



2025

# Employee Benefits Overview

This Benefits Overview summarizes your available benefits. Please take time to educate yourself about the options and choose the best coverage for you and your family.

Hi Team,

It's that time of year again for our annual benefit enrollment period. This is an incredibly important time to carefully consider any changes to your benefits. Please take some time to review this guide and get familiar with the benefits available to you.

I'm pleased to inform you that there are no changes to our plans this year; everything remains the same. Therefore, we will have a passive enrollment this year, which means if you are currently enrolled in our benefits, you do not have to do anything for most of our plans. Your current elections will roll over to 2025. The exceptions are the Flex Spending Account (FSA), Health Savings Account (HSA), and Dependent Care accounts, which must be selected/enrolled in every year. If you have one of these accounts and wish to continue for next year, you must enroll. If you do not, you will not be able to participate in these accounts next year.

We understand the concerns about the rising costs of medical insurance. This year, we received a 5% increase in medical and an 8% increase in dental premiums. However, the company has graciously committed to absorb these increases to ensure that you do not have to bear this additional financial burden.

We know how crucial it is for each of you and your families to have affordable insurance. While some may feel that the cost of our insurance is still high, it's important to note that the company covers between approximately 70% and 85.5% of the medical coverage premiums. This year, the company will contribute over 2 million dollars to help keep the cost of medical premiums down for our team members. Our claims drive our premiums, and the rising costs of medical procedures and prescriptions influence these claims. This, in turn, affects our premium costs each year.

It's essential to get familiar with the benefits offered in this Enrollment Guide. It provides a high-level overview of the benefits available. For more detailed information, there are Summaries of Benefits and Coverages in the benefits portal, which are very helpful if you have any questions. Of course, you can always reach out to Tracy or the Call Center for more information as well.

The maximum contributions for the Flex Spending Account, Health Saving Account, and 401k have also increased, which is good news. This allows us to save more money by taking advantage of pre-taxed dollars.

- FSA maximum increased to \$3,300
- HSA maximum increased to \$4,300 for single and \$8,550 for family
- 401k maximum increased to \$23,500 with a \$7,500 catch-up for employees 50 years or older

Open enrollment is from Tuesday, 11/12/24 to Thursday, 11/28/24. If you want to make any changes to your benefits or participate in the FSA, HSA, or Dependent Care account, you

must do so during this enrollment period. Once the deadline arrives, we cannot make any additional changes, without a qualified status change. Our plans are ERISA plans, which means they are governed by the Federal government, and we have a tight timeline to follow.

Please take some time as soon as you can to review your benefits and determine if any changes need to be made. It's easy to forget about when you put it on the back burner. If you have any questions about the benefits offered or enrollment, please call the Call Center at 877-282-0808 or Tracy Akers at 402-738-3237. They will be happy to assist you.

Thank you for your attention to this important matter. We value each and every one of you and are here to support you in any way we can.

Thanks,  
Chelle

## Eligibility

Full time employees (30 hours per week) and their dependents are eligible first of the month following 30 days of employment.

## Employer Contributions

Arrow Stage Lines contributes:

Line of Coverage	Contribution
Medical	Generous contributions to all coverage tier levels on both plan options.
Group Life/AD&D	100%

## Enrollment Process

### Initial Enrollment

Arrow Stage Lines / Busco Inc. utilizes an online system or call center option to make your benefit elections. Your benefit information and login will be emailed to you soon after your full-time start date.

### Open Enrollment

Open enrollment is a short time period each year when you can make changes to your benefits. Open enrollment will follow a passive process for the 2025 open enrollment period. Elections you make during open enrollment will become effective on January 1, 2025. If you do not wish to make any changes to your benefit elections, no action is required, and your current enrollment elections and waivers will carry over into the new plan year with the new plan year rates. **However, if you would like to make changes to your benefit elections, you must submit your changes via the online benefit system or call center by 11/28/2024.**

**IMPORTANT: If you wish to enroll in the FSA and/or DCA benefits for the 2025 plan year, you must submit your election via the online benefit system or call center by 11/28/2024.**

If you have questions about any of the benefits mentioned in this overview, please reach out to Tracy Akers, [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com), 402-738-3237.

### Special Enrollment

Elections completed during the Open Enrollment period will remain in place until the next Open Enrollment period **unless** a qualified change in status occurs and the associated update is requested **within 30-days** of the qualifying event-date. Qualifying events include birth or adoption, marriage, divorce, gain of other coverage, loss of other coverage, etc.

### How to Enroll

You may access the online enrollment link or contact the Call Center to complete elections.

- ▶ Log on to [www.buscobenefits.com](http://www.buscobenefits.com) and click on the “Enroll Online Now” button to enroll.
  - **Employee #:** The first 4 letters of your last name and the last 4 digits of your SSN.
  - **Pin #:** The initials of your first and last name and the last 4 digits of your SSN.
- ▶ Call Center – 877-282-0808
  - Available Monday – Friday, 7am – 5pm CST

# Medicare and Group Plan Credibility

Medicare Part D prescription drug coverage will expand in 2025 as required under the Inflation Reduction Act (IRA), which could impact whether an employer's group health plan provides creditable prescription drug coverage. The IRA legislation requires a phased approach aimed at lowering prescription drug costs for Medicare.

Beginning in 2025, amongst other changes, out-of-pocket drug spending for Medicare Part D coverage will be capped at \$2,000. This will increase the actuarial value of the coverage available via Medicare Part D. For this reason, plans that met creditable coverage status previously may no longer be creditable beginning in 2025, especially high deductible health plans (HDHPs).

## Creditable Status – Why It Matters

Individuals become eligible for Medicare Part D (prescription drug coverage) upon enrolling in Medicare Part A, Medicare Part B, or both. Individuals who are merely eligible for Medicare, but not yet enrolled in Part A or B are not eligible for Medicare Part D. Individuals who are eligible for Medicare Part D can delay enrollment if they are enrolled in other creditable prescription drug coverage (e.g., through an employer-sponsored group health plan). However, an individual who delays Medicare Part D enrollment and goes 63 days or more without creditable prescription drug coverage may then face late enrollment penalties when the individual eventually chooses to enroll in Medicare Part D.

## How do I know if my plan is creditable?

Employers are required to determine and communicate creditable (or non-creditable) status to eligible individuals. **These notices are located within your benefit enrollment system or can be requested from Human Resources.**



# Still Working and Approaching 65?

## M E D I C A R E   P R O D U C T S

**Trust UNICO's Medicare Team to help you navigate the maze of Medicare questions such as:**

- ▶ Should I enroll in Medicare Parts A & B now or remain on my current group health plan?
- ▶ If I remain on my current group health plan, is the prescription drug benefit portion of that plan "creditable" by federal definition or will I face a future penalty?
- ▶ If I enroll in Medicare, should I use a Medicare Supplement and separate Prescription Drug card or a Medicare Advantage Combination plan?
- ▶ I have Medicare NOW. Am I spending too much in premium?

Are you over 65 and already enrolled in Medicare, but still have questions? **We can help!**

Get a Quote for Medicare at  
[www.unicogroup.com/medicare](http://www.unicogroup.com/medicare)



The following details In-Network benefits only. See plan documents for out-of-network benefits.

