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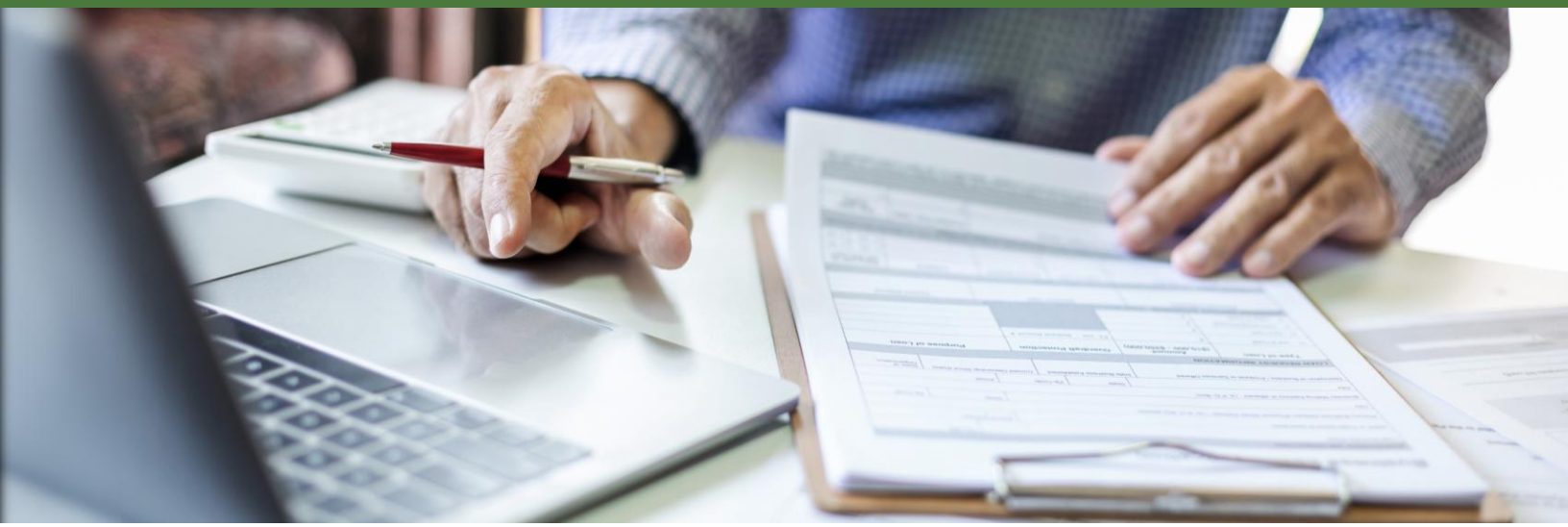
2027

Team Member Benefits Guide

Benefits You Can Depend On!



benefits@liquidenviro.com | liquidenviro.com



Important Contacts

Coverage	Contact	Policy Number	Phone	Website
Medical & Prescription Drug	United Healthcare	932620	$5,000 HDHP / $3,000 HDHP (866) 314-0335 $2,500 PPO (866) 633-2446	Myuhc.com
Supplemental Benefits (Accident, Hospital Indemnity & Critical Illness)	New York Life	Available Early 2027	(888) 842-4462 (866-562-8241 Español)	Https://mynylgbs.com
Medicare Resources	Alliant Medicare Solutions	N/A	(877) 888-0165	Alliantmedicaresolutions.com
Benefit Navigation & Support	Alliant Benefit Advocates	N/A	(800) 489-1390 benefitsupport@alliant.com	N/A
Dental	Cigna	3340465	(800) 244-6224	www.cigna.com
Vision	VSP	N/A	(800) 877-7195	www.vsp.com
Life Insurance	New York Life	FLX963836	(888) 842-4462	Mynylgbs.com
Short-Term Disability	New York Life	VDT960795	(888) 842-4462	Mynylgbs.com
Long-Term Disability	New York Life	VDT960796	(888) 842-4462	Mynylgbs.com
Employee Assistance Program	New York Life	NYLGBS	(800) 344-9752	Guidanceresources.com
401(k)	Fidelity	0012Z	(800) 835-5097	www.NetBenefits.com
Flexible Spending Accounts	WEX Health	N/A	(866) 451-3399	www.wexinc.com
Health Savings Accounts	Fidelity	9256Z	(800) 544-3716	www.netbenefits.com

Note: This summary of benefits is **effective January 1, 2027, through December 31, 2027.** This Guide is a summary only and does not describe each benefit option. Until the company provide updates to your existing SPD as of the first day of the plan year, this guide is intended to be a Summary of Material Modification (SMM). The official plan documents determine what benefits are available to you,



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Welcome to Open Enrollment

Our Team Members are the heart of LES, and your health and well-being matter deeply to us. We offer benefits that provide protection, peace of mind, and savings, including healthcare, income protection, retirement savings, and the employee assistance program. These programs help you and your loved ones stay healthy and build a stronger safety net. When you are healthy, supported, and secure, we all win together. We are proud to invest in you and to build a workplace where every team member can thrive.

This brochure highlights the main features of our team member benefits program. It does not include all plan rules, details, limitations, or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. If there is an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. LES reserves the right to change or discontinue its team member benefits plans at any time. Questions? Contact the benefits team at benefits@liquidenviro.com.

Enrollment

Do I Need to Enroll?

Before deciding whether you need to enroll in LES' health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options LES offers you, even if you're already covered under the LES benefit plan(s).

For instance, you may experience changes from year to year and there likely will be changes to what you pay for coverage each year. So, it's a good idea to make sure your benefits still fit you and that you're not paying for more coverage than you need.

It is also important to review your current beneficiary designations to ensure no changes need to be made.

