PCC

For a translated version of this benefits guide, go to **mypccbenefits.com**.

Si desea una versión traducida de esta guía de beneficios, visite **mypccbenefits.com**.

Để có bản dịch của hướng dẫn về các quyền lợi này, hãy truy cập **mypccbenefits.com**.

ສຳລັບຄຳແນະນຳ ຜົນປະໂຫຍດນີ້ ສະບັບແປ, ໃຫ້ໄປທີ່ **mypccbenefits.com**.

2027



YOUR GUIDE TO 2027

BENEFITS ENROLLMENT

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PCC Structurals, Inc. (PCC) is pleased to offer a comprehensive benefits program with the flexibility you need to choose solid coverage and protection at an affordable cost. Our benefits program is available to eligible PCC employees at every location across the division.

USE THIS GUIDE TO...

- **Review your benefit options**
- **Understand how the plans work**
- **Learn about the tools and resources available with each plan**
- **Select the benefits that are best for you**

QUESTIONS?

Benefits counselors are ready to help you understand your options and make the right choices for your needs and budget.

Contact the benefits call center at **855-874-3489**, Monday – Friday, 4 a.m. – 6 p.m. PST. Assistance is available in several languages.



Jensen Beach Bridge, near Port St. Lucie, FL

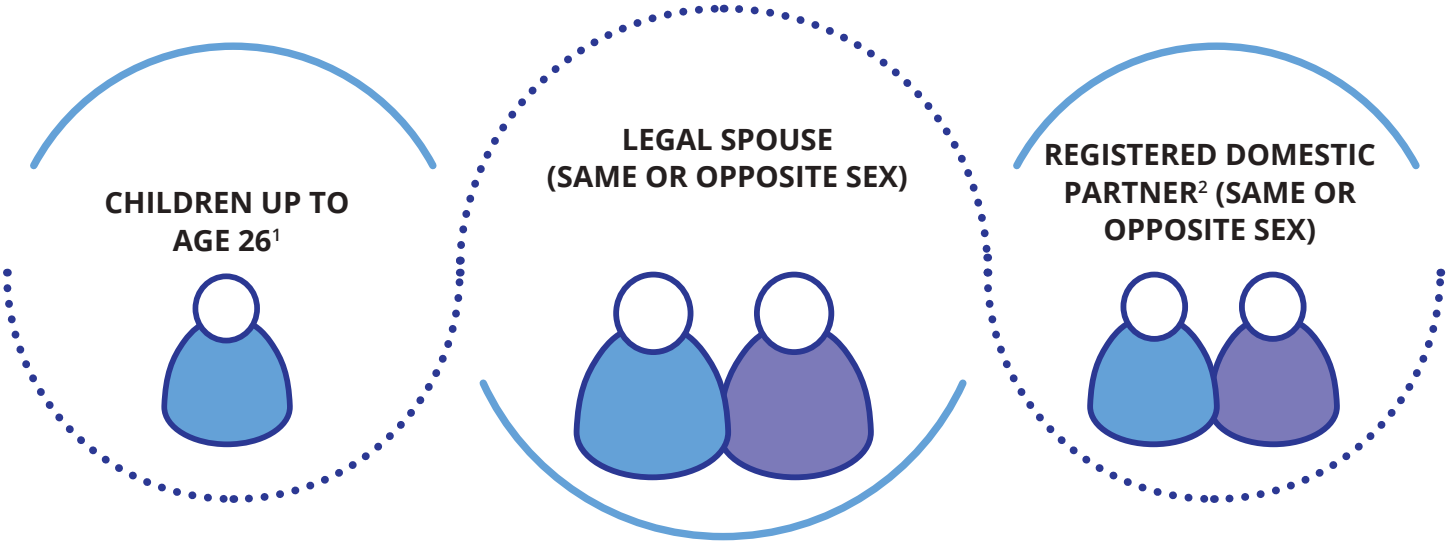
WHO'S ELIGIBLE

EMPLOYEES

You are eligible to enroll in PCC's benefit program if you are a full-time employee or a part-time employee working 20 or more hours per week.

DEPENDENTS

When you enroll for benefits, you can also enroll your eligible dependents, including your:



[1] If your child is mentally or physically disabled, coverage may continue beyond age 26, once proof of the ongoing disability is provided. Children may include natural children, adopted children, stepchildren and children for whom you're the legal guardian, as well as children of qualifying domestic partners.

[2] You'll pay the same employee contribution for coverage as you would for a spouse. However, because of federal tax law, enrolling your domestic partner will have an impact on your income and payroll taxes unless your domestic partner qualifies for tax-favored benefits.

ENROLLMENT TIPS

- If you have family members who work for PCC, you can each be covered as an employee OR as a dependent, but not both.
- Your dependents must be enrolled in the same plans you choose for yourself.
- When enrolling dependents, you must have their Social Security number (except for newborns) and date of birth ready before accessing Workday or contacting the benefits call center.
- Newly added dependents must be verified before their coverage becomes effective.

HOW TO ENROLL OR MAKE CHANGES

ENROLL IN WORKDAY OR BY PHONE

Access Workday at
wd5.myworkday.com/wday/authgwy/pcc/login.html

Contact the benefits call center at
855-874-3489
Monday – Friday, 4 a.m. – 6 p.m. PST

NEED HELP?

If you have questions about the enrollment process or need help completing your benefit elections in Workday, contact Human Resources or the benefits call center for assistance.

Lake Tahoe,
Carson City, NV



WHEN TO ENROLL

You can enroll for benefits:

- When you first become an eligible employee
- During Open Enrollment
- During the calendar year, within 30 days of experiencing a qualifying life event

DURING OPEN ENROLLMENT	DURING THE YEAR
Open Enrollment is your annual opportunity to enroll for benefits or make changes to your existing benefits. Generally, benefits you elect during Open Enrollment will be effective January 1 through December 31 of the following year, unless you experience a qualifying life event that permits you to change your coverage or makes you ineligible for coverage.	If you experience a status change that affects your eligibility for benefits or an IRS-qualifying life event during the year, you may enroll for coverage in new plans and make changes to existing coverage within 30 days of the event.

Access Workday at **wd5.myworkday.com/wday/authgwy/pcc/login.html** or contact the benefits call center at **855-874-3489** to start the process.

QUALIFYING LIFE EVENTS

Per IRS guidelines, examples of qualifying life events include, but are not limited to:

- Marriage/divorce
- Birth/adoption of a child
- Becoming a court-appointed legal guardian
- Death of a dependent
- Loss of dependent eligibility for coverage
- Loss of coverage due to a change in employment status

Your benefit elections or changes must be consistent with the event. For certain life events, you must provide the required documentation in Workday to verify the event, or the requested changes will not be processed. Changes you make will generally be effective on the first day of the month following or coinciding with a qualifying life event, except for:

- **Birth/adoption of a child:** Coverage begins on the date of birth or date the adoption is finalized.
- **Removing dependents from coverage:** Coverage ends for your dropped dependent on the last day of the month.
- **Death, divorce, legal separation or termination of a domestic partnership:** Coverage generally ends on the last day of the month following the event date. Divorce ends coverage as of the date of the divorce. The exceptions are disability coverage and life and accident insurance, which will end immediately.

WHEN COVERAGE BEGINS

Your PCC benefits coverage becomes effective on your eligibility date, provided you enrolled by the deadline.

If you enroll during Open Enrollment, benefits become effective on January 1.

For more information regarding coverage following a qualifying life event, contact the benefits call center at **855-874-3489**.