**Medical | United Healthcare**

In-Network Services	Traditional Plan (Copays) Amount you pay	HDHP Plan (HSA Eligible) Amount you pay
<b>Calendar Year Deductible</b> - Individual - Family	\$3,000 \$6,000	\$5,000 \$10,000
<b>Coinsurance</b>	20%	20%
<b>Out-of-Pocket Maximum</b> - Individual - Family	\$6,350 \$12,700	\$8,050 \$16,100
<b>Preventive Care</b>	Covered at 100%	
<b>Physician Office Services</b>	<b>First 4 visits/year*:</b> \$30 copay <b>After 4 visits:</b> Deductible, then coinsurance *Includes specialist visits	Deductible, then coinsurance
<b>Specialist Office Services</b>	<b>First 4 visits/year*:</b> \$60 copay <b>After 4 visits:</b> Deductible, then coinsurance *Includes primary visits	Deductible, then coinsurance
<b>Virtual Care</b>	No charge	No charge
<b>Urgent Care</b>	<b>First 4 visits/year:</b> \$100 copay <b>After 4 visits:</b> Deductible, then coinsurance	Deductible, then coinsurance
<b>Emergency Room</b>	\$250 copay, then coinsurance	Deductible, then coinsurance
<b>Prescription Drugs 30-day supply</b> - Tier 1 - Tier 2 - Tier 3 - Tier 4 - Mail order	\$15 copay \$35 copay \$70 copay N/A 3x Retail Cost	Deductible, then \$10 copay Deductible, then \$35 copay Deductible, then \$70 copay N/A Deductible, 3x Retail Cost

Payroll Deductions – 24 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Traditional Plan (Copays)</b> <b>Employee cost per pay period</b>	\$165.73	\$391.30	\$286.44	\$464.80
<b>HDHP Plan (HSA Eligible)</b> <b>Employee cost per pay period</b>	\$70.20	\$215.87	\$169.16	\$274.38

For a list of in-network providers, go to: [www.myuhc.com](http://www.myuhc.com)

This booklet provides only a summary of your benefits. This overview is not intended to create a contract between you and your employer. In the event of a discrepancy between information in this overview and the Plan Document, the Plan Document will prevail. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.







# Start your health plan off right by registering on myuhc.com<sup>®</sup>

## Put your medical, dental, pharmacy and vision coverage\* at your fingertips

Your personalized website [myuhc.com](https://myuhc.com) features tools designed to help you:

- **Find, price and save on care**—you may save an average of 36%\*\* when you compare costs for providers and services in your network
- **Get care from anywhere** with Virtual Visits.\*\*\* A doctor can diagnose common conditions by phone or video 24/7.
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status.
- **Access claim details**, plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills**, get estimates and compare medication pricing
- **Check your plan balances**, access financial accounts and more



### Download the UnitedHealthcare<sup>®</sup> app

It's perfect for on-the-go access to help you find a nearby doctor and more.



Registering is quick. Go to [myuhc.com](https://myuhc.com)

# United Healthcare

\*Experience may vary by individual plan type.

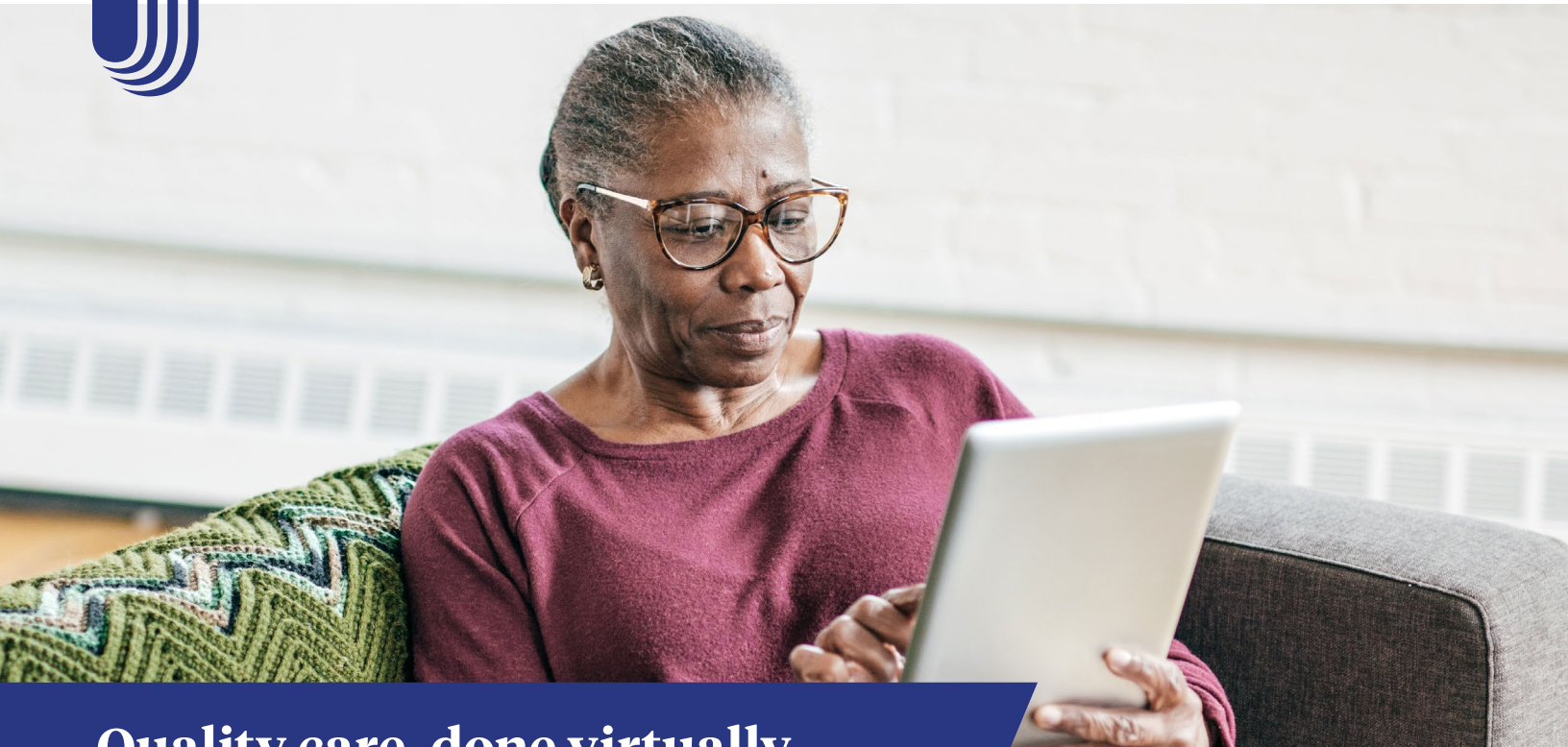
\*\*UnitedHealthcare Internal Claims Analysis, 2019.

\*\*\*Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



## Quality care, done virtually

### See a primary care provider or get same-day urgent care on your phone, tablet or computer

With virtual care through your UnitedHealthcare plan, get care any time.

