and Coinsurance	Deductible then 80% Coinsurance	Generic: $0 Generic Non-Preferred: $10 Brand Preferred: $50 Brand Non-Preferred: $100
OUT-OF-NETWORK SEE SBC FOR FURTHER DETAILS	$5,000 Single Deductible $10,000 Family Deductible $15,000 Single Max OOP $22,050 Family Max OOP	$1,500 Single Deductible $3,000 Family Deductible $3,000 Single Max OOP $6,000 Family Max OOP	Not Covered
HSA ELIGIIBLE?	Yes	Yes	No

*Participants can find quality services within the BCBS of IL HMO Advantage Network for very affordable rates, as long as the services are within a dedicated hospital network of the participants' choosing. Of the three most commonly used hospitals by LFA community members, both Northshore University Healthsystem and Advocate Condell accept this HMO Advantage plan as in-network, but not Northwestern University Healthsystem.

FIND A DOCTOR

Website: www.bcbsil.com
Customer Service: (800) 810-2583

Lake Forest Website:
lfahrandbenefits.weebly.com

Health Insurance

Blue Cross Blue Shield IL

Lake Forest Academy
Benefit Contributions 2023-2024

Medical - Blue Cross Blue Shield

BlueEdge HSA MIEEA2030 - $2,500/$5,000 Deductible Plan

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)	LFA Annual HSA Contribution
Employee Only	$819.92	$809.92	$10.00	$5.00	$1,500
Family with 2 Employees	$2,498.70	$2,438.70	$60.00	$30.00	$3,000
Employee & Child(ren)	$1,606.47	$1,369.47	$237.00	$118.50	$2,500
Employee & Spouse	$1,712.15	$1,408.15	$304.00	$152.00	$2,500
Employee & Family	$2,498.70	$1,974.70	$524.00	$262.00	$2,500

BlueEdge HSA MPS91605 - $1,500/$3,000 Deductible Plan

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)	LFA Annual HSA Contribution
Employee Only	$954.71	$809.71	$145.00	$72.50	$1,000
Family with 2 Employees	$2,909.45	$2,439.45	$470.00	$235.00	$2,000
Employee & Child(ren)	$1,870.55	$1,370.55	$500.00	$250.00	$1,500
Employee & Spouse	$1,993.60	$1,408.60	$585.00	$292.50	$1,500
Employee & Family	$2,909.45	$1,974.45	$935.00	$467.50	$1,500

BCBS HMO Advantage MIBAH2020

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)
Employee Only	$809.25	$809.25	$0.00	$0.00
Family with 2 Employees	$2,466.14	$2,466.14	$0.00	$0.00
Employee & Child(ren)	$1,585.55	$1,535.55	$50.00	$25.00
Employee & Spouse	$1,689.84	$1,614.84	$75.00	$37.50
Employee & Family	$2,466.14	$2,196.14	$270.00	$135.00

Health Savings Account (HSA)

Only applicable if enrolling in the HSA Health Plan

A Health Savings Account (HSA) is an employee-owned account meant to pay for healthcare expenses. To maximize tax benefits, HSA funds must be used for qualified medical, dental, vision and pharmecutical expenses.

Annual Contributions Limits

Individual Maximum:
2023: $3,850
2024: $4,150

Family Maximum:
2023: $7,750
2024: $8,300

Catch Up Contribution:
An additional $1,000 annual can be made for members 55 and older.

Bank:
HRPro

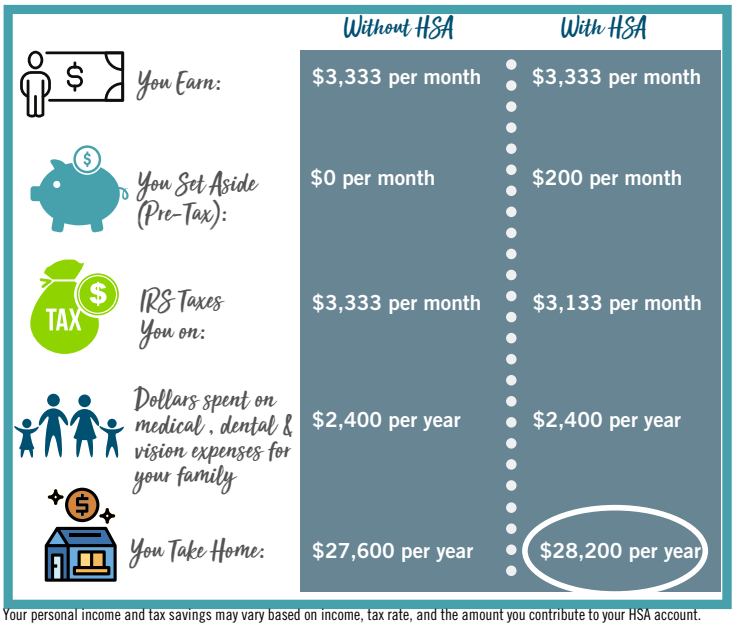
Lake Forest will Contribute to the HSA with a deposit on both July 15 and January 15 as follows:

HDHP $2,500/$5,000	HDHP $1,500/$3,000
Single $750	Single $500
Spouse $1,250	Spouse $750
Child $1,250	Child $750
Family $,1250	Family $750
2 Employee Family $1,500	2 Employee Family $1,000

Why an HSA?

- You can make pre-tax deposits to the account through payroll deductions.
- An HSA account reduces your taxable income by up to 28%.
- These accounts operate just like a checking account with a debit card.
- You own the HSA account. If there is a transition of employment, the money and the account goes with you.
- The money in the account can be rolled over from one year to the next, potentially building up thousands of dollars over time if funds are not used. There is no "use it or lose it" feature.
- At age 65, you can use your HSA dollars to pay for any non-qualified medical expenses, however, you won't be eligible to take full advantage of the tax savings as you will be required to pay state and federal taxes on those non-qualified distributions.

How much can I save by using an HSA? This example shows an individual earning $40,000 per year, with an additional $600 of take home income by using an HSA vs. paying for medical expenses out of pocket with after tax money.



Your personal income and tax savings may vary based on income, tax rate, and the amount you contribute to your HSA account.

- I am not a dependent on someone else's tax return
- I am not receiving Medicare, VEBA, or TRICARE benefits
- I am covered by a high deductible health plan (HDHP) HSA eligible health plan
- I am not covered under any other type of health insurance plan other than a HDHP (except for insurances specific to injuries, accidents, disability, dental, vision, or long-term care)
- The only FSAs I have, if any, are limited purpose, after-tax, or dependent care

Am I eligible to contribute to an HSA

Dental Insurance

Guardian Guard PPO

Lake Forest Academy offer a generous dental plan for employees. Log into Guardian to find a dentist, access claims and other coverage information.

SERVICES	IN-NETWORK DENTAL GUARD PPO
DEDUCTIBLE	$50/Single $150/Family
Individual Annual Maximum Per person, per calendar year	$1,500
Preventative Services No deductible applies	100% Covered
Basic Services	80% Covered after Deductible
Major Services	50% Covered after Deductible
Orthodontia Eligible for dependent children to age 19	50% up to $1,500 Lifetime Maximum

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: Oral hygiene services (except as covered under preventive services), Orthodontia (unless expressly provided for), Cosmetic or experimental treatments (unless they are expressly provided for).

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al. Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Your Cost Per Paycheck (24)

Employee Only	Family
$0	$35

FIND A DENTIST

Network: Dental Guard Pref NAP - Chicago
You can go to any dentist, however those who belong to the Dental Guard Pre- Chicago will be most cost effective.
Customer Service: Guardianlife.com | 888-482-7342

Vision Insurance

VSP

Lake Forest Academy offers vision insurance as a voluntary benefit meaning you pay 100% of the premium should you decide to particpate.

COVERED BENEFITS	DESCRIPTION	COPAY
Vision Exam	Exam focusing on your eyes and overall wellness	$10 Copay
Frame	$150 Featured frame brands allowance $130 Frame allowance 20% Savings on amount over allowance	$30 Copay
Lenses	Single Vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependents	$30 Copay
Lens Enhancements	Standard progressive lenses Progressive lenses Custom progressive lenses	$0 $80-$90 $120-160
Contact Lenses	$130 Allowance Copay does not apply Contact Lens Exam (fitting and evaluation)	Up to $60
Primary EyeCare	Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.	
Frequency of Services Based on Calendar Year	**Every 12 months: Exam and Lenses OR Contacts** **Every 24 months: Frames**	

Glasses and Sunglasses: Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Routine Retinal Screening: No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Your Cost Per Paycheck (24)

Employee Only	Employee Plus One	Employee & Child(ren)	Family
$4.39	$7.01	$7.16	$11.54

FIND A PROVIDER

Network: VSP Signature
Customer Service: 1-800-877-7195

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM LAKE FOREST ACADEMY AND VSP.

vsp Vision care for life

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

PREMIER PROGRAM

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON LACOSTE NINE WEST

SEE MORE BRANDS AT **VSP.COM/OFFERS**.

