

BENEFITS GUIDE | 2025 EDITION

LEAD · CARE · GROW



JANUARY 1, 2025 – DECEMBER 31, 2025



Showing **We Care** by Supporting You and Your Wellbeing

DaBella's success is fueled by our people's drive and by their tenacity to continue when they've been knocked down. Our people help pave the way for new opportunities and for this, we are grateful. Thank you for your hard work and dedication to our cause and in supporting our values.

We want to uphold the value of "Care" by providing you and yours a comprehensive benefits package. This guide was created to provide you with information, tools and resources for managing your benefits and well-being. Our benefits program was designed with you in mind so take pause, and invest in mind/body wellness.

Stuart Herman
Chief Human Resources Officer

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Contacts

DaBella HR



3495 NE Aloclek Drive
Hillsboro, OR 97124

E: HR@DaBella.us

P: 503-641-7676 | **F:** 503-214-9200

W: <https://dabella.us>

Paycom



Group Name: DaBella Exteriors LLC

Paycom Group Number: OFV75

P: 1-800-580-4505

W: <https://paycom.com>

Canopy



Group Name: DaBella Exteriors LLC

Call: 800-433-2320

Text: 503-850-7721

E: info@canopywell.com

UnitedHealthcare



Group Name: DaBella Exteriors

Group Number: 920259

Medical/Dental/Vision W:

<https://mvuhc.com>

Policy Number: 308652

Life/Disability W: www.mvuhcfc.com

P: 866-290-5416

Preisz Financial



4525 Southwest Condor Avenue
Portland, OR 97239

E: Info@preisz.com

P: 888-224-1600 | **F:** 503-274-8003

W: www.preisz.com

Pet's Best



Group Name: DaBella Exteriors LLC

Call: 888-984-8700

W: www.petsbest.com/DABELLAPETS

Optum



E: customercare@optum.com

P: 866-234-8913

W: www.optumbank.com

Eligibility

Who is Eligible?

All full-time W-2 teammates are eligible to participate in the DaBella benefits program. If you are unsure about your employment status, please contact your supervisor or Human Resources at 503-641-7676 or via email at HR@dabella.us.

When am I Eligible?

New teammates are eligible on the first of the month following 60 consecutive days of employment. You also have an opportunity to enroll in benefits during Annual Open Enrollment if you declined to participate in the past.

How do I Enroll?

Using our HR System, Paycom. Instructions are provided in the Online Enrollment Guide Checklist, which can be found in your Checklist Dashboard in Paycom. If you have trouble accessing your Paycom account, contact the HR team.

Can I Enroll My Family?

Yes, your eligible dependents can be enrolled in the Medical, Dental, Vision, and Accident coverage. You can also purchase additional Life Insurance for your eligible dependents.

Eligible dependents are defined as:

- Spouse or Domestic Partner (same or opposite gender)
- Children include your sons, daughters, wards, stepsons, stepdaughters, adopted children, eligible foster children or children of your domestic/civil union partner
- Children must be no older than 25 at the start of the Plan Year (unless they are permanently and totally disabled). Coverage will end at the end of the month of your child's 26th birthday.





What Happens if I Don't Enroll for Benefits?

Current Participants: All of the elections under the DaBella Benefit Plan that you made for the current plan year will be renewed for the next plan year. If you currently waive medical coverage, you will need to complete the “Waiver of Group Health Coverage” which can be found in the Documents Center in Paycom.

New Teammates: If you do not submit benefit elections within your normal eligibility period, you will automatically be enrolled in the employer paid Life insurance and Employee Assistance plan. All teammates will be required to designate a beneficiary in Paycom. You will not be enrolled in any other coverage if you do not elect benefits.

When Can I Make Changes to My Benefits?

Changes to your benefits can only be made during Open Enrollment or within 30 days of being newly hired, unless a qualifying life event occurs.

Examples of qualifying life events include birth/adoption, marriage, divorce, or the loss or gaining of coverage, switching from 3508 to W2, or other similar circumstances. If one of these events occurs, please log into Paycom and submit changes to benefits **within 30 days of the effective date of the change in order to add, drop, or change coverage for you and/or your family.**

What Happens to My Benefits if I Leave DaBella?