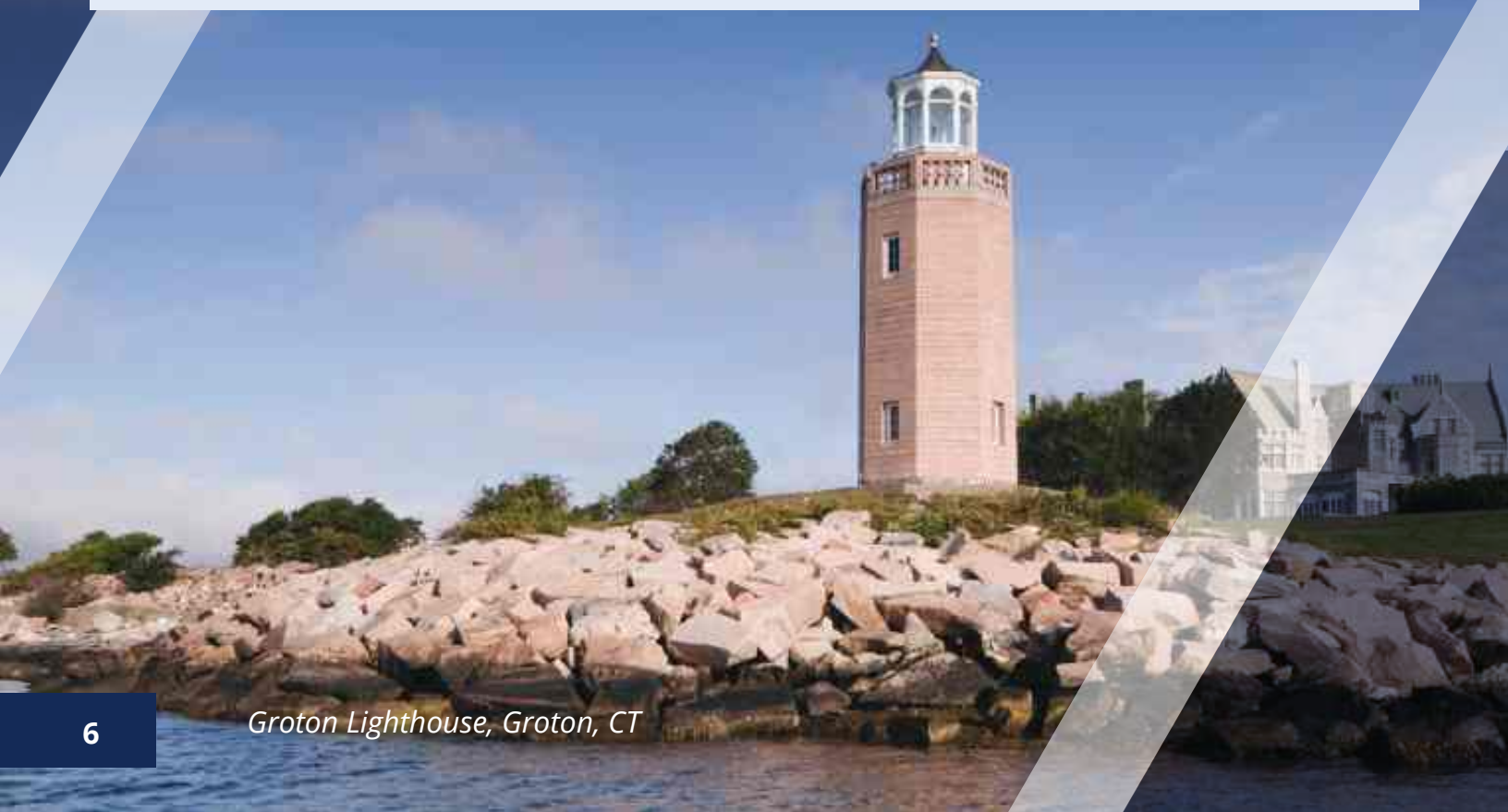
MEDICAL OPT OUT CREDIT

If you have other medical coverage and elect to opt out of medical coverage through PCC, you could receive a credit of $1,500 per year — payments will be split evenly between each regular paycheck and pro-rated based on date of eligibility.

To receive the opt out credit, you must complete two important steps during the enrollment period (or within 30 days of eligibility):

- **STEP 1: Elect to opt out of PCC medical coverage.**
  - **In Workday:** Select **Medical Opt-out Election Plan** when completing your elections.
  - **By Phone:** Tell the benefits counselor that you wish to opt out of medical coverage.
- **STEP 2: Accept the terms and attestation.**
  - **In Workday:** Follow the prompts to accept the terms and attestation before submitting your elections.
  - **By Phone:** You will need to verbally agree to the attestation.

Note: If you have already opted out of medical coverage through PCC, the opt out attestation will automatically carry over each year unless you make changes to your medical election during Open Enrollment.



Groton Lighthouse, Groton, CT



White Mountains, near Tilton, NH

WHAT COVERAGE COSTS

The amount you'll pay varies depending on the options you elect and whom you choose to cover: yourself only, yourself and your spouse/domestic partner or child(ren), or your whole family.

If you enroll your domestic partner, you'll pay the same employee contribution for coverage as you would for a spouse. However, because of federal tax law, enrolling your domestic partner will have an impact on your income and payroll taxes unless your domestic partner qualifies for tax-favored benefits.

SURCHARGES

Providing verification for both tobacco and spousal surcharges is part of the enrollment process, whether you're making elections online or by phone.

Tobacco Surcharge

If you or your spouse/domestic partner use tobacco, you'll pay a monthly surcharge per applicable person. Using tobacco includes, but is not limited to, using pipes, cigarettes, e-cigarettes, cigars, chewing tobacco, snuff and any other type of smoking or smokeless tobacco (regardless of frequency or method of use).

To avoid this surcharge, we encourage you or your spouse/domestic partner to sign up for the tobacco cessation program available through your medical plan — getting started is easy:

- **Cigna Members:** Visit **mycigna.com** or call **855-881-7925** to enroll in Cigna's Tobacco Cessation program.
- **Kaiser Members:** View the class schedule and register for Kaiser's **Quit Smoking/Vaping** program.

Spousal Surcharge

If your spouse/domestic partner is eligible for medical coverage through his or her employer and is enrolled in a PCC medical plan, you'll pay a surcharge each month. If your spouse is enrolled in Medicare, you will not be subject to the surcharge.

WHEN COVERAGE ENDS

If your employment ends, or if you terminate coverage due to a qualified life event, disability coverage, life and accident insurance and pet insurance will end immediately. All other coverage will end on the last day of the month following the event date.

KEY WORDS TO KNOW

- **Annual Maximum Benefit:** The maximum total amount the plan will pay during the plan year.
- **Basic Dental Services:** Services such as basic restorations, some oral surgery, endodontics and periodontics.
- **Coinsurance:** Percentage of the charge that your plan will pay, typically after you have met the deductible.
- **Copay:** An amount you pay for a covered service each time you use that service. It usually doesn't apply toward the deductible.
- **Deductible:** The amount you pay before the plan begins to pay.
- **Major Dental Services:** Services such as crowns, dentures, implants and some oral surgery.
- **Orthodontia:** Straightening or moving misaligned teeth and/or jaws with braces and/or surgery.
- **Out-of-Pocket Costs:** Expenses you pay yourself, such as deductibles, copays, coinsurance and non-covered services.
- **Out-of-Pocket Maximum:** The maximum amount you pay for covered services in a year (you may need to pay additional amounts if coverage is received from an out-of-network provider).
- **Preventive Dental Services:** Services designed to prevent or diagnose dental conditions including oral evaluations, routine cleanings, X-rays, fluoride treatments and sealants.
- **Retail Allowance:** Maximum allowance paid toward the cost of vision materials. You're required to pay any amount in excess of the retail allowance.



MEDICAL AND PRESCRIPTION DRUG COVERAGE

Medical coverage offers valuable benefits to help you stay healthy and pay for care if you or your covered family members become sick or injured. PCC offers a variety of medical plan options and provider networks.

Cigna offers all plans in all locations. Kaiser also offers all plans if you live or work in a Kaiser service area in Oregon or California. Prescription drug coverage is included with all medical plan options.

$400 DEDUCTIBLE, $900 DEDUCTIBLE AND $1,500 DEDUCTIBLE PLANS

The $400 Deductible, $900 Deductible, and $1,500 Deductible plans generally give you the flexibility to see in-network or out-of-network providers. (Kaiser plans include in-network coverage only.) However, you pay the lowest costs when you use in-network providers. Preventive care services are covered at 100%. For some services, you'll pay a flat copay or copay with coinsurance, and for others, you must first meet the applicable annual deductible before the plan begins to pay benefits. Once you meet the deductible, the plan will pay a percentage of the cost of services, and you're responsible for any remaining costs until you reach the out-of-pocket maximum.



Mount Baldy, near Covina, CA

HIGH DEDUCTIBLE HEALTH PLAN WITH A HEALTH SAVINGS ACCOUNT

The High Deductible Health Plan with HSA is a different kind of medical plan and includes a tax-advantaged savings account feature, called a Health Savings Account (HSA). Together, these two components give you comprehensive medical coverage and complete control over what health services you buy and how you spend your money on health care (see **pages 18-19** to learn more about the HSA).

You have the flexibility to see in-network or out-of-network providers. However, you pay the lowest costs when you use in-network providers. You must meet the deductible before the plan begins to pay benefits. (This includes benefits for non-preventive prescription drugs.) You're responsible for any remaining costs until you reach the out-of-pocket maximum. The plan includes prescription drug and complementary care benefits.