Using your smartphone or other connected device,\* like a tablet or a computer, you can access virtual primary and urgent care.

To schedule a virtual primary care appointment or access urgent care through 24/7 Virtual Visits, just download the UnitedHealthcare® app or visit [myuhc.com/virtualcare](https://myuhc.com/virtualcare).

### What kind of virtual care might be right for you?



#### Virtual primary care:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Lab tests and preventive screenings
- Referrals to quality network specialists
- Medication review and prescriptions, if needed\*\*
- Cost aligns with PCP benefit



#### 24/7 Virtual Visits:

- Non-emergency care for common health issues like the flu, fevers, sore throats, etc.
- Non-emergency care for sudden health issues like pinkeye, migraines, back pain, even allergies and anxiety
- Prescription refills, if needed\*\*
- Cost aligns with 24/7 Virtual Visits benefit



Scan the QR code to access your virtual care options



# Get to Know UHC Rewards

UnitedHealthcare Rewards is an incentive program that's included in your health plan. It rewards employees with dollars for reaching program goals and completing activities.

Employees get to choose their activities as well as how to spend their earnings.

**How employees get started:** UnitedHealthcare plan members can register and start UHC Rewards through the [UnitedHealthcare app](#) or [myuhc.com](#).

## UnitedHealthcare app

- 1 Download the **UnitedHealthcare app**
- 2 Sign in or register
- 3 Select the **Menu** tab and choose UHC Rewards
- 4 Activate rewards
- 5 Choose reward activities and start earning
- 6 Connect a tracker and get access to even more reward activities

## myuhc.com

- 1 Visit [myuhc.com](#)
- 2 Sign in or register
- 3 Select **UHC Rewards** on the home page
- 4 Activate rewards
- 5 Choose reward activities and start earning

## Downloading the app

The UnitedHealthcare app is available for both iOS® and Android® and can be downloaded in the App Store® or on Google Play®.





# Compare care options to help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to \$2,300 compared to an emergency room (ER) visit.\* If you have a life-threatening condition, call 911 or go to the ER. For everything else, it may be best to contact your primary care provider (PCP) first. If seeing your PCP isn't possible, it's important to know your other care options, especially before heading to the ER.

**START HERE**

## Care options to consider



### PCP

Care from the doctor who may know you best



### 24/7 Virtual Visits

See a doctor whenever, wherever



### Convenience care

Basic conditions that aren't generally life-threatening



### Urgent care

Serious conditions that aren't generally life-threatening



### Emergency room

Life- and limb-threatening emergencies

	PCP	24/7 Virtual Visits	Convenience care	Urgent care	Emergency room
Average cost*	\$165	\$ 0	\$100	\$185	\$2,500
Hours	Varies by location	24/7	Varies by location	Varies by location—may be open nights/weekends	24/7
How to connect	Contact your PCP	<a href="https://myuhc.com/virtualvisits">myuhc.com/virtualvisits</a>	<a href="https://myuhc.com">myuhc.com</a> <sup>®</sup>	<a href="https://myuhc.com">myuhc.com</a>	<a href="https://myuhc.com">myuhc.com</a>

✓ indicates the recommended place for care for the following common conditions:

Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	
Urinary tract infection	✓	✓	✓		



**Need to find a network provider or PCP?** Visiting an out-of-network provider could end up costing you more for care. To find a PCP, urgent care centers and emergency rooms in your network, go to [myuhc.com](https://myuhc.com).  
**Not sure where to go for care?** Call the number on your health plan ID card.

continued

# Vital Medication Program

Preferred brand and generic medications at \$0 cost share



## Allergic reactions

- **Auvi-Q**
- epinephrine (generic Adrenalick, generic EpiPen, EpiPen Jr)
- **Symjepi**



## Hypoglycemia

- **Baqsimi**
- glucagon (generic Glucagon Kit)
- **Gvoke**
- **Zegalogue**



## Asthma

- albuterol HFA (generic ProAir HFA, generic Proventil HFA)
- albuterol nebulized solutions (generic Proventil)



## Opioid overuse

- **Kloxxado**
- naloxone nasal spray (generic Narcan)<sup>1</sup>
- naloxone injection (generic Narcan)<sup>2</sup>
- **Narcan nasal spray<sup>1</sup>**
- **Zimhi**



## Insulins<sup>2</sup>

- **Humalog cartridge, KwikPen**
- **Humalog Jr pen**
- **Humalog mix 50/50 KwikPen**
- **Humalog mix 75/25 KwikPen**
- **Humulin 70/30 KwikPen, vials**
- **Humulin N KwikPen, vials**
- **Humulin R pen, vials**
- **Insulin Lispro vial, KwikPen (unbranded Humalog)**
- **Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)**
- **Humalog mix 50/50 KwikPen, vials**
- **Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)**
- **Lantus SoloStar, vials**
- **Lyumjev KwikPen, vials**
- **Toujeo Max SoloStar**
- **Toujeo SoloStar**



## HSA | Optum Bank

### HSA Eligibility

- ▶ Enrolled in a qualified High Deductible Health Plan
- ▶ Not enrolled under a traditional health plan. This includes a spouse's Section 125 FSA (unless it is a Limited Purpose FSA)
- ▶ Have not used VA benefits in the last 3 months
- ▶ Not enrolled in Medicare
- ▶ Not claimed as a dependent on someone else's tax return

### HSA Benefits

- ▶ Contributions made to the HSA are pre-tax.
- ▶ Funds can be invested or spent – your decision. If invested, earnings grow tax-free.
- ▶ Distributions are tax-free if used for qualified expenses.
- ▶ Unused funds carry over from year to year, no “use it or lose it” rule.
- ▶ You own the account. Even when you change jobs, the HSA funds are yours to take with you.

### I understand that when electing optional employee contributions to an HSA:

- ▶ The company and I hereby agree that my cash compensation will be reduced by the amounts elected.
- ▶ My social security benefits may be reduced by this election.
- ▶ My contribution election may be changed throughout the year. Please contact Human Resources for details.
- ▶ My employer may reduce or cancel this election as necessary to comply with the provisions of the Internal Revenue Code.

IRS Maximum	Individual	Employee & Spouse	Employee & Children	Family	Catch-Up for 55+
2025	\$4,300	\$8,550	\$8,550	\$8,550	\$1,000
<b>Employee Contribution Maximum</b>					
<b>Per Pay Period</b>	\$179.17	\$356.25	\$356.25	\$356.25	\$41.67

### How to Open Your HSA

You are individually responsible for establishing your HSA with Optum Bank. The HSA account must be in an active status to allow Busco Inc. / Arrow Stage Lines to remit your payroll contributions to the account. Please act timely to open your account using the link below. Please reference Group #: 743074 when opening your account.

**Enrollment Link:** <https://enrollhsa.optumbank.com/enrollment#/?group=743074>

The following details In-Network benefits only. See plan documents for out-of-network benefits.