Coverage in which you are actively enrolled at the time of your termination (voluntary or involuntary) will continue until the end of the month in which you are terminated.

If you are enrolled in the Medical, Dental, EAP, or Vision, you will be afforded the opportunity to continue your coverage under COBRA. You will receive a COBRA notice in the mail within 30 days of your termination. Enclosed will be instructions to continue your coverage as well as cost details.

This is not administered by DaBella, therefore questions regarding your coverage will be directed to the COBRA administrator, Optum.

If you are enrolled in Basic or Supplemental Life, you may be able to port or convert the coverages to individual coverage.

Accident coverage is also portable.

See Human Resources for the appropriate steps to apply for portability or conversion rights.

Benefits Education and Enrollment Assistance

Provided by TouchCare

Benefits Education and Enrollment Assistance – Book Your Appointment Now!

TouchCare provides assistance with general benefit questions and plan education during your enrollment process as well as all year round.

- Helps you find quality doctors with all specifications requested
- Helps you navigate work-sponsored benefits as well as any ancillary coverage options
- Helps you get costs for services in your area and compare with other facilities nearby
- Helps you with billing and claims assistance as needed
- Helps you compare benefit offerings

Schedule A Consult Today!

Scheduling a consultation is easy. Schedule through the portal or in the app. Members can also visit:

www.touchcare.com/get-scheduled.

- **Get Scheduled:** Navigate to our “get scheduled” page via app, website, or portal
- **Select a Consult:** Click on a consult type to be directed to our scheduling page
- **Choose a Time:** Enter a date and time for your consult that works for you

All Of TouchCare's Concierge Services In One Convenient App

With TouchCare's mobile app, members have access to all of our concierge services, available on their iOS or Android device.

- Open a case
- Send and view case messages
- Schedule a consult
- Access add-ons
- View plan documents upload insurance cards



Medical

Medical provided by UnitedHealthcare

DaBella offers our teammates three medical options provided by UnitedHealthcare. All plans provide In and Out-of-Network coverage and allow you the freedom of choice in selecting your physicians. To find a provider in your area, visit www.myuhc.com. See pages 9 and 11, for instructions on finding a provider.

BENEFITS COVERAGE	BRONZE PLAN	SILVER PLAN – HSA	GOLD PLAN
Calendar Year Deductible (CYD) Individual/Family	\$4,000 / \$8,000	\$2,500 / \$5,000*	\$1,000 / \$2,000
Coinsurance Insurance Pays/You Pay	80% / 20%	80% / 20%**	80% / 20%
Maximum Out-of-Pocket Individual/Family	\$8,550 / \$17,100	\$5,500* / \$11,000	\$4,500 / \$9,000
Annual Well Visits Adult & Child(ren)	Covered in full	Covered in full	Covered in full
Office Visits Primary/Specialist	PCP: \$25 Copay Tier 1 / \$55 Copay Tier 2 SP: \$50 Tier 1 / \$100 Tier 2	Covered at 80% after CYD	\$25 Copay / \$50 Copay
Routine Lab Tests	Covered at 80% after CYD	Covered at 80% after CYD	No Charge
Complex Radiology	Covered at 80% after CYD	Covered at 80% after CYD	Covered at 80% after CYD
Urgent Care	\$50 Copay	Covered at 80% after CYD	\$50 Copay
Emergency Room Facility Services	Covered at 80% after CYD	Covered at 80% after CYD	\$500 Copay
Inpatient and Outpatient Facility Services	<i>Designated Provider:</i> Covered at 80% after CYD In-Network 40% after CYD	Covered at 80% after CYD	Covered at 80% after CYD
Chiropractic Services (20 visits per year)	\$25 Copay	Covered at 80% after CYD	\$25 Copay
Prescription Coverage: (Tier 1/Tier 2/Tier 3/Tier 4)	\$10/\$35/\$70/\$250	\$10/\$35/\$60 After CYD	\$10/\$35/\$60/\$100
Prescription Coverage Mail Order Benefit (90 day supply)	2.5 x Copay	2.5 x Copay	2.5 x Copay

*Calendar Year Deductible (CYD) for Silver Plan when enrolled as a family is considered a true family deductible, meaning no one covered under the plan is eligible for coverage until the full family deductible is satisfied.