Note: All PCC medical plans include prescription drug coverage.

REMINDERS ABOUT DEDUCTIBLES AND OUT-OF-POCKET MAXIMUM

When electing coverage for any family members in addition to yourself, keep in mind that deductibles and the out-of-pocket maximum are applied differently for different plans.

PLANS	DEDUCTIBLE	OUT-OF-POCKET MAXIMUM
HDHP with HSA	The entire family deductible must be met before benefits begin to pay out for any family member.	The entire family out-of-pocket maximum must be met before the plan pays in full for any family member.
$400 Deductible Plan **$900 Deductible Plan** **$1,500 Deductible Plan**	Once one family member meets the individual deductible, benefits begin to be paid for that individual.	Once one family member meets the individual out-of-pocket maximum, the plan pays covered benefits in full for that individual.

MEDICAL PLAN SUMMARY — CIGNA PLANS

Below is a snapshot of some of the benefits covered under the Cigna medical plan and the out-of-pocket costs.

	HDHP WITH HSA	$1,500 DEDUCTIBLE PLAN	$900 DEDUCTIBLE PLAN	$400 DEDUCTIBLE PLAN
HSA Eligible	Yes	No	No	No
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE				
Individual	$2,500	$1,500	$900	$400
Family	$5,000	$3,000	$1,800	$800
OUT-OF-POCKET MAXIMUM				
Individual	$6,200	$5,200	$3,000	$2,200
Family	$6,850	$10,400	$6,000	$4,400
MEDICAL COVERAGE				
Preventive Care	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Primary Care Visit	80% after deductible	$40 copay; deductible doesn't apply	$40 copay; deductible doesn't apply	$20 copay; deductible doesn't apply
Specialist Visit	80% after deductible	$80 copay; deductible doesn't apply	$80 copay; deductible doesn't apply	$40 copay; deductible doesn't apply
Most Other Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible
RETAIL PRESCRIPTIONS				
Preventive	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Generic	80% after deductible	$20 copay; deductible doesn't apply	$20 copay; deductible doesn't apply	$10 copay; deductible doesn't apply
Preferred Brand	80% after deductible	$50 copay; deductible doesn't apply	$50 copay; deductible doesn't apply	$30 copay; deductible doesn't apply
Non-Preferred Brand	80% after deductible	$80 copay; deductible doesn't apply	$80 copay; deductible doesn't apply	$60 copay; deductible doesn't apply
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)				
Preventive	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Generic	80% after deductible	$50 copay; deductible doesn't apply	$50 copay; deductible doesn't apply	$25 copay; deductible doesn't apply
Preferred Brand	80% after deductible	$125 copay; deductible doesn't apply	$125 copay; deductible doesn't apply	$75 copay; deductible doesn't apply
Non-Preferred Brand	80% after deductible	$200 copay; deductible doesn't apply	$200 copay; deductible doesn't apply	$150 copay; deductible doesn't apply

MEDICAL PLAN SUMMARY — KAISER CA PLANS

Below is a snapshot of some of the benefits covered under the Kaiser medical plan and the out-of-pocket costs. These Kaiser plans are available if you live or work in a Kaiser service area.

	HDHP WITH HSA	$1,500 DEDUCTIBLE PLAN	$900 DEDUCTIBLE PLAN	$400 DEDUCTIBLE PLAN
HSA Eligible	Yes	No	No	No
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE				
Individual	$2,500	$1,500	$900	$400
Individual within Family	$3,500*	N/A	N/A	N/A
Family	$5,000	$3,000	$1,800	$800
OUT-OF-POCKET MAXIMUM				
Individual	$6,200	$5,200	$3,000	$2,200
Individual within Family	$6,200*	N/A	N/A	N/A
Family	$6,850	$10,400	$6,000	$4,400
MEDICAL COVERAGE				
Preventive Care	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Primary Care Visit	80% after deductible	$40 copay; deductible doesn't apply	$40 copay; deductible doesn't apply	$20 copay; deductible doesn't apply
Specialist Visit	80% after deductible	$50 copay; deductible doesn't apply	$50 copay; deductible doesn't apply	$40 copay; deductible doesn't apply
Most Other Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible
RETAIL PRESCRIPTIONS				
Preventive	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Generic	80% after deductible (max. $50)	$10 copay; deductible doesn't apply	$10 copay; deductible doesn't apply	$10 copay; deductible doesn't apply
Preferred Brand	80% after deductible (max. $100)	70% (max. $50); deductible doesn't apply	70% (max. $50); deductible doesn't apply	$30 copay; deductible doesn't apply
Non-Preferred Brand	Not covered	Not covered	Not covered	Not covered
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)				
Preventive	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Generic	80% after deductible (max. $50)	$20 copay; deductible doesn't apply	$20 copay; deductible doesn't apply	$20 copay; deductible doesn't apply
Preferred Brand	80% after deductible (max. $100)	70% (max. $50); deductible doesn't apply	70% (max. $50); deductible doesn't apply	$60 copay; deductible doesn't apply
Non-Preferred Brand	Not covered	Not covered	Not covered	Not covered

* If you live in California and enroll in family coverage, the amount that an individual within a family will pay for the deductible will be limited to $3,500, and the out-of-pocket maximum will be limited to $6,200.

MEDICAL PLAN SUMMARY — KAISER NW PLANS (PORTLAND, OR AND SW WASHINGTON)

Below is a snapshot of some of the benefits covered under the Kaiser medical plan and the out-of-pocket costs. These Kaiser plans are available if you live or work in a Kaiser service area in Portland, Oregon or SW Washington.

	HDHP WITH HSA	$1,500 DEDUCTIBLE PLAN	$900 DEDUCTIBLE PLAN	$400 DEDUCTIBLE PLAN
HSA Eligible	Yes	No	No	No
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE				
Individual	$2,500	$1,500	$900	$400
Family	$5,000	$3,000	$1,800	$800
OUT-OF-POCKET MAXIMUM				
Individual	$6,200	$5,200	$3,000	$2,200
Family	$6,850	$10,400	$6,000	$4,400
MEDICAL COVERAGE				
Preventive Care	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Primary Care Visit	80% after deductible	$40 copay; deductible doesn't apply	$40 copay; deductible doesn't apply	$20 copay; deductible doesn't apply
Specialist Visit	80% after deductible	$80 copay; deductible doesn't apply	$80 copay; deductible doesn't apply	$40 copay; deductible doesn't apply
Most Other Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible
RETAIL PRESCRIPTIONS				
Preventive	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Generic	80% after deductible	$10 copay; deductible doesn't apply	$10 copay; deductible doesn't apply	$10 copay; deductible doesn't apply
Preferred Brand	80% after deductible	70% (max. $50); deductible doesn't apply	70% (max. $50); deductible doesn't apply	$30 copay; deductible doesn't apply
Non-Preferred Brand	80% after deductible	55% (max. $80); deductible doesn't apply	55% (max. $80); deductible doesn't apply	$60 copay; deductible doesn't apply
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)				
Preventive	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply	100%; deductible doesn't apply
Generic	80% after deductible	$20 copay; deductible doesn't apply	$20 copay; deductible doesn't apply	$20 copay; deductible doesn't apply
Preferred Brand	80% after deductible	70% (max. $100); deductible doesn't apply	70% (max. $100); deductible doesn't apply	$60 copay; deductible doesn't apply
Non-Preferred Brand	80% after deductible	55% (max. $160); deductible doesn't apply	55% (max. $160); deductible doesn't apply	$120 copay; deductible doesn't apply

