



CLOW STAMPING COMPANY EMPLOYEE BENEFIT GUIDE

2026 PLAN YEAR
January 1 – December 31



TABLE OF CONTENTS

Welcome to the Clow Stamping 2026 Benefit Guide! We are pleased to provide you with the 2026 benefits package to support all aspects of your well-being, including your health, finances and family life.

Clow Stamping understands that our greatest resource is our employees who deserve thoughtful and best-in-class benefits. We are proud to offer highly competitive, robust benefit options to you and your family. Please review each benefit carefully to help determine what will be the best options for you.

If you have any questions, please contact the HR Department

Topic	Page Number
Enrollment and Eligibility	3
Contact Information	4
Medical Plan Overview	5
Choosing Care on Your Medical Plan	6
Learn More about UMR	7
ClearScript Pharmacy	8
Health Savings Account (HSA)	9
Flexible Spending Account (FSA)	10
Dental Plan Overview	11
Vision Plan	12
Voluntary Accident Insurance	13
Voluntary Critical Illness	14
Basic Life/AD&D Insurance	15
Voluntary Life/AD&D Insurance	16
Disability Insurance	17
Mutual of Omaha Value Add Programs	18
Required Notices	19

ENROLLMENT & ELIGIBILITY



At **Clow Stamping**, we strive to offer a comprehensive benefits package that helps you and your family maintain health and well-being - both physically and financially. For some benefits, you and Clow Stamping share the total cost and for others Clow Stamping pays the entire cost of the benefit.

This guide summarizes the benefits available to you and your family. There are other important documents that you should read and understand before enrolling in group benefits. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of any discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail.

Enrolling/ Eligibility

You can sign up for benefits or make plan changes for yourself and your dependents at any of the following times:

- Within 30 days from the date you are first eligible to participate.
- During the designated Annual Open Enrollment Period.
- Within 30 days of a qualified life event.

If you are not making any changes for 2026, your current plan elections will remain the same in the upcoming year. If you are enrolling for the first time or wanting to make a change to your current plans, please see Human Resources to get the **proper forms**.

Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a **qualifying life event**.

Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status or your entitlement to Medicare.

If you anticipate any of these changes, please see Human Resources in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event.

If you do not notify Human Resources within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.

INSURANCE CARRIER CONTACT INFORMATION

Below is a comprehensive list of all benefits offered this year and contact information for each benefit provider.

Benefit	Carrier	Group Policy #	Phone Number	Website
Medical	UMR	76-416299	800-826-9781	www.umar.com
Pharmacy	ClearScript	CS060	800-819-5479	www.clearscript.org/members
Mental Health Support	Mutual of Omaha	n/a	800-316-2796	www.mutualofomaha.com/eap
Dental	Delta Dental of MN	737452	651-406-5901	www.deltadentalmn.org
Vision	VSP	40151930	800-877-7195	www.vsp.com
Basic Life/AD&D Voluntary Life/AD&D STD LTD	Mutual of Omaha	G000B4L5	800-877-5176	www.mutualofomaha.com
Voluntary Accident and Critical Illness	Mutual of Omaha	G000B4L5	800-369-3809	www.mutualofomaha.com
Health Savings Account (HSA)	Chard Snyder	n/a	800-982-7715	www.chard-snyder.com
Health Reimbursement Account (HRA)	Chard Snyder	n/a	800-982-7715	www.chard-snyder.com
Flexible Spending Account Dependent Care Spending Account	Chard Snyder	n/a	800-982-7715	www.chard-snyder.com

MEDICAL PLAN OVERVIEW

Carrier: UMR and ClearScript Plan: \$2,000-90% HSA

Employee well-being is a top priority at Clow Stamping. Through UMR and ClearScript, we're proud to offer you access to an extensive network of providers. You and your family will be able to maintain your well-being with preventive care and affordable prescription medication. Please see the attached benefit summary enclosed in this benefit guide for a high-level overview of benefits offered through this plan.

2026 Employee Premiums

	Employee Monthly COBRA Premium	Employee Per Pay Period Premium
Employee	\$812.57	\$62.00
Single + Spouse	\$1,680.86	\$145.00
Single + Child(ren)	\$1,755.47	\$171.00
Family	\$2,292.20	\$222.00

Overview of Benefit Coverage

Below is a summary of the \$2,000-90% HSA plan through UMR.