- **NOTE**: 2027's benefit year will be an **active** enrollment**. Your 2026 elections will not carry over to 2027, including your FSA or HSA elections**. Spending account elections must be made each year to remain enrolled.

- Remember to review your optional employee life insurance, spousal life, supplemental life, accidental death and dismemberment (AD&D) insurance or short-term and/or long-term disability coverages.

Eligibility

Who Can I Cover?

If you are a full-time team member working 30 hours a week or more, you have the option of enrolling yourself and your eligible dependents in medical, dental and/or vision benefits. Eligible dependents include your:

- Your legally married spouse
- Children younger than 26, regardless of dependency or student or marital status
  - Benefits coverage will end on the last day of the month that your child turns 26.
- Children 26 or older who are fully dependent on you for support due to a mental or physical disability and are indicated as such on your federal tax return

You'll be required to provide proof of eligibility for any new dependent you want to add to your coverage. You'll receive information about eligibility and documentation requirements after you enroll. LES may conduct a dependent eligibility audit at any time.

Making Changes During the Year

The benefits you choose will be effective January 1, 2027 – December 31, 2027. Due to IRS regulations, once your benefit elections are made, you cannot change your coverage during that time unless you have a qualified life event. Qualified life events include, but are not limited to:

- Marriage, legal separation or divorce
- Birth, legal adoption of a child or a placement of a child with you for legal adoption
- Death of your spouse or a dependent child
- Change in residence (if your current coverage isn't available in the new location or if you are offered an option you were not previously offered)
- Change in spouse's employment status
- Entitlement to Medicare or Medicaid

If you have a qualified life event during the plan year, you must notify the Benefits Team at benefits@liquidenviro.com within 30 days of the qualified life event.* If you do so, your new coverage will begin on the date of the qualified life event.

*Within 60 days of the event, if you, your spouse or your eligible dependent child loses coverage under Medicaid or a state Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.

Enrollment Periods

New Team Members

As a new full-time team member of LES, you become eligible for benefits on the 31st day of full-time service/employment and must enroll within the first 30 days of employment to have coverage for the rest of the plan year. All benefits, except the Health Savings Account (HSA), will follow the 31st-day eligibility date. Your HSA election and any payroll contributions, including contributions made by LES, will become effective on the first day of the month following 31 days of full-time employment. You will be required to re-enroll for the next plan year's benefits during the annual open enrollment period.

Open Enrollment

As a benefits-eligible team member, you can enroll in, waive, or make changes to your existing benefit plans during our annual open enrollment period. Open Enrollment is Monday, November 2nd – Friday, November 13th with your benefit choices being effective January 1, 2027 to December 31, 2027.



UnitedHealthcare (UHC) Member Highlights and Programs

Medical and pharmacy benefits for 2027 will continue to be offered through United Healthcare (UHC). Be sure to check out some of the following programs included with the plan if you enroll.

- **Activate your myuhc.com account: Go to UHC.com** > Register Now to access UHC's one-stop site to view your benefits, find a provider, and get estimates for services in your network.

- **Earn up to $1,000 through UHC Rewards:** A variety of activities — including many things you may already be doing — lead to rewards. Personalize your experience online or via the UHC app by selecting activities that are right for you and look for new ways of earning rewards to be added throughout the year.

- **UHC Nurse/Advocate Support:** A UnitedHealthcare nurse or advocate may be reaching out to offer extra support. They may be trying to contact you to help schedule appointments, enroll you in complimentary programs, help fill prescriptions, and answer your questions.

- **Other Membership Highlights**
  - $0 PCP visits for kids on the PPO plans and $0 after deductible on the HDHP plan.
  - **Quit For Life:** Tobacco cessation program
  - **Real Appeal Weight Loss program:** Online weight management support
  - **Calm App:** The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. Calm Health is included in your health plan at no additional cost.
  - **One Pass Select:** Choose from a range of nationwide gym brands and local fitness studios. Use any gym in the network and create a routine just for you at a discount.

Medical and Prescription Drug Benefits

Medical benefits for 2027 will continue to be offered through United Healthcare. LES offers team members three comprehensive, high-quality medical plan options that include prescription drug coverage. These options each feature a network of doctors and specialists who have agreed to provide services at a discounted price. All three medical plans offer in and out-of-network benefits. The information below is only showing the in-network benefits but you can call United Healthcare at the number on the back of your ID card to find out more information about each plan. You can also visit myuhc.com or download the United Healthcare app to see if your providers are in-network.

Benefit Schedule	$2,500 PPO Plan In-Network	$3,000 HDHP (HSA) Plan In-Network	$5,000 HDHP (HSA) Plan In-Network
Deductible (Individual/Family)	$2.500 / $5,000	$3,000 / $6,000	$5,000 /$ 10,000
Out-of-Pocket Maximum* (Individual/Family)	$7,150 / $14,300	$6,000 / $12,000	$7,350 / $14,700
Coinsurance (Portion You Pay)	20%	20%	20%
Physicians Services			
Doctor's Office Visit	$15	20%**	20%**
Specialist Office Visit	$50 / $100	20**	20%**
Virtual Visit through myuhc.com/virtualcare	$0	$0	$0
Hospital Services			
Inpatient (per admission)	20%**	20%**	20%**
Outpatient Hospital	20%**	20%**	20%**
Emergency Treatment			
Urgent Care	$25	20%**	20%**
Emergency Room Copay (waived if admitted)	$300 copay plus 20%**	20%**	20%**
HSA Funding (Team Member, Team Member + spouse)	None	$900	$600
HSA Funding (family)	None	$1,500	$1,200
Prescription Drugs			
Retail (30-day supply)			
Generic	$15.00	$10.00**	$10.00**
Preferred Brand	$45.00	$35.00**	$35.00**
Non-preferred Brand	$80.00	$70.00**	$70.00**
Mail Order (90-day supply)			
Generic	$37.50	$25.00**	$25.00**
Preferred Brand	$112.50	$87.50**	$87.50**
Non-preferred Brand	$200.00	$175.00**	$175.00**
Bi-Weekly Paycheck Deductions (Salaried Team Members)			
Team Member Only	$120.00	$69.23	$34.62
Team Member + Spouse	$438.46	$276.92	$207.69
Team Member + Child(ren)	$323.08	$196.15	$138.46
Family	$553.85	$334.62	$242.31
Weekly Paycheck Deductions (Hourly Team Members)			
Team Member Only	$60.00	$34.62	$17.31
Team Member + Spouse	$219.23	$138.46	$103.85
Team + Child(ren)	$161.54	$98.08	$69.23
Family	$276.92	$167.31	$121.15