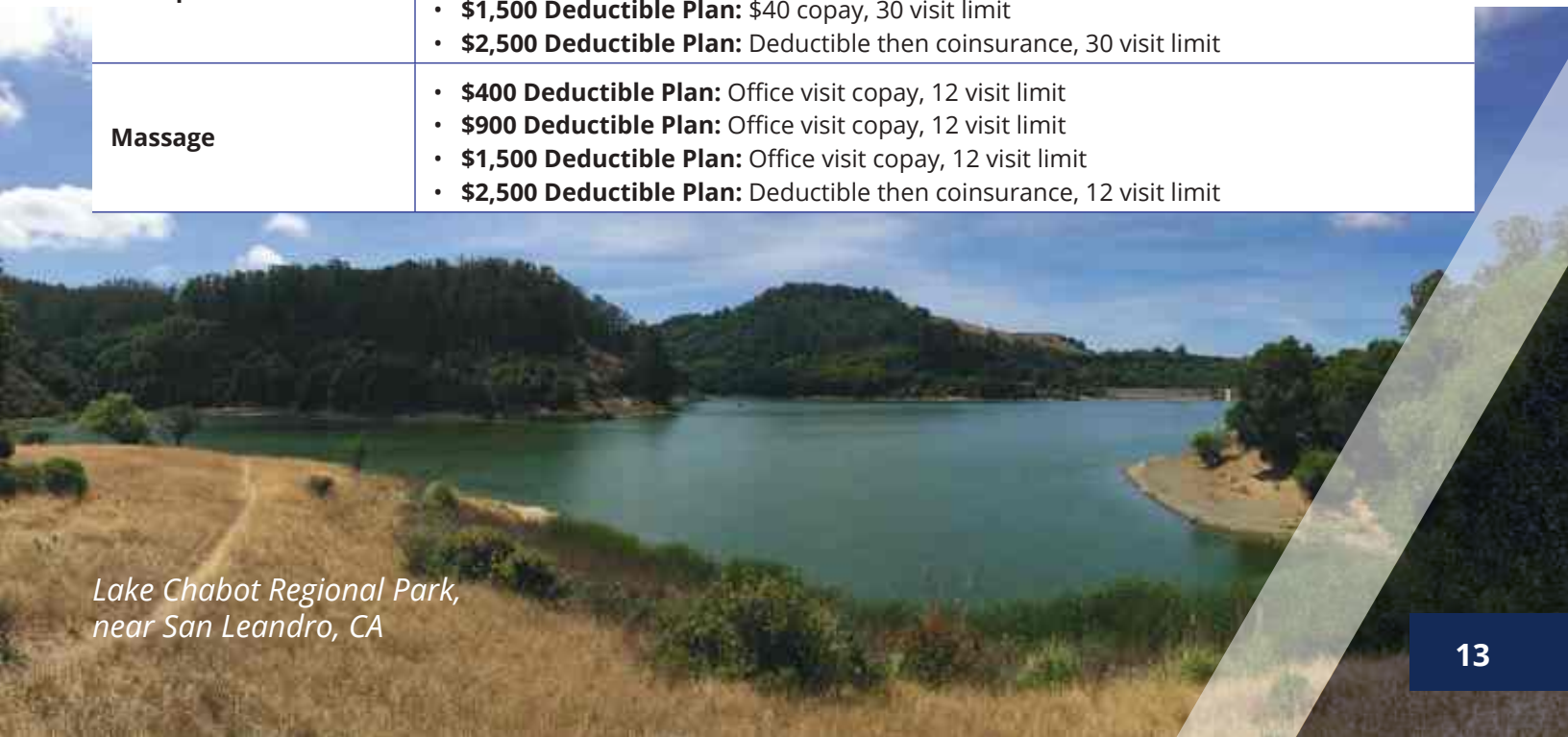
LEARN MORE ABOUT PCC'S ALTERNATIVE CARE BENEFITS

PCC provides acupuncture, chiropractic and massage benefits through all of the medical plans.

KAISER NW PLANS (PORTLAND, OR AND SW WASHINGTON)	
Acupuncture and Chiropractic	• **$400 Deductible Plan:** $40 copay • **$900 Deductible Plan:** $40 copay • **$1,500 Deductible Plan:** $40 copay • **$2,500 Deductible Plan:** $10 after deductible • 24 visit limit for acupuncture • 30 visit limit for chiropractic
Massage	• **$400 Deductible Plan:** $25 copay, 12 visit limit • **$900 Deductible Plan:** $25 copay, 12 visit limit • **$1,500 Deductible Plan:** $25 copay, 12 visit limit • **$2,500 Deductible Plan:** $25 after deductible, 12 visit limit

KAISER CA PLANS	
Acupuncture and Chiropractic	• **$400 Deductible Plan:** $15 copay, 30 visit limit • **$900 Deductible Plan:** $15 copay, 30 visit limit • **$1,500 Deductible Plan:** $15 copay, 30 visit limit • **$2,500 Deductible Plan:** $15 copay after deductible, 40 visit limit (visit limit combined for chiropractic/acupuncture)
Massage	• Covered with physician referral only under Physical Therapy benefit

CIGNA PLANS	
Acupuncture	• **$400 Deductible Plan:** Office visit copay, 12 visit limit • **$900 Deductible Plan:** Office visit copay, 12 visit limit • **$1,500 Deductible Plan:** Office visit copay, 12 visit limit • **$2,500 Deductible Plan:** Deductible then coinsurance, 12 visit limit
Chiropractic	• **$400 Deductible Plan:** $20 copay, 30 visit limit • **$900 Deductible Plan:** $40 copay, 30 visit limit • **$1,500 Deductible Plan:** $40 copay, 30 visit limit • **$2,500 Deductible Plan:** Deductible then coinsurance, 30 visit limit
Massage	• **$400 Deductible Plan:** Office visit copay, 12 visit limit • **$900 Deductible Plan:** Office visit copay, 12 visit limit • **$1,500 Deductible Plan:** Office visit copay, 12 visit limit • **$2,500 Deductible Plan:** Deductible then coinsurance, 12 visit limit



Lake Chabot Regional Park, near San Leandro, CA



Hawthorne Bridge, Willamette River, Portland, OR

SUPPLEMENTAL MEDICAL INSURANCE

Supplemental medical insurance can help protect you from significant or unexpected out-of-pocket expenses incurred when you undergo a procedure or use a service your medical plan doesn't cover. These supplemental options are not designed to replace the traditional medical plans.

All supplemental medical plans are provided through Cigna.

ENROLLED IN THE $1,500 DEDUCTIBLE OR HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You may want to think about additional coverage that pays benefits directly to you to help cover deductibles and out-of-pocket expenses. Consider combining your medical coverage with supplemental medical insurance. These plans are a great complement to your medical plan choice and help reduce the financial risks associated with illness and injury.

Depending on your situation, you may be able to save money by purchasing a lower-cost medical plan and adding one or more supplemental plans to achieve effective protection at plan cost.

CRITICAL ILLNESS INSURANCE

No one knows what lies ahead with your health. The signs pointing to critical illness are not always clear, and these illnesses may not be preventable. Recovering from a serious illness often brings significant expenses in addition to medical costs.

Critical Illness insurance can help with these out-of-pocket costs, allowing you to pay bills related to treatment or to help with everyday living expenses.

HIGHLIGHTS:

- Provides guaranteed issue coverage, which means you may qualify for coverage without having to answer any health questions
- Pays a lump-sum cash benefit directly to you to help cover out-of-pocket expenses associated with a covered critical illness
- Pays in addition to existing medical insurance benefits
- Pays upon diagnosis of a covered condition
- Examples of covered conditions include: cancer, heart attack, stroke, major organ transplant and end-stage renal failure*

* Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.

Note: Participation is completely voluntary for these benefits. PCC permits access and payroll deductions for the required contributions.

ACCIDENT INSURANCE

An accident can require a variety of treatments, testing, therapies and other care to assist in recovery. Even the best medical plans may leave you with extra expenses to pay out of your own pocket. Everyday expenses like your mortgage, car payment or child care may be harder to cover due to lost or reduced income.

Accident Insurance can help you bounce back by providing you with cash benefits if you experience a covered accident. These benefits help with expenses and protect your savings, letting you focus more on recovering.

HIGHLIGHTS:

- Provides cash benefits to help cover out-of-pocket expenses associated with a covered accident
- Pays in addition to existing medical insurance benefits
- Pays benefits for each covered occurrence
- Examples of covered services include: emergency room, hospitalization, doctor visits and physical therapy*
- Additional benefits available for certain injuries, such as dislocations, fractures, burns and lacerations*

* Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.

HOSPITAL INDEMNITY INSURANCE

Hospital stays are often unexpected, and just a few days can strain even the healthiest of budgets. Hospitalization can cause serious financial setbacks due to out-of-pocket medical costs or loss of income. When you're recovering, the last thing you need to worry about is how much it'll cost to get better.

Hospital Indemnity Insurance offers financial protection when you're hospitalized due to a covered illness or injury. Benefits can help with the hospital bill, take care of everyday expenses or pay for anything else you need.

HIGHLIGHTS:

- A lump-sum benefit is paid directly to you for each day you're in the hospital
- There are no out-of-pocket costs or waiting periods
- Benefits paid are in addition to coverage provided by your medical plan
- Benefits provided for hospital admission and daily hospital confinement*

* Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.

Note: Participation is completely voluntary for these benefits. PCC permits access and payroll deductions for the required contributions.