### Voluntary Dental | UnitedHealthcare

In-Network Services	Amount you pay
<b>Preventive Services – Deductible Waived</b> - Exams, cleanings, x-rays	Covered @ 100%
<b>Calendar Year Deductible</b> - Basic & Major Services	\$50 individual / \$150 family
<b>Basic Services</b> - Fillings, simple extractions, oral surgery	Deductible, then 20%
<b>Major Services</b> - Inlays, onlays, crowns, dentures	Deductible, then 50%
<b>Calendar Year Maximum (per person)</b>	\$1,000
<b>Orthodontia Services (for Children up to age 19)</b> - Lifetime maximum (per child)	50% coinsurance \$1,000

Payroll Deductions – 24 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Employee cost per pay period</b>	\$14.76	\$29.12	\$27.52	\$45.56

**Consumer Max Multiplier** rewards members for keeping up with dental care by adding dollars to the established calendar maximum. If your total claims are less than \$500, you'll earn a reward of \$250. Plus, if all claims are with network dentists, you'll earn an extra \$100. Your award dollars will be added to next year's annual maximum to pay for qualifying claims. \$1,000 is the most award dollars that can be rolled over to the annual maximum. The total annual maximum threshold is \$2,000.

For a list of in-network providers, go to: [www.myuhc.com](http://www.myuhc.com)

## Voluntary Vision | EyeMed

In-Network Services	Amount You Pay
<b>Exam</b>	\$10 copay
<b>Materials</b>	\$25 copay
<b>Frames</b>	Up to \$100 allowance, then 20% off balance over the allowance
<b>Frequency (based on date of service)</b>	
- Exams	12 months
- Lenses or Contact Lenses	12 months
- Frames	12 months
<b>Lenses</b>	
- Single Vision	Materials copay, then covered at 100%
- Bifocal	Materials copay, then covered at 100%
- Trifocal	Materials copay, then covered at 100%
- Progressive (Standard/Premium)	Materials copay, then 20% off retail price less \$55 allowance
<b>Contacts</b>	
- Conventional	Up to \$115 allowance, then 15% off balance over the allowance
- Medically Necessary	Covered at 100%
<b>Laser Vision Correction</b>	Discounted laser vision correction through LASIK

Note: You may only receive benefits for either contact lenses or lenses for your glasses in a given year (but not both); however additional discounts may be available.

Payroll Deductions – 24 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Employee cost per pay period</b>	\$2.87	\$5.44	\$5.71	\$8.41

For a list of in-network providers, go to: <https://eyemed.com/en-us>



## Flexible Spending Account | Omnify

Healthcare FSA	Qualified Expenses (examples)	Annual Limit	Documentation must include
<ul style="list-style-type: none"> <li>✓ For use with Medical Expenses</li> <li>✓ Offered with <b>Traditional Plans with Copays</b></li> <li>✓ Can be used for qualified medical, dental and vision expenses</li> <li>✓ Annual election is available on first day of plan year</li> <li>✓ Annual election is locked in throughout year unless you have a change in status</li> <li>✓ Plan carefully as FSAs are “use it or lose it” (has Carryover/Grace period)</li> <li>✓ You may be asked to provide supporting documentation for any claim</li> </ul>	<ul style="list-style-type: none"> <li>✓ Medical Copay</li> <li>✓ Lab work</li> <li>✓ Surgery</li> <li>✓ Prescriptions</li> <li>✓ Dental Copay</li> <li>✓ Ortho</li> <li>✓ Vision</li> <li>✓ Eye exam</li> <li>✓ Glasses</li> <li>✓ Contacts</li> </ul> <p>A list of eligible expenses can be found at <a href="http://www.irs.gov">www.irs.gov</a></p>	<p><b>\$3,300</b></p> <p><b>NEW LIMIT FOR 2025!</b></p>	<ol style="list-style-type: none"> <li>1. Participant Name</li> <li>2. Date of Service</li> <li>3. Amount of Service</li> <li>4. Provider</li> <li>5. Description of Service Performed</li> </ol>

Limited Purpose FSA	Qualified Expenses (examples)	Annual Limit	Documentation must include
<ul style="list-style-type: none"> <li>✓ Flexible Spending Account</li> <li>✓ Offered with <b>HDHP</b></li> <li>✓ Can be used for qualified dental and vision expenses</li> <li>✓ Full annual election available on first day of plan year</li> <li>✓ Annual election is locked in throughout the year unless you have a change in status</li> <li>✓ Plan carefully as LPFSAs are “use it or lose it” (has Carryover/Grace period)</li> <li>✓ You may be asked to provide supporting documentation for any claim</li> </ul>	<ul style="list-style-type: none"> <li>✓ Dental</li> <li>✓ Copay</li> <li>✓ Fillings</li> <li>✓ Root Canal</li> <li>✓ Ortho</li> <li>✓ Vision</li> <li>✓ Eye exam</li> <li>✓ Glasses</li> <li>✓ Contacts</li> <li>✓ Lasik</li> </ul> <p>A list of eligible expenses can be found at <a href="http://www.irs.gov">www.irs.gov</a></p>	<p><b>\$3,300</b></p> <p><b>NEW LIMIT FOR 2025!</b></p>	<ol style="list-style-type: none"> <li>1. Participant Name</li> <li>2. Date of Service</li> <li>3. Amount of Service</li> <li>4. Provider</li> <li>5. Description of Service Performed</li> </ol>

Dependent Care Account (DCA)	Qualified Expenses (examples)	Annual Limit	Documentation must include
<ul style="list-style-type: none"> <li>✓ Can be used for qualified dependent care expenses (Pre-K, before &amp; after school, day camp, daycare)</li> <li>✓ Funds available as withheld from pay</li> <li>✓ Annual election is locked in throughout year unless you have a change in status</li> <li>✓ Plan carefully as DCAs are “use it or lose it”</li> <li>✓ Can only use as much as has been contributed.</li> <li>✓ You may be asked to provide supporting documentation for any claim</li> </ul>	<ul style="list-style-type: none"> <li>✓ Pre-K/Daycare</li> <li>✓ Before school care</li> <li>✓ After school care</li> <li>✓ Licensed centers</li> <li>✓ In home day care</li> <li>✓ Day camps</li> <li>✓ Summer camps</li> <li>✓ Dependent adult care</li> <li>✓ Allowed for children under age 13 or caring for elders.</li> </ul>	<p><b>\$2,500</b></p> <p>Married filing single</p> <p><b>\$5,000</b></p> <p>Married filing joint</p> <p><b>\$5,000</b></p> <p>Single filing single</p>	<ol style="list-style-type: none"> <li>1. Participant Name</li> <li>2. Date of Service</li> <li>3. Amount of Service</li> <li>4. Provider</li> <li>5. Provider EIN</li> </ol>

## Basic Life/AD&D | UnitedHealthcare

Plan Features	Basic Life/AD&D Benefit	Benefit Reduction*
Employee Benefit	\$50,000	35% reduction at age 70 with an additional 15% reduction at age 75

A Beneficiary Designation Form will be provided by Tracy upon initial enrollment in the plan. If you need to update your beneficiaries at any point, please request a Beneficiary Designation Form from Tracy Akers, [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com), or 402-738-3237.