* Includes all copays / **Cost share (coinsurance and/or copay) applies after deductible is met.

NOTES:

- Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service.

HDHP Plan vs PPO
How do these plans compare?



Click here to for more info.



Each plan use the same extensive network of providers, but only the high-deductible health plans (HDHP) make you eligible for a health savings account (HSA), a federally tax-free account that helps you pay for medical, dental, and vision expenses before—and after—you meet your deductible.

When you enroll in the HDHP, LES contributes to your HSA and you can contribute more, tax-free. The money you spend from your HSA for eligible healthcare expenses is also tax-free, and your unused balance earns tax-free interest. You can even invest it like a 401(k) plan.

Your HSA balance is yours, even if you change plans or leave the company. Your unused account balance rolls over year after year and can be used for eligible healthcare expenses any time in the future.

	HDHP $3,000 Plan	HDHP $5,000 Plan	PPO $2,500 Plan
Comprehensive medical care	✓	✓	✓
Flexibility to choose in- or out-of-network providers	✓	✓	✓
Free in-network preventive care	✓	✓	✓
Tax-free health savings account (HSA)	✓	✓	✗ Flexible Spending Account
Deductible • *Individual* • *Family*	 $3,000 $6,000	 $5,000 $10,000	 $2,500 $5,000
LES HSA contribution • *Individual** • *Family*	 $900 $1,500	 $600 $1,200	 none
Net Deductible (Deductible-HSA contribution) • *Individual* • *Family*	 $2,100 $4,500	 $4,400 $8,800	 $2,500 $5,000
Maximum 2027 HSA contribution including LES contribution • *Individual* • *Family*	 $4,500 $9,000 ($1,000 more age 55+)	 $4,500 $9,000 ($1,000 more age 55+)	 N/A

Dental

LES offers two comprehensive high-quality dental plan options. These options each feature a network of dentists and dental specialists. The high PPO plan covers providers in and outside the network, while the DHMO plan only covers in-network providers. The high plan covers orthodontia for children up to age 19, while the DHMO plan covers orthodontia for adults and children. The information below is a summary of coverage only. You may go online at www.cigna.com to find out what dental providers are in the dental network. **Digital copies of dental ID cards for both the high plan and DHMO are available on Cigna.com.** If you elect the DHMO you must select a primary care dentist. If you do not elect a primary care dentist, then Cigna will assign one for you. You may change primary care dentists once per month.



Benefit Schedule	DHMO Plan	High PPO Plan
Annual/Calendar Year Maximum	Unlimited	$1,500
Annual/Calendar Year Deductible (individual/family)	N/A	$50 / $150
Preventive Services (exams, cleaning, x-rays, etc.)	Copays Vary	0% deductible waived
Basic Services (filing, extractions, root canal, periodontal surgery, etc.)	Copays Vary	20% after deductible
Major Services (crowns, inlays, onlays, bridges and dentures, etc.)	Copays Vary	50% after deductible
Orthodontia	Copays Vary	50% Children up to age 19
Orthodontia Lifetime Maximum	N/A	$1,500

Bi-Weekly Paycheck Deductions (Salaried Team Members)		
Team Member Only	$5.17	$11.45
Team Member + Spouse	$8.96	$21.51
Team Member + Child(ren)	$10.06	$26.70
Family	$14.38	$39.42
Weekly Paycheck Deductions (Hourly Team Members)		
Team Member Only	$2.59	$5.72
Team Member + Spouse	$4.48	$10.75
Team Member + Child(ren)	$5.03	$13.35
Family	$7.19	$19.71

Note: DHMO is **not** available in: Louisiana, Alabama, Mississippi, and many rural areas.

Vision



Healthy eyes and clear vision are important parts of your overall health and quality of life.

An ID card is not required for vision services. Once you schedule an appointment with a VSP network provider, let them know you are a VSP member, and the doctor will take care of the rest. You can also log into your account on **vsp.com** to access and print a personalized ID card.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	In-Network You Pay	Out-of-Network Reimbursement
Exam	$10 copay	Not Covered
Lenses	$10 copay	Varies by lens type
Frames	Up to $150 allowance	Up to $45
Contacts in lieu of Frames/Lenses Conventional/Disposable Medically Necessary	Up to $150 allowance 100%	Up to $125 Up to $210
Benefit Frequency		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Bi-Weekly Paycheck Deductions (Salaried Team Member)		
Team Member Only	$2.25	
Team Member + Spouse	$4.04	
Team Member + Child(ren)	$4.27	
Family	$6.75	
Weekly Paycheck Deductions (Hourly Team Member)		
Team Member Only	$1.13	
Team Member + Spouse	$2.02	
Team Member + Child(ren)	$2.14	
Family	$3.38	

Supplemental Health Benefits

LES provides team members the option to enroll in additional supplemental benefit plans through New York Life. All three plans provide a $50 wellness benefit if you and/or your covered dependent received your annual physical or complete a covered health screening.