Mt. Hood at Trillium Lake, near Clackamas, OR

DENTAL INSURANCE

Research shows there may be a connection between poor dental health and serious health conditions. Regular dental check-ups and good oral hygiene are an essential part of your general health and well-being. There are three dental plan options available through Delta Dental. Kaiser Dental is also available if you live in Oregon or SW Washington.

DENTAL PLAN SUMMARY — DELTA DENTAL AND KAISER DENTAL

The following benefits are included in your plan options. The summaries apply to both the Delta Dental and Kaiser Dental plans. Please refer to plan documents for out-of-network benefits.

	BASIC PLUS PLAN	STANDARD PLAN	ENHANCED PLAN WITH ORTHODONTIA
Annual Maximum Benefit	$1,000	$1,500	$2,000
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Individual Deductible	$50	$50	$50
Family Deductible	$150	$150	$150
Preventive Services	Plan pays 100%; deductible doesn't apply	Plan pays 100%; deductible doesn't apply	Plan pays 100%; deductible doesn't apply
Basic Services	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Services (adults and children up to age 19)	Not covered	Not covered	Plan pays 50% after deductible, up to $1,500 per lifetime



Three Sisters Mountains, view from Redmond, OR

VISION INSURANCE

Having an annual eye exam is one of the best ways to make sure you're keeping your eyes healthy. You can enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses, and contact lenses. There are two vision plan options available through Cigna.

VISION PLAN SUMMARY — CIGNA

The following in-network benefits are included in your plan options. Please refer to plan documents for out-of-network benefits.

	STANDARD PLAN	ENHANCED PLAN
	IN-NETWORK	IN-NETWORK
Eye Exam	$10 copay	$10 copay
Eyeglass Lenses Single vision Lined bifocal Trifocal lenses	$25 frames/lenses copay	$10 frames/lenses copay
Eyeglass Frames	After $25 materials copay (see above), plan covers up to $130 retail allowance for some frames 20% discount on amounts over allowance	After $10 materials copay (see above), plan covers up to $300 retail allowance for some frames 20% discount on amounts over allowance
Contact Lenses (in lieu of lenses and frames)	Up to $130 allowance	Up to $300 allowance
BENEFIT FREQUENCY		
Exam	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frames	Every 24 months	Every 12 months
Contacts	Every calendar year	Every calendar year



Smith Rock State Park, OR



Beach Community in Groton, CT

HEALTH SAVINGS ACCOUNT

If you enroll in the High Deductible Health Plan (HDHP), you're eligible to contribute money to a Health Savings Account (HSA). HSAs are tax-advantaged savings accounts you can use to help pay for eligible health care expenses as you incur them.

KEY FEATURES OF AN HSA

- **Works like a bank account.** You decide how much to contribute to your HSA and can change that amount at any time in Workday. Use account funds to pay for eligible health care expenses by using your debit card when you receive care, or submit a claim for reimbursement for payments you've made (up to the available balance in your account).
- **It's tax-advantaged.** You don't pay taxes on contributions made from your paycheck, and you can earn tax-free interest on your HSA balance.
- **It's your money.** Unused funds can be carried over each year and invested for the future. You can even take the account with you if you leave PCC or save it to use during retirement.
- **Can be paired with a Limited Purpose Flexible Spending Account (FSA).** Combine the HSA with this account for additional tax savings. Eligible dental and vision expenses can be paid for with Limited Purpose FSA funds from the first day of the plan year.

HSA CONTRIBUTIONS

You can contribute to the HSA to help pay for eligible medical, dental, vision and prescription drug expenses, now or in the future. PCC also contributes to help build your savings!

	PCC CONTRIBUTES	EMPLOYEES CAN CONTRIBUTE UP TO	ANNUAL TOTAL CONTRIBUTION LIMIT
Individual	$750	$3,750	$4,500
Family	$1,500	$7,500	$9,000
	Age 55 or older? You can contribute an additional $1,000 per year.		

PCC's contribution will be added to your HSA at the time your coverage begins and prorated based on your month of hire.

IMPORTANT!

You're not eligible to contribute to an HSA if you:

- Are enrolled in Medicare or TRICARE
- Are covered by any health insurance other than a qualified high deductible health plan
- Can be claimed as a dependent on another person's tax return
- Have access to reimbursement under a Health Care FSA established by another employer for you, your spouse or domestic partner, or another family member

PAYING FOR ELIGIBLE EXPENSES

There are three ways to use your HSA to pay for eligible expenses:

- Use your HSA debit card to pay directly at the point of service
- Pay for services out of pocket and submit a claim for reimbursement
- Use your HSA debit card to pay bills you receive from your provider's office

If you don't want to use the money in your HSA, you can also choose to pay for services out of pocket and not submit a claim for reimbursement. This way you save the money in your HSA for future medical needs.

You can use your HSA for out-of-pocket expenses that would generally qualify for the medical, dental and vision expense income-tax deduction:

- Deductibles
- Office visits
- Prescription drugs
- Hospital stays and lab work
- Speech, occupational and physical therapy
- Dental and vision care

For a complete list of eligible expenses, see IRS Publication 502 at **irs.gov/publications/p502/index.html**.

DID YOU KNOW?

You can view and manage your HSA on Fidelity's website at **netbenefits.com**:

- View your account balance summary
- Submit claims for reimbursement
- Order new cards

You can change your contribution amount at any time during the year. Simply log in to **Workday** or contact the benefits call center at **855-874-3489** to make changes to your HSA contributions.



Desert Limestone Rock Formations, near Ogden, UT

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) provide a great way to save money on your health and dependent care expenses. You can pay for eligible health care or dependent care expenses on a pre-tax basis through payroll deductions. FSAs are considered "use it or lose it" accounts, so unused funds are forfeited at the end of the plan year.

	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Do You Have a Health Savings Account (HSA)?	You're not eligible to have a Health Care FSA if you contribute to an HSA	You must contribute to an HSA to have a Limited Purpose FSA	You're eligible to have a Dependent Care FSA whether or not you contribute to an HSA
Eligible Expenses	Eligible medical, dental and vision expenses	Eligible dental and vision expenses	Expenses for child/elder care for eligible dependents that allow you and/or your spouse or domestic partner to work (medical, dental and vision expenses are not eligible for reimbursement with this account)
How It's Funded	• You can make paycheck contributions up to $3,400 per year, or to the maximum indexed amount announced by the IRS for the plan year, if different • Your election is made during your enrollment period — you can't change it unless you experience a qualifying life event during the year (such as getting married or having a baby) • Your entire annual contribution is available to you at the beginning of the plan year		• You can make paycheck contributions up to $7,500 per year per household (or to the maximum indexed amount announced by the IRS for the plan year, if different) to use for qualified dependent care or elder care expenses • Your election is made during your enrollment period — you can't change it unless you experience a qualifying life event during the year (such as getting married or having a baby) • Your funds are only available to you after they have been deposited into your account each pay period
Unused Funds	• Any amount remaining in your account after December 31 will be forfeited • You have 90 days after the end of the calendar year to submit your expenses		You should estimate your expenses carefully before enrolling because unused funds in your account don't carry over at the end of the year and are forfeited
How to Access	• You'll receive a benefits debit card that you can use to pay for eligible expenses — or you can submit claims for reimbursement of eligible expenses • Note: You'll receive only one debit card to use for all accounts		

DID YOU KNOW?

You can view and manage your FSA at **benefitslogin.wexhealth.com**:

- View your account balance summary
- Submit claims for reimbursement
- Order new cards
- Make changes to your contributions if you experience a qualifying life event

DISABILITY INSURANCE

A disability can be one of the biggest financial risks you face. Your work income will end, but your living expenses will continue. When you need to miss work for an extended period of time, disability insurance can replace a percentage of your lost income for a certain period of time.

PCC pays the full cost of Short-Term Disability (STD) and Long-Term Disability (LTD) coverage for eligible employees. Disability coverage is provided through New York Life.

SHORT-TERM DISABILITY	LONG-TERM DISABILITY
• **Exempt salaried employees:** 100% of salary for up to 13 weeks (contact the Benefits team for location-specific information) • **Hourly and non-exempt employees:** 60% of base pay ($1,000 maximum), up to 26 weeks • **Corporate employees:** Salary continuation • Note: California hourly employees will instead receive California State Disability pay. *In the event you reside in a state with mandated disability, your PCC plan will offset with the state benefit.*	• **Exempt salaried employees** making less than $200,000: 60% of base pay, up to $10,000/month • **Salaried employees** making equal to or more than $200,000: 60% of base pay, up to $25,000/month • **Hourly and non-exempt employees:** 60% of base pay, up to $10,000/month



Lake Tradition, Port St. Lucie, FL

LIFE AND ACCIDENT INSURANCE

When the unexpected happens, you and your family are protected with life and accident insurance provided through New York Life.