In-Network Features	Current 2025 Benefits UMR + ClearScript	Renewal 2026 Benefits UMR + ClearScript
Deductible	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Out of Pocket Maximum	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Office Visit	Deductible, then 10%	Deductible, then 10%
Mental Health Office Visit	Deductible, then 10%	Deductible, then 10%
Preventive Care	No Charge	No Charge
Emergency Care	Deductible, then 10%	Deductible, then 10%
Ambulance Services	Deductible, then 10%	Deductible, then 10%
X-Ray and Diagnostic Imaging	Deductible, then 10%	Deductible, then 10%
Prescription Drug Coverage	Deductible, then 10%	Deductible, then 10%
Urgent Care	Deductible, then 10%	Deductible, then 10%



CHOOSING CARE ON YOUR MEDICAL PLAN

Choose the Right Level of Care

No matter which plan you elect, choosing the most effective way to treat your condition is important. Unless you or a covered family member are experiencing an emergency, it would be advantageous to review this list.

\$ - Virtual Care

Virtual visits can save time and money! They are a convenient way to receive medical treatment and prescriptions instead of visiting your physician's office or an urgent care clinic! From the comfort of your own home you can remotely visit with a doctor - 24 hours per day, 7 days per week.

Some examples of conditions treated include but are not limited to:

- Ear, nose, and throat infections
- Allergies
- Skin conditions (acne, rash)
- Bladder infection or UTI

Through your UMR plan, you have access to virtual care through Teladoc:

- Available 24/7 for members
- www.Teladoc.com

\$ - Convenience Care

Walk-in clinics are typically located in retail stores, supermarkets, and pharmacies. They are a convenient way to receive medical treatment and prescriptions in-person for uncomplicated, minor ailments and include immunizations such as a flu shot.

\$\$ - Primary Care Physician

A Dr. or Nurse Practitioner who knows you and your health history – not just your health “numbers” but knows who you are as an individual because you see them on a regular basis – at least annually for your regular preventive check-up. You also see this person for special care such as chronic condition management. Generally you would need to schedule an appointment in advance to see your primary care physician.

\$\$\$ - Urgent Care Center

Urgent medical conditions are those that are not emergencies but still require in-person care.

\$\$\$\$ - Emergency Room

This tends to be the most expensive way to receive care. In general, an emergency condition is one that can permanently impair or endanger the life of an individual. Some examples include but are not limited to:

- Pregnancy-related problems
- Severe chest pain or difficulty breathing
- Compound fracture (bone protrudes through skin)
- Uncontrollable bleeding
- Poisoning
- Serious head, neck or back injury
- Signs of stroke (loss of vision, sudden numbness, slurred speech, or confusion)



When searching for a provider near you, make sure you are looking in the **UHC Choice Plus Network** through UMR.