* Calendar Year Maximum out-of-pocket is per individual. No individual within a family will have to pay more than the individual maximum of \$5,500.

**Coinsurance and copayments apply only after CYD is satisfied In-Network benefits illustrated only. This is not a full list of covered benefits, please refer to Summary of Benefits and coverage for full plan details and exclusions.

COST / PAY PERIOD	BRONZE PLAN	SILVER PLAN – HSA	GOLD PLAN
Employee Only	\$44.82	\$49.72	\$140.20
Employee & Spouse/Partner	\$152.41	\$162.19	\$343.16
Employee & Child(ren)	\$117.00	\$125.81	\$288.67
Employee & Family	\$255.51	\$270.18	\$541.64



HSA

HSA provided by Optum Bank

What Is An HSA?

A Health Savings Account or HSA is a bank account that allows you to save for medical expenses you will incur while enrolled in a High Deductible Health Plan (HDHP) such as the “Silver Plan” that DaBella offers.

How Do I Fund The HSA?

DaBella will contribute \$19.23 per pay period (\$500 per year) to help you fund your HSA. Additionally, you can contribute to the HSA each pay period on a pre-tax basis.

Opening an HSA allows you to pay lower federal income taxes by making tax-free deposits into your account each year.

For 2025, the contribution limit is \$4,300 if your HDHP covers just yourself, and \$8,550 if you have family HDHP coverage. If you're 55 or older, you can contribute an extra \$1,000 a year (this is officially called an “additional contribution” and often referred to as a catch-up contribution).

How Do I Access The Funds?

The HSA is a bank account, so you'll need to activate your account in Optum to receive the DaBella funds and to contribute additional money to the account.

Once the account is activated, you will receive a debit card in the mail to pay for medical services.

You can also submit for reimbursement through your HSA plan if you don't use the debit card to pay for services.

What Happens If I Don't Use My HSA Funds?

The funds roll-over year after year and are yours forever to spend on qualified expenses. For a full list of eligible expenses, visit the IRS website at:

<https://www.irs.gov/publications/p969>

Key Takeaways

- An HSA allows you to pay lower federal income taxes by making tax-free deposits each year.
- Deposits to your HSA are yours to withdraw at any time to pay for medical expenses not paid by your HDHP.
- Funds roll over from year to year – and your account continues to grow.
- When you reach age 65, there's no longer a penalty for withdrawing HSA funds to use for non-medical expenses, but you will owe income tax on the withdrawals. You can choose instead to continue using your HSA funds for medical expenses and the withdrawals will continue to be tax-free.

Medical – Silver and Gold Plan PCP Search

Searching for a Doctor Made Easy

SILVER AND GOLD PLAN DOCTOR SEARCH

To find a doctor, hospital, lab and other providers in your network, register as a member at myuhc.com or follow these steps:

1. Go to: uhc.com/find-a-doctor
2. Click on the link **“Start your search”** under the Search our general provider list section of the webpage
3. Click on the type of provider you’re searching for, i.e. Medical Directory, Behaviors Health Directory, Dental Directory
4. Click on **“Employer and Individual Plans”**
5. In the next screen, **“What plan are you looking for?”**, select **Select Plus**
6. Enter your location and start searching for the provider that suits your needs



FIND A DOCTOR

Find a doctor, medical specialist, mental health care provider, hospital or lab.



FIND A PHARMACY

Find a local pharmacy that’s convenient for you.



FIND A DENTIST

Find a local dentist or dental care in your area.



FIND A VISION PROVIDER

Find a vision provider within a large national network that offers convenience and choice.



Medical – Bronze Plan Details

Learn More About Your Bronze Plan

NEXUS ACO

- Select a primary care physician (PCP) from the plan network
- Get the most out of your benefits by using Tier 1 providers
- Referrals are not required to see a network specialist
- You can choose care that is out-of-network, but care will likely cost more than using a network provider
- Preventive care is covered 100%

TIERED NETWORK – HOW IT WORKS!