## Voluntary Short-Term Disability | Principal

Plan Features	Short-Term Disability
Benefits Begin	8 <sup>th</sup> Day Accident or Illness
Maximum Benefits Payable	\$1,500 per week
Percentage of Income Replaced	60%
Maximum Benefit Duration	Up to 25 weeks
Pre-existing Condition Limitation	3 months prior / 12 months maximum

Employees must fill out an EOI form if coverage was not elected during initial eligibility. Subject to underwriting approval.

**Voluntary Short Term Disability coverage cost is calculated based on age and weekly income.**

Age	Rate per \$10 of coverage
24 & under	\$0.41
25-29	\$0.43
30-34	\$0.41
35-39	\$0.49
40-44	\$0.62
45-49	\$0.54
50-54	\$0.71
55-59	\$1.02
60-64	\$1.24
65-69	\$1.19
70 & above	\$1.50

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## Voluntary Life/AD&D | UnitedHealthcare

Who is Eligible?	Voluntary Term Life & AD&D	Guarantee Issue Amount for Life at Initial Eligibility
<b>Employee</b>	\$10,000 Increments Up to \$500,000 or 4 times salary	\$100,000
<b>Spouse</b>	\$5,000 Increments Maximum \$250,000 Up to 50% of Employee amount	\$30,000
<b>Child(ren) 14 days to age 26</b>	\$2,000 Increments Maximum \$10,000 Up to 50% of Employee amount	\$10,000

**INITIAL ENROLLMENT:** You may apply for life insurance coverage up to \$100,000 for yourself and up to \$30,000 for your spouse **WITHOUT** answering health questions. Any life insurance coverage requested over the Guarantee Issue amount(s) will be subject to evidence of insurability and are not guaranteed. If the carrier approves the requested coverage, it will become effective the first of the month following the approval date.

**OPEN ENROLLMENT:** You may elect to increase their coverage by \$10,000 for yourself and up to \$5,000 for your spouse, up to the Guarantee Issue amounts **WITHOUT** answering health questions. Any amount of coverage requested over the Guarantee Issue amounts will be subject to evidence of insurability and are not guaranteed. If the carrier approves the requested coverage, it will become effective the first of the month following the approval date.

If evidence of insurability is not completed for the requested coverage, as required, the amounts of coverage in force prior to the request for additional coverage will remain in effect.

Employee and Spouse benefits reduce by 35% reduction at age 70 with an additional 15% reduction at age 75.

## HOSPITAL INDEMNITY PLAN EMPLOYEE NOTICE

**This notice is referring to the voluntary Hospital Indemnity plan offered to employees that provides a cash benefit when a covered member is admitted to the hospital for covered services.**

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Voluntary Worksite Benefits | Allstate

### Accident

Accident Expense insurance pays a benefit directly to you when you receive treatment from a physician for a covered accident. If you have an accident and receive medical attention, you will file a claim to receive cash benefits (subject to exclusions and limitations).

**Please see the brochure in the enrollment system for additional information.**

### Critical Illness

Critical Illness insurance pays a lump-sum benefit directly to you if you are diagnosed with a covered critical illness. If you or a covered family member are diagnosed with a covered critical illness, you will file a claim to receive a cash benefit based on the percentage payable for the condition (subject to exclusions and limitations).

**Please see the brochure in the enrollment system for additional information.**

### Hospital Indemnity

Hospital Indemnity coverage pays a lump sum benefit directly to you for hospital confinement. If you or a family member requires a hospital stay, you will file a claim to receive a cash benefit based on the covered benefit (subject to exclusions and limitations).

**Please see the brochure in the enrollment system for additional information.**

### Whole Life Insurance

Whole Life Insurance provides a cash benefit directly to your beneficiary. Whole Life Insurance can help your family realize shared goals and dreams as it builds cash value you can draw on while still alive. Upon your passing, your beneficiary will file a claim to receive a lump-sum cash benefit to be used however they wish (subject to exclusions and limitations).

**Please see the brochure in the enrollment system for additional information.**



Benefits Basics

## Pet Insurance, Simplified.

Welcome to the pack! Here's a quick look at how PetPartners makes pet insurance simple.

### Reimbursements are quick and easy

Our average reimbursement time is just 2-5 business days!

### No insurance cards are necessary

When your pet needs medical treatment, take them to the vet of your choice and pay for services at time of treatment.

Ask your vet for an itemized invoice — many offices will email you a digital copy. Then, you can upload and submit your claim for reimbursement via the Pet Portal.

### Perks in the Pet Portal

- Log in to easily manage your pet's policy at:

<https://portal.independenceamerican.com/>

Note: You will be able to access the portal once your policy becomes effective.

- Submit and track **claims**.
- View your **coverage documents**.
- Get answers to your pet questions anytime, anywhere with our **24/7 Vet Helpline**.
- Get the best deals on pet meds from our partners at **PetGeniusRx**.

### Support when you need it

Questions about coverage, claims, or your policy? We're here to help.

Contact PetPartners Customer Care:

Email us at [mypolicy@petpartners.com](mailto:mypolicy@petpartners.com) or call 800-956-2495



# Arrow Stage Lines

## 2025 PetPartners Group Pet Insurance

Take the stress out of unexpected vet bills. Pet insurance reimburses you for the cost of accidents and illnesses. Coverage Includes: emergency treatments, surgeries, medications, laboratory services, and more. Plus, you can visit any licensed veterinarian or specialist.

	Accident Only	Accident/Illness
<b>Annual Deductible</b>	\$300	\$300
<b>Coinsurance</b>	80%	80%
<b>Annual Limit</b>	\$5,000	\$5,000
<b>Age (Min/Max/Expiration)</b>	8 weeks/None/None	8 weeks/10 years/None
<b>Benefit Waiting Periods:</b>		
– <b>Injuries &amp; Illnesses</b>	Waived/Not Applicable	Waived
– <b>Orthopedics</b>	6 months	6 months
<b>Pre-Existing Conditions</b>	DOB look back, then covered after 12 months	6 months look back, then covered after 12 months
<b>Final Respects*</b>	\$300	\$300
<b>Rehab and Physical Therapy</b>	Deductible/Coinsurance	

\*Not subject to deductible, coinsurance, or annual maximum

<b>Bi-Weekly</b> (per covered pet)	Accident Only	Accident/Illness
<b>Dog</b>	\$5.03	\$22.84
<b>Cat</b>	\$5.03	\$11.59

### Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

#### Here's how it works:

1. Visit any licensed vet or clinic.
2. Pay your vet and submit a claim.
3. Get reimbursed for eligible expenses.

This is a brief summary of the benefits. Pre-Existing condition coverage may require a 365-day waiting period. Plans and coverage vary by state. For full plan terms, conditions, limitations and exclusions, go to PetPartners.com and click on Sample Policies. Policies are underwritten by Independence American Insurance Company, 485 Madison Ave. 14th Fl. New York, NY 10022 (in WA by American Pet Insurance Company, 6100 4th Ave. S., Seattle WA 98108). PetPartners, Inc. is a licensed insurance administrator located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617.