EMPLOYER-PAID TERM LIFE AND AD&D INSURANCE

PCC provides company-paid base level of Life and basic Accidental Death and Dismemberment (AD&D) insurance at no cost to you.

PLAN	COVERAGE
Employer-Paid Term Life Insurance	• **Salaried/corporate employees:** 1.5 times your base pay, to a maximum of $250,000 • **Hourly/non-exempt employees:** $50,000
Employer-Paid AD&D Insurance	• **Salaried/corporate employees:** 1.5 times your base pay, to a maximum of $250,000 • **Hourly/non-exempt employees:** $50,000

EMPLOYEE-PAID TERM LIFE INSURANCE

If you want additional coverage, you can purchase Employee-Paid Term Life Insurance for yourself and your eligible dependents. You pay the full cost of this coverage on an after-tax basis. If you want to purchase coverage for your dependents, you must also purchase coverage for yourself.

	EMPLOYEE-PAID TERM LIFE	SPOUSE TERM LIFE	CHILD TERM LIFE
Coverage Amounts Available	$10,000 increments, up to $1 million or 5x base annual earnings	$10,000 increments, up to $250,000 or 100% of employee coverage *(Note: Employee-Paid Term Life coverage must be elected to purchase spouse coverage)*	$5,000 increments, up to $25,000
Guaranteed Issue Amounts	$200,000	$50,000	N/A
	• If you elect Employee-Paid Term Life Insurance when you're first eligible, you'll need to complete a Statement of Health, also known as Evidence of Insurability (EOI), only for coverage above the guaranteed issue amount. Any future coverage increases will require EOI. • Once you make your election online, New York Life will reach out via letter for coverage that requires an EOI. Log in to **mynylgbs.com** to complete the health questionnaire within 30 days. • If you (and/or your eligible spouse) don't elect coverage when first eligible, but elect it at a later date, you'll be required to provide an EOI for any amount. If an EOI is not received, benefits will be reduced to the guaranteed issue amount or a previously elected amount.		
Age Reductions	For Employee-Paid Term Life Insurance, benefit amounts reduce to: • 65% of original coverage when you reach age 70, and • 50% of original coverage when you reach age 75		

WHAT IS A BENEFICIARY AND WHY IS IT IMPORTANT TO NAME ONE?

A beneficiary is anyone you name or designate to receive benefits from your Life and AD&D Insurance policies. Naming a beneficiary ensures your benefits will go where you want. This simple move can save your loved one's time and money.

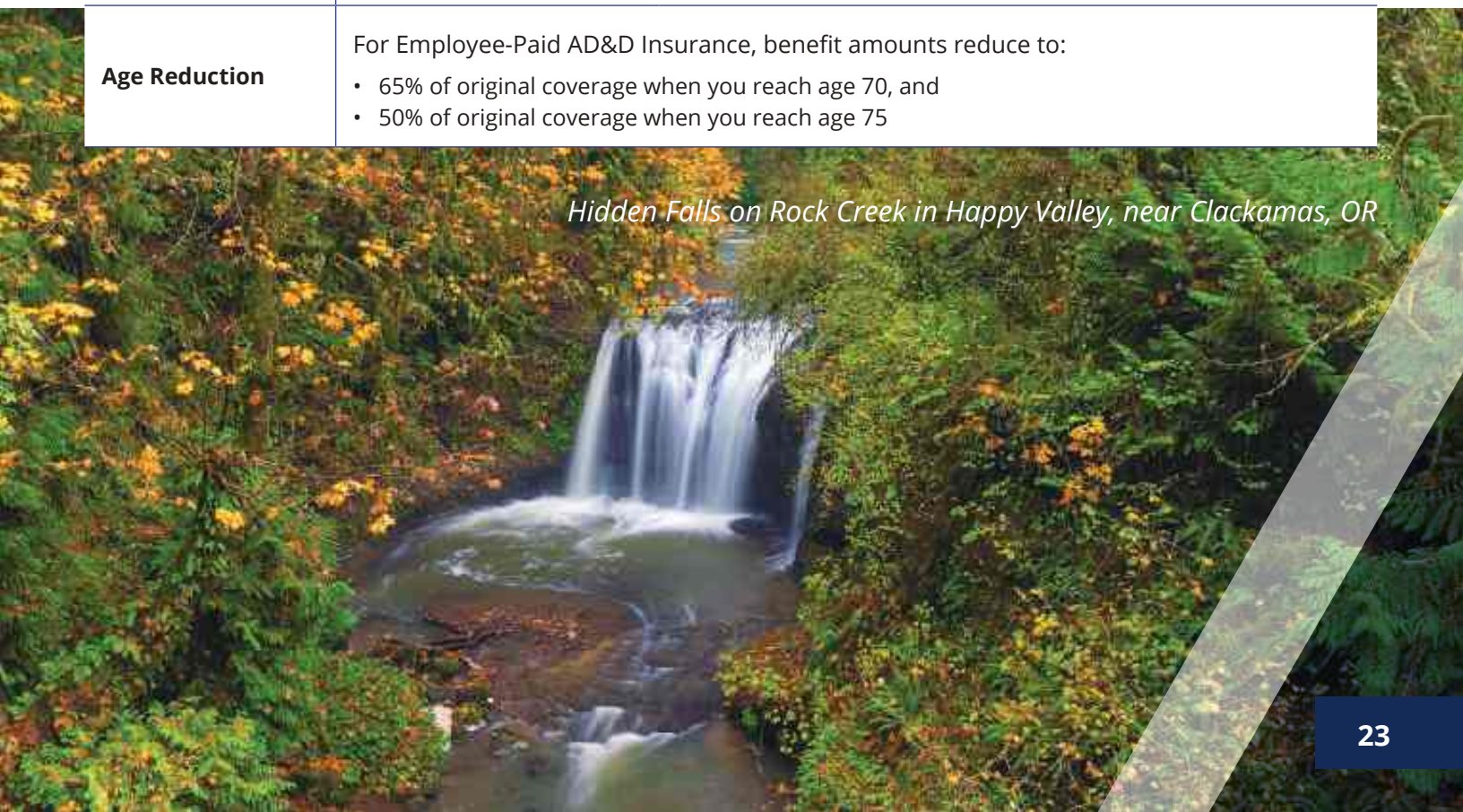
Access Workday to designate a beneficiary or make any necessary changes to your existing beneficiary designation.

If you don't name anyone as your beneficiary, your spouse (if married, and living) becomes the automatic beneficiary. If a beneficiary is not named, New York Life will pay benefits to your family members in the following order: your spouse, children, parent and siblings.

EMPLOYEE-PAID AD&D INSURANCE

If you want additional coverage, you can purchase Employee-Paid AD&D Insurance for yourself or you and your family. You pay the full cost of this insurance on an after-tax basis.

	EMPLOYEE-PAID EMPLOYEE AD&D	EMPLOYEE-PAID FAMILY AD&D
Coverage Amounts Available	1, 2, 3, 4 or 5 times earnings, up to $1 million	• Spouse-only benefit: 50% of your benefit, up to $250,000 • Child(ren)-only benefit: 15% of your benefit, up to $25,000 • Spouse benefit (if child(ren) are also covered): 40% of your benefit, up to $250,000 • Child(ren) benefit (if spouse is also covered): 10% of your benefit, up to $25,000
Other	• If you elect Employee-Paid AD&D Insurance, you won't be required to complete a Statement of Health, also known as an Evidence of Insurability (EOI) • Exclusions apply, and additional benefits are available under this plan	
Age Reduction	For Employee-Paid AD&D Insurance, benefit amounts reduce to: • 65% of original coverage when you reach age 70, and • 50% of original coverage when you reach age 75	



Hidden Falls on Rock Creek in Happy Valley, near Clackamas, OR

ADDITIONAL BENEFITS

As part of PCC's benefits package, you have access to a variety of additional programs that can help you save money and provide important assistance with everyday needs.

EMPLOYEE ASSISTANCE PLAN

Just when you think you've got life figured out, along comes a challenge. Whether your needs are big or small, your Employee Assistance Plan is here to help you and your family seek solutions and restore your peace of mind.

We're a phone call away, available 24/7, at no extra cost to you. An advocate can help you assess your needs and develop a solution, direct you to community resources and online tools, and/or help you schedule face-to-face sessions with a behavioral counselor.

Access online articles and resources, including family, caregiving, pet care, aging, grief, balancing, working smarter and more. Webinars and educational seminars on a variety of relevant topics, such as managing your life, work, money and health. Whatever life throws at you, feel free to throw it our way.