DOWNLOAD THE UMR APP

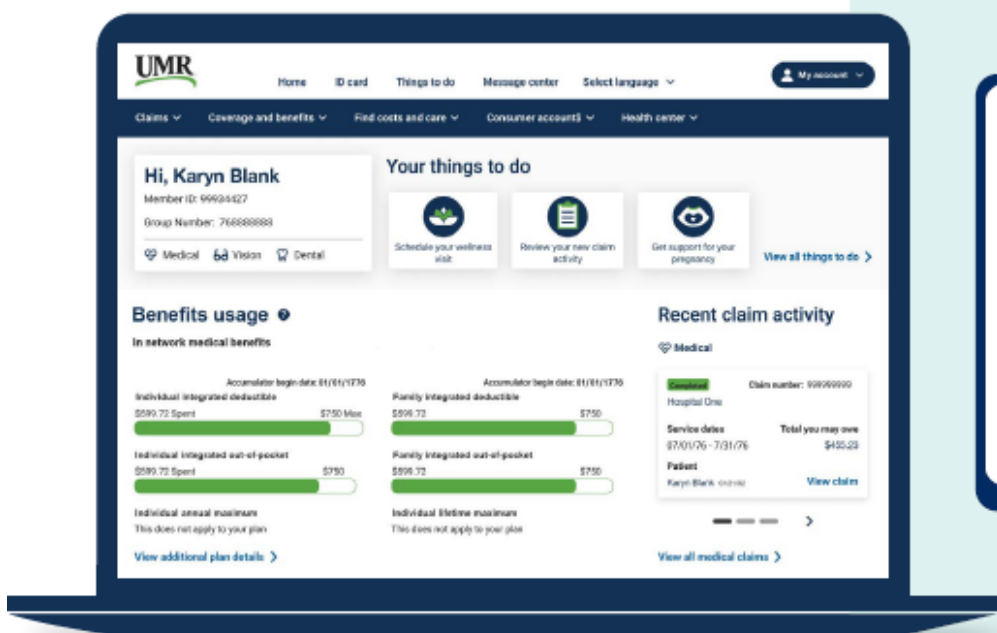
Make umr.com your first stop

Do you want managing your health care to be fast and easy? You got it. At **umr.com**, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

The **UMR app** is another way we're reimagining health care to work for you.

We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.



(Fictionalized data)



Download the UMR app today

Scan the QR code to the left or visit your app store to get started.



Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand – anytime, anywhere
- Find out if there is a copay for your upcoming appointment
- Chat, call or message the UMR member support team
- Add your health plan details from your ID card to the mobile wallet on your smartphone for convenient and secure access.

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

CLEARSCRIPT PHARMACY

Consumer Portal Overview

Managing your pharmacy benefit has never been easier! Our online member portal and mobile *MyRxInfo* app let you easily access the tools and info you need for healthier, more informed choices.

Pricing, Savings & Adherence

See prescription drug information and find ways you may be able to save money.

- View past price paid for a current prescription drug
- View fill history for a current prescription drug
- Identify new prescription drug price
- Review cost-savings options*

Benefit Highlights

Understand more about your benefit plan.

- View member copays
- Formulary status of drugs
- View accumulators
- View year-to-date drug spend

View Prescription Drug Information

Know more about the prescription drugs you take, including:

- Indications or what conditions the prescription drug are used to treat
- Potential side effects
- Drug interactions
- Generic or therapeutic alternatives

Convenience

ClearScript offers convenience at your fingertips.

- Print/access ID card
- View/update account information, password & email
- View prescription history
- Manage dependent accounts when authorized

Pharmacy Locator

View information about different pharmacies.

- Find a pharmacy near you
- View interactive map and get driving directions
- Find lowest-cost drug options*

*Per your benefit plan

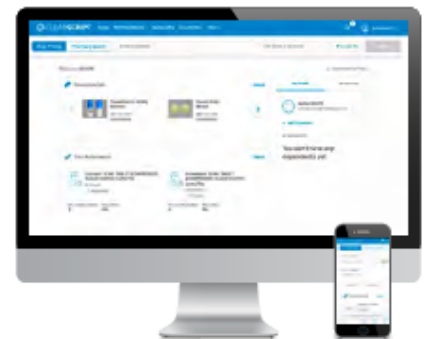


Download the *MyRxInfo* app from your app store today.

What to do next?

Go to www.clearscript.org/members on your computer or mobile device to register or sign in. First-time users will need Member ID, Name, Date of Birth.

For questions regarding benefits coverage, pharmacy network, account, or site navigation: Call the toll-free number on your ID card.



HEALTH SAVINGS ACCOUNT HSA

Employees that enroll in a qualified High Deductible Health Plan (HDHP) through UMR can set up a health savings account (HSA). This is a tax-favored account that can be set up for current and future medical expenses.

Benefits of an HSA

Tax savings! An HSA provides triple tax savings:

- 1) Tax deductions when you contribute to your account
- 2) Tax-free investment earnings
- 3) Tax-free withdrawals for qualified medical expenses

Qualified Health Care Expenses

Each time you have a medical, dental, or vision expense you can decide if you want to pay with money from your HSA. "Qualified Medical Expenses" are determined by the US Treasury, 213(d) expenses, and detailed in IRS Publication 502. Some examples include, but are not limited to:

- Expenses that apply toward your deductible: prescription expenses, contact lens fitting, orthodontia, acupuncture, artificial teeth, eye glasses.

Whose medical expenses can you use your HSA funds on?