BENEFIT CATEGORY	TIERED BENEFIT	NOT TIERED BENEFIT
PCP Office Visit	✓	
SPEC Office Visit	✓	
Outpatient Surgery / Outpatient Scopic	✓	
Inpatient Hospital	✓	
Urgent Care, Emergency Room and Ambulance Services		✓
Virtual Visit		✓
Lab, X-ray, MRI and DME		✓
Mental Health / Substance Abuse		✓
Rehabilitative Services		✓
Chiropractic and Acupuncture		✓
Skilled Nursing Facility, Therapeutic Treatment, Home Health, Hospice, Prosthetics, Ostomy Supplies, Hearing Aids, TMJ and Diabetes Services		✓



The Benefits Guide is not a Certificate of Coverage. This document is intended to provide a general summary of covered services. Please refer to Summary of Coverage for complete plan details.

Medical – Bronze Plan PCP Search

Bronze Plan Doctor search

To select your doctor, hospital, lab and other providers in your network, register as a member at myuhc.com or follow these steps:

1. Go to: myuhc.com
2. Select **Find a Provider**
3. Select **Medical Directory**
4. Select **Employer Plan**
5. Select **NexusACO**
6. Select **NexusACO OAP**
7. Change Location – enter your zip code!
8. Select the type people then select primary care or enter the name of your PCP and click **Search**
9. Select your PCP, look for a Tier 1 Provider
10. Select the PCP to find the 14-digit provider ID #

PCP REQUIREMENTS

- One can be selected for the entire family, or each covered dependent can select their own
- Must be located near your home
- Must be a general practice, family practice, pediatrician or internal medicine physician*

PCP INFORMATION NEEDED WHEN YOU ENROLL

- First name, last name and address
- Provider ID number (a 14-digit number available on myuhc.com when searching for a network PCP)
- A PCP will be assigned to you if you don't select one at enrollment

*Note if your PCP has multiple locations, make sure to use provider ID under the locations



Dental

Dental provided by UnitedHealthcare

Your oral health is more important than you might realize. Did you know that your oral health offers clues about your overall health? Or that problems in your mouth can affect the rest of your body? Protect yourself by enrolling in one of the two dental plans DaBella offers our teammates. Both provide In- & Out-of-Network coverage but we encourage you to find an In-Network provider to reduce your out-of-pocket expenses.

Both plans offer coverage at different benefit maximums and coinsurance after the calendar year deductible is met. Additionally, the Gold plan offers Orthodontia coverage. Preventive services like cleanings, exams, and x-rays do not count toward your annual benefit maximum.

Did you know that if you are pregnant or have diabetes, our plan will cover additional preventive cleanings free of charge? Take advantage of all the features our plans have to offer!

BENEFITS COVERAGE	SILVER PLAN	GOLD PLAN
Annual Benefit Maximum/ Covered Member	\$1,500	\$2,500
Calendar Year Deductible (CYD) Individual/Family	\$50 / \$150 max	\$50 / \$150 max
Routine Preventive Services	Covered at 100%, CYD and Annual Maximum do not apply	Covered at 100%, CYD and Annual Maximum do not apply
Basic X-rays/Bitewings	Covered at 100%, CYD and Annual Maximum do not apply	Covered at 100%, CYD and Annual Maximum do not apply
Amalgam Restorations (Fillings)	Covered at 80%	Covered at 100%
Full Mouth Debridement	Covered at 80%	Covered at 100%
Scaling & Root Planning	Covered at 80%	Covered at 100%
Crowns	Covered at 50%	Covered at 60%
Inlays/Onlays	Covered at 50%	Covered at 60%
Fixed Prosthetics	Covered at 50%	Covered at 60%
Removable Prosthetics	Covered at 50%	Covered at 60%
Implant Placement & Maintenance	Covered at 50%	Covered at 60%
General Anesthesia	Covered at 80%	Covered at 100%
Orthodontia	Not covered	50% up to \$2,500 lifetime maximum
Orthodontic Eligibility Requirement	N/A	Adult and Child

Unless otherwise stated, coinsurance is paid after the calendar year deductible is met.