## Employee Assistance Program (EAP) | UnitedHealthcare

The EAP is a free resource to assist those enrolled in the Medical Plan with 24/7 access to care support and resources. The EAP may help address many personal issues and concerns that arise in life. Calling an EAP coordinator for a no-cost, confidential assessment is a good first step in seeking assistance. EAP representatives are trained to assess your concerns and connect you with appropriate resources and services. Up to **3 free counseling sessions per incident** are available utilizing the EAP resource. Below are examples of when outreach to the EAP may apply:

- ▶ Depression, stress, anxiety or substance use issues
- ▶ Improve relationships at home or work
- ▶ Find support for child or elder care matters
- ▶ Work through emotional issues or grief
- ▶ Get legal or financial assistance.

**\*You may call the member phone number on your health plan ID card and ask to speak to an EAP consultant, or you may contact the EAP directly 24/7 at 1-888-887-4114.**

**\*Please note, you must be enrolled in the medical plan to use the United Healthcare EAP services.**

### Creating value for employees:

- 24/7 access to emotional and mental health support
- A strong focus on employees and their families
- Guidance to relevant community and social resources
- Access to a network of more than 180,000 clinicians nationwide

## Support that's available around the clock

EAP can help all employees (not just those in crisis) by providing support 365 days a year through:



**Confidential consultations and counseling** to help employees address grief or loss, as well as family, relationship and workplace concerns. Employees have unlimited, 24/7 access to an EAP team that can provide in-person referrals to one of more than 180,000 network clinicians nationwide.



**Legal assistance and financial coaching**, including brief consultations on specific legal or financial issues at no initial cost to the individual, and discounted fees for attorneys retained through the EAP.

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UNICO

## 401(k) Plan | Nationwide

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pre-tax basis (traditional) or after-tax (Roth plan) basis.

You are eligible to enroll in the 401(k) plan on the first of the month following 30 days of full-time employment (and 21 years of age). Part-time employees are eligible the first of the month following 1 year of service (and 21 years of age).

### 401k Highlights:

- Maximum contribution: \$23,500 for 2025 or \$31,000 if over age 50 (\$7,500 catch up contribution). These amounts will increase based on inflation adjustments.
- Team member contributions can be made pre-tax (traditional) or after-tax (Roth) basis, depending on which is best for your particular tax situation.
- All contributions must be made through payroll deductions. All contributions are sent in on a semi-monthly basis.
- You may change your contributions at any time.
- 10% tax penalty plus current taxes if surrendered before age 59 ½.
- You will receive quarterly account statements.
- May make investment or allocation changes among the fund choices at any time, up to a maximum of 16 changes per year.
- Vesting: You are immediately 100% vested in your contributions or rollovers, plus any employer contributions made to the plan.
- Wide range of investment options to choose between from the fixed account to aggressive funds.
- A loan feature is now available.
- Monthly email newsletters are available, that cover a variety of economic, market & financial topics.
- Internet access to account information is available at: [www.nationwide.com/login](http://www.nationwide.com/login)

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# Benefit Plans FAQ

Whether you've lost your ID card, need help understanding your Explanation of Benefits (EOB), or have experienced a qualifying life event, this FAQ provides the guidance you need.

If you need further assistance, please reach out directly to the appropriate resource—be it your plan's customer service team, HR, or the carrier portal.

## I lost my ID card. What do I do?

Login or register on your carrier's member portal website to print a replacement or request a mailed card.

## I received an Explanation of Benefits (EOB) and I don't understand it or think there might be a discrepancy between this and what my provider billed me.

**Review the EOB:** Start by carefully reading your EOB. Pay special attention to the remark codes, which provide additional details about the charges and coverage.

**Use Resources to Understand the EOB:** Visit the following resources for help in understanding your EOB:

- ▶ <https://www.cms.gov/medical-bill-rights/help/guides/explanation-of-benefits>
- ▶ <https://www.cms.gov/files/document/11819-sample-explanation-benefits-508.pdf>

**Get in Contact:** If you feel there is a discrepancy, contact the Carrier Customer Service phone number to discuss. If you are not able to resolve, then you may reach out to HR.

## I think I had a Qualifying Event, what do I do next?

Experiencing a significant life change may allow you to change your health plan and some other benefits plans outside of the annual enrollment period (also called open enrollment).

Changes due to a QE can only be completed within 30 days of the qualifying life event occurring, or you must wait until the next open enrollment period to make the change.

Check your plan materials, contact HR, and gather documentation that shows proof of the qualifying event as it will be required to make the change. Once you report the event to HR, you login to Ease or Employee Navigator to view which coverages are affected by this qualifying event and make enrollment changes.

Qualifying life events include (but are not necessarily limited to):

- ▶ Having or adopting a child
- ▶ Getting married
- ▶ Moving to a new area
- ▶ Experiencing a shift in employment status in your family
- ▶ Turning 26
- ▶ Getting divorced
- ▶ Death of someone who shares your health plan
- ▶ Earning U.S. citizenship
- ▶ Turning 65

For more information about qualifying life events and special enrollment periods, visit <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>

## How do I file a Life Insurance claim?

The family member, beneficiary or Employer can file the claim online, submit paper claim form by email/fax or by calling the carrier. A copy of the death certificate is required for the carrier to consider the claim for payment. If you need assistance at any step, reach out to your HR department or the insurance carrier's customer service team for help.

### How do I file a Disability claim?

**Register with the Disability Insurance Carrier Portal:** Start by registering on your disability insurance carrier's online portal if you haven't already done so. This portal is where you can initiate and manage your claim.

**Open the Claim Online:** Once registered, you can open a new disability claim directly through the portal.

#### Gather Required Documentation:

- ▶ **Physician Statement:** Obtain a completed statement from your physician detailing your condition and the need for disability.
- ▶ **Employer Statement:** Your employer must also complete a statement confirming your employment status and the details related to your claim.

These documents can be submitted separately, but all must be received by the carrier before your claim can be considered for payment.

**Deciding Whether to Withhold Taxes from Your Disability Claim Payment:** Determining if your disability payments are taxable is crucial because it can impact your tax situation. Deciding now whether to withhold taxes can help you avoid an unexpected tax bill when you file your tax return.

#### How Were the Premiums Paid?

- ▶ **Employer-Paid Premiums:** If your employer paid the premiums, your disability payments are taxable. You should consider withholding taxes.
- ▶ **Employee-Paid Premiums (After-Tax):** If you paid with after-tax dollars, your benefits are not taxable, so no need to withhold taxes.
- ▶ **Employee-Paid Premiums (Pre-Tax):** If you paid with pre-tax dollars, your benefits are taxable, so you should consider withholding taxes.

If you're unsure how your premiums were paid, check your paystub or ask HR for clarification. As always when dealing with anything tax-related, talk to a tax professional for guidance.

**Opt for Direct Deposit:** To ensure prompt payment, consider setting up direct deposit, so you don't have to wait for a check to arrive by mail. You may need to specifically request this from the carrier.

**Maternity Claims:** If your disability claim is related to maternity leave, you can file the claim ahead of time if the leave is planned. This can help expedite the process.