Accident Insurance provides you with income protection from unexpected expenses related to an accident on or off the job. Benefits are paid directly to you, and the plan is portable. Coverage is guaranteed issue, meaning you are not required to provide evidence of insurability. Example of covered accidents include concussion, shoulder dislocation, wrist fracture, etc.

Accident Insurance Rates	Weekly	Bi-Weekly
Team Member	$1.89	$3.77
Team Member + Spouse	$2.95	$5.90
Team Member + Child(ren)	$3.67	$7.34
Family	$5.61	$11.22

Hospital Indemnity pays a lump sum benefit directly to you if you are admitted into a hospital for care due to an illness or injury. Benefits are paid even if you have other coverage. You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit (ICU).

Hospital Indemnity Rates	Weekly	Bi-Weekly
Team Member	$2.23	$4.46
Team Member + Spouse	$5.26	$10.52
Team Member + Child(ren)	$4.50	$9.01
Family	$8.04	$16.08

Critical Illness Insurance provides you with income protection from unexpected expenses related to a critical illness or condition. You can elect benefit options from $10,000 to $40,000 for you and your spouse and $5,000 to $20,000 for your child. Benefits are available in increments of $5,000.Covered illnesses include but are not limited to cancer, heart attack, stroke, multiple sclerosis, coronary disease, Parkinson's disease, Alzheimer's disease, etc.

Critical Illness Age Banded Weekly Rates	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Team Member Only Per $1,000 Weekly	$0.06	$0.07	$0.09	$0.12	$0.17	$0.27	$0.43	$0.62	$0.89	$1.25	$1.50	$1.91
Team Member Only Per $1,000 Bi-Weekly	$0.12	$0.15	$0.18	$0.23	$0.34	$0.54	$0.86	$1.24	$1.79	$2.50	$3.00	$3.81

Flexible Spending Accounts

To help you pay for certain expenses using pretax dollars, you can participate in a healthcare or dependent care reimbursement account, also known as a flexible spending account (FSA). There are two types of FSAs: the healthcare FSA and the dependent care FSA.

When you enroll in an FSA, you choose to contribute a certain amount, through pretax payroll deductions during the year, to the account. Because your contributions are deducted before Federal and Social Security taxes are withdrawn, you save money on your taxable income.

Think of an FSA as a personal checking account. You make regular deposits to your account through pretax payroll deductions. You are reimbursed when you incur eligible expenses.

Your contributions will be deducted from your paycheck in equal installments over the course of the calendar year. For example, if you choose to contribute $1,200 to your healthcare FSA, $100 would be withdrawn each month. Note that the entire contribution amount is available for reimbursement on January 1.

Healthcare FSA

When you open a healthcare FSA, you can set aside pretax dollars to pay for the medical, dental and vision expenses not covered under your other benefit plans.

For 2027, annual IRS maximum is $3,500 (pending IRS final approval).

Be sure to plan carefully when determining how much to contribute to your healthcare FSA. The rollover limit is $660 and will be available until April 2027.

Go to www.wexinc.com for a current list of eligible expenses, claims filing deadlines and other information about your accounts.

Dependent Care FSA

When you open a dependent care FSA, you can set aside pretax dollars to pay for dependent care costs. The money in your dependent care FSA cannot be used to pay for your dependents' healthcare expenses. Healthcare expenses can be reimbursed only from your healthcare FSA (if you have elected one).

In 2027, annual maximums for your dependent care FSA are:

- $3,750 for married couples filing separately
- $7,500 for single taxpayer OR married couples filing jointly



Health Savings Account (HSA)

What is an HSA?

A Health Savings Account (HSA) is an account you own to pay for qualified health expenses. With an eligible high-deductible health plan, it can offer federal tax advantages on contributions, investment growth and qualified withdrawals.

Your HSA stays with you when you change jobs. Unused funds carry over each year, so you can save for future care as well as pay expenses today.

CONTRIBUTE	PAY	CARRY OVER
By payroll deduction or direct deposit	Use funds for eligible care or reimburse yourself	Keep unused money for future expenses

Who is eligible?

In general, to contribute you must:

- Elect an HSA-eligible HDHP medical plan
- Have no other health coverage, such as an FSA, HRA, Medicare, or Medicaid
- Not be claimed as another person's tax dependent
- Military/VA benefits may affect eligibility

Confirm eligibility for each month you contribute. If coverage begins after the first of a month, eligibility generally starts the following month.

2027 IRS contribution limits

INDIVIDUAL	FAMILY
$4,500	$9,000

Age 55 or older? Add up to $1,000 in catch-up contributions. A spouse age 55+ must contribute to their own HSA for their catch-up.

The limit includes your contributions plus any employer or other contributions. Your allowed amount may be prorated based on eligible months, coverage tier and age.

HDHP Annual Contributions			
Tier	Max Contribution	LES Contribution $3,000 HDHP Plan	Maximum EE Contribution
Team Member Only	$4,500	$900	$3,600
Team Member + Spouse	$9,000	$900	$8,100
Team Member + Child(ren)	$9,000	$1,500	$7,500
Family	$9,000	$1,500	$7,500
Tier	Max Contribution	LES Contribution $5,000 HDHP Plan	Maximum EE Contribution
Team Member Only	$4,500	$600	$3,900
Team Member + Spouse	$9,000	$600	$8,400
Team Member + Child(ren)	$9,000	$1,200	$7,800
Family	$9,000	$1,200	$7,800

Open and Use Your HSA

Simple steps for getting started and staying organized

Activate your Fidelity HSA

1. Enroll in an HSA-eligible health plan through your employer.
2. Make sure Fidelity has your current email address.
3. Sign in to NetBenefits.com with your Fidelity username and password.
4. Select “Open” or “Activate” next to Health Savings Account.
5. Choose a payroll contribution amount. You can adjust it later.