In-Network benefits illustrated only. This is not a full list of covered benefits, please refer to the Dental Plan Certificate for full plan details and exclusions.

COST PER PAY PERIOD	SILVER PLAN	GOLD PLAN
Employee Only	\$16.14	\$23.80
Employee & Spouse/Partner	\$32.26	\$47.59
Employee & Child(ren)	\$33.49	\$49.40
Employee & Family	\$51.93	\$79.61

Vision

Vision provided by UnitedHealthcare

Keep An Eye On Your Vision Health

Many people think their eyesight is just fine, but then they get that first pair of glasses or contact lenses and the world comes into clearer view—everything from fine print to street signs.

Eye diseases are common and can go unnoticed for a long time—some have no symptoms at first. A comprehensive dilated eye exam by an optometrist or ophthalmologist (eye doctor) is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.



BENEFITS COVERAGE	VISION PLAN
Routine Eye Exam with Dilation	\$10 copay
Materials	\$25 copay
Lenses: Single / Lined Bifocal / Lined Trifocal / Lenticular	\$25 copay
Frames	Covered up to \$130 after exam copay and contact lens fitting copay
Elective Lens Coatings	Discounted for members
Frequencies: Exam / Lenses / Frames / Contacts	12 months / 12 months / 24 months / 12 months

In-Network benefits illustrated only. This is not a full list of covered benefits, please refer to the Dental Plan Certificate for full plan details and exclusions.

COST PER PAY PERIOD	VISION PLAN
Employee Only	\$2.53
Employee & Spouse/Partner	\$5.06
Employee & Child(ren)	\$5.10
Employee & Family	\$8.15

Life Insurance

Life Insurance provided by UnitedHealthcare

Life & Accidental Dismemberment Coverage

DaBella provides all eligible employees with \$25,000 of Term Life Insurance at **no cost!** Additionally, DaBella provides you the opportunity to purchase additional Life insurance to supplement the amount provided to you by DaBella. Teammates also have the opportunity to purchase additional term Life insurance for their spouse/partner and children.

Coverage Details

Employee Coverage: Teammates can purchase additional coverage in increments of \$10,000 to a maximum of the lesser of 5 x annual earnings or \$500,000. Guarantee Issue amount for newly eligible teammates is \$100,000.*

Teammates 65 and better are subject to age reduction schedule which decreases the elected benefits amount. Age reduction schedule as follows:

- 35% reduction of benefit at age 65
- 50% reduction of benefit at age 70

Spouse/Partner Coverage: Teammates can purchase Life insurance for their spouse/partner ONLY IF the teammate has purchased additional coverage and the elected amount of spouse/partner coverage is not greater than the teammates coverage. Coverage available in increments of \$5,000 to a maximum of \$250,000. Guarantee issue amount for newly eligible dependents is \$30,000.*

Child Coverage: Teammates can purchase Life insurance for their children ONLY IF the teammate has purchased additional coverage and the elected amount of coverage is not greater than the teammates coverage.

Coverage available in increments of \$1,000 to a maximum of \$10,000. Guarantee issue amount for newly eligible dependent children is \$10,000.

Rate & Cost Calculator

To calculate your per pay period deduction, follow these steps:

- Pick the amount of insurance you'd like to purchase for yourself and/or spouse. *Refer to coverage details section for limits.*
- Identify your/spouse's rate in the rate grid below.
- **Multiply the rate from the grid by the amount of insurance.** Example: \$100,000 x rate.
- Then, divide the amount by 1,000 This is your per pay period deduction

Example: John elects \$100k and is 32 years old.