Generally your:

- Legally married spouse. Domestic partners are not covered under the tax code.
- Permanently and totally disabled dependent of any age.
- Dependent under the age of 19 at the end of the calendar year, or a full time student under the age of 24 at the end of the calendar year who also: lived with you more than ½ the calendar year and didn't provide over ½ his/her own support in the calendar year, and didn't file a joint tax return, other than to claim a refund
- Qualifying relative. See IRS Publication 502 for more information.

Eligibility

- You are enrolled in a qualified High Deductible Health Plan (HDHP); and
- Are not covered under another medical plan such as Medicare, Tricare or a spouse's medical plan (not an HDHP) which provides similar coverage; and
- Cannot be claimed as a dependent on another person's insurance policy or tax return.

2026 IRS Calendar Year Contribution Limits

Individual	Family	Age 55+ Catch Up
\$4,400	\$8,750	\$1,000

Clow Stamping will
contribute \$500*
annually to your
HSA!

*Amount prorated based on effective date.

FLEXIBLE SPENDING ACCOUNT FSA

Health Flexible Spending and Dependent Care Flexible Spending Accounts (FSA's) allow you to use tax-free dollars to reimburse yourself for a wide variety of health and/or dependent care expenses not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withheld.

For those employees with an HSA, whether your own or a spouse's, you are eligible for the Limited Purpose FSA which allows reimbursements for dental and vision claims only.

Rules and Regulations

Plan your annual FSA contribution amounts carefully. The election you make when you enroll is binding for the entire plan year* unless you have a qualifying status change.

Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs: You must incur eligible expenses during the plan year in which your election was made, and if you incur fewer expenses than you expected, you will forfeit money remaining in your FSA at the end of the plan year.

Maximum Election Amounts

2026 Contribution Limit Subject to IRS increase

Health and Limited Purpose FSA	\$3,400
Dependent Care FSA	\$7,500

Health Care FSA

Allows you to set aside pre-tax dollars from your paycheck to cover eligible health care expenses that are incurred and not reimbursed by you and your dependent's medical, dental or vision insurance. You may enroll in this benefit if you are not enrolled in a High Deductible Health Plan with an HSA either at CSC or elsewhere.

Limited Purpose FSA

Allows you to set aside pre-tax dollars from your paycheck, in addition to your Health Savings Account, to cover eligible **dental and vision** expenses only. However, it is SEPARATE from the HSA.

Dependent Care FSA

Allows you to set aside pre-tax dollars from your paycheck to cover eligible dependent care expenses incurred. Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full-time.

Obtain a complete list of eligible and ineligible expenses for FSAs by accessing www.irs.gov. Under "Search Forms and Publications," enter "502" for the health care plan and "503" for the dependent care plan.



Budget wisely. The Full Health Care and Limited Purpose FSA accounts have a \$680 rollover provision for your 2026 election. Any funds over \$680 leftover in the account at the end of the plan year will be forfeited.

Clow Stamping will contribute \$500* annually to your Health Care FSA!

*Amount prorated based on effective date.

DENTAL PLAN

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. CSC will continue to offer dental coverage through Delta Dental in 2026.

Finding an In-network Provider

To locate an in-network dentist, go to www.deltadentalmn.org. You have access to two participating networks: Delta Dental Premier and Delta Dental PPO. Delta Dental PPO is Delta's largest network in MN with the greatest savings on your eligible services. Delta Dental Premier is Delta's largest network nationwide and continues to offer great member discounts. It is always a good idea to check online or call your dentist prior to receiving services to make sure they are in-network.

Category of Service	High Plan			Low Plan		
	Delta PPO	Delta Premier	Out-of-Network*	Delta PPO	Delta Premier	Out-of-Network*
Diagnostic & Preventative	100%			100%		
Basic Services	80%			80%		
Endodontics/Periodontics and Oral Surgery	50%			N/A		
Major Restorative Services/Prosthetics	50%			N/A		
Orthodontics	50%			N/A		
Deductible (Waived for Diagnostic & Preventative Services)	\$50/\$150			\$25/\$75		
Annual Maximum (per person)	\$1,000			\$750		
Orthodontic Lifetime Maximum (per covered dependent child per lifetime – Ages 8-18)	\$1,000			N/A		

2026 Employee Dental Premiums

	High Plan Per Pay Period Premium	Low Plan Per Pay Period Premium
Employee	\$17.82	\$9.96
Employee + 1	\$37.48	\$21.07
Family	\$68.68	\$40.91



Online Tools for Members

- Find in-Network Providers near you
- Review robust resources to help you understand your dental insurance
- Access dental and health information specific to your oral health, and more!