A short-term disability (STD) policy typically provides a 6-week benefit for maternity leave after a vaginal or C-section delivery. However, your benefits start after the **elimination period**—the waiting period before payments begin.

For example, if your elimination period is 1 week (7 days), your benefits will start after that week, and you'll receive payments for the remaining 5 weeks.

To summarize:

- ▶ **Total Maternity Benefit:** 6 weeks
- ▶ **Elimination Period:** 1 week (7 days)
- ▶ **Paid Benefit Period:** 5 weeks

If you have any questions, please contact HR or your insurance carrier for more information.

## Contact Information

Service	Contact
<b>General Benefit Questions</b>	<p><b>Call Center</b> 877-282-0808 <a href="http://www.buscobenefits.com">www.buscobenefits.com</a></p> <p><b>Tracy Akers</b> <b>Payroll &amp; Benefits Manager</b> 402-738-3237 <a href="mailto:tracy.akers@arrowstagelines.com">tracy.akers@arrowstagelines.com</a></p>
<b>Medical and Prescriptions</b> <b>Group #: 743074</b>	<p>UnitedHealthcare - 00743074 1-866-314-0335 <a href="http://www.myuhc.com">www.myuhc.com</a></p>
<b>Voluntary Dental</b> <b>Group #: 1547448</b>	<p>United Healthcare - 1547448 1-888-679-8925 <a href="http://www.myuhc.com">www.myuhc.com</a></p>
<b>Voluntary Vision</b> <b>Group #: 9714767</b>	<p>EyeMed - 1030853-1001 1-866-268-4063 <a href="https://eyemed.com/en-us">https://eyemed.com/en-us</a></p>
<b>Basic Life/AD&amp;D</b> <b>Vol Life/AD&amp;D</b> <b>Group #: 00309721</b>	<p>United Healthcare - 00743074 1-888-299-2070 <a href="http://www.myuhc.com">www.myuhc.com</a></p>
<b>Voluntary Short-Term Disability</b>	<p>Principal - 1182323 1-800-986-3343 <a href="http://www.principal.com">www.principal.com</a></p>
<b>Health Savings Account (HSA)</b>	<p>Optum Bank 1-800-791-9361 <a href="http://www.optumbank.com">www.optumbank.com</a></p>
<b>Flexible Spending Account (FSA)</b>	<p>Omnify 1-844-472-6567 <a href="http://www.ubt.com/health">www.ubt.com/health</a></p>
<b>Pet Insurance</b>	<p>PetPartners - N13588 1-866-774-1113 <a href="http://www.petpartners.com">www.petpartners.com</a></p>
<b>Employee Assistance Program (EAP)</b>	<p>United Healthcare 1-888-887-4114 <a href="http://www.myuhc.com">www.myuhc.com</a></p>
<b>Worksite Benefits</b>	<p>Allstate - 10013 1-800-248-4489 <a href="http://www.allstate.com">www.allstate.com</a></p>
<b>401k Retirement Program</b>	<p><b>Nationwide</b> 1-855-224-9869 <a href="http://www.nationwide.com">www.nationwide.com</a></p> <p><b>Ameriprise Financial Advisors</b> Darrin Deichmann   <a href="mailto:Darrin.p.deichmann@amph.com">Darrin.p.deichmann@amph.com</a> Isaac Deichmann   <a href="mailto:Isaac.deichmann@amph.com">Isaac.deichmann@amph.com</a> 402-371-1074</p>

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# ADDITIONAL HEALTH PLAN INFORMATION FOR Arrow Stage Lines / Busco, Inc. -- 1/1/2025

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

If you are Medicare eligible, you can review these notices regarding prescription drug coverage provided through our group health plan. You will need this notice if you apply for Medicare Part D (Prescription Drug) coverage. The Medicare Creditable Coverage Notice is included in this document and is available upon request from **Tracy Akers / [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com) / 402-738-3237**. **Additional information about your benefits can be located online at [www.buscobenefits.com](http://www.buscobenefits.com)**

## CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE

Review this notice regarding access information about Medicaid and the Children's Health Insurance Program (CHIP). The CHIPRA Notice is included in this document and is available upon request from **Tracy Akers / [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com) / 402-738-3237**. **Additional information about your benefits can be located online at [www.buscobenefits.com](http://www.buscobenefits.com)**

## COBRA CONTINUATION

If you are terminated for reasons other than gross misconduct in connection with your employment, you may be entitled to continue your health coverage by paying the applicable premium(s) on a monthly renewal basis. For more detailed information refer to [www.dol.gov](http://www.dol.gov).

## COVERAGE TO AGE 26 FOR ADULT CHILDREN

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the group health plan. Individuals may request enrollment for such children during the group health plan's annual open enrollment period.

## EMPLOYEE MARKETPLACE NOTICE

Review this information about health insurance marketplace coverage options. The Marketplace Notice is included in this document and is available upon request from **Tracy Akers / [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com) / 402-738-3237**. **Additional information about your benefits can be located online at [www.buscobenefits.com](http://www.buscobenefits.com)**

## HSA PARTICIPANTS

You and your dependent(s) eligibility to make HSA contributions may be jeopardized if you are enrolled in other Non-HDHP coverage or Medicare, receiving Veteran's Administration Benefits or Tri-care or if you are claimed as a dependent on another individual's tax return.

## MICHELLE'S LAW

Group health plans that condition dependent eligibility on a child's full-time student status must provide a notice of the requirements of Michelle's Law in any materials describing a requirement for certifying student status for plan coverage. Under Michelle's Law, a plan cannot terminate a child's coverage for loss of full-time student status if the change in status is due to a medically necessary leave of absence.

## PATIENT PROTECTIONS

The group health plan allows the designation of a Primary Care Provider. You have the right to designate any Primary Care Provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the Primary Care Provider. For information on how to select a Primary Care Provider and for a list of the participating Primary Care Providers, contact your Health Plan's Customer Service Department.

You do not need prior authorization from the group health plan or from any other person (including a Primary Care Provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or following procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Health Plan's Customer Service Department.

If a plan provides coverage for emergency services, the plan must do so without prior authorization, regardless of whether the provider is a participating provider. Services provided by non-participating providers must be provided with cost-sharing that is no greater than that which would apply for a participating provider and without regard to any other restriction other than an exclusion or coordination of benefits, an affiliation or waiting period, and cost-sharing.

## SECTION 125 PRE-TAX PREMIUM PLAN

This group benefit plan allows your portion of eligible employee benefit insurance premiums to be deducted from your paycheck on a pre-tax basis. When your premium contributions are deducted from your paycheck before taxes are calculated, that amount is not subject to federal, state, or Social Security taxes. This reduces your payroll tax and results in higher take-home pay.

All eligible employees will be automatically enrolled in this pre-tax plan. If you do not wish to participate, thereby paying your portion of the eligible employee benefit insurance premiums with after-tax dollars, you must contact Human Resources and sign the necessary waiver form. Your employer pays all the administrative expenses associated with this pre-tax plan.