PET INSURANCE

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide pet insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Nationwide provides protection for pets when you need it most.

Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer. You're free to use any veterinarian worldwide, even specialists and emergency care providers. Best of all, PCC employees are eligible to receive preferred pricing.

ONLINE DISCOUNT MALL

PCC is happy to offer you PerkSpot, a one-stop shop for exclusive discounts at many of your favorite national and local merchants! PerkSpot is completely free and optimized for use on any device — desktops, tablets and phones.

Enjoy access to thousands of discounts in dozens of categories, updated daily. Take advantage of online offers from popular national retailers and discover discounts in your neighborhood with PerkSpot's streamlined Local Map.

Opt in to PerkSpot's weekly email to receive a curated selection of discounts. Each week's email features both new and popular deals, as well as seasonal and thematic groupings of offers. It's also a great resource for your holiday shopping!



Mt. Hood at dawn, Portland OR



Smith Rock State Park, near Redmond, OR

PCC 401(K) RETIREMENT SAVINGS PLAN

You work hard today, in part to live well tomorrow. Our 401(k) savings plan through Fidelity lets you set aside funds for your future, with the bonus of employer contributions from PCC.

- **Haven't signed up?** Start now! The company-sponsored 401(k) is one of the easiest ways to save for retirement.
- **Already participating?** Consider increasing your contribution, and be sure to designate or update your beneficiaries.

For more information, contact Fidelity at **800-835-5095**, visit **401k.com** or download the NetBenefits mobile app.

Note: Participation is completely voluntary for these benefits. PCC permits access and payroll deductions for the required contributions.

OMADA HEALTH

Everyone deserves to be healthy. The Omada Health Digital Care Program can change how you view your health, so that you can change your health and your life for good!

By combining behavioral science and clinical care, Omada helps you get your health on track. Best of all, if you or your adult dependent(s) are enrolled in a Cigna medical plan and are at risk for type 2 diabetes or are currently living with diabetes, Omada is available at no additional cost. Take a look at what Omada's specialized programs offer.

DIABETES PROGRAM	PREDIABETES & WEIGHT MANAGEMENT PROGRAM
Personalized plan that helps you: • Achieve target levels • Learn more about diabetes and cholesterol medications • Make small, achievable lifestyle changes	Reduce your risk of type 2 diabetes with: • A personalized plan to help build and maintain healthy habits • Ideas of new things to try that don't involve counting calories • A dedicated health coach for support



Carson Valley, near Carson City, NV

HINGE HEALTH

Starting January 1, 2027, Hinge Health is available at no additional cost if you or your adult dependent(s) are enrolled in a Cigna medical plan and are struggling with joint or muscle pain.

With Hinge Health, you have access to virtual physical therapy and more to help you reduce everyday joint and muscle aches, recover from injuries, and improve your overall mobility.

Partner with real people who are dedicated to helping you feel your best with personalized care that includes:

- Care plans designed for your everyday activities and long-term goals to treat multiple areas of your body at once
- Exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere through the Hinge Health app
- 1:1 support from a physical therapist or health coach to tailor your sessions and help you reach your goals
- Instant feedback during your exercise sessions with precise motion tracking to improve your form and build confidence

To learn more, contact Hinge Health at **855-902-2777** or email **hello@hingehealth.com**.



Crooked River Arm of Lake Billy Chinook,
Cove Palisades State Park, west of Redmond, OR

SMARTCONNECT

SmartConnect helps those who are approaching Medicare eligibility navigate the process at no additional cost by providing:

- **Access to online education** regarding retiree health care and enrollment assistance
- **Medicare concierge services** for personalized recommendations and seamless enrollment
- **Ongoing support** so you get the most out of your Medicare benefits

NEW YORK LIFE SECURE TRAVEL

Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100+ miles from home. The program is designed to help you manage unexpected situations safely and efficiently while traveling. Support is available 24 hours a day, 7 days a week — simply call **888-226-4567** (from the U.S. and Canada) or **+1 347-708-1824** (from anywhere globally).

WELLNESS PROGRAM

PCC's strength and success depends on you, our valued employee. We strongly believe healthy everyday choices contribute to happier lives — both at work and at home. Our goal is to help you achieve wellness beyond just physical health and encourage you to explore the many areas that contribute to a balanced life.

PCC's Wellness Program through Personify Health lets you earn 200 points ($200) for meeting the minimum requirements — complete a physical with your health provider and complete the online health assessment.

You can also complete activities in the following areas to earn up to an additional 300 points ($300):

- Physical
- Emotional
- Occupational
- Spiritual
- Social
- Financial
- Intellectual
- Community

Total earning potential for the program year is 500 points ($500).

You must be employed on December 31, 2027, to receive rewards through the Wellness Program.

Note: All cash rewards and prizes are subject to normal taxation.



San Leandro Marina, San Leandro, CA

LEGAL NOTICES

Federal laws require that PCC provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage under group health plans. The following notices explain these rights; please read them carefully and keep them where you can find them.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Creditable Prescription Drug Coverage and Medicare Notice in the Legal Notices at the back of this booklet for more details.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
- Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For details on any state maternity laws that may apply to your medical plan, please refer to the benefits material for the medical plan in which you are enrolled.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

- 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
- Treatment of physical complications of all stages of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits available under your medical plan.

If you would like more information on WHCRA benefits, please call PCC's Benefits Department.

SPECIAL ENROLLMENT EVENTS

Under the special enrollment provisions of HIPAA, you may be eligible, in certain situations, to enroll in the PCC medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

- You will be eligible to enroll yourself (and eligible dependents) if during the year you or your dependents have lost coverage under another plan because of any of the following events:
  - » Termination of employment, divorce, death, or a reduction in hours that affected benefits eligibility
  - » Employer contributions to the plan stopped
  - » The plan was terminated
  - » COBRA coverage ended

You must notify the plan within 30 days of the loss of coverage in order to enroll in the PCC medical plan during the year. Otherwise, you will need to wait until the plan's Open Enrollment period.

- If you gain a new dependent during the year as a result of marriage, birth, adoption, or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents, in the plan, even if you previously declined medical coverage.

You must notify the plan within 30 days of the event in order to enroll in the PCC medical plan during the year. Otherwise, you will need to wait until the plan's Open Enrollment period. Coverage will be retroactive to the date of birth or adoption for children enrolled during the year under these provisions.

- Effective April 1, 2009, you will be eligible to enroll yourself and eligible dependents if either of two events occurs:
  - » You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible.
  - » You or your dependent qualifies for state assistance with payment of your employer group medical plan premiums.

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the PCC medical plan.

Please note that special enrollment rights allow you to enroll in any medical plan benefit option for which you and your dependents are eligible.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can 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, you can contact your state Medicaid or CHIP office or dial 877-KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor at **www.askebsa.dol.gov** or call 866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility.

ALABAMA – MEDICAID

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

ALASKA – MEDICAID

- The AK Health Insurance Premium Payment Program Website: **http://myakhipp.com/**
- Phone: 866-251-4861
- Email: **CustomerService@MyAKHIPP.com**
- Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx**

ARKANSAS – MEDICAID

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

CALIFORNIA – MEDICAID

- Health Insurance Premium Payment (HIPP) Program Website: **https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/**
- Phone: 916-445-8322
- Fax: 916-440-5676
- Email: **hipp@dhcs.ca.gov**

COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

- Health First Colorado Website: **https://www.healthfirstcolorado.com/**
- Health First Colorado Member Contact Center: 800-221-3943/State Relay 711
- CHP+ Website: **https://hcpf.colorado.gov/child-health-plan-plus**
- CHP+ Customer Service: 800-359-1991/State Relay 711
- Health Insurance Buy-In Program (HIBI): **https://www.mycohibi.com/**
- HIBI Customer Service: 855-692-6442

FLORIDA – MEDICAID

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

GEORGIA – MEDICAID

- GA HIPP Website: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
- Phone: 678-564-1162, press 1
- GA CHIPRA Website: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
- Phone: 678-564-1162, press 2

ILLINOIS – MEDICAID

- Illinois Medicaid Premium Assistance Information Medicaid Application Website: **https://abe.illinois.gov/**
- HIPP Hotline: 217-524-8268
- HIPP Email: **mhfs.boc.hipp@illinois.gov**

INDIANA – MEDICAID

- Health Insurance Premium Payment Program All Other Medicaid Website: **https://www.in.gov/medicaid/** | **http://www.in.gov/fssa/dfr/**
- Family and Social Services Administration Phone: 800-403-0864
- Member Services Phone: 800-457-4584