VISION PLAN

The vision plan through VSP covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses at designated providers. When you enroll, you will receive a welcome letter that explains how to access your benefits.

Employee Contributions

If you elect the Vision Insurance plan through CSC, the following are your per pay period premiums:

Tier	Per Pay Period Premium
Employee	\$2.91
Employee + Spouse	\$4.65
Employee + Children	\$4.75
Family	\$7.65

VSP App

By downloading the VSP App you can easily find a doctor, access your Member vision card, view exclusive member extras.

How Do You Find In-Network Providers?

Get the most out of your benefits and greater savings when you see a VSP Choice network provider.

- To locate an in-network provider, contact VSP at www.VSP.com or call 1-800-877-7195
- Search the VSP Choice network for participating providers



Benefit	In-Network	Out-of-Network Reimbursement
Frequency <ul style="list-style-type: none"> Exams Contact Lenses (in lieu of lenses and frames) Lenses Frames 		Once every 12 months Once every 12 months Once every 12 months Once every 24 months
Well Vision Exam	\$20 copay	Up to \$45
Frames	\$130 allowance; 20% off charge over \$130	Up to \$70
Lenses (standard plastic lenses) <ul style="list-style-type: none"> Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Standard Progressive 	\$20 copay \$20 copay \$20 copay \$20 copay \$85 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50
Lenses (standard plastic lenses) <ul style="list-style-type: none"> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coat Standard Polycarbonate -Adults Standard Polycarbonate -Kids Standard Anti-Reflective Coat 	\$16 copay \$0 copay \$17 copay \$31 - \$35 copay \$0 copay \$41 copay	N/A N/A N/A N/A N/A N/A
Contact Lenses <ul style="list-style-type: none"> Contact Lens Exam, Fitting and Evaluation Conventional Disposable Medical Necessary 	Covered in full after copay, not to exceed \$60 \$130 allowance \$130 allowance Paid in full after copay	N/A Up to \$105 Up to \$105 Up to \$210
Lasik Surgery	15%-20% off retail or 5% off promotional prices	N/A

VOLUNTARY ACCIDENT

Accidents can happen at any time and when you least expect them. Group Accident Insurance can help you be better prepared. Accidents happen frequently and can be very costly and Accident insurance can help you pay for costs not covered by your medical insurance. There is a wide variety of covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, medical services and treatments. Plus, this coverage features:

- Guaranteed acceptance for you and other eligible family members
- Payments made directly to you
- Benefits that you can use in any way you see fit: Use them to help pay for insurance deductibles, copayments and more

Accident Coverage Example:

An *illustrative* example of how Accident coverage can help you with your expenses.

Accident: Fall at home

Injury: ACL tear with Tibia fracture

Accident Plan benefits paid:

Emergency room visit	\$200
MRI/X-ray	\$75
Surgical ligament tear repair	\$750
Knee Brace	\$100
Physical Therapy (2 visits at \$25 per visit)	\$50
Total Benefits paid to you under policy	\$1,225

Wellness Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a health test, such as: Blood tests, Chest X-rays, Stress tests, Colonoscopies and Mammograms.

2026 Employee Accident Premiums

Tier	Per Pay Period Cost
Employee Only	\$8.59
Employee + Spouse	\$12.22
Employee + Child(ren)	\$15.35
Family	\$20.10



VOLUNTARY CRITICAL ILLNESS

If a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment that can be used to pay for everyday living expenses and out of pocket medical costs, like copays and deductibles. Here's why it's a good idea to choose critical illness insurance:

- Provides a lump-sum payment for covered conditions such as heart attack, major organ failure, end stage renal failure, cancer or stroke.
- Eligible employees are able to elect a benefit from \$5,000 to \$15,000 in increments of \$5,000.
- Spouses are eligible for a benefit of \$5,000 to \$15,000 in increments of \$5,000 not to exceed 100% of the employee amount
- Children are eligible for a 25% benefit up to a \$3,000 maximum
- The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit. The benefit is payable once per covered condition per insured.