Contributions and budgeting

Payroll contributions are generally pre-tax and exempt from FICA. Personal after-tax contributions may be deductible on your federal return. Both count toward the annual IRS limit. Consider saving enough to cover expected out-of-pocket costs, then contribute more if your budget allows.

Common qualifying expenses

- Plan deductibles and coinsurance
- Medical care and services
- Dental and vision care
- Prescriptions, OTC medicines and insulin
- Certain Medicare premiums after age 65

How to pay

Use your HSA debit card, pay a provider through Fidelity, or pay out of pocket and reimburse yourself later. Fidelity Health can help review activity, pay bills, scan eligible items and save receipts.

Keep receipts and insurance statements. Expenses must meet IRS rules, be for you or eligible tax dependents, and not have been reimbursed elsewhere. Most health insurance premiums do not qualify.



Consider transferring your HSA balance to Fidelity

You can transfer any HSA balance that you have to Fidelity at any time, and transfers don't count toward your annual IRS limit.

A few reasons to consider consolidating your HSA money at Fidelity are:

- **Streamlined management.** Manage your health care spending and retirement goals easily by accessing your HSA and 401(k) all under one login on NetBenefits®.
- **A single debit card.** Simplify your health care spending.
- **No administrative fees with Fidelity.** If you decide to keep your HSA balance at your current provider, you may be subject to administrative and investment fees.
- **Several investment choices.** Your HSA investing options include more than 10,000 mutual funds, individual stocks and bonds, CDs, and ETFs on Fidelity's brokerage platform. In addition, the Fidelity HSA Funds to Consider lineup includes a small number of mutual funds† that have a zero minimum investment and no transaction fee which may be suitable for HSA investors.

Steps to transfer your HSA balance to Fidelity

- To transfer your HSA balance, generally you'll need to have more money than is required to cover any transfer or closure fees from your current provider.
- If your balance is less than what is needed to cover your transfer or closure fees, you may want to consider spending the remaining balance on qualified medical expenses to avoid any ongoing maintenance fees you may incur.
- If any of your HSA money is invested, your current HSA may be held in two separate accounts: a bank account holding your cash balance and a brokerage account holding your investments. Both account types are eligible to be transferred, although your investments will need to be liquidated to be transferred.
- Transfer times can vary and are contingent on your current firm. You can track your progress along the way.

Fidelity INVESTMENTS

To transfer your HSA:

1. Collect your current HSA account information, such as the name of the current firm with your HSA, your account number and balance. It's a good idea to have a current statement available.
2. Go to **www.fidelity.com/go/hsa/transfer** and select "*Start a transfer*".
3. Log in with the same username and password you use to access NetBenefits®, your 401(k) or other brokerage accounts you may have at Fidelity.
4. Enter the name of your current HSA provider.
5. Type in your account number as shown on your statement and choose HSA for account type.
6. Select "*an existing account*" and any eligible HSA will be presented. If you do not have a Fidelity HSA®, choose "*Open a new account*" and follow the prompts to continue your transfer.
7. Select "*All*" of my account for a full transfer, and "*Yes*" for all cash.
8. Attach a recent statement.
9. Review and confirm your transfer request and then select "*Next*".
10. Select the button to sign Tap or click to sign.

After signing and submitting your request, you will receive a Success page with the estimated completion date for your transfer.

Initiate a Transfer »

Contact Fidelity for assistance

If you have any questions or need assistance, call Fidelity at **800-544-3716** to assist you (Monday through Friday from 8:30 a.m. to 8:30 p.m. ET).

NOTES:

* If you chose to transfer your HSA balance to Fidelity, you may be subject to an account closure fee with HSABank. Please see your benefit guide for transfer instructions. You can transfer your funds in early 2027 once your account is open with Fidelity and has sufficient funds available to cover closure fees.

* If you chose to keep your current HSA with HSABank, you will be charged a monthly service fee.

Income Protection Benefits

Basic Life and AD&D

Life insurance pays a lump-sum benefit to your beneficiaries to help meet expenses in the event of your death. Accidental death & dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of your total AD&D coverage based on the severity of the accidental injury.

Basic Life and AD&D Insurance: For You		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Basic Life **Basic AD&D**	1 times your basic annual earnings, to a maximum of $375,000 1 times your basic annual earnings, to a maximum of $250,000	None

Supplemental Life and Accidental Death & Dismemberment

You can purchase supplemental life insurance for yourself, your spouse and your child(ren). Life insurance is about more than paying for memorial services – it's about making sure your family can maintain its standard of living over the long run if something happens to you. How much your family needs depends on your personal situation (other income, monthly expenses, short- and long-term debt such as credit card or mortgage expenses, etc.)

Voluntary Life and AD&D Insurance: For You and Your Dependents		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Team Member Only	Up to $200,000 in $25,000 increments	$100,000
Spouse	Up to $100,000, not to exceed 50% of your coverage amount	$30,000
Child(ren)	Up to $10,000 in $2,500 increments $500 for children under 6 months	Full Benefit

Guaranteed Issue and Evidence of Insurability

Team members and spouses who elect voluntary life and AD&D coverage when they are first eligible can elect up to the guaranteed issue (GI) amount without evidence of insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.