- $\$100,000 \times .060 = \$6,000$
- $\text{Divide } \$6,000 \text{ by } \$1,000 = \$6.00 \text{ per check}$

TEAMMATE & SPOUSE/PARTNER RATES			
Age Range	Pay Period Rate / \$1,000 of Coverage	Age Range	Pay Period Rate / \$1,000 of Coverage
<25	\$0.055	50-54	\$0.249
25-29	\$0.055	55-59	\$0.374
30-34	\$0.060	60-64	\$0.577
35-39	\$0.069	65-69	\$1.015
40-44	\$0.102	70-74	\$1.809
45-49	\$0.157	75+	\$2.968

CHILD RATES	
Age Range	Pay Period Rate / \$1,000 of Coverage
14 Days to Age 26	\$0.070

Disability Insurance

Disability Insurance provided by UnitedHealthcare

Voluntary Short-Term Disability Coverage

Short-Term Disability provides you with the opportunity to purchase income protection. This benefit provides you a weekly benefits if you are unable to work due to an off-the-job accident or illness.

COVERAGE DETAILS

- Coverage starts on the **8th day of a qualified accident or illness**, known as the "Elimination Period"
- Provides up to **60% of your weekly pre-disability earnings to a maximum of \$750 per week**
- **Benefit lasts for 12 weeks**

COST FORMULA

- $\text{Annual earnings} / 52 \times 60\% =$
Weekly covered benefit
- $\text{Weekly covered benefit} \times 0.30 / 10 =$
STD monthly premium

Example: Using \$50,000 annual earnings

- $\$50,000 / 52 = \$961.54 \times 60\% =$
\$576.92 weekly benefit
- $\$576.92 \times 0.30 / 10 = \17.31 per month



Voluntary Long-Term Disability Coverage

DaBella's goal is to make sure you're covered in an unforeseen event. Long-Term Disability coverage provides you with income replacement if you are unable to work due to a qualified accident or illness for a longer period of time.

COVERAGE DETAILS

- Coverage starts on the **90th day of a qualified accident or illness**, known as the "Elimination Period"
- Provides up to **60% of your monthly pre-disability earnings to a maximum of \$6,000 per month**
- **Benefits last until you can return to work or until you reach normal retirement age**
- **Pre-existing condition limitation of 3/12***

COST CALCULATOR

Calculate your monthly income. Next, multiply by the rate from the grid below, then divide by 100. This will be your per pay period cost.

COST CALCULATOR			
Age Range	LTD Rate / \$100 of Coverage	Age Range	LTD Rate / \$100 of Coverage
<25	\$0.078	45-49	\$0.448
25-29	\$0.102	50-54	\$0.517
30-34	\$0.120	55-59	\$0.651
35-39	\$0.212	60+	\$0.683
40-44	\$0.295		
CALCULATING YOUR MONTHLY INCOME			
Annual Salary / 12 = Monthly Income			
CALCULATING YOUR PER PAY PERIOD COST			
Monthly Income X Rate / \$100 = Bi-Weekly Cost			

* 3/12 Elimination Period: Means that if you were treated for a medical condition 3 months prior to your effective date, it will not be covered unless you've been covered on the policy for 12 months.

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Accident Protection

Accident Protection provided by UnitedHealthcare

Voluntary Accident Protection

We all know that Accidents happen, but we believe that you shouldn't be left with out-of-pocket expenses because of an accident. UnitedHealthcare's Accident Protection Plan provides you with a cash benefit to help pay for costs that may come up when you have an accident.

This is not a replacement of your major medical coverage, but is a supplement to the coverage you get from the Medical plan. These funds are paid directly to you versus being paid to your doctor or facility. There is no restriction on what you use the funds for.

HOW DOES ACCIDENT INSURANCE WORK?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

COVERAGE HIGHLIGHTS



The Benefits Guide is not a Certificate of Coverage. This document is intended to provide a general summary of covered services. Please refer to Summary of Coverage for complete plan details.

Employee Assistance Program

EAP provided by Canopy

A Benefit For You And Your Family Members Provided By DaBella Exteriors

The Employee Assistance Program (EAP) is a free and confidential benefit that can assist you and your eligible family members with any personal problems, big or small.