\+ UP TO **40%** SAVINGS ON LENS ENHANCEMENTS

EXCLUSIVE MEMBER EXTRAS

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Enroll today.

Contact us: **800.877.7195** or **vsp.com**

Group Term Life Insurance
Dearborn National

Full-Time employees of Lake Forest Academy are eligible for group term life insurance up to 2 times their salary. Employees may choose to purchase additional coverage for themselves and dependents through a supplemental life insurance plan.

The Benefit

Benefit Amount for You:
2 Times salary to maximum of $400,000 (minimum of $10,000)

Guarantee Issue:
$400,000

Group AD&D Benefit:
Same as Basic Life

FEATURES

Accelerated Death Benefit

If you are diagnosed as terminally ill, with less than 24 months life expectancy, you may be able to receive up to 50% of your benefit amount in a lump sum.

Additional Features

- Waiver of Premium
- Portability
- Conversion
- Beneficiary Resource Service
- Travel Resource Services

AD&D Product Features

- Seatbelt Benefit
- Airbag Benefit
- Repatriation Benefit
- Education Benefit
- Spouse Training Benefit
- Day Care Benefit

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

Voluntary Term Life Insurance
Dearborn National

Employees may choose to purchase additional life insurance coverage for themselves and dependents through a supplemental life insurance plan. During open enrollment, employees have a one time opportunity to sign up for voluntary life insurance without completing a Evidence of Insurability up to a certain dollar amount. This guaranteed issue applies only to employees and spouse. For child life plans, an Evidence of Insurability form is still required.

The Benefit

Benefit Amount for You:
$20,000 - $150,000
(increments of $10,000)
Guarantee Issue: $100,000

Benefit Amount for Spouse:
$10,000 - $50,000
(increments of $10,000 not over 50% of employee)
Guarantee Issue: $50,000

Benefit Amount for Child(ren)
$2,500 - $10,000
(increments of $2,500
Guarantee Issue: $10,000

FEATURES

Accelerated Death Benefit

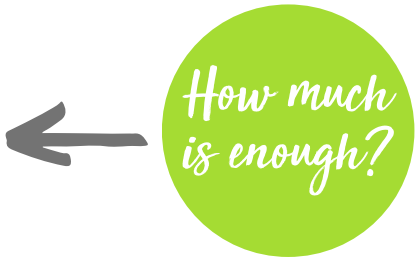
If you are diagnosed as terminally ill, with less than 24 months life expectancy, you may be able to receive up to 50% of your benefit amount in a lump sum.

Additional Features

- Waiver of Premium
- Portability
- Conversion
- Beneficiary Resource Service
- Travel Resource Services

Things to consider:

- Final Expenses & Other Debt
- Funeral costs, medical expenses, mortgage, credit card debt.
- Ongoing Expenses
- Food, clothing, housing, utilities, transportation, health care, insurance.
- Future Expenses
- College, retirement



See benefit enrollment portal for additional information and rates.

Long-Term Disability
Dearborn National

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. LTD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Your employer has made LTD coverage available for you to enroll in. Below are some of the major features of this program.

The Benefit

Benefit Begins:
91st Day

Monthly Benefit Amount:
60% of monthly earnings

Monthly Maximum Benefit: $8,000
(minimum $100 or 10% of gross income)

Benefit Duration:
Social Security Normal Retirement Age (SSNRA)

Your Paycheck Protection

Pre-Existing Condition: A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within **3 months prior** to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first **12 months** of your effective date will not be covered.

Your Plan provides a **Partial Disability benefit**, that when combined with return to work income, will provide up to 100% of pre-disability income for 12 months and then reduce as stated in your certificate of Insurance. Rehab Incentive Income is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they cannot return to their regular occupation.

Dearborn National®
Partnership. Solutions. Strength.