	Per Pay Period Rate for \$1,000 of Coverage
Age	Employee/Spouse
<30	\$0.156
30-39	\$0.275
40-49	\$0.605
50-59	\$1.311
60-69	\$2.791
70-79	\$5.211

Additional Benefits Under This Policy

Reoccurrence Benefit – once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Critical Illness.

Additional Category Occurrence Benefit – once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person but a member can still receive a benefit for any other Critical Illness in the same benefit category

Wellness Benefit

With the purchase of the Critical Illness policy, you can receive a maximum of \$50 for any one covered health screening test per calendar year. Benefit is payable once per covered person per calendar year.



BASIC LIFE & AD&D

Clow Stamping provides all eligible employees a Basic Life and AD&D benefit and pays for the full cost of this benefit. Your life insurance benefit can help your family or beneficiaries financially in the event of your passing. The benefit can be used to pay for covering everyday expenses, paying off debt, and protecting savings.

Benefit Summary

Employee Benefit Amount	\$30,000
Spouse Benefit Amount	\$10,000
Child Benefit Amount	\$10,000
Benefit Reduction	At age 70, benefits will reduce to 67% of original amount At age 75, benefits will reduce to 33% of the original amount



VOLUNTARY LIFE & AD&D

In addition to your Basic Life and AD&D benefit paid for by Clow Stamping, you also have the option to purchase additional life insurance through Mutual of Omaha. This additional coverage is 100% employee paid.

Benefit Summary	Voluntary Life Plan Benefit
Employee Voluntary Life	Increments of \$10,000 up to \$500,000 or 5x Annual Salary Guarantee Issue: 5x Annual Salary up to \$150,000
Spouse Voluntary Life	Increments of \$5,000 up to 100% of EE benefit or \$250,000 Guarantee Issue: 100% of EE benefit up to \$50,000
Child Voluntary Life	Increments of \$5,000 up to max benefit: \$10,000 Guarantee Issue: All amounts

Guaranteed Issue Coverage Amount Details

- **During your initial open enrollment** – When you are first offered voluntary life and AD&D insurance through Clow Stamping, you can choose a coverage amount up to 5x your annual salary or \$150,000, without providing evidence of insurability to Mutual of Omaha.
- **During Annual Limited Enrollment** – If you are a continuing employee, you can increase your coverage amount by \$10,000 without providing evidence of insurability as long as your total amount is below the Guarantee Issue. If your voluntary life insurance amount exceeds the Guarantee Issue amount, you will need to submit evidence of insurability.

**If you decline to enroll in voluntary life and AD&D coverage through Clow Stamping at initial enrollment, and wish to enroll at a later date, evidence of insurability may be required and may be at your own expense.*

Per Pay Period	LIFE: Employee Per \$10,000	LIFE: Spouse Per \$5,000
Under 25	\$0.50	\$0.25
25-29	\$0.45	\$0.23
30-34	\$0.50	\$0.25
35-39	\$0.70	\$0.35
40-44	\$1.10	\$0.55
45-49	\$1.75	\$0.88
50-54	\$3.15	\$1.58
55-59	\$4.90	\$2.45
60-64	\$6.45	\$3.23
65-69	\$10.10	\$5.05
70-74	\$17.70	\$8.85
75+	\$29.10	\$14.55
Child Life/AD&D	\$0.070 per \$1,000 dependent child(ren) unit(s)	



DISABILITY INSURANCE

In the event you become disabled from a non-work related injury or sickness, disability income benefits are available to you as a source of income. Both long-term and short-term disability premiums are 100% employer paid. Below are brief summaries of your coverage. Please refer to the certificates of coverage for additional benefit details, limitations and exclusions.

Short-Term Disability Overview

Benefit Percentage	60% of weekly salary
Weekly Benefit Maximum	\$1,000
Elimination Period	Benefits will begin on the 15 th day after your disability begins
Maximum Benefit Duration	Up to 11 weeks

Long-Term Disability Overview

Benefit Percentage	60% of monthly salary
Monthly Benefit Maximum	\$6,000
Elimination Period	Benefits start 90 days after your disability begins
Maximum Benefit Duration	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later
Pre-existing Condition	If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.