Supplemental Life and Accidental Death & Dismemberment (Continued)

Team Member/Spouse Supplemental Life Premiums Bi-Weekly (Salaried Team Member)										
Team Member Guaranteed Issue	$100,000									
Spouse Guarantee Issue	$30,000: Team Member must obtain supplemental life insurance to be eligible for spousal									
Team Member Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Per $10,000 of Coverage	$0.31	$0.39	$0.47	$0.71	$1.18	$2.08	$3.14	$4.47	$7.93	$15.69
Team Member/Spouse Supplemental Life Premiums Weekly (Hourly Team Member)										
Team Member Guaranteed Issue	$100,000									
Spouse Guarantee Issue	$30,000: Team Member must obtain supplemental life insurance to be eligible for spousal									
Team Member Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Per $10,000 of Coverage	$0.16	$0.20	$0.24	$0.35	$0.59	$1.04	$1.57	$2.24	$3.96	$7.85
Child Supplemental Life Premiums Bi-Weekly (Salaried Team Member)										
Per $1,000 of Coverage	$0.08									
Child Supplemental Life Premiums Weekly (Hourly Team Member)										
Per $1,000 of Coverage	$0.04									

Supplemental Accidental Death & Dismemberment

You also have the option to increase your AD&D coverage. You can choose to cover yourself, your spouse, your children, and/or your family. Please see the chart below for coverage amounts and rates.

Who You Cover	Benefit Amount	Bi-Weekly Cost	Weekly Cost
Team Member Only	Up to $500,000	$0.015 per $1,000 of coverage	$0.007 per $1,000 of coverage
Team Member + Spouse	100% Team Member and 60% spouse	$0.023 per $1,000 of coverage	$0.011 per $1,000 of coverage
Team Member + Child(ren)	100% Team Member and 20% per child	$0.023 per $1,000 of coverage	$0.011 per $1,000 of coverage
Family	100% Team Member, 40% spouse and 10% on each child	$0.023 per $1,000 of coverage	$0.011 per $1,000 of coverage

NOTES:

To purchase supplemental coverage for either your spouse or child(ren), you must also enroll in team member supplemental life coverage. Additionally, you cannot elect a spouse or child(ren) benefit amount higher than your elected team member benefit amount. Supplemental life and AD&D coverage is a voluntary benefit and is paid 100% by the team member.

Please refer to the plan summaries for age-related rates. Evidence of insurability (EOI) may be required for certain amounts, if you enroll after your initial eligibility period or enroll your spouse or child(ren). **Age reductions may apply to life insurance amounts.**

Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work. You have access to short-term disability (STD) and long-term disability (LTD) insurance through New York Life.

LES Paid STD and Voluntary STD Buy-Up

If you are unable to work after 14 consecutive days of disability due to an eligible injury or illness, this benefit pays 50% of your weekly pay up to a maximum benefit of $500 per week, for a maximum of 90 days. There is no exclusion for any pre-existing conditions. LES will pay the full cost of this coverage.

You have the option to elect voluntary STD buy-up insurance, which covers 60% of your weekly pay up to a maximum of $1,000 per week, for a maximum of 90 days. Please note, if you enroll in the voluntary STD buy-up plan, the coverages do not stack. The maximum benefit you can receive is 60% of your weekly pay up to $1,000 per week. You will pay the full cost of this benefit.

Voluntary STD Buy-Up Calculation

To estimate your per paycheck cost for voluntary STD buy-up insurance, a formula has been provided. This calculation is only an estimate.

Example	Calculation
Gross Annual Salary (Hourly rate x 2,080 hours)	$30,000
Divided by 52 weeks	$30,000 / 52
Gross Weekly Salary	$576.92
Multiplied by 60% benefit	$576.92 x .60
Weekly Benefit Amount (not to exceed $1,000	$346.15
Weekly Benefit Amount (not to exceed $1,000) divided by 10	$34.615
Multiplied by the monthly rate	$34.615 x $0.120
Monthly Cost	$4.15
Bi-Weekly Cost (monthly cost x 12 / 26)	$1.92
Weekly Cost (monthly cost x 12 / 52)	$0.96



Voluntary Long-Term Disability

You have the option of enrolling in additional disability coverage. This benefit pays 60% of your monthly income up to a maximum of $10,000 per month, up to age 65. You will pay the full cost of this benefit.

LTD Insurance Calculation

To estimate your per paycheck cost for LTD insurance, a formula has been provided. This calculation is only an estimate.

Example	Calculation
Gross Annual Salary (Hourly rate x 2,080 hours)	$30,000
Divided by 12 months	$30,000 / 12
Gross Monthly Salary (not to exceed $10,000)	$2,500
Gross Monthly Salary (not to exceed $10,000) divided by 100	$25
Multiplied by monthly rate	$25 x $0.380
Monthly Cost	$9.50
Bi-Weekly Cost (monthly cost x 12 / 26)	$4.39
Weekly Cost (monthly cost x 12 / 52)	$2.19



Planning for Retirement

LES provides a 401(k) Savings Plan administered by Fidelity Investments to help you secure your financial future. Your contributions are through payroll deductions and are made on a before-tax basis, so you get an immediate tax break on what you save. You will become eligible to participate the first of the month following three consecutive months of service.

LES' employer matching contribution is 100% of the first 3% and 50% of the next 2% of your eligible earnings. It's matched every pay period, and you are 100% vested in the Safe Harbor match as well as your contributions.

If you want to contribute a different percentage, select a different investment option, or opt out, you must complete an enrollment form or log into Fidelity's website at NetBenefits.com.