Disability Resource Services™

Extra Help When It's Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services™ to employees covered by our Long-Term Disability (LTD) policy. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

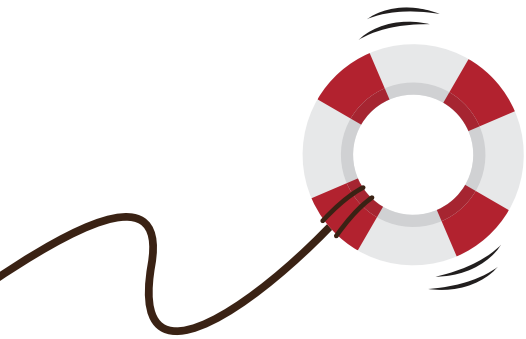
To Access Your Services

CALL:
(866) 899-1363

- You will be asked what type of insurance policy you have: LTD, STD or Life Insurance. *If you are unsure, consult with your HR representative.*

ONLINE:
GuidanceResources.com

- Click "Register" to create a new account.
- Enter Company ID: DNDRS



Face-to-Face Sessions

Disability Resource Services provides long-term disability insured employees with three face-to-face sessions in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling

Disability Resource Services also provides long-term disability insured employees with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (www.guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

Disability Resource Services

(866) 899-1363

TDD: (800) 697-0353

Online: www.guidanceresources.com
Enter Your Company ID: DNDRS

Dearborn National®

Your Guide to GuidanceResources® Online

www.GuidanceResources.com

How can GuidanceResources® Online help me?

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing. Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.

What about financial concerns?

Financial issues can arise at any time, from dealing with debt to saving for college. Guidance Resources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

How can I manage all of my life's little details and the issues my family faces?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

Where can I get answers to all my legal questions?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

Guide to using GuidanceResources.com

1. Once on the **GuidanceResources.com** home page (Figure A), click on the tab at the top labeled **"Register."**
2. Enter your **company ID: DNDRS**. Create a **user name and password**. The user name has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you **complete all required fields, noted with red asterisks**.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, **click on the "Submit" button** at the bottom of the page.

Disability Resource Services

(866) 899-1363

TDD: (800) 697-0353

Online: www.guidanceresources.com
Enter Your Company ID: DNDRS

Dearborn National®

Figure A

ONLINE ACCESS:

GuidanceResources.com

- Click "Register" to create a new account.
- Enter Company ID: DNDRS
- FOR FUTURE LOGINS, just go to the member login section and enter your user name and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com or (877) 595-5289**.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. The Dearborn National brand companies do not provide or insure the program or any part of GuidanceResources® Online. This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described.

A18-0001-0118

Allstate SM
IDENTITY PROTECTION

stay connected, stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more sharing online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.[1]

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. So you can be prepared and help protect your identity and finances from a growing range of threats.

For over 85 years, Allstate has been protecting what matters most. Prepare for what's next with:

- Financial account and credit monitoring
- 24/7 alerts and fraud recovery
- Up to $1 million identity theft expense reimbursement†

1: 2021 Identity Fraud Study, Javelin Strategy & Research

Sign up during open enrollment

Questions? 1.800.789.2720

Plans and pricing

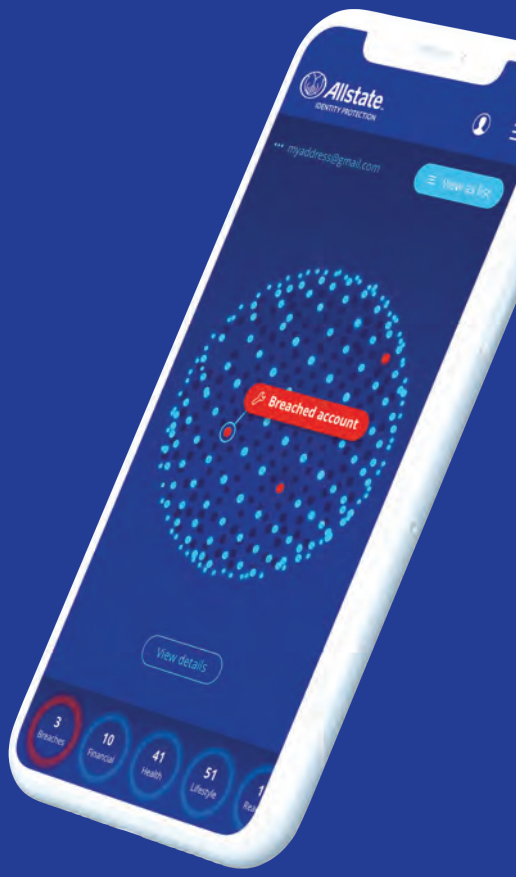
Allstate Identity Protection Pro Plus

$4.98 Per Check (24) Employee Only

$8.98 Per Check (24) Family

with Allstate Identity Protection Pro Plus, you'll be able to:

- See and control your personal data with our unique tool, Allstate Digital Footprint℠
- Monitor social media accounts for questionable content and signs of account takeover
- View and manage alerts in real time
- Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Check your identity health score
- See if your IP addresses have been compromised
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses, like stolen 401(k) & HSA funds, with our up to $1 million identity theft expense reimbursement†
- Protect yourself and your family (everyone that's "under your roof and wallet")*



Protect your family

Kids' online identities can grow up faster than they do. Our family plan provides coverage for all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.*

* For family plans only

†Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Product may be updated or modified prior to availability. Certain features require additional activation.
Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

It's easy to get started

1. **Choose your plan**
   You're protected from your effective date.
2. **Activate key features**
   Explore additional features in our easy-to-use portal.
3. **Live your best life online**
   We've got your back with 24/7 alerts.

Allstate℠
IDENTITY PROTECTION

2023 Government Notices

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS
**** CONTINUATION COVERAGE RIGHTS UNDER COBRA****

Note: *Federal COBRA applies to group health plans maintained by private-sector, state, and local government employer with 20 or more employees. Group health plans sponsored by federal government or churches are exempt from COBRA. For Wisconsin employers, State Continuation applies to insured group health plans providing medical/hospital coverage. Dental, vision, and prescription drug benefits are not subject to state continuation if they are offered as separate policies. Employer self-funded plans are not subject to these requirements. Outside of Wisconsin -refer to your state specific laws or carrier for further information.*

INTRODUCTION
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage may be required to pay for COBRA continuation coverage. Your employer will provide you with the information should you experience a qualifying event.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-month period of COBRA Continuation coverage:

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event extension of 18-month period of continuation:
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA Continuation coverage after my group health plan coverage ends?
In general, if you do not enroll in Medicare Part A or B when are you first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group plan health coverage based on current employment ends

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.
If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit https://www.medicare.gov/medicare-and-you.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep your Plan informed of Address Changes: To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information: Your employer's Human Resource Department or individual in charge of Benefits Administration within your organization.

Women's Health and Cancer Rights Act of 1998

Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator for more information.

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, 2022. Contact your State for more information on eligibility –

IOWA – Medicaid Website: http://dhs.iowa.gov/ime/members Phone: 1-800-338-8366 **CHIP (Hawki):** http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563. HPP Website https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562

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

MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739

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

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

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

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. Expires 01/31/2023

Health Insurance Marketplace Coverage Options and Your Health Coverage:

When key parts of the health care law took effect in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
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.

HIPAA Privacy Information. Your Rights. Our Responsibilities.

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

Your Rights:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- You can complain if you feel we have violated your rights by contacting your HR Department
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures:
Help manage the health care treatment you receive:
We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization:
We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. *Example: We use health information about you to develop better services and plan design for our company.*

Pay for your health services:
We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan:
We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

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

Our Responsibilities:

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

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, or you can request we mail a copy to you. This is a summary of information only.

CONSOLIDATED APPROPRIATIONS ACT DISCLOSURE FOR PLAN MEMBERS

The Consolidated Appropriations Act (CAA) is a comprehensive set of laws that include the No Surprises Act (NSA) and transparency provisions. Plan Sponsors are required to post an NSA Notice in a prominent location in the workplace and/or post a link to the NSA Notice on the searchable home page of their websites. The Department of Labor (DOL) has provided a model notice, which should be used for plan years beginning on or after January 1, 2022.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.
If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're <u>never</u> required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

<u>When balance billing isn't allowed, you also have the following protections:</u>

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Department of Health and Human Services to reach the entity responsible for enforcing the federal balance or surprise billing protection laws at 1-800-985-3059.

Visit https://www.cms.gov/nosurprises for more information about your rights under federal law.

THE Insurance CENTER

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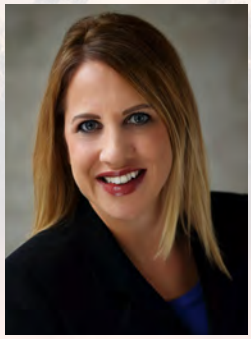

Missy Hundt
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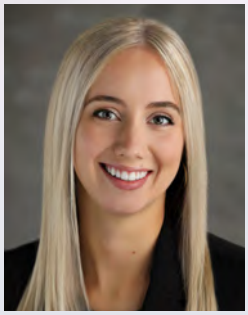

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