MUTUAL OF OMAHA VALUE ADD PROGRAMS

Employee Assistance Program (EAP)

For help with personal challenges, big and small, Mutual of Omaha provides access to an EAP. The EAP offers unlimited access to master's-level consultants by telephone, through online tools, and up to three face-to-face visits. Consultants can provide support on many topics. Some examples include:

- Locate child care and elder care services
- Financial concerns
- Sensitive issues such as depression, grief or substance abuse
- Attorney referral
- And more!

Contact them by phone at 800-316-2796 or by visiting mutualofomaha.com/eap

Travel Assistance Program

Available 24 hours a day – 365 days a year, Mutual of Omaha partners with AXA Assistance to offer a worldwide emergency travel assistance program to help you feel safe while traveling. The travel assistance support includes:

- Telephonic translation and interpreter services 24/7
- Document replacement
- Lost baggage assistance
- Legal and interpreter referrals
- And more!

Hearing Discount Program

Available through Amplifon USA, you have access to a hearing discount program that provides custom solutions that best fits your lifestyle. Features include:

- A Risk-free 60 day trial
- Low price guarantee – if you find the same product at a lower price, let Amplifon know and they will not only match but beat it by 5%
- Continuous care with one year of free follow up, two years of free batteries and a three-year warranty

Get started by calling 888-534-1747 or by visiting amplifonusa.com/mutualofomaha



REQUIRED NOTICES

Clow Stamping Company's Health and Welfare Benefits Annual Notice Packet

For the 2026 Plan Year

Dear Valued Employee,

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- General Notice of COBRA Continuation Rights
- Children's Health Insurance Program (CHIP) Notice

Should you have any questions regarding the content of the notices, please contact HR.

REQUIRED NOTICES

Medicare Part D Creditable Coverage Notice

Important Notice from Clow Stamping Company About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

REQUIRED NOTICES

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

If you decide to join a Medicare drug plan while enrolled in Clow Stamping Company's coverage as an active employee, please note that your Clow Stamping Company's coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Clow Stamping Company's coverage as a former employee.

You may also choose to drop your Clow Stamping Company's coverage. If you do decide to join a Medicare drug plan and drop your current Clow Stamping Company's coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Clow Stamping Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Clow Stamping Company changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

REQUIRED NOTICES

HIPAA Special Enrollment Rights Notice

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

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 yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact:

Clow Stamping Company
Robin Loftis
23103 CR 3
Merrifield, MN 56465
218-765-3111
rloftis@clowstamping.com

HIPAA Notice of Privacy Practices

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.

Clow Stamping Company sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of Clow Stamping Company, the Plan, and your legal rights regarding your protected health information, including certain substance use disorder (SUD) records covered by 42 CFR part 2 (Part 2), held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully insured group health plans offered by [COMPANY NAME], you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

REQUIRED NOTICES

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact Human Resources:

Clow Stamping Company
Robin Loftis
23103 CR 3
Merrifield, MN 56465
218-765-3111
rloftis@clowstamping.com

Effective Date

This Notice as revised is effective February 16, 2026.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use. For example, we might disclose your medical information, including SUD Part 2 records, with the medical, wellness and or EAP vendor to facilitate referral, care coordination, and/or placement.

For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

REQUIRED NOTICES

For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information, including SUD treatment records, to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

REQUIRED NOTICES

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

REQUIRED NOTICES

Research

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach.

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures

Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

REQUIRED NOTICES

Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of SUD Part 2 treatment records, psychotherapy notes, and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period Clow Stamping Company has been subject to the HIPAA Privacy rules, if shorter.

REQUIRED NOTICES

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see [Your Rights Under HIPAA](#).

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. 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/.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

REQUIRED NOTICES

Women's Health Cancer Rights Act (WHCRA) Notice

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

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

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

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

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

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

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

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

REQUIRED NOTICES

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: HR with appropriate documentation.

REQUIRED NOTICES

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

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

REQUIRED NOTICES

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit
<https://www.medicare.gov/medicare-and-you>.

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Clow Stamping Company
Robin Loftis
23103 CR 3
Merrifield, MN 56465
218-765-3111
rloftis@clowstamping.com

<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>. These rules are different for people with End Stage Renal Disease (ESRD)

REQUIRED NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

REQUIRED NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA - Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

REQUIRED NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA - Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

REQUIRED NOTICES

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