IOWA – MEDICAID AND CHIP (HAWKI)

- Medicaid Website: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid**
- Medicaid Phone: 800-338-8366
- Hawki Website: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki**
- Hawki Phone: 800-257-8563
- HIPP Website: **https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp**
- HIPP Phone: 888-346-9562

KANSAS – MEDICAID

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

KENTUCKY – MEDICAID

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

LOUISIANA – MEDICAID

- Medicaid Website: **https://www.ldh.la.gov/healthy-louisiana**
- Medicaid Customer Service Line: 888-342-6207
- Medicaid Email: **health@la.gov**
- Louisiana Health Insurance Premium Program (LaHIPP) Website: **https://www.ldh.la.gov/lahipp**
- LaHIPP Phone: 877-697-6703
- LaHIPP Email: **La.HIPP@la.gov**
- LaHIPP Fax: 888-716-9787
- LaHIPP Mailing Address: 100 Crescent Centre Parkway, Ste. 1000, Tucker, GA 30084

MAINE – MEDICAID

- Enrollment Website: **https://www.mymaineconnection.gov/benefits/s/?language=en_US**
- Phone: 800-442-6003/TTY: Maine Relay 711
- Private Health Insurance Premium Website: **https://www.maine.gov/dhhs/ofi/applications-forms**
- Phone: 800-977-6740/TTY: Maine Relay 711

MASSACHUSETTS – MEDICAID AND CHIP

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

MINNESOTA – MEDICAID

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

MISSOURI – MEDICAID

- Website: **http://www.dss.mo.gov/mhd/participants/pages/hipp.htm**
- Phone: 573-751-2005

MONTANA – MEDICAID

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

NEBRASKA – MEDICAID

- Website: **http://www.ACCESSNebraska.ne.gov**
- Phone: 855-632-7633
- Lincoln: 402-473-7000
- Omaha: 402-595-1178

NEVADA – MEDICAID

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

NEW HAMPSHIRE – MEDICAID

- Website: **https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program**
- Phone: 603-271-5218
- Toll-Free Phone for HIPP Program: 800-852-3345, ext. 15218
- Email: **DHHS.ThirdPartyLiabi@dhhs.nh.gov**

NEW JERSEY – MEDICAID AND CHIP

- Medicaid Website: **https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/**
- Phone: 800-356-1561
- CHIP Premium Assistance Phone: 609-631-2392
- CHIP Website: **http://www.njfamilycare.org/index.html**
- CHIP Phone: 800-701-0710/TTY: 711

NEW YORK – MEDICAID

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

NORTH CAROLINA – MEDICAID

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

NORTH DAKOTA – MEDICAID

- Website: **https://www.hhs.nd.gov/healthcare**
- Phone: 844-854-4825

OKLAHOMA – MEDICAID AND CHIP

- Website: **http://www.insureoklahoma.org**
- Phone: 888-365-3742

OREGON – MEDICAID AND CHIP

- Website: **http://healthcare.oregon.gov/Pages/index.aspx**
- Phone: 800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

- Website: **https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html**
- Phone: 800-692-7462
- CHIP Website: **https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx**
- CHIP Phone: 800-986-KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP

- Website: **http://www.eohhs.ri.gov/**
- Phone: 855-697-4347 or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – MEDICAID

- Website: **https://www.scdhhs.gov**
- Phone: 888-549-0820

SOUTH DAKOTA – MEDICAID

- Website: **http://dss.sd.gov/**
- Phone: 888-828-0059

TEXAS – MEDICAID

- Website: **https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program**
- Phone: 800-440-0493

UTAH – MEDICAID AND CHIP

- Utah's Premium Partnership for Health Insurance (UPP) Website: **https://medicaid.utah.gov/upp/**
- Email: **upp@utah.gov**
- Phone: 888-222-2542
- Adult Expansion Website: **https://medicaid.utah.gov/expansion/**
- Utah Medicaid Buyout Program Website: **https://medicaid.utah.gov/buyout-program/**
- CHIP Website: **https://chip.utah.gov/**

VERMONT – MEDICAID

- Website: **https://dvha.vermont.gov/members/medicaid/hipp-program**
- Phone: 800-250-8427

VIRGINIA – MEDICAID AND CHIP

- Website: **https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select** | **https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs**
- Medicaid/CHIP Phone: 800-432-5924

WASHINGTON – MEDICAID

- Website: **https://www.hca.wa.gov/**
- Phone: 800-562-3022

WEST VIRGINIA – MEDICAID AND CHIP

- Website: **https://dhhr.wv.gov/bms/** | **http://mywvhipp.com/**
- Medicaid Phone: 304-558-1700
- CHIP Toll-Free Phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN – MEDICAID AND CHIP

- Website: **https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm**
- Phone: 800-362-3002

WYOMING – MEDICAID

- Website: **https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/**
- Phone: 800-251-1269

To see if any more states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, menu option 4, ext. 61565

IMPORTANT NOTICE FROM PCC ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

Cigna medical plans and PCC's Kaiser Permanente medical plans are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2027. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during the 2027 plan year listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the below notice carefully. It has information about prescription drug coverage with PCC and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

NOTICE OF CREDITABLE COVERAGE

You may have heard about Medicare's prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the prescription drug coverage offered by one of the PCC medical plans, you will be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2027. This is called "creditable coverage." Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop coverage through PCC, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the PCC plan, assuming you remain eligible.

You should know that if you waive or leave coverage with PCC and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period in which you can enroll in Medicare prescription drug coverage, if this coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit **www.medicare.gov** for personalized help.

Contact your State Health Insurance Assistance Program; find contact numbers for your state online at **www.shiptacenter.org**.

Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at **www.socialsecurity.gov** or call 800-772-1213 (TTY 800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about your prescription drug coverage, contact PCC's Benefits Department.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require PCC to periodically send a reminder to participants about the availability of the plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the plan's legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI.

To obtain a copy of the Privacy Notice, contact the PCC Benefits Department.

PATIENT PROTECTION MODEL DISCLOSURE

Kaiser Permanente generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider and for a list of the participating primary care providers, contact Kaiser Permanente at 503-813-2000 or 800-813-2000.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente 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 and following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente at 503-813-2000 or 800-813-2000.

NOTES

CONTACT INFORMATION

You can learn about PCC's benefit plans by contacting the benefits call center at **855-874-3489**. However, you can use this table if you need to contact a benefit provider directly.

BENEFIT	ADMINISTRATOR	GROUP #	PHONE	WEBSITE
Medical and Prescription	Cigna	3341287	855-881-7925	mycigna.com
	Kaiser	Southern CA: 234638 Northern CA: 606489 NW: 22931	CA: 800-464-4000 OR/WA: 800-813-2000	kp.org
Dental	Delta Dental	10002974	800-452-1058	modahealth.com
	Kaiser Dental	22932	800-813-2000	kp.org
Vision	Cigna (serviced by EyeMed)	3341287	888-353-2653	mycigna.com
Health Savings Account (HSA)	Fidelity	09511	800-835-5095	netbenefits.com
Flexible Spending Accounts (FSAs) Health Care FSA, Limited Purpose FSA, Dependent Care FSA	WEX	N/A	866-451-3399	benefitslogin.wexhealth.com
Supplemental Medical Critical Illness, Accident, Hospital Indemnity	Cigna	Critical Illness: CI960346 Accident: AI960334 Hospital Indemnity: HC960546	800-351-9214	mycigna.com
Disability, Life and AD&D	New York Life	STD: SHD961858 LTD: FLK960496 Employer-Paid Term Life: FLX963664 Employee-Paid Term Life: FLX963664 Employer-Paid AD&D: OK965292 Employee-Paid AD&D: OK965292	888-842-4462	mynylgbs.com
Employee Assistance Plan	New York Life	N/A	800-344-9752	guidanceresources.com (Web ID: NYLGBS)
401(k) Plan	Fidelity	81447	800-835-5095	401k.com
Medicare Concierge Services	SmartConnect	N/A	877-374-2705	gps.smartmatch.com/mercer
Pet Insurance	Nationwide	N/A	855-525-1458	partnersolutions.nationwide.com/pet/pccstructurals
Diabetes Prevention	Omada Health	N/A	888-409-8687	omadahealth.com/pccstructurals
Virtual Physical Therapy	Hinge Health	N/A	855-902-2777	hello@hingehealth.com
Online Discount Mall	PerkSpot	N/A	866-606-6057	pccstructurals.perkspot.com

PCC