PLEASE NOTE: ***Enrollment into the 401(k) Savings Plan is not part of "Open Enrollment". You can enroll at any time during the year. Log into NetBenefits.com for more information about the company match as well as for plan information and enrollment form(s).***



Employee Assistance Program

You automatically have access to the employee assistance program (EAP). This program provides professional, confidential telephonic or face-to-face counseling services to you and your household members at no cost. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential counseling, referral and follow-up services for issues such as:

- Stress
- Marital or family problems
- Anxiety and depression
- Substance use (alcohol and/or drugs)
- Financial issues
- Childcare issues—including identifying schools, daycare and tutors
- Aging parents
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities

It's important to note that all EAP conversations are voluntary and strictly confidential. When you need information quickly to help handle life's challenges, you can visit guidanceresources.com (Web ID: NYLGBS) for resources and tools or call (800) 344-9752 to speak to a counselor. The EAP provides a maximum of three in-person or virtual sessions, per issue, per year. You do not have to enroll in benefits to have access to this confidential service.

If you are enrolled in a United Healthcare medical plan, you also have access to their EAP. The EAP offers three provider visits at no cost to you. Call (888) 887-4114 for 24/7 in-the-moment phone support or to schedule in-person counseling with a masters-level EAP specialist.

LifeBalance

With LifeBalance, you can use the time savings we all love most: fun family time, the great outdoors, health, fitness, travel, sports, and above all, a good deal. Discounts are available year-round for you and your family members. Whether you're ready to fill the time or wondering if there's the right time to exercise, the LifeBalance financial well-being tool can help you find your way.

Check out some of the most popular deals on LifeBalance. Thousands of additional savings are available at LES.LifeBalanceProgram.com.

Calm

Improve your strength and balance, get flexible, and have some fun at the same time while enjoying a 30-day free trial and 30% savings.

TRUECar

Find your dream vehicle at your dream price with more help from the experts at TrueCar.

Lenovo

Whether you're looking to improve your home office set-up or need a great new laptop for work or school, Lenovo makes technology a breeze at a great deal.

chewy

From dogs and cats to fish and birds, Chewy.com makes it easy to provide the very best food, toys, and more for your pet. Save 5% on your first order and 4% thereafter.

Tutoring Club

Whether your kids are preparing for the SAT, learning to read, or anything in between, access Tutoring Club online services and save 20% while helping your kids get ahead.

Alliant Benefit Advocates

Are you getting married and you're not sure how or when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

How Benefit Advocates Take Care of You	
Understand Insurance Benefits Receive guidance in understanding your benefits throughout the year.	**Qualifying Life Events** Receive help with coverage changes due to qualifying life events (like marriage, divorce, or a new child).
Find an In-Network Provider Find doctors, dentists and eye care professionals who participate in your plan's network.	**Claims Assistance** If there's an issue with your medical bills, your advocate can help you resolve it.

Contact your Alliant Benefit Advocate

Email: benefitsupport@alliant.com
Phone: (800) 489-1390
Hours: 8 a.m.–8 p.m. (Eastern Time)
Monday–Friday

HIPAA authorization for claims assistance

If you need claims assistance, you may need to complete a HIPAA authorization form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited-duration basis, and only to the individuals listed on the form. You can end the permissions granted by the form at any time. Your Benefit Advocate will provide the form to you when needed.





Click to play video

Alliant Medicare Solutions

Choosing a Medicare plan is one of the most important decisions you'll make

Nearing Age 65

Alliant Medicare Solutions is a **free** resource that can help you, your family, and your friends figure out the best Medicare options for your situation.

Just Make a Call

- At least 3 months before your 65th birthday (or if it's already passed) gather your current health insurance information.
- Call Alliant Medicare Solutions at **(877) 888-0165** and talk to a licensed insurance agent about your Medicare options.
- The team can help you compare your employer plan to Medicare plans available in your area.
- Alliant Medicare Solutions helps you enroll or emails your policy details to review.

For More Information

- Download Your Guide to Medicare: neb.alliant. com/your-guide-to-medicare/full-view.html.
- Watch Medicare 101 at brainshark.com/alliant/medicare101.
- Visit Alliant Medicare Solutions online at alliantmedicaresolutions.com.
- For comprehensive information about Medicare, visit medicare.gov.



Annual Notices

2027
Annual Notices

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Woman's Health and Cancer Rights Act
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Paperwork Reduction Act Statement
ACA Disclaimer
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The No Surprises Rule
Nondiscrimination in Health Programs and Activities

LES
LIQUID ENVIRONMENTAL SOLUTIONS

Medicare Part D Notice

Important Notice 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 United HealthCare 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. Liquid Environmental Solutions has determined that the prescription drug coverage offered by United Healthcare are, 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.

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

If you decide to join a Medicare drug plan, your Liquid Environmental Solutions coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Liquid Environmental Solutions is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Liquid Environmental Solutions prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 Liquid Environmental Solutions 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 Liquid Environmental Solutions 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 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 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

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

Date: January 1, 2027

Name of Entity/Sender:	Liquid Environmental Solutions
Contact-Position/Office:	Tami Matthews, Director of HR Solutions
	tami.matthews@liquidenviro.com
Address:	7651 Esters Boulevard
	Suite 200
	Irving, TX 75063
Phone Number:	(214) 524-6041

Women's Health and Cancer Rights Act

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

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

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 208-861-0900.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Liquid Environmental Solutions health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Liquid Environmental Solutions health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

In addition, you may enroll in Liquid Environmental Solutions health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Liquid Environmental Solutions describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Tami Matthews.