COUNSELING WITH AN EAP PROFESSIONAL

Five (5) sessions face-to-face, over the phone, or virtually for concerns such as:

- Relationship conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grief
- Professional development

YOUR EAP ALSO PROVIDES RESOURCES FOR THE FOLLOWING CATEGORIES

- Resources for life, Legal consultations, Financial coaching, Identity Theft, Home Ownership and housing support, Coaching, Pet Parent Resources, and Wellbeing tools.

Visit your **member site** today! Innovative educational tools, chat box for support, self-assessments, videos and webinars, access to courses, downloadable documents, and more. Access at my.canopywell.com, and register as a new user or log-in. Enter DaBella Exteriors for company name when you register.

Crisis Counselors are Available by Phone 24/7/365

Call: 800-433-2320 | **Text:** 503-850-7721

Email: info@canopywell.com



Pet Insurance

Pet Insurance provided by Pet's Best

Flexible Pet Insurance Coverage – Be The Best Pet Parent You Can Be!

Pet Insurance eliminates the stress, heartache, and uncertainty associated with unexpected health events with your pets. When your pet gets sick or injured, they can get treatment, when they need it.

- Use any licensed veterinarian in the US – including specialty and emergency clinics
- Exclusive 10% employee discount
- Optional coverage for routine care
- 24/7 support through pet helpline
- Easy claims submission
- Self-service through mobile app

How Pet Insurance Works

1. **Attend to your Pet:** when your pet gets sick or injured, they can get treatment from any licensed veterinarian in the US.
2. **File a Claim:** You can easily file a claim through our app or online, and you don't need to send us medical records unless requested.
3. **Easy Reimbursement:** Your reimbursement can be conveniently and easily deposited directly through your bank account, so you never have to wonder where your money is.



To begin, enroll at: www.petsbest.com/DABELLAPETS

Or call: 888-984-8700

Reference discount code: **DABELLA PETS**

401(k) Plan

Retirement Plan provided by Paycom

Who Is Eligible

All full-time W-2 teammates who are at least 18 years of age, are eligible to participate in the DaBella retirement plan, herein referred to as the “Plan”.

When Am I Eligible?

New teammates are eligible after 90 days of employment. All others are eligible to enter the plan on the first of each month, this is called “entry dates”. Entry dates for the Plan are monthly so you’ll need to elect to participate in the plan by the 15th of the month prior. Example: Jane elects to contribute 2% on January 12th, Jane’s contributions will not take effect until February 1.

How Do I Enroll?

Using our HR System, Paycom. Instructions are provided in the “Retirement Plan Enrollment Guide” located in the Documents Center in Paycom.

Contributing To The Plan

You may chose to contribute, called “Deferrals”, whole percentages of your salary, i.e. 2%, 3%, 4%, etc.

DaBella offers teammates the option to make pre-tax contributions as well as post-tax contributions, known as Roth contributions.

Our plan investment options, known as our “fund line-up”, are managed by Preisz Financial. Preisz is a trusted partner and DaBella has teamed up with this firm to provide our teammates with access to industry professionals who can help you outline your financial goals.

Does DaBella Provide Matching Contributions?

Not at this time. DaBella’s 401(k) plan is very new and although we currently do not offer a match, we do review the features of the plan annually and are working toward creating a more robust plan in future years.

Who Can I Contact With Questions?

For help enrolling in the Plan through Paycom, you can contact a member of the DaBella Human Resources department.

To discuss your goals, contributions and investment options, please contact Preisz Financial at 503.224.1600 or via email at info@preisz.com. Be sure to indicate you are a DaBella employee and would like more information on our Plan.



Required Annual Notices

IMPORTANT NOTICE ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the DaBella Exteriors medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2025 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

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

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

NOTICE OF CREDITABLE COVERAGE

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

Individuals can enroll in a Medicare prescription drug plan when they first become eligible and each year from Oct. 15 through Dec. 7. Individuals leaving employer/union coverage may be eligible for a Medicare special enrollment period.

If you are covered by one of the prescription drug plans listed below, you’ll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2025. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

UnitedHealthcare Gold Plan

UnitedHealthcare Silver Plan

UnitedHealthcare Bronze Plan

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

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

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

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here’s how to get more information about Medicare prescription drug plans:

Visit www.medicare.gov for personalized help.

Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

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

For more information about this notice or your prescription drug coverage, contact Human Resources.

NEWBORN'S AND MOTHERS' HEALTH PROTECTION ACT NOTICE

MATERNITY BENEFITS

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan.

Under federal law known as the **"Newborns' and Mothers' Health Protection Act of 1996" (Newborns' Act)** group health plans and health insurance issuers generally may not 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH & CANCER RIGHTS ACT ENROLLMENT NOTICE

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

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

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

PRIVACY NOTICE REMINDER

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

To obtain a copy of the Privacy Notice contact Human Resources.

SPECIAL ENROLLMENT RIGHTS NOTICE

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

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

You must notify the plan within 31 days of the loss of coverage in order to enroll on the DaBella Exteriors medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period.

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

You must notify the plan within 31 days of the event in order to enroll on the DaBella Exteriors medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period. Coverage will be retroactive to the date of birth or adoption for children enrolled during the year under these provisions.

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

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

Please note that special enrollment rights allow you to either:

- Enroll in your current medical coverage; or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 2024. Contact your State for more information on eligibility –

ALABAMA – MEDICAID

Website: <http://mvalhipp.com/>

Phone: 1-855-692-5447

ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program

Website: <http://mvakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MvAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – MEDICAID

Website: <http://mvarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID

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+)

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.mvcohibi.com/>

HIBI Customer Service: 1-855-692-6442

FLORIDA – MEDICAID

Website: <https://www.flmedicaidtprecoverv.com/flmedicaidtprecoverv.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – MEDICAID

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – MEDICAID

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – MEDICAID AND CHIP (HAWKI)

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

KANSAS – MEDICAID

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.kv.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@kv.gov

KCHIP Website: <https://kynect.kv.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.kv.gov/agencies/dms>

LOUISIANA – MEDICAID

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – MEDICAID

Enrollment Website:

https://www.mvmaineconnection.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

MASSACHUSETTS – MEDICAID AND CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

Website:

<https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – MEDICAID

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – MEDICAID

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov

NEBRASKA – MEDICAID

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – MEDICAID

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website:

<http://www.nifamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – MEDICAID AND CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](https://www.pa.gov/en/services/dhs/childrens-health-insurance-program-chip)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – MEDICAID

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – MEDICAID

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](https://www.dhs.texas.gov/health-insurance-premium-payment-program)
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT– MEDICAID

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](https://www.vermont.gov/health-insurance-premium-payment-program)
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – MEDICAID

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID AND CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mvwvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – MEDICAID AND CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – MEDICAID

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, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

NON-GRANDFATHERED PATIENT PROTECTION NOTICE

UnitedHealthcare generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, UnitedHealthcare designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the UnitedHealthcare at the number on the back of your ID card.

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

You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UnitedHealthcare at the number on the back of your ID Card.

NO SURPRISES ACT NOTICE

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

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

WHAT IS “BALANCE BILLING” (SOMETIMES CALLED “SURPRISE BILLING”)?

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

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

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

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency services

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

Certain services at an in-network hospital or ambulatory surgical center

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

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

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

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact U.S. Department of Health and Human Services beginning January 1, 2022 at 1-800-985-3059. Visit [No Surprises Act | CMS](#) for more information about your rights.



NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact human resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: DaBella Exteriors	4. Employer Identification Number (EIN): 45-2387437	
5. Employer address: 3495 NE Alclek Drive	6. Employer phone number: 855-322-3552	
7. City Hillsboro	8. State: OR	9. Zip code: 97124
10. Who can we contact about employee health coverage at this job? Denisse Rincon		
11. Phone number (if different from above)	12. Email address: Denisse.rincon@dabella.us	

Here is some basic information about health coverage offered by this employer:

- ☐ All employees. Eligible employees are:
- ☒ Some employees. Eligible employees are: Full time employees working 30+ hours per week
 - With respect to dependents:
- ☒ We do offer coverage. Eligible dependents are: spouses, domestic partners, children to age 26
- ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Notes



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TO TRANSFORM HOME IMPROVEMENT
SERVICES IN AMERICA

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