It is important to know that once your insurance premiums are being deducted on a pre-tax basis, you cannot change your election until the start of the next Plan Year unless you experience an eligible qualifying change in status. Reference your Section 125 Plan Document for eligible qualifying changes in status.

#### **SPECIAL ENROLLMENT RIGHTS NOTICE**

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

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

If you are declining coverage for yourself or your dependents because of coverage under Medicaid or a State Child Health Insurance Program (SCHIP), you may be able to enroll yourself or your dependents in this plan if that coverage terminates due to a loss of eligibility. You must request enrollment in the plan no later than 60 days after the termination of coverage.

Additionally, if you decline coverage and you or your dependents become eligible for premium assistance for this group health plan under Medicaid or SCHIP, you or your dependents may be able to enroll in the plan at that time. You must request enrollment no later than 60 days after the date you are determined to be eligible for the premium assistance.

#### **SUMMARY OF BENEFITS AND COVERAGE (SBC)**

Understanding your health care benefits is important. The Summary of Benefits and Coverage (SBC) is a standardized document that is available to help you understand how your health plan works. The SBC is provided annually at Open Enrollment, upon hire and is available upon request from **Tracy Akers / [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com) / 402-738-3237**. **Additional information about your benefits can be located online at [www.buscobenefits.com](http://www.buscobenefits.com)**

#### **SUMMARY OF HIPAA PRIVACY RIGHTS NOTICE**

**Arrow Stage Lines / Busco, Inc.** is required to maintain the privacy of "protected health information," (PHI) which includes any identifiable information that we obtain from you or others that relates to your health, your health care, or payment for your health care.

#### **USES OF PROTECTED HEALTH INFORMATION (PHI)**

The Plan can use or disclose your protected health information for purposes of health care treatment, health care payment and health care operations, as described below in the full notice.

The Plan may contact you to provide information about treatment alternatives or other health related benefits and services.

The Plan may disclose your protected health information to your family or friends, or any other individual identified by you.

The Plan will only disclose the PHI directly relevant to their involvement in your care or payment.

Save for exceptional situations, the Plan will not use or disclose your protected health information for any other purpose unless you provide written authorization. You have the right to revoke that authorization at any time

#### **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

This Federal law provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must also provide coverage for certain services relating to the mastectomy in a manner determined in consultation with the attending physician and the patient. Required coverage includes 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.

#### **YOUR RIGHTS**

You have the right to request restrictions on the uses and disclosures of PHI, but the health plan is not required to agree to your request.

You have the right to request to receive communications of PHI by alternative means or at alternative locations.

With some exceptions detailed in the full notice, you have the right to inspect and copy the PHI contained in the plans' records.

You may request a correction to your PHI, but the plan may deny your request.

You have the right to receive an accounting of disclosures of PHI made by the plan.

You have the right to receive a paper copy of this notice.



## **Section 125 Pre-Tax Premium Plan Employee Notice**

Our group benefit plans allow your portion of eligible employee benefit premiums to be deducted from your paycheck on a pre-tax basis. When your premium contributions are deducted from your paycheck before taxes are calculated, they are not subject to federal, state, Medicare or Social Security taxes. This reduces your taxes and results in higher take-home pay.

All eligible employees will be automatically enrolled in this pre-tax plan. If you do not wish to participate, thereby paying your portion of the eligible insurance premiums with after-tax dollars, you must contact Tracy Akers / [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com) to sign a waiver form.

It is important to understand that once your insurance premiums are being deducted on a pre-tax basis, you cannot change your election until the start of the next Plan Year (12:00:00 AM) unless you experience one of the following events that allow a mid-year change:

- Change in Family Status
- Significant Change in Cost or Benefits
- Change in Coverage of Spouse or Dependent under Other Employer's Plan
- FMLA Leave
- COBRA Event
- Judgment, Decree or Court Order
- Medicare or Medicaid Entitlement

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning 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.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, 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 9.5 percent (as adjusted each year after 2014) 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. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

**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?

For more information about your coverage offered by your employer, please check your summary plan description or contact from **Tracy Akers / [tracy.akers@arrowstagelines.com](mailto:tracy.akers@arrowstagelines.com) / 402-738-3237** that answers questions from employees about the health plan's coverage.

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, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>ALASKA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>GEORGIA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reeuthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reeuthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2
<b>FLORIDA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.htm">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.htm</a> Phone: 1-877-357-3268	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="http://iowa.gov/health-human-services">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://iowa.gov/healthy-well-kids">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="http://iowa.gov/health-insurance-premium-payment">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kyneect.ky.gov">https://kyneect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>	<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/of/applcations-forms">https://www.maine.gov/dhhs/of/applcations-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a></p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>
<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>

<p><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p><b>UTAH – Medicaid and CHIP</b></p> <p>Utah's Premium Partnership for Health Insurance (UPP)  Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>  Phone: 1-888-222-2542  Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://www.healthinsurancetexas.gov">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RIte Share Line)</p>
<p><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<p><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>	<p><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

**Important Notice from  
Arrow Stage Lines / Busco, Inc.  
About Your Prescription Drug Coverage and Medicare  
Traditional & HDHP -- Creditable Coverage  
For Coverage Effective 1/1/2025**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Arrow Stage Lines / Busco, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- United HealthCare, your group health carrier, has determined that the prescription drug coverage offered by the Arrow Stage Lines / Busco, Inc. Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore, considered CREDITABLE COVERAGE. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

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

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Arrow Stage Lines / Busco, Inc. coverage will not be affected.

You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Arrow Stage Lines / Busco, Inc. coverage, be aware that you and your dependents will be able to get this coverage back annually as of 12:00:00 AM of each year during our Annual Open Enrollment Period. You have the option to change between the two plans each year during our Annual Open Enrollment Period.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Arrow Stage Lines / Busco, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay

this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Refer to the contact information at the end of this notice. You will get this notice each year, and you will also get it if this coverage through Arrow Stage Lines / Busco, Inc. changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	11/12/2024
Name of Entity/Sender:	Arrow Stage Lines / Busco, Inc.
Contact--Position/Office:	Tracy Akers
Address:	4220 S 52nd St Omaha, NE 68117
Phone Number:	402-738-3237

# Arrow Stage Lines / Busco, Inc. Group Health Plan NOTICE OF PRIVACY PRACTICES

## Your Information. Your Rights. Our Responsibilities.

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

### Your Rights

You have the right to:

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

### Your Choices

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

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

### Our Uses and Disclosures

We may use and share your information as we:

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

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

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



### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

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

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

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

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

### **Get a copy of this privacy notice**

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

### **Choose someone to act for you**

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

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### ***How do we typically use or share your health information?***

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

#### **Help manage the health care treatment you receive**

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

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

#### **Run our organization**

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

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

#### **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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

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

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

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

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

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

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

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

We can use or share health information about you:

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

### **Respond to lawsuits and legal actions**

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

## **Our Responsibilities**

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

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://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, and we will mail a copy to you.

## **Contact Information**

If you have any questions regarding this Notice or would like more information on how to exercise your rights, please contact our privacy official.

Privacy Official and Plan Administrator

Chelle Cooper  
Chelle.cooper@arrowstagelines.com  
402-738-3206