Michelle's Law

The United Healthcare Plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary, leave of absence from school and you want his or her coverage to be extended notify Tami Matthews in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

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

Alabama – Medicaid

Website: myalhipp.com **Phone:** (855) 692-5447

Alaska – Medicaid

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

Arkansas – Medicaid

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

California – Medicaid

Health Insurance Premium Payment (HIPP)
Program website: 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: healthfirstcolorado.com
Health First Colorado Member Contact Center: (800) 221-3943 (TTY: 711)
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: (800) 359-1991 (TTY: 711)

Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: (855) 692-6442

Florida – Medicaid

Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp
Phone: (877) 357-3268

Georgia – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp **Phone:** (678) 564-1162, press 1
GA CHIPRA Website: 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: abe.illinois.gov **HIPP Hotline Number:** (217) 524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

Indiana – Medicaid

Health Insurance Premium Payment Program All other Medicaid
Website: in.gov/medicaid
Website: 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: hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid phone: (800) 338-8366
Hawki website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: (800) 257-8563
HIPP website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: (888) 346-9562

Kansas – Medicaid

Website: kancare.ks.gov **Phone:** (800) 792-4884
HIPP Phone: (800) 967-4660

Kentucky – Medicaid

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

Louisiana – Medicaid

Louisiana Medicaid website: ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: (888) 342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: 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, Suite 1000, Tucker, GA 30084

Maine – Medicaid

Enrollment website: mymaineconnection.gov/benefits
Phone: (800) 442-6003 (TTY: 711)
Private Health Insurance Premium webpage: maine.gov/dhhs/ofi/applications-forms
Phone: (800) 977-6740 (TTY: 711)

Massachusetts – Medicaid and CHIP

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

Minnesota – Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: (800) 657-3672

Missouri – Medicaid

Website: https://dss.mo.gov/healthcare/apply
Phone: (573) 751-2005

Montana – Medicaid

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

Nebraska – Medicaid
Website: accessnebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

Nevada – Medicaid
Medicaid website: dhcfp.nv.gov
Medicaid phone: (800) 992-0900

New Hampshire – Medicaid
Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: (603) 271-5218
Toll free number for the HIPP program: (800) 852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP
Website: nj.gov/humanservices/dmahs/individuals-families/familycare
Phone: (800) 356-1561
CHIP Premium Assistance Phone: (609) 631-2392
CHIP phone: (800) 701-0710 (TTY: 711)

New York – Medicaid
Website: health.ny.gov/health_care/medicaid
Phone: (800) 541-2831

North Carolina – Medicaid Website:
medicaid.ncdhhs.gov
Phone: (919) 855-4100

North Dakota – Medicaid
Website: hhs.nd.gov/healthcare
Phone: (866) 614-6005

Oklahoma – Medicaid and CHIP Website:
insureoklahoma.org
Phone: (888) 365-3742

Oregon – Medicaid
Website: healthcare.oregon.gov
Phone: (800) 699-9075

Pennsylvania – Medicaid and CHIP
Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: (800) 692-7462
CHIP website: dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP phone: (800) 986-KIDS (5437)

Rhode Island – Medicaid and CHIP
Website: eohhs.ri.gov
Phone: (855) 697-4347 or (401) 462-0311 (Direct Rite Share Line)

South Carolina – Medicaid
Website: scdhhs.gov
Phone: (888) 549-0820

South Dakota – Medicaid
Website: dss.sd.gov
Phone: (888) 828-0059

Texas – Medicaid
Website: 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: medicaid.utah.gov/upp
Phone: (888) 222-2542
Email: upp@utah.gov
Adult Expansion website: medicaid.utah.gov/expansion
Utah Medicaid Buyout Program website: medicaid.utah.gov/buyout-program
CHIP website: chip.utah.gov

Vermont – Medicaid
Website: dvha.vermont.gov/members/medicaid/hipp-program
Phone: (800) 250-8427

Virginia – Medicaid and CHIP
Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP phone: (800) 432-5924

Washington – Medicaid Website: hca.wa.gov **Phone:** (800) 562-3022

West Virginia – Medicaid and CHIP
Website: bms.wv.gov
Website: mywvhipp.com
Medicaid phone: (304) 558-1700
CHIP toll-free phone: (855) MyWVHIPP (699-8447)

Wisconsin – Medicaid and CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: (800) 362-3002

Wyoming – Medicaid
Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: (800) 251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025 (9.96% in 2026) of your modified adjusted household income.

Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the Access to Care and Treatment Benchmark Plan and the Pediatric Dental Plan to reference the pages listed below.

Employer Name:	Liquid Environmental Solutions
Employer State of Situs:	Illinois
Name of Issuer:	United Healthcare
Plan Marketing Name:	United Healthcare Medical Plan
Plan Year:	2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				**Employer Plan Covered Benefit?**
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page # Reference**	
1	Accidental Injury—Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23–24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15–16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24–25	Yes

17	Reconstructive Surgery	Hospitalization	Pgs. 25–26 & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants—Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8–9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26–27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29–34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31–32	Yes
36	Mammography—Screening	Preventive and Wellness Services	Pgs. 12, 15 & 24	Yes
37	Osteoporosis—Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate—Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes

41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12–13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22 & 35	Yes
Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.				

The No Surprises Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form (PDF)

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

Nondiscrimination in Health Programs and Activities

Liquid Environmental Solutions complies with all applicable federal civil rights laws, including Section 1557 of the Affordable Care Act (Section 1557). Liquid Environmental Solutions does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

- **Language assistance services.** Liquid Environmental Solutions will provide language assistance services for individuals with limited English proficiency (including individuals' companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:
    - Electronic and written translated documents
    - Qualified interpreters
- **Appropriate auxiliary aids and services**. Liquid Environmental Solutions will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
    - Qualified interpreters, including American Sign Language interpreters
    - Video remote interpreting
    - Information in alternate formats (including but not limited to large print, recorded audio, and accessible electronic formats)
    - Qualified readers
- **Reasonable modifications.** Liquid Environmental Solutions will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits.

If you believe Liquid Environmental Solutions has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can:

- File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf or via mail at:
    - U.S. Department of Health & Human Services
    - 200 Independence Avenue, S.W. – 509F
    - Washington, D.C. 20201



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